



**Statement of Stephanie Mullen**  
**Research Director**  
*of*  
**Iraq and Afghanistan Veterans Of America**  
*before the*  
**House Veterans' Affairs Subcommittee on Health**

**April 30, 2019**

Chairwoman Brownley, Ranking Member Dunn, and distinguished members of the subcommittee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members worldwide, I would like to thank you for the opportunity to testify here today on the pending legislation before the subcommittee.

As the Research Director for IAVA, I get to take the collective experiences and views of IAVA members to support our policy and programmatic work - giving numbers to the narratives of IAVA members everyday. I am truly honored to serve those who have served this great nation and feel a special privilege in working with the post-9/11 generation, many of whom are my teachers, leaders, and friends, on the issues that impact them most. I am the product of a military family; the daughter of a retired U.S. Air Force Lieutenant Colonel who spent twenty years of her life fighting on the front lines - from Kuwait in the First Gulf War to being one of the few women in leadership roles during the 1970s, 80s, and 90s. And yet, my mom still gets asked where her husband is when she walked into VA facility and constantly deals with many of the wounds of war we see similarly in the post-9/11 generation like chronic pain and arthritis. So many of the issues IAVA tirelessly advocates for directly impacts the people I love most, and it drives my work to ensure that veterans of all generations are receiving the best care and treatment possible across all areas of society.

Support for Veteran Medicinal Cannabis Use is an incredibly important part of our work; it is why it's one of our Big Six Priorities for 2019, which includes, in addition to Support for Veteran Cannabis Use, the Campaign to Combat Suicide, Defense of Education Benefits, Support and Recognition of Women Veterans, Government Reform for Veterans, Support for Injuries from Burn Pits and Toxic Exposures.

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. IAVA members are already there in terms of cannabis research, and it's time for the Department of Veterans Affairs (VA) to catch up.



IAVA is proud to support the *VA Medicinal Cannabis Research Act* (H.R. 712) which will advance research and understanding around 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 how cannabis can 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. This 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.

However, research takes time - years in fact. And there are veterans suffering with the signature injuries of war now. Thirty-three states and the District of Columbia have already legalized medical cannabis. Unfortunately, VA's lackadaisical approach to cannabis forces many veterans to circumvent VA to access cannabis. In just the last month, over 100 IAVA members have shared their 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.

VA's policies inhibit realistic discussion and open conversations around cannabis. While current VA policy allows for clinicians to talk to their veteran patients about cannabis, VA clinicians are unable to recommend cannabis to their patients, are unable to fill out state cannabis medical forms, and are unable to recommend the best programs and options for their patients.

It is unrealistic to think these limitations do not have negative impacts. Ensuring clinicians have a full view of what their patients are taking and experiencing is paramount to ensuring the veteran is getting the best treatment and care possible. But, if veterans are unable to have this open discussion or feel unwelcome to do so, it can lead to potentially devastating consequences. The access is there, and if veterans are unable to go through VA to get medical cannabis, they'll go around it. But they shouldn't have to; 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.

We know this is already occurring from IAVA members nationwide. 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 and 24% either do not feel comfortable or 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.

For just one of these stories, we have to look no further than our IAVA Member Leaders. After serving for four and half years in the Army, one IAVA Member Leader was medically retired with service-connected migraines, traumatic brain injury and post-traumatic stress disorder. He was later diagnosed with an autoimmune disorder, fibromyalgia, that his doctors believe is related to burn pits and toxic exposures. He has spent years in and out of doctors' offices for treatment of the signature injuries of the post-9/11 conflicts, leading to a moment of crisis and a suicide attempt just a few years ago.

Since then, he has found a way forward and found relief through cannabidiol (CBD) and medical cannabis. However, because CBD and medical cannabis are not a treatment option through VA, he had to find alternative pathways to relief. He was forced to go outside of VA for health care and pay out of pocket for treatments that have actually helped him move forward in his life. He does not share this information with VA for fear of retribution.

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 *Veterans Cannabis Use for Safe Healing Act* (H.R. 2191), which will codify current VA policy around medical cannabis and ensure no veteran is punished for speaking to their clinician about their cannabis use.

Additionally, IAVA is pleased to support *Whole Veteran Act* (H.R. 2359) bill which will examine VA's Whole Health initiative including the complementary and alternative therapies provided within the program like yoga, meditation, and chiropractic care. IAVA believes that whole health is essential to the overall health and care of veterans. In practice, 63% of IAVA members use complementary and alternative therapies to treat a service-connected injury, most often using meditation, chiropractic care, and yoga as therapies. While research is still developing around many of these alternative treatments, they have proven effective for IAVA members in treating the signature injuries of war and we are encouraged to see interest in assessing the efficacy of this program at VA.

