

Joint Hearing to Receive the Legislative Presentation of the American Veterans
Greg Heun
National Commander
AMVETS

Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs
March 2, 2022

As the largest veterans service organization representing all of America's veterans, AMVETS is honored to provide our legislative priorities for the remainder of the 117th Congress.

Last Memorial Day weekend, AMVETS hosted our first "Rolling to Remember" pro-veterans demonstration ride here in Washington, D.C. This is the nation's largest veterans' event, which brings together tens of thousands of veterans and supporters from across the United States, riding their motorcycles to highlight critical issues. First, to demand continued and increased action for the 82,000 service members still missing in action, as well as raise awareness of the many veterans who die by suicide each day. This year's event will take place on May 29, 2022.

We will never forget our POWs and MIAs, and we won't stop fighting for real solutions to the suicide crisis. We will continue this incredible platform until they all come home and all who make it home are well.

2021 was tough on veterans, and we expect it to have lasting repercussions. First, the disastrous withdrawal from Afghanistan has caused significant increases in the number of veterans approaching our HEAL team for assistance. Second, COVID has continued to kill and sicken many in our population, isolate others, stress our VA medical care employees, and leave many unemployed or forced into stressful situations. And lastly, sexual assault survivors watched as senior senators on the Senate Armed Services Committee stripped language from the Military Justice Improvement Act that would have removed sexual assault from the oversight of their chain of command. A betrayal from the leaders who are in positions to protect our troops. Additionally, for the first time ever, the Pentagon denied veterans a permit for the annual Rolling to Remember Memorial Day ride.

In short, the 117th Congress has thus far been one of Congress and the Administration coming up significantly short for the military and veteran communities.

AMVETS will continue to highlight our number one priority for our fourth consecutive year: creating and funding effective programs and services that significantly reduce suicide.

For four years, AMVETS has made the painful, challenging, and unpopular assertion that we continue to trod down a path resulting in wasteful spending on poorly designed, old, and unproven methodologies intended to reduce suicide and negative symptomology amongst the veteran and military communities.

VA's mental health budget was more than 15 billion dollars this year. The highest revenue of any veteran non-profit in 2020 was the Wounded Warrior Project (WWP) at 280 million dollars. Disabled American Veterans (DAV) is not far behind at roughly 250 million. With the annual budget for mental health, we could fund nearly 60 DAV's or WWP's. Their yearly budget probably surpasses all of the countries major VSO's revenues combined, perhaps many times over.

As DAV and WWP know, expectations on those investments arise with this kind of funding. Annual reports, quarterly reports, and other documentation and outcomes are produced. Conventions are held, whereby these organizations answer to donors and members; and the organizations refine their products. Board members and appointed officials pour over data, examine outcomes, and ask tough questions. Longitudinal data is collected to show how their programs have had a lasting impact on their participants. Success stories are shared, and wasteful or inefficient programs and services are scrapped. Further, few CEOs in the country oversee annual revenue of 15 billion dollars, and those that do are expected to perform and are held to very high standards for outcomes. We believe few of the executives overseeing VA mental health would be considered qualified to run a 15 billion dollar organization.

Despite Congress having invested nearly \$104.1 billion since 2006, you would be hard-pressed to find any meaningful data suggesting these investments have resulted in long-term impact on the veteran population; because those outcomes don't exist.

To offer another analogy, one of the worst kept secrets that Congress has failed to address is the extreme attrition rate from VA mental health programs. Depending on what data you look at, most research finds that between 50% to 90% of veterans drop out of VA programs and services before reaching the recommended number of visits. Again, as an analogy, let's open a fast-food burger chain making positive health claims, and in short order, we lose 50% to 90% of our customers. Would we scale that business? Would we argue that customers just need better "access" to our burgers? Would we blindly suggest that our burgers are "world-class" and no one can make a better burger? Would we blame the customer for our failure to retain them as customers? Do the burgers we sell result in just feeling better in the short-term, or do they result in positive lasting long-term outcomes?

