



WRITTEN TESTIMONY OF

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Chairman Takano, Ranking Member Bost, and members of the Subcommittee, thank you for your enduring support and work on behalf of veterans and their families, and specifically for the opportunity to provide testimony on the challenges and opportunities facing transitioning servicemembers and veterans during – and emerging from – the COVID-19 pandemic. On this topic, I would first like to commend you on your fast work to expand access to COVID-19 vaccines for veterans and their families.

I'd like to begin with a statistic. As you are aware, approximately 200,000 members separate from active service each year (excluding transition made by members of the guard and reserves). In 2018, the combined funding from Department of Defense, Department of Labor, Small Business Administration, and the U.S. Department of Veterans Affairs devoted specifically to the Transition Assistance Program and its associated transition supports was approximately \$182 million. While admittedly an oversimplification, essentially this equates to an investment of \$910 per transitioning service member on the part of government, directed toward supporting a robust and successful transition to civilian life. When considered in light of the more than \$200 billion those same agencies and departments spend annually on healthcare and wellness programs, unemployment compensation, vocational rehabilitation, and other economic and social services directed toward veterans throughout their lives, the contrast is astounding – especially because we know from decades of research that so many of the social, wellness, and economic challenges that veterans face later in life, have their origins in the preparedness of that veteran to successfully navigate the transition from military to civilian life. In other words, the central theme of my testimony is to advance the proposition that the first, best use of resources designated to support the post-services lives of our nation's veterans, is to ensure a successful transition from military to civilian life.

For more than a decade, the Institute for Veterans and Military Families (IVMF) has applied a rigorous research lens to study the transition from military to civilian life, and from that work there is one clear and compelling finding: how the servicemember experiences the transition to civilian life has powerful implications for the social, economic, and wellness situation that comes to define that individual's post-service life course. For that reason, the IVMF has positioned the transition experience at central to our mission, our programs, our research, and our advocacy. We do this because we know, as research-informed fact, that a successful transition sets up the veteran and their family for long-term economic prosperity, enhanced wellness, and connectedness to the communities where they live and work. Conversely, the effects of a sub-optimal transition experience can compound for decades, contributing in

many cases to devastating post-service outcomes such as homelessness, financial instability, and suicidal ideation.

You might wonder, how can the transition experience – which in terms of a timeline, can generally be defined as the 180 days pre-separation, and the 180 days post-separation – have such an outsized impact on the long-term economic and wellness situation of our veterans?

This is because separating from military service represents an event that goes well beyond a vocational transition, but instead extends to a transition of identity, relationships, and community-connectedness. In this regard, there is much to be gained by considering the military transition experience in the context of existing research from outside the veteran's space, and more generally focused on individuals undergoing a discontinuous life transition. Consider, for example, [new research](#) from the National Bureau of Economic Research about college and high school graduates who enter the workforce during a recession. Findings from this research illustrate how stressors and difficulties experienced during a discontinuous life transition can have significant downstream economic and health effects on the individual and their family. This research indicates that individuals who experience such life transitions in the face of compromised economic systems and conditions – like our servicemember and veterans are experiencing now due to the COVID pandemic – often go on to face significant financial hardship throughout their lifetimes, and experience compromised wellness leading to higher rates of death earlier in life linked to issues like addiction, liver and lung disease, and other illnesses linked to health behaviors.

The point here is to suggest that the military-to-civilian transition – and the programs and interventions positioned to positively impact that transition – must extend beyond siloed vocational training in ways that consider the whole-of-the individual. Those programs and interventions must, for example, be designed and implemented in a way that supports identity change and an aspirational post-military sense of self defined by jobs, careers, and educational opportunities that build connectedness and a sense of belonging to civilian society. In this regard, it is abundantly clear that the COVID-19 pandemic has imposed a new and daunting challenge on what is an already dynamic and difficult transition process.

