



Statement of  
Marion Polk  
National Commander  
**American Veterans (AMVETS)**

Before the  
Committees on Veterans' Affairs  
United States Senate and United States House of Representatives

Hearing on the Legislative Priorities of AMVETS

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March 6, 2018**

Chairmen Isakson and Roe, Ranking Members Tester and Walz, and Members of the Committees:

As the AMVETS National Commander, it is an honor to be invited to testify today on behalf of our quarter million members and the 20 million U.S. veterans whose interests we champion. I am a Louisiana native, and served in the United States Coast Guard for 20 years. Immediately after retirement I became a probation officer where I specialized in personnel firearms training. Advocating for veterans' issues is personal, and a passion of mine.

Since 1944, AMVETS has served as the lead and most inclusive voice for veterans in preserving the freedoms secured by America's Armed Forces. We represent veterans who answered the call after the attacks on Pearl Harbor, fought in the Frozen Chosin, survived the jungles of Vietnam, served in the Persian Gulf, as well as those who served during Peacetime, the Cold War, and the more than 2.7 million post-9/11 troops who have served or are still serving.

AMVETS has members from every branch of service, including those in the National Guard, Reserves, and Merchant Marine. We provide support in procuring earned benefits for veterans and those on active duty.

Being the most inclusive veterans' service organization carries a burden to tackle the most difficult problems impacting the greatest number of veterans. One such problem is maintaining the capacity to meet demand for veteran-centric, holistic, lifetime mental health care – particularly for veterans who have endured trials and tribulations that we can only try to imagine. The following are our Core Four Legislative Priorities:

*Suicide Prevention:*

AMVETS acknowledges VA's relative success in improving access to mental health services for veterans, service members and military families. For instance, from 2005 through 2015 VA increased the number of outpatient mental health encounters or treatment visits by 103 percent; from 10.5 million to 21.5 million. The number of veterans receiving specialized mental health treatment from VA has also annually increased, from over 900,000 in (FY) fiscal year 2006 to more than 1.65 million in FY 2016. Yet, despite this progress AMVETS remains concerned about how VA plans to resolve its mental health staffing issues to meet ongoing increasing demand and provide timely and full access for the broad array of critical services the Department provides.

As of November 3, 2017, the VA had 35,554 vacant full-time positions, and in 2017 it had set a goal of hiring 1,000 mental health professionals. VA succeeded in hiring 900, yet lost 945 throughout the year.

We learned in late February that VA has partnered with the Cohen Veterans Network (CVN) to provide more resources in an attempt to reduce veteran suicide. Currently only 6 of the estimated 20 veterans that take their lives each day are engaged in VA care.

As Secretary Shulkin said at a Suicide Prevention hearing in the U.S. Senate at the end of September, suicide prevention month:

*“VA has developed the largest integrated suicide prevention program in the country. We have over 1,100 dedicated and passionate employees, including Suicide Prevention Coordinators, Mental Health providers, Veterans Crisis Line staff, epidemiologists, and researchers, who spend each and every day working on suicide prevention efforts and care for our Veterans. Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide. VA also has developed a chart “flagging” system to ensure continuity of care and provide awareness among providers about Veterans with known high risk of suicide. Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow ups, safety planning, weekly follow up visits, and care plans that directly address their suicidality.”*

AMVETS agrees that VA has an unparalleled suicide program, and we advocate for increased outreach to veterans and appropriate staffing levels, within VA, so that veterans can benefit from the finely tuned expertise of a program that has proven effectiveness. We do not support partnerships which outsource any type of VA health care, unless VA is not equipped to provide the care in a timely manner.

#### Traumatic Brain Injury:

AMVETS advocates for increased research to improve identification and treatment of mental health disorders that affect veterans being treated in the VA system of care. This research must also include the behavioral after-effects of mild traumatic brain injuries which often mimic post-traumatic stress disorder.

The repercussions of not tracking mild TBI's for many years after the start of the conflicts in Iraq and Afghanistan left all branches of the military unable to assess or properly treat various issues that arose, and in the end, it was the person serving who suffered.

The term traumatic brain injury (TBI) involves a range of conditions and may be classified as focal or diffuse; open or closed; and mild, moderate, or severe.

The latest data show nearly 20 percent of veterans who served in Iraq and Afghanistan report experiencing a TBI during military service, with many reporting multiple head injuries. Having a TBI can lead to higher rates of post-traumatic stress disorder, early-onset dementia, depression, back pain, and suicidal thoughts.