We have scaled overpriced, underperforming models when tastier options with better long-term health outcomes exist. For the past four years, AMVETS has highlighted this. More than 18,000 veterans have died in that time, yet Congress continues to support scaling broken options blindly. Even worse, many members of Congress have continued to argue on behalf of this model while failing to: do due diligence on the available alternatives, failing to look into the extraordinary dropout rates of VA programs and services, failing to hold meaningful hearings that include researchers that have highlighted the poor outcomes occurring at VA, failing to hold hearings that include individuals who have presented robust longitudinal data on new and novel approaches that are resulting in veterans living meaningful, high-quality lives, failing to conduct

significant oversight travel to better understand the available options and the outcomes associated with those options.

All of this can change. Our suicide rate has nearly doubled since 9/11. The mental health budget has increased nearly fivefold in that same time frame. Generally, 4 Congressional Committee staff are left to tackle this issue along with 18 Senators and 30 Representatives.

You are the fiduciary members that make up the board that oversees what has been a notoriously underperforming mental health system with the budget of 60 Wounded Warrior Projects.

We need your help; our veterans' lives are counting on you to hold VA to act with a sense of urgency. We need a culture that demands better data-driven outcomes. We need a new model that immediately drives down suicide rates significantly and not marginally. We will not get there by dusting off the broken burger shop. We need significant game-changing ideas and action, which we will not get from the union or mental health industry, which is best served by continuing to scale the broken model that works for them. Despite growing its footprint five times, this model has not resulted in overall declines in the rate of suicide in the veteran population.

AMVETS primary legislative goals for the remainder of the 117th Congress:

- Encourage hearings, roundtables, and funding focused on new and novel programs to increase veterans' mental health as a form of suicide reduction
- Passage of the VA's current fiscal year budget as well as subsequent years to provide quality healthcare to our nation's veterans
- Create a safe, just, and welcoming VA/DoD for all veterans regardless of gender, race, or sexual orientation
- Pass legislation that addresses burn pit exposures and other toxic exposures that result in adverse health conditions
- Pass legislation allowing all congressionally chartered 501(c)(19) nonprofit organizations to receive tax-deductible donations

Mental Health & Suicide

The 117th Congress is falling victim to the same lackadaisical approach to the topic we have seen for two decades: simply pouring more funding into ineffective programs and services under the guise that "more" will lead to different outcomes. Each administration has conducted this poor approach to this massive policy issue since 9/11. As a result, the budget has grown from \$3 billion a year at the start of the Global War on Terrorism to today's staggering \$15 billion budget.

As such, Congress has and continues to fail to address the Suicide and Mental Health

epidemic collectively. First, there has been a failure to hold VA accountable for outcomes. VA has been unable to roll out the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program authorized over a year ago in S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019. Second, VA has failed to work with nonprofits to integrate best practices required by the Clay Hunt SAV Act of 2015. There have been zero hearings on the Clay Hunt SAV Act reports, which were created to measure the outcomes of VA mental health programs and services, and are alarming in many ways. Third, there has been a failure to insist on measurable and meaningful long-term outcomes for the dollars invested in programs to heal our veterans. No longitudinal studies suggest that any of the funded "Evidence-Based" programs provide positive long-term results.

Congress has ignored significant research highlighting program ineffectiveness and dropout rates. Few hearings are being held, no unique witnesses or witnesses critical of the status quo have been invited to testify, we have only seen more of the same with a general lack of urgency. The policies proposed and ultimately funded are primarily industry recommendations. These policies were rubber-stamped by veteran groups and lawmakers who trusted that more programs would lead to better outcomes.

Unfortunately, when we step back with two decades of data, we know that this reality has simply not occurred.

Congress has introduced 2,374 bills since 9/11 to address veterans' mental health and suicide. In this Congress alone, more than 221 bills have been introduced. Last Congress, 339 bills were introduced.

