Mental Health and Suicide Prevention

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 veteran’s mental health, the House held two, and more than 8 billion dollars was spent in an effort to address the issue.

In March 2019, Past Commander Rege Riley testified in front of the House and Senate Veterans Affairs Committee and asked that both committees hold a hearing that is dedicated to the issue of veteran suicide once every quarter. Since March, the House Veterans Affairs Committee held three hearings focused on mental health and suicide prevention. Thank you, Commander Riley, for demanding attention to this issue and seeing through that the hearings were implemented.

Mental health and suicide prevention remain AMVETS legislative priority for 2020. Below are the bills that we will advocate for this year. Our general focus is on legislation that aims to partner the VA with community organizations. Only 6 of the 20 veterans (30%) taking their lives by suicide every day receive healthcare from VA. Knowing this, we need Congress to pass legislation that will direct the VA to create a grant program to better coordinate with, and provide funding for, nonprofit and community suicide prevention resources. Casting a wider net could help reach the remaining 70% who never step foot onto a VA campus.

Besides legislation that aims to partner the VA with outside organizations, we are supportive of legislation that requires VA to begin tracking their success measurements. As of now, the VA does not have any data to prove that their inpatient mental health care is showing any signs of success. The largest study that has been done on VA’s mental health care, The Clay Hunt SAV Act, shows that a majority of VA’s patients drop out of care, and for those that stay, a majority of patients retain their PTSD diagnosis. In contrast, we are aware of non-profit organizations that also provide mental health care and have data that far surpasses VA’s outcomes.

S. 1906 Improve Well-Being for Veterans Act
  - This legislation requires the Secretary of VA to provide grant funding to eligible entities to provide and coordinate the provision of suicide preventions for veterans at risk of suicide.

H.R. 1997 Veterans Posttraumatic Growth Act
  - This legislation directs the Secretary of VA to carry out a pilot program on posttraumatic growth with one or more nonprofit organizations.

S. 785 Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019
  - Letter of support included on next page.
March 12, 2019

The Honorable Jon Tester
United States Senate
311 Hart Senate Office Building
Washington, DC 20510

Dear Senator Tester:

AMVETS is pleased to support 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 mental health and suicide prevention, 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.

AMVETS believes Section 203: Post-traumatic Growth (PTG) Partnerships is the most advantageous legislation Congress can pursue right now. 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 a spiritual change. Additionally, we strongly recommend a legislative solution that ensures these new programs that utilize PTG are used at VA.

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.

Sincerely,

[Signature]

JOSEPH R. CHENELLY
Executive Director
Women Veterans

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

AMVETS is supportive of the Servicemembers and Veterans Empowerment and Support Act of 2019, introduced in the House as H.R. 1092 and in the Senate as S. 374. This legislation expands health care and benefits from the VA for military sexual trauma. Section 101 of this legislation adds technological abuse as an assault that the VA is required to provide counseling and appropriate care for. Technological abuse may include unwanted, repeated phone calls, text messages, or social media posts.

Upon passage of this bill, if a veteran claims that a covered mental health condition was caused by military sexual trauma during active service and the opinion of a mental health professional is consistent with that claim, the VA will accept this claim as sufficient proof of service-connection even if there is no official record of such incurrence in the service.

H.R. 1092 and S. 374 will allow members of the reserve components of the Armed Forces, including members of the National Guard, to be able to access all VA health care facilities to receive counseling and treatment relating to military sexual trauma and not just Vet Centers.

There are specific sections of S. 785 John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 that address mental health disparities specific to women veterans. We support section 504 of bill S. 785 which would require an assessment on the capacity of peer specialists of the VA who are women. An assessment will be required on the geographical distribution of peer specialists of the VA who are women, the geographical distribution of women veterans, the number and proportion of women peer specialists who specialize in peer counseling on mental health or suicide prevention, and the number and proportion of women peer specialists who specialize in peer counseling on non-mental health related matters. Based on this assessment, the VA will then submit a plan to hire additional qualified peer specialists who are women.


H.R. 4281 gives women veterans the option to receive a 12-month supply of oral contraceptive pills at the VA.

H.R. 5045 requires the Secretary of Veterans Affairs to provide childcare assistance to a veteran who is receiving training or vocational rehabilitation on a full-time basis.
Veteran 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. 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, limited availability of skilled care providers and additional stigma in seeking mental health care. There is also the continued challenge of the politicization of VA health care. AMVETS realizes that the best healthcare option for veterans will provide a strong, well run, and fully staffed VA first! As a support mechanism, VA will utilize private care when it makes sense in order to provide ease of care to veterans as is often the case for veterans in rural areas.