Signs of TBI include numbness, excessive drowsiness, severe headache, weakness in your arms and legs, dizziness or loss of vision, slurred speech, loss of consciousness or confusion, vomiting or nausea. There are functional signs that can occur after experiencing a TBI, including changes in: memory and reasoning; touch, taste and smell; communication, expression and the ability to understand; and depression, anxiety, personality changes, aggression, acting out, and social inappropriateness.

Many veterans who have PTSD also have a history of a mild TBI. Chronic pain and substance abuse can be common and may complicate recovery from any single diagnosis. It is especially important to reassure veterans that their symptoms can be time-limited and, with appropriate treatment and healthy behaviors, are likely to improve.

AMVETS encourages VA and DoD to coordinate their efforts to better address the consequences of mild-to-severe TBI and other concussive injuries, including improvements in: screening and treatment protocols; coordination of care; and support services for injured servicemembers.

It is of the utmost importance for VA to have all of the necessary policies, procedures and personnel in place to provide the care for all service members having sustained brain injuries and the corresponding effects that will either immediately, or over time, accompany them.

#### Toxic Wounds:

Toxic wounds can occur through drinking water, general water usage, vapor seepage, soil contact, and exposure to toxic smoke from oil field fires or burn pits. Military bases have historically used and disposed of toxic substances that later posed health risks such as cancers, digestive disorders, and birth defects. The Environmental Protection Agency (EPA) currently lists over 130 U.S. based military installations as Superfund Priorities, which means that a rigorous assessment showed that they contain contaminants. The “Superfund” program began in 1980 and cleans contaminated land after the assessment.

Some Iraq and Afghanistan veterans have toxic embedded shrapnel in their bodies after blast injuries from IEDs, bombs, mines and shells. Some of the fragments may contain depleted uranium. These veterans may be eligible for medical surveillance at the Toxic Embedded Fragment Surveillance Center at the Baltimore VAMC.

AMVETS continues to seek system-wide changes related to military environmental hazards and toxic wounds, including:

- Seeking improvements to the pre- and post-deployment health monitoring and assessment program to address all currently recognized and emergent environmental hazard and toxic wound health issues;
- Seeking improvements to the DoD-VA health research systems so they aggressively focus on treatments, diagnostic biomarkers and mapping out bio-pathology and symptoms for the full range of environmental hazard and toxic wound health issues; and

- Seeking the implementation of a seamless DoD-VA environmental health evaluation/treatment system to ensure medical evaluation, evidence-based treatment, and ongoing medical surveillance for current and former servicemembers suffering from toxic wounds.

AMVETS urges Congress and the Department of Veterans Affairs to invest adequate resources to fully research, diagnose and treat conditions associated with toxic exposures and to extend presumptive service-connection to all veterans suffering from conditions associated with toxic exposures while serving in the military.

This has been a longtime critical issue for AMVETS, and we will continue to advocate for veterans suffering from the effect of any form of toxic exposure.

*Veteran Treatment Courts:*

AMVETS advocates for increased acceptance and expansion of veteran treatment courts across the country. These courts aim to prevent needless incarceration of justice-involved war veterans, and instead treat post-deployment mental health issues, as well as behavioral issues stemming from mild TBIs. On this issue, AMVETS supports the *Veterans Court Improvement Act of 2017* which aims to hire at least 50 Veterans Justice Outreach Specialists (VJOS) within a year of enactment, each VJOS hired would serve, either exclusively or in addition to other duties, in a veteran treatment court. The Secretary would ensure that the newly hired VJOS supplement the number of existing Veterans Justice Outreach Specialists, not replace current staff.

We also support the *Veteran Treatment Court Coordination Act of 2017* which expresses the sense of Congress that veteran treatment courts are a successful program aimed at helping veterans charged with non-violent crimes receive the help and the benefits they are entitled to and have earned.

VA's Veterans Justice Outreach (VJO) program aims to prevent homelessness, and avoid the unnecessary criminalization of mental illness and extended incarceration among veterans. VA aims to ensure that eligible justice-involved veterans end up in a situation with the police, or who are in jails or the court system, have timely access to VA mental health, substance abuse, and homeless services if needed, and other VA services and benefits as appropriate.

In 2016 the VJO program provided services to over 50,800 justice-involved veterans; VA provided support to 463 Veteran Treatment Courts and other veteran-focused court programs; and VA partnered with legal providers to offer 125 pro-bono legal clinics to veterans on site at VA Medical Centers.