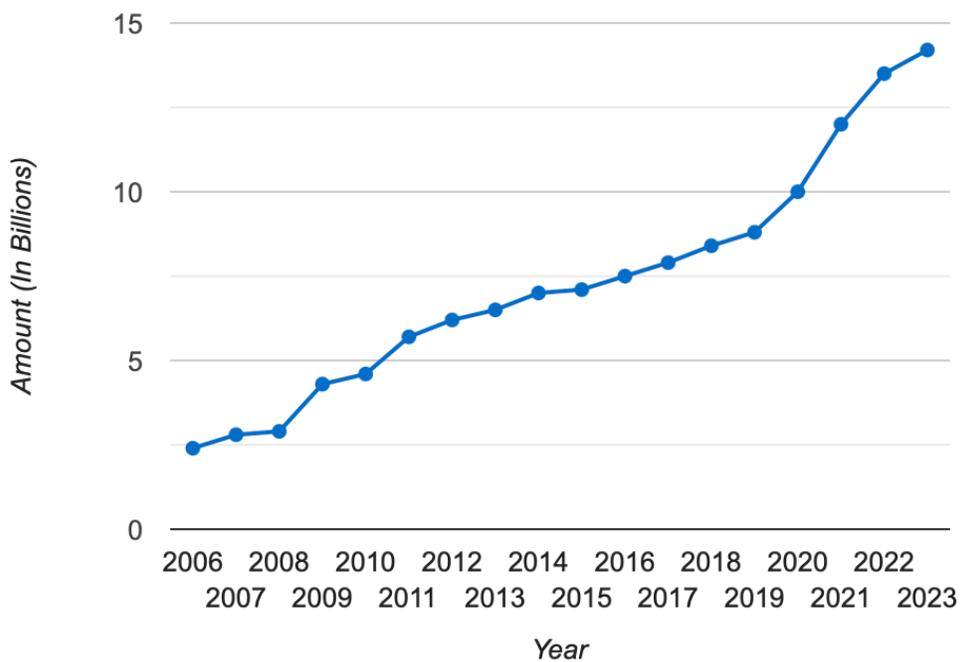
The most common policy ideas that have continued to pass into law and to be introduced have five similar general elements:

- Increase access to traditional mental healthcare (inclusive of telehealth proposals)
- Increase research funding (you name it, it's been thought of)
- Increase funding for mental health practitioners (inclusive of increased salaries for providers, increased space for practicing mental health, and scholarship dollars for those that provide it)
- Increased outreach and media to reach veterans in crisis
- Identifying at-risk veterans

In general, these five bullets articulate the vast majority of legislative bills and laws that Congress has invested nearly \$104.1 billion in since 2006.

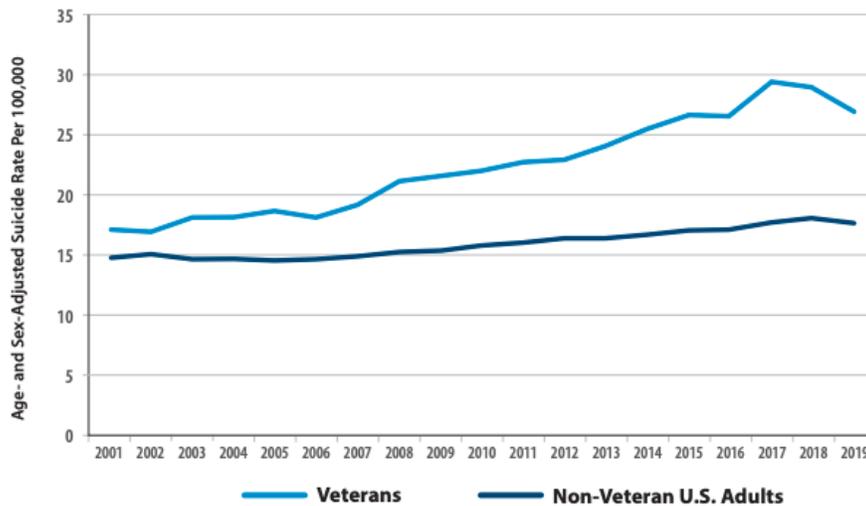
Bill Number	Year of Passage	Title	Passed into law y/n?	Proposes to increase Access to Mental Health?	Proposes Research?	Proposes increase for mental health practitioners, space, or student loan programs for those practitioners?	Proposes outreach for suicide or mental health?	Proposes ways to identify and isolate at-risk veterans?
HR 327	2007	Joshua Omvig Veterans Suicide Prevention Act	Yes	Yes	Yes	Yes	Yes	Yes
HR 203	2015	Clay Hunt Suicide Prevention for American Veterans Act	Yes	Yes	Yes	Yes	Yes	
S 785	2019	Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019	Yes	Yes	Yes	Yes	Yes	Yes
HR 8247	2020	Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020	Yes	Yes	Yes	Yes	Yes	Yes

