Chairman Takano, Ranking Member Roe, and honorable members of the House Committee on Veterans’ Affairs, I appreciate the opportunity to present you with our views on the mental health and suicide epidemic plaguing our Nation’s veterans’ community.

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 our mental healthcare crisis and suicide epidemic, addressing the critical needs of women veterans, and providing timely access to high-quality healthcare.

In the past year, AMVETS has made significant investments to perform a second to none advocacy role for our Nation’s veterans. We have assembled a world-class team of veterans’ advocates with significant Capitol Hill experience. We have asked that team to prioritize the mental health and suicide epidemic. In our opinion, there is clearly no bigger issue affecting our Nation’s veterans and Servicemembers than the more than 6,000 veterans and Servicemembers taking their lives each year. For far too long this issue has been quietly placed on the backburner.

As we stated in our joint testimony before the House and Senate committees on veterans’ affairs on March 7, our Nation’s veterans could not be sending a clearer message that VA mental healthcare is not working than by killing themselves in VA parking lots. 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%.”

Our National Commander provided emotional oral testimony as he recalled the story of an AMVETS Post Commander who took his life in the parking lot of his post. The issue is raw and real for our AMVETS family.

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 mundane 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 a need for additional funding to pay for more practitioners and clinical space, while providing scant information on the effectiveness of its programs. The majority of VSO’s, including AMVETS, have supported these efforts hoping that more clinicians, more space, and pay raises for mental health practitioners would lead to better outcomes: none of this has substantively moved the needle.

**In short, we must confront an uncomfortable and deeply troubling truth: VA’s current efforts and approaches to suicide prevention and mental health are not working.**

How do we know this? In the simplest of terms, the suicide numbers aren’t decreasing. After a statistical correction led to the drop from 22 to 20 suicide per day, the numbers of veteran suicides per day has barely budged. This is in spite of billions of dollars, new legislation, and a considerable amount of activity in the form of speeches, executive orders, and other initiatives.

The VA’s efforts related to mental health simply are not working. The independent evaluation that was completed as part of The Clay Hunt SAV Act found scarce evidence of improvements to veterans lives despite tens of billions of dollars being spent over the past decade, and a generally unaffected rate of suicide. This evaluation explored VA effectiveness across the broad spectrum of mental health programming, and perhaps more damning than what the data show is what they don’t – most of what the VA is doing relative to mental health is not being tracked.

> “new innovative and engaging approaches for the treatment of PTSD are needed.” The Journal of American Medical Association (JAMA) 2015

The failures detailed in the Clay Hunt report validates what is clear across PTSD treatments more generally – they are not working. Half of those who might benefit from mental health treatment will not seek it due to access challenges and stigma; of those who do, we see dropout rates ranging from 40-90 percent; and of those who complete treatment, up to two-thirds of successfully treated individuals retain the PTSD diagnosis (Schnurr, 2007; Steenkamp 2015).
Trauma-focused therapies appear to be only marginally more effective than non-trauma-focused psychotherapies (e.g. interpersonal psychotherapy, acceptance and commitment therapy), questioning the use of these interventions as “first-line” treatments considering their high dropout rates (via Tedeschi and Moore 2018).

“If a veteran is not interested in a trauma-focused psychotherapy, or if the therapy is not available, the VA/DoD guidelines (2017) recommend the use of four specific
medications to include three selective serotonin reuptake inhibitors (paroxetine [Paxil], sertraline [Zoloft], fluoxetine [Prozac], and one serotonin norepinephrine reuptake inhibitor (venlafaxine [Effexor]). Even though many more medications are used with veterans battling PTSD and related disorders, the guidelines do not support their use due to a lack of research supporting their efficacy or because the risks of these medications outweigh the benefits.” (Tedeschi and Moore, 2018)

As we have already highlighted, we are concerned by the limited research available to show these pharmacological approaches are having significant positive outcomes for veterans over a significant period of time. Additionally, extended use of these psychotropics has been linked to suicide and depression, the exact outcome VA is working to combat.