This issue goes straight to the heart of our organization. In 2008, our then National Commander J.P. Brown worked with Judge Russell in Buffalo New York on the establishment of our country's first veteran treatment court. These courts reach out and hold the proverbial hand of justice involved veterans and guide them down a better path. The results and percentages of veterans that complete the program is quite incredible, and we will advocate and assist

wherever possible for veteran treatment courts and their unique hybrid of Drug Courts and Mental Health Courts to not only continue, but to expand.

*AMVETS HEAL Initiative:*

Earlier today, AMVETS unveiled our new HEAL initiative. HEAL stands for Healthcare, Evaluation, Advocacy, and Legislation, and is based on four pillars that represent our effort to improve care for veterans of all eras who have traumatic brain injury, polytrauma, and who have mental healthcare needs.

**Healthcare.**

HEAL Team clinicians are licensed Registered Nurses who are responsible for ensuring the quality of complex care for veterans through active healthcare system monitoring and working in collaboration with the Department of Veterans Affairs and community providers who serve veterans. Their work entails identifying necessary resources to improve the efficiency of healthcare services, to include quality of care and coordination, which is critical to delivering effective, lifelong comprehensive healthcare to the veteran population.

**Evaluation.**

By continuously measuring the quality and effectiveness of healthcare services provided by VHA, to include services at VA Polytrauma/TBI centers and mental health clinics, the HEAL Team seeks opportunities to promote the enhancement of those services through a solution-oriented approach to identifying needs that are specific to issues and concerns related to healthcare for AMVETS members. These assessment and recommendations for improvement will be shared with the Secretary of Veterans Affairs.

**Advocacy.**

Directly engaging and working in collaboration with VA healthcare professionals at all levels is a critical component of the HEAL Team's mission, particularly as it relates to mental health, Polytrauma/TBI and related issues. To accommodate the needs of current and future AMVET members, the HEAL team has established a healthcare helpline to troubleshoot reported issues and provide timely assistance whenever and wherever needed.

**Legislation.**

Championing laws and policies that benefits AMVETS members is a significant component of the HEAL mission.

The HEAL team will be staunch advocates in legislative and policy efforts that focus on the provision of comprehensive/complex healthcare and benefits for AMVETS members. These efforts will be carried out through direct engagement and collaboration with Congressional members and their designees with the intent to enhance quality and access to healthcare for veterans who desire to be heard on Capitol Hill.

Veterans, service members, and family members who need immediate assistance with a VA-related healthcare issue can contact a HEAL Team member by phone at 1-833-VET-HEAL from 8AM to 7PM EST or by email at [VETHEAL@amvets.org](mailto:VETHEAL@amvets.org). The HEAL Team can also be found through Facebook, Twitter, and Instagram at [@HealAmericanVets](https://www.instagram.com/HealAmericanVets).

In addition to the HEAL Initiative and our Core Four Legislative Priorities, our membership has expressed strong interest in the following priorities:

*Civilian Credentialing:*

AMVETS recognizes that it is in the best interest of our nation to have a strong and viable veterans' employment and training system in place. Unfortunately, the unemployment rate among our nation's veterans continues to be an area of intense focus and concern, much of which is related to issues of post-service licensure and credentials.

Congress, and various branches of military service, have begun to recognize the fact that veterans of all eras find it difficult to obtain meaningful, living-wage employment. The importance of expanded licensing and credentialing as an integral part of the overall veteran transition process cannot be overemphasized.

As a nation we need to be prepared to do our part to assist our transitioning service members with living-wage employment opportunities so they become valued additions to our society and economy and are able to adequately support their families.

AMVETS encourages Congress to engage in a national dialogue to include the Administration, DoD, VA, DOL, governors, state adjutant generals, employers, trade and professional associations, and licensing and credentialing entities, to establish a process so military training meets civilian certification and licensing requirements for states in which veterans choose to live once they leave the military.

*Concurrent Receipt:*

Military retirees with twenty or more years of service and a 50 percent or higher VA disability rating can receive their military retirement pay and the amount of their VA disability compensation. The current law does not provide the same equity to service-connected disabled military retirees with VA disability ratings of 40 percent or below, or Chapter 61 retirees who were medically retired with less than 20 years, regardless of VA disability rating.

A disabled veteran who does not retire from military service but elects instead to pursue a civilian career after their enlistment expires can receive full compensation and full civilian retired pay. AMVETS believes that a veteran who has served this country for 20 years should have that same right and not be penalized for choosing a military career rather than a civilian career.