Department of Veterans Affairs Mental Health Budget



Despite a significant increase in funding, suicide numbers have only gotten significantly worse since 9/11. If the mental health industry had the answers, we would have had far better outcomes than what we have today, not just in the veteran population but also in the civilian population.

Figure 3: Age- and Sex-Adjusted Suicide Rates, Veterans and Non-Veteran U.S. Adults, 2001–2019



For these reasons, AMVETS has started opposing bills that fall into the cookie-cutter model that we have all collectively signed off on for two decades: Increase access to mental health models proven to be highly ineffective, increase funding for the practitioners that lead these highly ineffective programs (in jobs and scholarships), throw more dollars at ambiguous research (Despite billions spent, are there any tangible outcomes showing breakthroughs?), and others.

The Opportunity to Recreate the Future of VA

AMVETS is fully aware of the challenges of reorienting a VA system that so many veterans have come to rely on. Sadly had a better system existed veterans currently existing low-lows would have benefited from a more proactive approach had it existed previously. We have to start somewhere because our current policy is misaligned, provides negative incentives, and leads to poor outcomes.

As such, we recommend that Congress create a new office with significant funding, we recommend \$1 billion dollars, to be achieved by not providing the casual annual increase to the mental health budget. The office should be given the mission of creating the future goals and vision of a VA that focuses on veterans maintaining their warrior wellness and providing proactive outreach, training, benefits, and services with the intent that they go on to live lives of purpose and meaning while maintaining a state of physical wellness, and understanding the components of living a mentally healthy lifestyle.

Let us imagine a VA that uses technology, such as a digital assistant that would help guide veterans through their transition from military service. Veterans can articulate their goals, learn about VA programs and resources, and receive payment for their gym memberships or active lifestyle choices. They can be notified that they have not conducted their annual physical examination, they can link their digital assistant with a Garmin or Apple watch to conduct a physical wellness assessment, or to monitor key health metrics. VA can check in with the

veterans at key touchpoints to see if they have interest in learning about VA home loans if they have not used them, provide them access to presentations on leadership from significant veterans in the community who can discuss well being, financial success, and their efforts to continue serving our nation. VA can lean more heavily on veterans who have overcome incredible odds and physical and mental barriers, to inspire and connect the veteran community. Let veterans know they are not alone, that to live is to struggle, and that VA is here to help them through tough times, and to help them get to their best days.

Oddly enough, VA is suddenly offering a 15 million dollar grant for a tech product that could theoretically reduce suicide by more than 10%. While the idea is laughable that VA would throw out a grant 1/1000 of its mental health budget and expect larger reductions in suicide than it has ever had with more than 100 billion in funding over two decades, it does mark the need for a significant course correction. If technology is connected with a better overall system focused on veterans becoming the best version of themselves and moving away from the antiquated broken veteran model, we would expect to see significant drops in the overall rate of suicide.

