Statement of Travis Horr
Director, Government Affairs
of
Iraq and Afghanistan Veterans of America
before the
House Veterans' Affairs Committee

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Chairman Takano, Ranking Member Roe, and Members of the Committee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members worldwide, thank you for the opportunity to share our views, data, and experiences on the pending legislation before the Committee today.

While I serve as the Director of Government Affairs at IAVA, I'm also a Marine Corps veteran. I enlisted in the infantry in 2007 and deployed to Southern Helmand, Afghanistan in 2010. The issues of the post-9/11 generation are my issues. I was exposed to burn pits on my small patrol base in Afghanistan, I utilized the Post-9/11 GI Bill to become the first person in my family to graduate college. I've seen first hand the positive impact that medicinal cannabis can have on my fellow veterans' lives once they transition out of the service. And I've lost too many of my friends to the suicide epidemic in the veteran community. These issues are personal to me and I'm proud to represent IAVA's views in front of the Committee today.

We thank the Committee for bringing forward important legislation that touches on a number of our Big Six priorities for 2019, which are: the Campaign to Combat Suicide, Defend Veterans Education Benefits, Support and Recognition of Women Veterans, Advocate for Government Reform, Support for Injuries from Burn Pits and Toxic Exposures, and Support for Veterans who Want to Utilize Medicinal Cannabis.

Support for Veterans Who Want to Utilize Medicinal Cannabis

For years, IAVA members have been supportive of medical cannabis. In IAVA's latest Member Survey, 83% of IAVA members agree that cannabis should be legal for medical purposes. And a resounding 90% believe cannabis should be researched for medicinal uses, an increase from 63% just last year. IAVA members are vastly in support of cannabis research, and support will

continue to grow in the months and years ahead. It's time for the Department of Veterans Affairs (VA) to catch up.

IAVA members have set out to change the national conversation around cannabis and underscore the need for bipartisan, data-based, common-sense solutions that can bring relief to millions, save taxpayers money and create thousands of jobs for veterans nationwide. The veteran community has made it very clear that it supports research done on the use of cannabis as a treatment option.

However, this demand has not resulted in a change in policy. For these reasons, the VA Medicinal Cannabis Research Act (H.R. 712) is the centerpiece of IAVA's Campaign to Support Veterans who Want to Utilize Medicinal Cannabis. This legislation will advance research and understanding of the safety and effectiveness of cannabis to treat the signature injuries of war. At this time, we have limited evidence on cannabis' effectiveness to treat the injuries that impact huge swaths of the post-9/11 generation.

Without research done by VA surrounding cannabis, veterans will not have conclusive answers to ways cannabis might aide their health needs. This is unacceptable. VA houses some of the most innovative and best-in-class research this country has to offer. It should not be shutting its doors on a potentially effective treatment option because of politics and stigma. Our nation's veterans deserve better.

In IAVA's most recent Member Survey, a staggering 72% of veteran and military members reported suffering from chronic pain. Sixty-six percent report joint injuries, and over 50% report either PTSD, anxiety, or depression. Cannabis may be an effective treatment option for all of these service-connected injuries, but we must invest in the research to ensure it is. The VA Medicinal Cannabis Research Act will build on this evidence and provide further data to explore the effectiveness of cannabis as a treatment option. Without comprehensive cannabis research, we are unable to make policy decisions that could improve the lives of veterans.

One such veteran whose life was improved through medicinal cannabis was Army veteran and former IAVA intern, Julie Howell. Her story, in her own words, follows:

> For years after I returned from Iraq I struggled to sleep through the night. As it turns out, I suffered from something known as maintenance insomnia, I would fall asleep but would wake for hours in the middle of the night and then fall back asleep right before needing to wake up. Thanks to California passing legislation regarding medicinal and recreational cannabis I now have access to a product that

> I ingest which contains a small amount of cannabis that helps me sleep through the night. I do not use cannabis recreationally, I do not even smoke, but this product has allowed me to thrive. Without access to cannabis, I would never have been as successful in the pursuit of higher education. I am currently working through a masters degree in public policy with the hope of assisting veterans like me, to live their best lives.

In addition to Julie, over 100 IAVA members have shared the stories of their cannabis use, with dozens sharing how VA retaliated against or mishandled them and dozens more sharing that they flat out refuse to tell VA about their use. Left unchecked, this practice is harmful and dangerous. In fact, Julie herself, even after advocating on Capitol Hill and back home in California, still hasn't talked to her VA doctor about her cannabis use.

Julie isn't alone. Twenty percent of IAVA members report using cannabis for medicinal use and of those, only 31% have talked to their doctor about their cannabis use. Twenty-four percent either do not feel comfortable or only feel slightly comfortable talking about their cannabis use with their doctors. For the vast majority of those that use cannabis, they are not talking to their doctors about their cannabis use.

VA care is an earned benefit for our nation's veterans, they shouldn't feel that they have to hide and circumvent VA to access a standard of care their civilian counterparts access easily. Yet VA's policies inhibit realistic discussion and open conversations around cannabis. If veterans are unable to receive the care that they deserve, then they will go around it.

We must ensure that VA clinicians can have open and honest discussions with their patients, allowing VA clinicians to recommend cannabis to their patients when appropriate, and ensure VA clinicians can submit forms for state medical cannabis programs for their veteran patients.

For these reasons, IAVA is proud to support the Veterans Equal Access Act (H.R. 1647) that will allow VA clinicians to provide recommendations and fill out forms for state cannabis programs. IAVA is also proud to support the VA Survey of Cannabis Use Act (H.R. 2677), in order for VA to understand the scope and scale of veterans currently using cannabis. IAVA also supports H.R. 2677, which will allow VA physicians to undergo training to understand how to best use medicinal cannabis, where it is already available in state programs.