Challenges of Transition During a Pandemic

Beginning with the onset of the pandemic, and throughout the past 14 months, the IVMF has endeavored to collect data on the impact of the COVID health emergency on our veterans and military families. Specifically, in partnership with Military Times, last April the [IVMF launched a national data-collection effort](#) purposefully designed to capture the social and economic consequences of COVID on our servicemembers, veterans, and military-connected families. I would like to briefly share with you some of what we have learned from that effort.

As you might expect, throughout the COVID health emergency, a top challenge cited by both service members and veterans was ready and reliable access to medical care (76% and 69%, respectively). This challenge is uniquely relevant to the transition experience, given that decades of research suggests that compromised healthcare during and immediately following transition can have devastating implications for near-term and long-term mental and physical wellness. Importantly, like for many Americans, for transitioning service members and veterans the pandemic necessitated a shift to telehealth as the primary means of access to medical care and mental health services.

Specifically, veteran family respondents to the [2020 Military Family Lifestyle Survey \(MFLS\)](#) indicated a significant increase in rates of utilization for telehealth services during COVID-19. For example, while only 5% used telehealth to access mental health services before COVID, 30% of the responding military-connected community reported utilizing telehealth during the COVID pandemic. Similarly, while only 3% of respondents reported utilizing telehealth to access clinical medical services before COVID, 21% of the responding military-connected community reported utilizing telehealth to access clinical medical care during the COVID pandemic.

Both the efficacy of telehealth during the pandemic, as well as the community's satisfaction with this access alternative, is yet to be determined. However, given that up to one-third of the community reported utilizing telehealth during the pandemic, questions of both clinical efficacy and customer satisfaction should absolutely be considered now, as a means to inform future investments in telehealth and appropriate opportunities to leverage telehealth programs to supplement and enhance the transition experience.

It is also worth emphasizing that for many the transition experience is isolating and emotionally difficult. During COVID, those feelings of isolation were exacerbated. Specifically, forty-seven percent of servicemembers and veterans participating in the MFLS reported that their mental health situation was made worse by the COVID health emergency. Innovations like telehealth were critical, particularly as it relates to providing mental healthcare in the face of isolation brought on by COVID.

In addition to access to healthcare, the [MFLS also confirmed](#) that COVID enhanced the social and economic challenges facing transitioning service members, veterans, and families.

Findings from the IVMF-Military Times Poll indicate that 59% of respondents cited inadequate community support, 41% reported persistent needed financial assistance, and 30% needed food assistance. Data from the IVMF's AmericaServes program confirms this trend. During April and May of last year, food assistance was the most requested service nationally. In nearly six years of supporting coordinated care networks around the country, food assistance had never previously placed among the top three requested services overall.

As related to economic issues, one-third of the veteran family (veterans and veteran spouses) reported that their personal/family financial situation is worse (33%) since the start of the pandemic. Similarly, one-quarter of respondents reported under-employment or unemployment linked to the pandemic (25%). The data also suggests that closely linked to financial and employment challenges is the issue of childcare. While prior to the pandemic our research consistently identified issues associated with childcare as a barrier to employment for veteran and military-connected families, during the COVID pandemic those challenges were significantly enhanced, with 23% of veterans and families indicating that their childcare situation was made worse given the COVID health emergency.

The childcare challenge is especially important. 17% of veteran respondents to our survey said they had reduced their work hours. The top two reasons cited were an inability to juggle work and children's education support and a lack of childcare. We know women veterans disproportionately take on childcare responsibilities, and so these data are not only a signal of problems with access to childcare, but also access to employment and compounding stress. 53% of women veterans said their mental health was worse than before COVID.

Women veterans were not the only groups that experienced the pandemic more acutely. From the IVMF-Military Times poll, we learned that veterans of color were experiencing higher needs in *every single resource category* to include financial assistance, healthcare, childcare, housing, and community support. Further, younger veterans, and those more likely to have recently transitioned were experiencing higher rates of unemployment and under-employment throughout the COVID pandemic.