Some of our overarching community goals should be: reducing dependency on disability payments and the system that incentivizes veterans to achieve 100% disability (and incentivizes disability to gain access to other hand-up programs like VR&E), reducing healthcare costs related to poor lifestyle choices, reducing suicide, reducing the use of pharmaceuticals, reducing in-patient mental healthcare, and reducing traditional mental healthcare expenditures.

What can a 270-billion-dollar budget accomplish if its primary goal is to help veterans live high-quality, happy, healthy, financially-secure lives? How can we best spend \$29,337 per veteran to assist them in living a great life, a life worth living? That is the answer to the suicide epidemic.

Our VA rewards disability, messages suicide, fails to provide tangible leadership and training for veterans upon their separation from service, fails to articulate and encourage meaningful positive goals, and provides no incentive for physical, mental, and financial readiness.

We need our President and we need congressional leadership and vision to start articulating a better VA; a VA focused on helping veterans reach their full potential and be the warrior-citizens our country deserves.

We have provided additional ideas for Congressional action in Appendix A and legislation that we have supported below in Appendix B.

The Senate Armed Services Committee (SASC) fails our troops via pressure from the Pentagon

AMVETS is extraordinarily displeased that SASC, under the leadership of Senators Jack Reed and James Inhofe, would coordinate with the Pentagon to utilize the conference process to gut meaningful legislation that would increase justice for sexual assault survivors. Perhaps more

consequential, the legislation would have resulted in a strong deterrent that would result in fewer sexual assaults in the future of our military. This is a problem that has plagued our community, and the actions of these few Senators are inexplicable. AMVETS will continue to support Senator Gillibrand's efforts to remove all felony charges from the chain of command's authority. We have included her statement on the situation below, which we fully support:

"As sexual assault survivor advocates warned would happen for months, House and Senate Armed Services leadership have gutted our bipartisan military justice reforms behind closed doors, doing a disservice to our service members and our democracy. Committee leadership has ignored the will of a filibuster-proof majority in the Senate and a majority of the House in order to do the bidding of the Pentagon. This disregards the calls of service members, veterans, and survivors who have fought for an impartial and independent military justice system. Worse yet, DoD successfully undercut Defense Secretary Austin's proclaimed commitment to removing sex crimes from the chain of command and ignored President Biden's public support for removing felonies from the chain of command.

"Despite claims otherwise, the NDAA does not remove the convening authority from military commanders. Removing that authority from commanders is critical. To quote Secretary Austin's own panel, "The DoD Office of the Special Victim Prosecutor structure must be, and must be seen as, independent of the chains of command of the victim and of the accused all the way through the Secretaries of the Military Departments. Anything less will likely be seen as compromising what is designed to be an independent part of the military justice process, thus significantly undermining this recommendation...Finally, because of the breadth and depth of the lack of trust by junior enlisted Service members in commanders, it was determined that the status quo or any variation on the status quo that retained commanders as disposition authorities in sexual harassment, sexual assault, and related cases would fail to offer the change required to restore confidence in the system."

"This bill represents a major setback on behalf of service members, women and survivors in particular. However, we will not stop seeking true military justice reforms for our brave service members and I will continue to call for an up or down floor vote."

-Senator Kirsten Gillibrand

The Charitable Equity for Veterans Act

AMVETS has asked Congress to support a legislative fix that would allow Congressionally-chartered 501(c)(19) non-profit Congressionally-chartered veterans service organizations to receive tax-deductible charitable donations.

The decades-old regulation in Internal Revenue Code section 501(c)(19) is harming our veterans' organizations. The 501(c)(19) non-profit designation is explicitly designated for veterans' service organizations. The key benefits of this designation are tax exemption and the ability to accept tax-deductible donations. However, the current regulation requires 501(c)(19) organizations to maintain a membership of at least 90% wartime veterans to accept tax-deductible contributions.