Though cannabis reform is an important pillar in our advocacy efforts, the top priority for IAVA and among our membership is suicide prevention among troops and veterans. In 2016, the latest data available, an average of 20 servicemembers and veterans die by suicide each day accounting for over 7,000 deaths each year. Each one of these deaths impacts an entire community: a family, friends, a military unit, and the lives of each and every person that veteran or servicemember touched. We often say one death by suicide is too many, and it is so true, because every life has



value and every death has impact far beyond just one moment of crisis. IAVA members know this well; 59% of our members know a post-9/11 veteran who has died by suicide, a rise of 19% since 2014. And when IAVA planted 5,520 flags on the National Mall on October 3rd, 2018 to represent the 20 veteran and military souls lost to suicide that year to date, many silently wept remembering either those who were lost, or their own personal struggles.

When it comes to accurately understanding and addressing veteran suicide, we must know the scope of the problem. While VA does release veteran suicide data, it is often years behind and only as good as the data provided by the Centers for Disease Control and the National Death Index.

IAVA is pleased to see Congress address this issue through the *Veteran Overmedication and Suicide Prevention Act* (H.R. 100), which will commission a study through the National Academies of Sciences to analyze violent and accidental veteran deaths. It has been a long standing concern of IAVA that there are veteran deaths by suicide lost in these other categories and we are not accurately counting all deaths by suicide, potentially missing the scope of the problem. That means we are also not targeting solutions accurately.

IAVA also thanks this Subcommittee for highlighting this public health crisis by considering additional legislation. In 2015, IAVA and our veteran service organization partners worked hand in hand with Congress to pass the *Clay Hunt Suicide Prevention for American Veterans (SAV) Act*. This landmark legislation focused on mental health care and suicide prevention at VA. Progress has been made, in particular, under Section 6 of the law in which partnerships with nonprofit organizations specializing in mental health care were expanded. But the *Clay Hunt SAV Act* is still lacking overall in timely implementation of the loan repayment provision for psychiatrists and the final report on the Clay Hunt peer support pilot programs showed a systemic need for dedicated funding and increased staffing to ensure the program is successful.

We are pleased to support the *Veterans' Care Quality Transparency Act* (H.R. 2372), which will review and assess these and other partnerships between VA and nonprofit organizations supporting VA's suicide prevention work. Similarly, we are pleased to support the *Support for Suicide Prevention Coordinators Act* (H.R. 2333) which will analyze the workload and reporting structure of VA's Suicide Prevention Coordinators, those that serve at the front line of this public health crisis. Increasing our understanding of veteran suicide, the risk factors and protective factors, and the effectiveness of suicide prevention programs at VA are all essential to tackling this issue.

While we recognize and appreciate the intent behind *FIGHT Veterans Suicide Act* (H.R. 2340) bill regarding veteran suicides on VA property, IAVA is concerned that this legislation will not address the underlying issues regarding these tragic events and violates the veterans' privacy and personal information without the approval of the veterans' next of kin. When a veteran dies by suicide on VA property, it indicates that the foundation of trust between the public and VA has been catastrophically undercut; VA is supposed to be where veterans go to get healthy and seek



treatment. When this moment of crisis happens on VA facility grounds, it is truly heartbreaking and feels preventable. However, it is important that we recognize that every death by suicide is different, there are different risk factors, triggers, and moments of crisis in each case and a death by suicide on VA property is just as tragic and just as great a loss as a death by suicide in a veterans' own home, car or workplace. Regardless, these tragic events should be a call to action; to ensure that all VA policies and procedures surrounding VA emergency mental health care, facility security, and personnel training are up to date, acceptable, and being implemented correctly. A failure in the system should and must be addressed. IAVA recommends that the proposed legislation focus on these procedures and policies at VA facilities that may be able to intervene in a moment of crisis rather than the individual factors surrounding the tragic event itself.

Members of the Subcommittee, 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 subcommittee in the future.

### **Biography of Stephanie Mullen**

Stephanie Mullen serves as the Research Director for IAVA, leading the annual member survey and additional research projects. As part of the Policy Department, Stephanie translates IAVA members' experiences and views based on surveys and polling to advise the Policy Department on legislative and policy positions and regularly represents IAVA in Administrative and congressional meetings. Before joining the IAVA team, Stephanie served as National Programs Manager for American Veterans, where she kept AMVETS' national programs running on time and on budget. Stephanie is a graduate of Duquesne University in Pittsburgh, PA with a BA in International Relations and a MA in Public Policy and a graduate of the 2018 Center for Strategic and International Studies Accelerator Series for rising leaders.