Even for those who planned carefully for their military to civilian transition, navigating a complicated system as resource providers scrambled to adapt to the pandemic. One survey respondent said, “We were prepared—we both took the TAP classes, and he had a job, we had a budget and all his med appointments lined up. Then COVID happened. Terminal leave was messed up, out-processing was a nightmare, retirements became an issue, he couldn’t start his retirement job for 5 months. He did everything he could to plan and prepare and it all went out the window. Was a horrible transition, after working so hard to meet all goals for a smooth transition.”

Further, research also illustrates the important role that spouse employment plays during the transition from military to civilian life. Unfortunately, 42% of active-duty spouse respondents to the 2020 MFLS reported they had stopped working at some point during the pandemic. Of those, a majority (68%) were still not working at the time of survey fielding (September/October 2020). Other spouses reported a reduction in work hours. Reasons cited for job loss and reduction of work hours were related to fear of COVID-19 exposure, layoffs or furloughs, difficulty juggling work and children’s education, and lack of childcare. Including spouses in our support of transition is paramount to any future policy changes to improve the process.

Taken together, during the COVID health emergency, service members and families faced a wide array of significant and compounding challenges associated with the transition from military service and to civilian life. One veteran we spoke with described the transition during COVID like this:

“I left the military in March of 2020 right about the time all states went in to COVID lock down and everything stopped. The job I had lined up fell through and I suddenly found myself unemployed, no medical insurance, no emotional support group (lockdown/social distancing). Two months after separation I had a major medical issue requiring 6 days of hospitalization with no medical coverage, and over 75K in bills. It truly felt like I left the military and my life, as well as the whole world fell apart. It certainly feels like the military cuts you off very abruptly.”

Success Stories: Moving to Virtual Training and Service Delivery

While identifying and capturing the scale and scope of these challenges is important, equally critical is to assess the ability of the veteran-serving community to respond.

The IVMF responded to the pandemic by immediately moving, at scale, our skills training and vocational programs to an online delivery format. For example, our Onward to Opportunity program (O2O), a career skills program that provides job training, certifications and career placement to over 12,000 transitioning service members, spouses and veterans per year, transitioned to 100% virtual program delivery. Before COVID, we already offered online services to accommodate service member and spouses not on installations where we had physical presence. When COVID hit, we built on this existing capacity to offer all of our trainings online.

This shift represents a fundamental innovation and highlights the dynamic value the social sector can provide to government in achieving their goals. During COVID, many transitioning service members going through TAP had little to no access to student-instructor interaction. One of the most crucial components of the TAP program was lost. But for our participants, our online trainings and dedicated career advisors stayed on course, connecting with participants as they gained needed skills that would lead to not only jobs, but long-lasting and fulfilling careers. One O2O participant said, “During my period of transition during of COVID-19, the Navy went away from the traditional Transition Assistance Program in favor of online classes with no student/teacher interaction. The O2O has been extremely valuable because they have shifted to online webinars which allows student interaction and makes up for some of the experience lost in the Transition Assistance Program.”

The value of virtual training and service delivery has another application for the future. Thousands of service members transition each year from being stationed overseas. This geographic separation can be a barrier for both service members and spouses trying to access training and find their next job. COVID necessitated more online training which provided more access to training programs and support to people who otherwise experience obstacles to these services, such as those stationed overseas. We should keep this in mind as we move forward and put COVID in our review mirror. Though in-person service delivery should resume, our capacity to do more virtually should remain.

Entrepreneurship and Small Business

Like with our career training and vocational programs, our wide offering of entrepreneurship and small business programs moved online as well. We partnered with the SBA and others to deliver webinars and trainings to help small businesses access resources that kept them afloat during these times. Our National Survey of Veteran Entrepreneurs showed us that about 53% of veteran entrepreneurs were able to access funding through the Payroll Protection Program. But not all veteran entrepreneurs felt equally supported. Black veteran entrepreneurs were less likely to agree that they were supported by the federal government (44.4%) than their white counterparts (61.0%), and more likely to disagree (42.2% compared to 32.1%).

Female veteran entrepreneurs were also less likely to agree that they were supported by the federal government (40.0%) than male counterparts (59.6%), and also more likely to disagree (50.4% compared to 31.7%).