Forty-five years following the creation of this Vietnam-era regulation, there are 2.4 million veterans who honorably served in our armed forces while our nation was not at war. That

means more than 2.4 million veterans (13%) are not welcome in most veteran organizations, in part because of how they would impact the organization's tax status.

AMVETS is one of two of the "Big 6" Congressionally-chartered veterans service organizations open to all honorably discharged non-wartime veterans. About 38% of our members are not wartime veterans, leaving our 77-year-old organization unable to accept tax-deductible donations. This is especially harmful to our local posts located all over the country. AMVETS is active throughout thousands of communities in every Congressional district. But this antiquated tax code is hampering our efforts and limiting the good we can do in the community.

This year, our 250,000 members call on Congress to modernize the tax code by creating a statute that would allow any Congressionally-chartered 501(c)(19) veterans service organization to be eligible to receive tax-deductible charitable donations. This statutory change would positively affect several veterans' organizations and allow the 13% of veterans who served during peacetime to join those veteran non-profits that open their doors to peacetime veterans.

Supporting this fix would prove that you are committed to leaving no veteran behind - regardless of when or where they served.

VHA National Practice Standards

AMVETS is also closely watching the development of new health care national practice standards at VA. As outlined in a Rule published by the Department late last year, VA intends to establish national standards of practice which will standardize health care professionals' practice in all VA medical facilities. The national standards of practice will describe the tasks and duties that a VA health care professional may perform and may be permitted to undertake. VA believes that creating national practice standards is critical to the success of the new electronic health record (EHR) system being developed in conjunction with the Department of Defense (DoD). To be effective, VA believes it must standardize clinical processes with DoD and ensure that all who practice in a certain health care professions are able to carry out the same duties and tasks irrespective of state requirements. VA has made clear it also believes that agreement upon roles that are consistent with the most restrictive state scope of practice for its health care professionals is not an acceptable option because it will lead to delayed care and consequently decreased access and level of health care for VA beneficiaries.

AMVETS supports the creation of these new national practice standards to aid in the implementation of the new joint VA-DOD EHR system. AMVETS agrees with VA that basing these practice standards on the most restrictive state scope of practice for its health care professionals is not a viable option, as it would lead to decreased access to needed care and reduced health outcomes for our nation's Veterans. AMVETS urges VA to continue working toward utilizing its health care professionals to the full scope of their license, registration, or certification. As such, AMVETS believes these new national practice standards must be inclusive of all health care services that its health care professionals are authorized to provide in any state. Anything short of fully comprehensive practice standards will unnecessarily limit Veteran access to care and negatively impact Veteran access and health outcomes.

Cannabis

The Department of Health of Human Services has positively affirmed the medicinal value of cannabis as antioxidants and neuroprotectants by patenting and licensing cannabinoids, the chemical compounds found in the cannabis plant. The Drug Enforcement Administration currently considers synthetically derived tetrahydrocannabinol (THC), the primary cannabinoid found in the cannabis plant, to be a Schedule III drug that is non-narcotic and has low risk of physical or mental dependence. The Food and Drug Administration has recently argued that cannabidiol (CBD), a non-euphoric cannabinoid, does not meet the requirements for scheduling because of its non-intoxicating and non-toxic nature.

Several studies suggest that where medical and adult-use cannabis is accessible, there is a reduction in opioid prescribing, opioid use, and opioid-related overdose. Cannabis is currently legal and regulated for adult and medicinal use in more than 35 states, representing more than half of the U.S. population, yet veterans have no way to access cannabis through the Department of Veterans Affairs and risk loss of employment or imprisonment for cannabis use in certain circumstances.

We call upon the White House and Congress to fulfill their responsibilities to the nation's veterans by recognizing the inappropriateness of cannabis' current scheduling and removing it from the Controlled Substance Act, by removing the roadblocks to expanding approved cultivation and research and committing all necessary resources to understand the therapeutic potential of cannabis and bringing those derived medications to veterans as quickly as possible.