Reform VA for Today's Veterans

Millions of veterans rely on VA for both health care and benefits. Ensuring that the system is able and agile enough to accommodate the millions of veterans who use its services is paramount to ensuring the lasting success and health of the veteran population. About 48% of all veterans and about 55% of post-9/11 era veterans are enrolled in VA care. Among IAVA member survey respondents, 81% are enrolled in VA health care, and the vast majority have sought care from VA in the last year, 81% of these VA users rated their experience at VA as average or above average. IAVA members have been clear that access to VA care can be challenging, but once in the system, they prefer that care. Further, independent reviews of VA health care support that the care is as good, if not better than the private sector.

A bold approach to ensuring today's veterans have a system willing to bend and adapt to them will take the full coordination of the executive branch and Congress, along with stakeholder partners in state and local governments, and the private and nonprofit sectors. We need a system that leverages the use of new technologies to streamline processes and enables VA to take a more dynamic approach to respond to the needs of today's veterans. Even so, the best technology will not save a system if it is built upon outdated structures.

Because of these reasons, IAVA supports the AIR Acceleration Act (H.R. 3083) which will remove a restriction of the AIR Act to allow the commission to be nominated, appointed, and start their important work as soon as possible. However, we strongly recommend that the Secretary not move forward with the process until the VA completes local capacity and commercial market assessments with full stakeholder consultation, and stabilize community care efforts.

The Veterans Reimbursement for Emergency Ambulance Services Act (VREASA) (H.R. 485) will expand VA's ability to reimburse emergency ambulance services. Typically, VA can reimburse ambulance services, however, there are still times when veterans are stuck with the bill. For instance, if a veteran experiences a medical emergency and a bystander calls for emergency services and it was later determined to not be life-threatening, then the veteran must pay for ambulance services, through no fault of their own. VREASA seeks to fix this loophole and aligns reimbursement to current law under Medicare and Medicaid. It is for these reasons that IAVA is supportive of the legislation.

H.R. 2943 would direct VA to ensure that all fact-sheets are produced in both English and Spanish. The US Military is a diverse organization and a cross-section of the United States as a whole. I personally served with a large number of Marines who spoke English as a second

language. All veterans should have equal access to information provided by VA in a language they are proficient in and it is for these reasons that IAVA is supportive of the legislation.

IAVA is also supportive of the draft legislation to address specially adaptive housing. We are pleased to see the expansion of this program, to include the increase in the amount of assistance given, the increased amount of applicants that can be approved, and the elimination of the cap on grants given out.

Recognize and Improve Services for Women Veterans

Data shows that women veterans, on average, do not seek support from the Veteran Health Administration (VHA) until 2.7 years after leaving the service, or until mental or physical health issues have manifested. On top of that, VA states that women veterans tend to face more health-related challenges than their male counterparts. And most importantly, since 2001, the suicide rate for women veterans has increased by 85.2%, while the suicide rate for males has increased by 30.5%.

It is because of those reasons that the VA Air Force Women's Health Transition Training pilot was created. It is aiming to provide servicewomen with a deeper understanding of womens' health services within the VA health care system. The courses are all led by women veterans, and everyone has the opportunity to personalize their training.

The Helping Expand and Launch Transitional Health (HEALTH) for Women Veterans Act (H.R. 2942) is consistent with IAVA's groundbreaking She Who Borne The Battle campaign to recognize the service of, and fill gaps in care for women veterans. This legislation not only ensures the pilot program remains in place until 2020 but expands it across all services, and creates a feasibility study to make the program permanent. Women veterans are the fastest growing cohort of veterans and it is critically important that they receive the same care as their male peers. IAVA supports H.R. 2942.

Defend Military and Veteran Education Benefits

The Post-9/11 GI Bill can only go so far in ensuring the future success of today's fighting force. While an earned benefit, the Post-9/11 GI Bill is also an investment in America's next "Greatest Generation." Veterans are proven to be more productive and have higher retention rates once hired into a career, and ensuring they have the appropriate training and degrees is paramount to this success. This successful transition to the civilian workforce often begins on a college campus. In fact, according to Student Veterans of America and the Institute for Veterans and

Military Families, 2.9 million post-9/11 veterans have entered higher education since transitioning out of the military and I'm proud to be one of them. This means that ensuring veterans are supported and successful on campus is of utmost importance to the long-term success of each veteran.

To this end, IAVA is supportive of the draft legislation that addresses and improves VA Work Study program. This bill will update the work-study program to mirror the already successful program used by the Department of Education (ED). By using previous years' data, VA will be able to give more timely work-study payments to students and ensure that they paid on time and in full. While we are all intimately aware that IT issues continue to be a problem at VA, we feel confident that by using ED as a model, VA will be able to make their work-study payments more reliably.

Members of the Committee, thank you again for the opportunity to share IAVA's views on these issues today. I look forward to answering any questions you may have and working with the Committee in the future.

Biography of Travis Horr:

Travis Horr serves as the Director of Government Affairs, working to advance IAVA's advocacy efforts in Washington, D.C. Prior to IAVA, he worked at a strategy consulting firm, as well as political campaigns in both Maine and Delaware. Travis served in the Marine Corps Infantry for four years and was stationed at Marine Barracks 8th & I in Washington D.C., and Camp Pendleton, CA. He deployed to Helmand Province, Afghanistan in 2010 in support of OEF. Travis is a Maine native and graduated from the University of Southern Maine with a B.A. in Political Science with Honors utilizing the Post-9/11 GI Bill.