"Are we somehow causing increased morbidity and mortality with our interventions?" Dr. Thomas Insel, former Director, of the National Institute of Mental Health

*Source: VA National Suicide Data Report (September 2018)

**Figure 7: Suicide Rates Among Veterans Who Did and Did Not Use VHA, 2005–2016**

![Graph showing suicide rates among veterans](image)

*Source: VA National Suicide Data Report (September 2018)*

**Explanations or Excuses?**

When the VA is queried about the efficacy – or lack thereof – of current approaches, they resort to a couple of fallbacks. One is to point to their use of evidence-based treatments, which passes the buck back to the mental health authorities and associations. A second, and far more troubling, is their effort to consistently “blame the patient.”
The VA consistently references the fact that out of the 20 suicides that occur each day amongst veterans, 14 have had little to no access to the system over the prior two years. The implication – notwithstanding the fact that six veterans in active treatment also took their lives – is that if had they been engaged in VA care, they might have had a different fate. The fundamental question that the 14 of 20 statistic raises is what we know about the veterans who have fallen through the cracks. Are they receiving VA benefits? What happened that led them to not access VA care? Has the VA called or communicated with them in the past two years? Had they ever received mental health treatment from VA? In a world where dropout rates are extravagant, it would be reasonable to posit that at least some of these men and women might have sought help and found it lacking. These are just some of the questions that this soundbite raises – and yet, we have no answers. Answers that would allow us to attack this issue effectively, and would be far more consistent with the public health approach that VA has supported with respect to suicide.

A Vicious Loop
We have yet to see anything that VA or civilian authorities are doing that would inspire confidence that they have a clue about what to do to address the suicide epidemic. With treatments adopted from the civilian world – which is experiencing a horrific suicide crisis of its own - the question is this: on what basis can VA tell us that more resources, more providers, and more treatments is the answer? If we do the same thing over and over again and still expect a different result, that is the definition of insanity.

While the VA claims to hold suicide prevention as its top priority, in truth, VA’s top priority is self-preservation. They will blame veterans, Congress, VSOs – anything but accept accountability for their failures. The truth is that VA does not know what works for suicide prevention nor what effective mental health approaches might look like. The one thing that veterans need and deserve from VA is what one would expect from a great military leader – humility. The humility to acknowledge that the current approach isn’t working, that we must be open to new and innovative approaches, and that veterans deserve better. Humility to acknowledge that the VA system – from bad service to long wait times – might in fact prevent those who would have benefited from seeking help. Humility to recognize that most veterans don’t want to talk to someone they don’t know about things they can’t understand; they certainly don’t want a fistful of pills that numb and offer a plethora of terrible side effects.

Humility – the recognition that we don’t have all the answers but we damn sure better start looking in new places – is what AMVETS is asking for. We don’t expect VA to solve the problem on their own. And at the same time, we know that you can’t start solving a problem until you recognize you have one. And VA – let us state unequivocally since you won’t – we have a suicide problem and we don’t have the answers of what to do about it yet.

Recommendations
If our words come across as harsh or intense, they are. They come from a place of pain, loss, anger, frustration, disappointment, and devastation. Our members have all directly
experienced the cost of the suicide epidemic in the losses of our brothers and sisters, friends and mentors, guides and teachers.

So what needs to happen next? Beyond the recognition that we must stop pretending that more resources and more treatments will do trick, we believe we need to take action in the following areas:

**Follow The Data**
We need to dive deeply into the 14 out of 20 suicides per day and understand VA touchpoints, VBA benefits being received, prior VHA engagements, and so forth.

While the VA sought to sugar coat the report required by the Clay Hunt SAV Act, the independent evaluation discussed earlier is damning. It indicates that the average veteran did not experience any clinically significant change in their symptoms – whether they were in outpatient care or residential treatment. The report also revealed that the VA is not collecting basic metrics for mental health in the large majority of instances. This report truly is a “smoking gun” for it reveals that for all the billions spent, we have seen little to no progress.

The vast majority of veterans with mental health struggles will either never seek care or dropout before completion. Exploring options that address these two challenges – by expanding the mental health continuum beyond just clinical options and leveraging the role of peers – must be high on the to-do list.

**Fix Transition**
Considerable efforts have been undertaken to revise the transition process so it accommodates a longer timeframe and is more supportive of transitioning service members. However, we know that many veterans struggle with the loss of identity, purpose, and connection upon departing the military – a theme best captured in Sebastian Junger’s book *Tribe*. These challenges extend far beyond employment and the mind, into subjects of the heart and soul. It is essential to extend transition beyond its current myopic focus on employment, to account for the loss of all that is great and good about military service. This loss contributes to considerable challenges and was the subject of an outstanding piece on transition stress by Dr. George Bonanno and Meaghan Mobbs in the Clinical Psychology Review. The psycho-social aspects of the transition – much ignored by the current process – were also the subject of a remarkable paper from the VA Center of Innovation. When we disregard these challenges as part of the transition process, we set veterans up for failure and lead them to conflate struggle in post-military life with PTSD from deployments.