Conclusion

AMVETS is honored to have this opportunity to present our views and opinions to Congress. We understand that we are proposing some significant changes in moving toward a VA of the future. Additionally, we owe an incredible debt of gratitude to the VA for their efforts as it relates to the pandemic. Our veterans are most grateful, and most have indicated what an incredible job the VA did in administering vaccines and treating the tens of thousands of veterans that were infected. Our thoughts are with those veterans who died as a result of the pandemic, and their families. We know that had it not been for the incredible actions of the VA, many more veterans would have lost their lives. We are grateful.

We look forward to continuing our work this Congress and stand at the ready to continue pressing on the many issues facing our veterans. We will always continue our work to create better policies for the veterans we serve.

National Commander, Greg Heun

Navy veteran Gregory Heun was elected national commander at AMVETS' 76th national convention, which took place in August 2021 in Greensboro, North Carolina.

Commander Heun's journey with AMVETS started in 2002, where he was widely accepted by fellow AMVETS in his community, as well as at the national level. He has risen through the national ranks over the years, serving as a Post Commander, Department Commander, 3rd, 2nd, and 1st National Vice Commander en route to leading our nation's most inclusive Congressionally-chartered veterans service organization.

Commander Heun served in the United States Navy from 1984 – 1991 as an Aviation Structural Mechanic Second Class, serving aboard multiple aircraft carriers and airfields. He has also received notable accommodations from multiple naval captains.

About AMVETS

Today, AMVETS is America's most inclusive congressionally-chartered veterans service organization. Our membership is open to all active-duty, reservists, guardsmen and honorably discharged veterans. Accordingly, members of AMVETS have contributed to the defense of 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 2021 - None

Fiscal Year 2020 - None

Fiscal Year 2019 - None

Disclosure of Foreign Payments – None

APPENDIX A

Uncommon policy ideas/approaches that have not been attempted, introduced, or passed into law over the past two decades:

- An impactful hearing that includes new voices tackling mental health who can help inform new possibilities in your draft legislation. The committee has been guided by the mental health and pharmaceutical industries for far too long, which have failed to provide meaningful outcomes via their policy recommendations. Instead, we recommend hearing the voices of those working on alternative approaches at the ground level, such as Boulder Crest Retreat, Sheep Dog Impact Assistance, Big Red Barn Retreat, Camp Southern Ground, and the Permission to Start Dreaming Foundation. Additionally, we recommend including the authors of the recent JAMA reports highlighting VA program ineffectiveness, the authors of the Clay Hunt SAV Act reports, and individuals who researched alternative models being influential in the non-profit space. If we don't fully embrace and understand what is working well, what is not working, and what is kind of working, we will be unable to start charting effective models moving forward. More voices are needed.
- There is no longitudinal data measuring outcomes related to veterans that partake in existing programs and services. I.E. Do these programs and services have any meaningful long-term impact on veterans' quality of life? For example, data from the Clay Hunt SAV act reports, and JAMA articles, are concerning in the short term, yet there is no longitudinal data despite all of the funding for research.
- There is no research on VA programs and services' extraordinarily high dropout rates. Why do most veterans simply drop out of VA programs and services? Where do they go? What happens to those veterans? No one knows...
- There are nearly no investments in proactive training for servicemembers and veterans to learn about the core concepts of what it takes to maintain a status of being mentally healthy. The antidote to suicide is not a public health model combatting suicide; it's helping veterans live lives worth living with purpose and meaning. Instead, we are spending the vast majority of our funds in a non-proactive manner.
- The total investment in new and novel approaches for mental health totals .25% of the overall budget; we simply need more invested in promising programs, policies, and services. As we did last year, AMVETS recommends spending the entirety of any proposed budget increase for VA Mental Health on a VA/DOD Mental Health Center for Innovation. Any mental health increase in the budget should not be used as additional funding for approaches that fail far too many veterans, far too often, or for increasing access to those treatments. Instead, we should use this funding as an investment to incubate, test, and scale approaches that are proving to be effective. The majority of this funding should be allocated to fund alternative, novel, and non-pharmacological methods such as Post Traumatic Growth, recreational therapy, yoga, and others that VA has not fully embraced, tried, or tested.
- Lastly, our messaging to veterans is poor. We are telling veterans they are suicidal and broken. We want VA to reconsider its messaging to reflect what we want veterans to feel and act like. There is significant room for improvement on this front.

