



Statement of Kaitlynn Hetrick
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of
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before the
House Veterans Affairs Subcommittee on Health

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Chairwoman Brownley, Ranking Member Bergman, and Members of the Subcommittee, on behalf of Iraq and Afghanistan Veterans of America’s (IAVA) more than 425,000 members, thank you for the opportunity to share our views, data, and experiences on “Improving Healthcare for America’s Women Veterans in the 117th Congress.”

At the end of 2020, we all celebrated as the Deborah Sampson Act, the cornerstone of IAVA’s #SheWhoBorneTheBattle campaign for the past four years, officially passed Congress while included in the Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Act. It was a historic year for women veterans, and the legislation will help ensure that VA is a place for all veterans. We thank all those who were relentless in their efforts to push this important legislation over the finish line. The Deborah Sampson Act includes provisions that will address sexual harassment and assault in VA facilities, establish an Office of Women’s Health directly under the Undersecretary of VA for Health, and improve access to care and benefits for survivors of Military Sexual Trauma (MST). We should most certainly celebrate this historic win but recognize that our work is far from over.

Since 9/11, over 500,000 women answered the call to serve their country and as many of us know, women are the fastest-growing demographic in the military and veteran communities. Despite these numbers consistently growing since the 1970s, veteran services and benefits for women often fall behind. Over the past few years, there has been a much-deserved groundswell of support for women veterans’ issues. From health care access to reproductive health services to a seismic culture change within the veteran community, women veterans have rightly been focused on and elevated on Capitol Hill, inside VA, and nationally. While this growing interest has been encouraging, VA continues to have a motto that explicitly leaves women veterans out. Currently, it reads, “To care for him who shall have borne the battle, and for his widow, and his orphan.” As women servicemembers and veterans often struggle with imposter syndrome, not fully feeling a part of the veteran community, the non-inclusive motto reaffirms this feeling. This is why IAVA is calling to change the motto to be gender-neutral, fully recognizing all veterans



that have served and ensuring that women feel VA is also a place for them. It is past time that we recognize the service of all veterans from the moment they walk through the doors of VA.

The current pandemic has shaken our nation and has exacerbated the problems of women veterans. As a mother of a school-age child and a toddler, the difficulty of balancing taking care of my children and ensuring I am satisfying my professional responsibilities has been a learning curve. I am fortunate enough to work for an organization that has allowed me to work from home since March 2020, enabling me to ensure my children are safe and cared for. Not everyone has had this opportunity. We have to acknowledge those that may have been forced to leave their jobs due to the inability to find childcare following the closure of many daycare centers and schools, especially for single parents. According to a recent study, approximately 12 percent of military women are single mothers. A few years after getting out of the military, my husband and I separated. I moved back home to Ohio to be closer to my family, and my children's father stayed in Texas. During that time, my son was diagnosed with leukemia. As a single mother, I was forced to quit my job because my son was so acutely immunocompromised that we could only leave the house for medical appointments. I was scared for my son, isolated from my loved ones, and spent every moment caring for him and my infant daughter. My support system was crucial. Not every single parent has the support and, sometimes, the lack of can have severe consequences. While the closures of daycare facilities during the pandemic is an unavoidable effect currently, the lack of childcare can be a barrier to receiving necessary transition and healthcare services from VA. This is why expanding child care services in local communities to ensure that a lack of child care does not prevent veterans from seeking care or finding meaningful employment should be a top priority.

Women veterans are also more likely than their male peers to face economic and personal challenges. They have higher rates of unemployment, are more likely to be homeless, and be single parents. These issues have only increased since the start of the COVID-19 pandemic. Since the pandemic started, IAVA's Quick Reaction Force (QRF), a comprehensive care management program, has seen a 400 percent increase in veterans reaching out for assistance. Thirty-nine percent of those were due to homelessness or the threat of homelessness. Top reported needs have been for emergency financial assistance, employment, and housing, and 32 percent of those inquiries have come from women veterans. This is why Congress must expand VA housing and assistance programs for homeless and displaced women veterans and their families while ensuring that pandemic relief is focused and able to address the unique challenges of women veterans. We must focus our resources on policies that are inclusive of women and all minorities. That will require not only a policy change but more importantly, a complete culture shift.



The time when my son was sick was a dark time for me. The inability to leave my house due to my son being immunocompromised put me into a deep depression that almost cost me my life. With the support of my family, I was able to receive the care I needed to persevere. But not everyone has that option, and the current pandemic has made things increasingly difficult. In IAVA's most recent survey, nearly 50 percent of our female members had experienced suicidal thoughts or ideation. During the pandemic, 17 percent of IAVA's QRF inquiries have been mental health-related. Women veterans are almost twice as likely as civilian women to die by suicide, an astounding figure that further highlights the mental health vulnerabilities unique to veterans. VA health services must not only treat mental health symptoms once they appear but also address the root causes of these issues. Under the new administration, it's crucial to provide support services tailored to our unique needs.