H.R. 4154 Leave No Veteran Behind Act
- This legislation requires VA to contact certain veterans to encourage them to receive medical examinations furnished or paid for by the VA.

AMVETS has fought all year for Blue Water Navy veterans, veterans who were exposed to Agent Orange, and veterans who were exposed to burn pits. H.R. 299 Blue Water Navy Vietnam Veterans Act of 2019 was signed into law last year. We recently sent a letter to Ranking Member Jon Tester voicing our support for adding Parkinsonism, Bladder Cancer, Hypothyroidism, and Hypertension to the list of presumptive health outcomes for service-connected exposure to Agent Orange. Other bills we have endorsed are The Veterans Burn Pits Exposure Recognition Act of 2019, The Agent Orange Exposure Fairness Act, and Lonnie Kilpatrick Central Pacific Relief Act.

S. 2950 The Veterans Burn Pits Exposure Recognition Act of 2019
- This legislation will change current law so that any veteran who was deployed in support of a contingency operation in The Southwest Asia Theater of operations beginning on August 2, 1990, shall be considered to have been exposed to the toxins, chemicals, and hazards caused by burn pits.

H.R. 566/S. 332 The Agent Orange Exposure Fairness Act
- This legislation will remove one-year requirements from three of the illnesses linked to Agent Orange exposure: Chloracne, acute and sub-acute peripheral neuropathy and porphyria cutanea tarda.

H.R. 1713 Lonnie Kilpatrick Central Pacific Relief Act
- This legislation will grant presumptive herbicide exposure status to US servicemembers who served on the islands of Guam, American Samoa, the Northern Mariana Islands, and Johnston Atoll.
Tax Issues


**H.R. 1715 Charitable Equity for Veterans Act of 2019**

- This legislation allows a tax deduction for charitable contributions to certain federally chartered organizations of past or present members of the Armed Forces. (Under current law, donations to such an organization are only deductible if at least 90% of the organization's membership consists of war veterans. The bill expands the deduction to include organizations that do not meet the wartime service requirement and are federally chartered.)

The non-profit designation for veterans’ organizations is 501(c)(19), and this status includes tax-exemption and the ability to accept tax-deductible donations. However, an outdated regulation requires these organizations to maintain a membership of at least 90% wartime veterans to accept tax deductible donations. This regulation was likely created in the 1970s when nearly every military veteran was a “war veteran,” which is defined as having served during wartime.

However, there are 2.4 million veterans who do not meet this definition. These men and women are mainly those who honorably served following the end of the Vietnam War in 1975 and prior to the Persian Gulf War in 1991. These members of the Nation’s first “All-Volunteer Force” served knowing full well that they may be called into war.

This antiquated regulation negatively impacts many of America’s distinguished and historic veterans’ non-profits who are (or are at threat of) losing their ability to receive tax deductible charitable donations. For example, AMVETS lost its ability to receive tax-deductible donations in 2015. AMVETS is the only one of the “Big 6” Congressionally-chartered veterans service organizations open to all non-wartime veterans. About 38% of AMVETS’ 250,000 members are not wartime veterans, leaving the 75-year-old organization unable to accept tax-deductible donations.

This legislation would simply address this unintended consequence in the tax code by allowing any congressionally chartered 501 (c)(19) to be eligible to receive tax deductible charitable donations.
POW/MIA

President Trump signed S. 693 National POW/MIA Flag Act into law last November. This legislation requires the display of the POW/MIA flag outside of high-profile Federal buildings and National war memorials throughout the year. Previous law only required the POW/MIA flag to be displayed on Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day, and Veterans Day.

AMVETS praised the President for passage of this act, but we are also hopefully that it will encourage members of Congress to display the flag outside of their offices, as is protocol. AMVETS worked closely with Rep. Mark Meadows and Rep. Susie Lee to draft H.R. 3025 You Are Not Forgotten Act.

H.R. 3025 You Are Not Forgotten Act
- This legislation requires the Architect of the Capitol (AOC) to display the National League of Families POW/MIA flag outside of the entrance of the office of each Member of Congress, unless the Member directs the AOC to not display the flag. This requirement applies only to a Member's office in a House or Senate office building within the U.S. Capitol Grounds.