APPENDIX B

Legislation that AMVETS has publicly supported in the 117th Congress:

House of Representatives:

HR 475 Health Care Fairness for Military Families Act of 2021

HR 617 No Coronavirus Copays for Veterans Act

HR 781 Veterans' Telecommunication Protection Act

HR 845 VA Billing Accountability Act

HR 958 Protecting Moms Who Served Act

HR 1022 PAWS Act

HR 1276 VA VACCINE Act

HR 1281 To name the Department of Veterans Affairs community-based outpatient clinic in Gaylord, Michigan, as the "Navy Corpsman Steve Andrews Department of Veterans Affairs Health Care Clinic".

HR 1476 PFC Joseph P. Dwyer Peer Support Program Act

HR 2326 Veterans Cyber Risk Awareness Act

HR 2591 DUMP Opioids Act

HR 2634 To designate the Mental Health Residential Rehabilitation Treatment Facility Expansion of the Department of Veterans Affairs Alvin C. York Medical Center in Murfreesboro, Tennessee, as the "Sergeant John Toombs Residential Rehabilitation Treatment Facility".

H.R. 2789 To direct the Secretary of Veterans Affairs to administer a pilot program to employ veterans in positions that relate to conservation and resource management activities.

HR 2800 The Wingman Act

HR 3512 Healthcare For Our Troops Act

HR 3888 CHIP IN for Veterans Act

HR 4471 Improving Veterans Access to Congressional Services Act

HR 4571 Supporting Expanded Review for Veterans in Combat Environments (SERVICE) Act

HR 4732 Protecting Benefits for Disabled Veterans Act of 2021

HR 4831 Charitable Equity for Veterans Act

HR 5483 The Inform VETS Act

HR 5509 Student Veteran COVID-19 Protections of 2021

HR 5776 Serving Our LGBTQ Veterans Act

HR 5819 Autonomy for Disabled Veterans Act

HR 5901 Veterans Education is Timeless Act

HR 6227 Military Dependents School Meal Eligibility Act

HR 6307 Tiny Homes for Homeless Veterans Act

HR 6464 Hear our Heroes Act of 2022

HR 6672 - VSO Support Act of 2022

United States Senate:

S 189 Veterans' Disability Compensation Automatic COLA Act

S 194 SERVE Act

S 344 Major Richard Star Act

S 458 Veterans Claim Transparency Act

S 1147 Retired Pay Restoration Act

S 1183 Veterans Medical Marijuana Safe Harbor Act

S 1467 VA Medicinal Cannabis Research Act

S 1520 Military Justice Improvement and Increasing Prevention Act

S 1607 Student Veterans Transparency and Protection Act of 2021

S 1875 Veterans Emergency Care Claims Parity Act

S 1915 ACE Veterans Act

S 1944 Vet Center Improvement Act of 2021

S 1972 Health Care Fairness for Military Families Act

S 2530 Charitable Equity for Veterans Act

S 3017 Veterans Dental Care Eligibility Expansion and Enhancement Act

S 3025 Servicemembers and Veterans Empowerment and Support Act of 2021

S 3047 Veterans Pro Bono Corps Act of 2021

S 3163 RURAL Exams Act

S 3388 Veterans Benefits Improvement Act of 2021