For those women veterans who choose to seek care at VA, finding quality providers that understand the needs of women veterans can be difficult. And while VA has made progress improving women-specific care for women veterans, including expanding the services and care available within VA, there is still much progress to be made. Women veterans are more likely than their male counterparts to seek care in the community, meaning they are often seen by private care providers that may, or may not, understand military service and its health impacts. Furthermore, for those who do seek care at VA, the quality and standard of care are not uniform. According to a December 2016 GAO report on the standards of care of VA medical centers, VA "does not have accurate and complete data on the extent to which its medical centers comply with an environment of care standards for women veterans." The same report noted a deficiency of 675 women's health primary care providers as of 2016. This means that women entering these facilities may not have basic privacy standards like locked doors, privacy curtains, and other adjustments to make them feel welcome. While IAVA fought hard to correct these issues with the Deborah Sampson Act, we must ensure that VA fully implements these reforms.

As more women transition from servicemember to veteran, it will be paramount that DoD and VA are able and ready to support these transitioning servicemembers. Part of that care means ensuring proper reproductive care and support for women veterans and their spouses. Currently, access to contraceptives and other reproductive services is not equal between DoD and VA. This means that the services and rights afforded to women servicemembers are not equal to that of women veterans. This is why IAVA strongly supports Congresswoman Brownley's Women Veterans Equal Access to Contraception (H.R. 239), which would provide women veterans access to the same no-cost contraceptive care as their non-veteran counterparts.



Furthermore, ensuring VA can provide for these veteran families is paramount to ensuring the overall health and financial well-being of all veterans. Current boundaries in the law mean access to the support services for reproductive and maternity care at VA is lacking and outdated. This must be amended. It is unfair to think that women veterans deserve less out of service than in service, and these outdated policies disproportionately impact the newest generation of veterans: who are younger, may wait until after service to start a family, and are more likely to be female. Congress must expand VA IVF services to be more inclusive of all veterans with reproductive injuries.

According to IAVA's most recent member survey, 86 percent of IAVA members were exposed to burn pits during their deployments and over 88 percent of those exposed believe they already have or may have symptoms. Year after year, the concern grows surrounding the health impacts of burn pits and toxic exposures in recent conflicts. Burn pits were a common way to rid waste at military sites in Iraq and Afghanistan, particularly between 2001 and 2010. The effect of burn pits is not just the chemicals in the smoke but the particulate matter these men and women breathed in from the ashes and dust from the fires themselves. Thirty percent of women veterans have reported having difficulty conceiving following their military service. Considering 345,000 have deployed since 9/11, it is imperative that we conduct research to see how being exposed to burn pits and other toxins have affected women veterans' ability to conceive a child and provide them with the necessary benefits.

The 117th Congress must be the Congress that addresses this critical issue and gets veterans the health care and benefits that they deserve. IAVA will work tirelessly on two bills to address these issues. We believe that both the Toxic Exposures in the American Military (TEAM) Act and the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act must be passed into law this year.

For years, VA has faced scrutiny for sexual harassment and assault within their medical centers and the lack of action by top leadership. While not solely a women veterans issue, it is known that these issues disproportionately affect women and the lack of action by VA furthers the problem of women veterans feeling unwelcome at their facilities. We know that this issue of sexual assault and harassment stems from a larger issue within the military community. While this is currently a hearing to address issues within the women veteran community, several of you also sit on the Armed Services Committee and IAVA feels it would be a mistake to not use this as an opportunity to address the problem of sexual assault and harassment within our military.

In IAVA's most recent survey, 43 percent of our female members stated that they are survivors of military sexual trauma. Of that 43 percent, only 31 percent reported the crime, and 73 percent



reported experiencing retaliation as a result of their report. Those that did not report listed their reasons for not reporting as fear of retaliation by their peers or commander, concern about the impact on their career, and doubt that their commander would believe them. Our survey data, and the recent stories that have made this issue impossible to ignore, is why IAVA believes that a trained military prosecutor should have the authority to decide to move forward with a sexual assault case instead of a commander. If Congress values retaining women servicemembers then it must pass legislation that removes a servicemembers chain of command from the decision and give it to independent, trained prosecutors. This is why IAVA is a proud supporter of the Military Justice Improvement Act and calls for expeditious introduction and passage of this much-needed legislation.

The veteran community would not be the same without the contributions of our female servicemembers. It is past time we honor their legacy in return. As we celebrate Women's History Month, it is crucial we recognize the unique issues our female veterans and servicemembers face so the institutions they rely on can meet them with the support and respect that they have earned.

Members of the Subcommittee, thank you again for the opportunity to share IAVA's views on these issues. I look forward to working with the subcommittee in the future.



Biography of Kaitlynne Hetrick

Kaitlynne Hetrick serves as IAVA's Government Affairs Associate, helping to lead IAVA's advocacy efforts in Washington, D.C. She served in the United States Navy for four years as an Aviation Electronics Technician 3rd Class. Since departing from the Navy in 2014, she used her GI Bill to obtain her bachelor's degree at Baldwin Wallace University while working with her fellow student veterans. Serving first as the Secretary of her university's Student Veteran Organization and then as the President, Kaitlynne worked to help fellow student vets take advantage of all the programs offered to them due to their service. Kaitlynne has also worked with several veteran non-profits to help disabled and transitioning former servicemembers.