**Get Left of Boom**
The phrase "left of boom" is a military idiom that refers to the U.S. military's effort to disrupt insurgent cells before they can build and plant bombs. We believe a lot can be learned from the military’s efforts to thwart IED attacks as we look to tackle veteran and servicemember suicide and look toward building solutions moving forward. A critical component of this prevention-focused approach calls for far greater alignment and
collaboration between DoD and VA – and the recognition by DoD that they bear great responsibility for the plight of so many veterans who struggle in post-military life. With the suicide crisis now affecting active duty service members at numbers not seen in at least a decade, there is great reason to believe that changes within DoD would effect not only veterans but help to address the current mental health epidemic across the active duty force. To this end, we believe that exploring the Leadership Continuum within all services is critical. While there are myriad definitions of leadership, we subscribe to the view that leadership requires three critical components – as noted by the Harvard Business Review – intelligence (IQ), technical expertise, and emotional intelligence (EQ). It is in the latter area that service members and veterans – and large swaths of the general public – struggle. We believe that integrating notions around EQ into the Leadership Continuum could meaningfully address mental health challenges within the active duty force and, more importantly, as it relates to the current subject, set up veterans for success in post-military life.

As stated above, we believe that a large component of the suicide epidemic ties back to leadership. Well led units suffer from far lower rates of PTSD and suicide than poorly led ones. To that end, we believe that the pathologization of struggle – and the resulting medical approach that is applied – is a large part of the challenge. If you cannot define a problem accurately, you certainly aren’t capable of solving it. To that end, recognizing that much of the veterans’ suicide epidemic ties back to active duty and transition leadership – and a lack of effective training – helps to recontextualize how we will solve this problem meaningfully and sustainably.

As a result of this lack of training and leadership, most veterans approach the VA, if they ever do, following transitions from the military that have gone poorly for a latitude of reasons. This may be in the form of financial challenges, substance abuse, marital problems, a lack of social support, nutrition and physical activity, employment, and a host of other issues.

The crux of the point here is, we need to find ways to train our service members and veterans as left of boom as possible. By working with them as early as possible, and building the capacity to struggle on the front end, we can ensure that veterans can navigate the ups and downs that are part of life – and certainly post-military life – in a constructive manner.

A Proposed Roadmap Forward
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 become our Nation’s best citizens.

As such, AMVETS would greatly appreciate Congress’s consideration to create a bicameral taskforce that combined would hold an event at least once every 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 and Armed Services 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.

We appreciate Chairman Takano and Ranking Member Roe’s leadership in hosting this first hearing to address this issue. We would greatly appreciate your consideration to hold another no later than July of this year. We recommend that the topic of the hearing focuses on the findings of the report required by the Clay Hunt SAV Act: the 2018 Annual Report: VA Mental Health Program and Suicide Prevention Services Independent Evaluation. If we don’t better understand the outcomes of the crux of our existing supported programs, then we cannot reasonably start to chart a more effective path forward. Such a hearing should consist of individuals who have significant research backgrounds in this field who can provide their own independent assessment of the data that was provided to VA.

We also would encourage the committee to assign senior staff, and/or additional staff, to this issue. Our experience has largely been with junior staff, with few senior staff seeming actively engaged on the issue, likely as a result of the committee’s prioritization of Choice/Mission, versus this epidemic. We would also encourage the Committee to provide these staff with a significant oversight budget. We are aware of few trips made by the committee staff or personal staff of HVAC Members to various nonprofits, VA mental health facilities, and other non-VA facilities working to tackle suicide and mental health. The bottom line is if this issue is going to be a priority, then Members of Congress, senior staff, and personal office Veteran Legislative Assistants, should be present at key events regarding suicide and mental health, while also conducting significant oversight off of Capitol Hill, and should be supported and funded to do so.

As we have mentioned, DoD also owns this epidemic. 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, 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. Finding meaningful ways to engage the House Armed Services Subcommittee on Personnel is critical if we are going to truly move this issue Left of Boom. Doing so will save money on expensive ineffective treatments down the road, and more important, it will save lives.
Conclusion
Chairman Takano, Ranking Member Roe, 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. Working to fix our broken mental healthcare system is part of that commitment.
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 service-connected 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