AMVETS supports legislation that would provide for the full and immediate concurrent receipt of military retirement pay and VA disability compensation, without offset, regardless of a veterans VA rating percentage.

### Education Benefits:

AMVETS believes the Post-9/11 GI Bill has been targeted by deceptive and aggressive college salesmen. Veterans deserve better quality in their GI Bill and should not have to waste their time and hard-earned GI Bill money at subpar colleges being sued by law enforcement for defrauding students.

In alignment with the Military Coalition, AMVETS believes that there is a need for

- Further improving laws to protect veterans enrolled in institutions of higher learning that close or lose their accreditation.
- Aligning VA protections for student-veterans with Departments of Education and DoD protections.
- Ensuring schools spend VA benefits on serving the veteran.
- Extending “90-10” ratio of Federal aid to include GI Bill benefits.

### Family Caregivers:

It is well known that family caregivers selflessly support wounded, injured and sick veterans allowing for a greatly improved quality of life in the home environment. The utilization of family caregivers also plays a critical role in controlling and reducing health care costs by minimizing inpatient and outpatient hospitalizations and institutionalization.

Studies have shown that improving family caregivers’ well-being and minimizing the burden they carry, is critical to their being able to continue assisting their loved ones. AMVETS encourages Congress to pass legislation to correct the inequity in access to the VA Comprehensive Assistance for Family Caregivers and expand eligibility to include veterans of all eras, not just for Post-9/11 veterans. We are hopeful to see this happen in the coming months.

### Homeless Prevention:

AMVETS acknowledges that veteran homelessness has substantially decreased over the last decade due to multi-agency efforts at the federal level in addition to community partnerships.

AMVETS encourages Congress to increase the availability of affordable housing; expand education/training programs; and provide employment opportunities until all veterans are properly housed and gainfully employed. We must not become complacent, and must continue the push to prevent all veteran homelessness.

### Veteran Preference:

AMVETS is committed to seeking full access to employment opportunities for our nation’s veterans and has strongly supported federal, state, and local veterans’ preference laws. It is important that programs and policies at all levels of the government continue to help



veterans establish private businesses by providing them with technical, financial, and procurement assistance.

AMVETS supports the strongest veterans' preference laws possible at all levels of government and opposes any attempt to weaken such laws.

Community Care:

This is perhaps the most discussed issue, and one where AMVETS looks forward to continuing to work with Congress and VA to find the balance of treating veterans within VA facilities, consolidating community care, and allowing veterans the ability to seek outside care when VA cannot provide it in a timely manner. No matter the distance. We look forward to reviewing amended legislation that we hear is forthcoming and advocating, as always, for the best interest of the veteran. In the end, we are veterans and we are here to serve veterans. Nothing else is more important to AMVETS than ensuring that the health care and benefits of all veterans are properly provided for in a timely, safe, and effective manner.

Thank you again for the opportunity to share the AMVETS legislative priorities. Please do not hesitate to contact me with any follow up or questions.



## **Marion Polk National Commander AMVETS**

Marion Polk, a resident of Alexandria, Louisiana, was elected AMVETS National Commander at the 73rd national convention in Norfolk, Virginia, in August 2017.

Commander Polk has held a number of national offices within AMVETS. He comes to the organization's helm after a year of service in each of the National 2nd and 1st Vice Commander positions successively. Polk has also previously served as National Finance Officer and in command positions at every AMVETS echelon.

Polk served for four terms as Louisiana Post 7 Commander, and for three terms as Commander of the AMVETS Department of Louisiana prior to taking command of AMVETS National District III, an area that includes Louisiana, Arkansas, Mississippi, Tennessee, Alabama, South Carolina, Georgia and Florida.

The Commander retired from the U.S. Coast Guard as a Chief Petty Officer in 1989 after 20 years of service. His two brothers, two nephews and grandson are all Coast Guard veterans who, together, have over 80 years of combined service in the Coast Guard. Polk's service in the Coast guard included the command of his own unit as well as service as executive officer in four different Coast Guard units.

Upon his military retirement, Polk served as probation officer for Louisiana's Child Support Enforcement Division, where he specialized in personnel firearms training. Since retiring from this position, he has dedicated his time to helping and serving veterans through AMVETS and as former commander of CENLA VETS, a group that includes all Veterans Service Organizations in Central Louisiana. Polk has previously been recognized as both AMVETS Recruiter of the Year and AMVETS Commander of the Year.