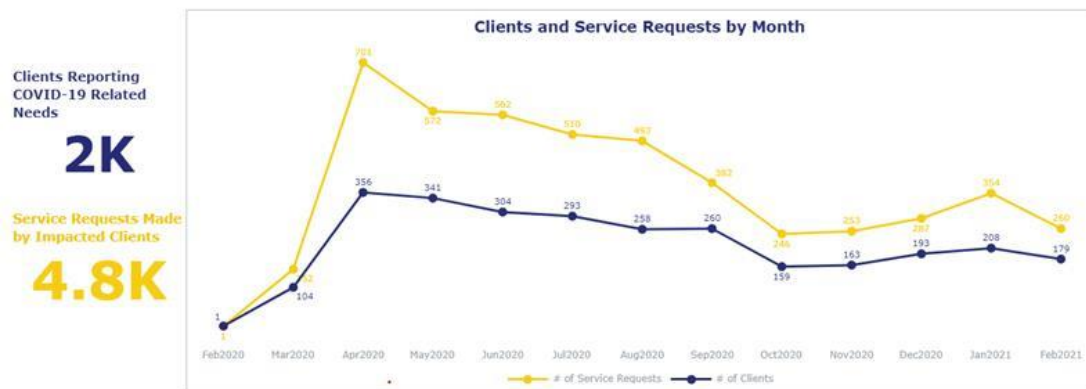
Taken together, we see that supporting veteran entrepreneurs and transitioning service members aspiring to entrepreneurship is a difficult task, and that it requires a nuanced approach that tailors services to women and Black veterans.

Coordinating Services in Communities

The IVMF also pioneered a community-focused program called AmericaServes, a national effort aimed at coordinating community services for veterans, transitioning service members and their families. Consistent with the insights I described earlier, our AmericaServes communities saw an increase in need among recently transitioned veterans. Programmatic data show not only did the volume of need increase during the pandemic, but the diversity of need increased as well. These data are relevant not only to understanding the broader challenge of transitioning during the pandemic, but to more specific and pressing conversations such as preventing suicide and enforcing protective factors for transitioning service members during one of the most difficult times in American history.

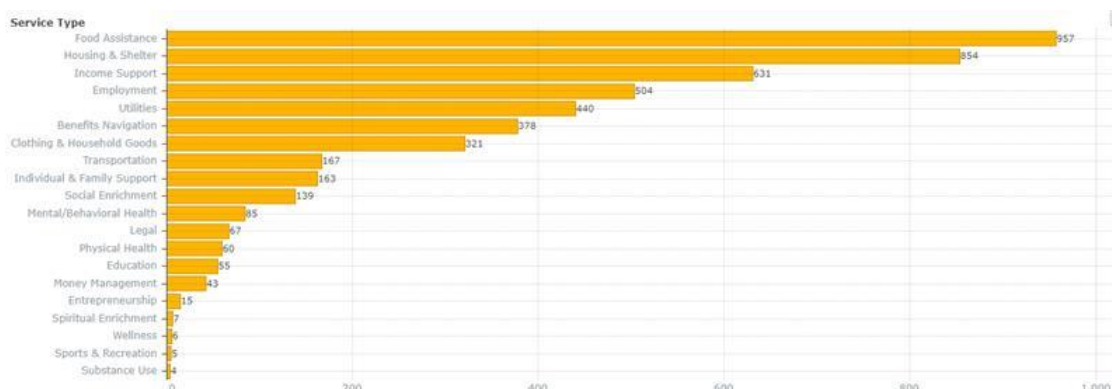
Consider, [research that shows](#) that each social or economic stressor such as those listed above is correlated with a 64 percent increase in suicidal ideation. Recently transitioned veterans experiencing simultaneous stressors such as housing instability, unemployment or other challenges experience a heightened likelihood of suicidal ideation. AmericaServes and other similar initiatives address this problem by ***integrating the health and social care available to veterans***, including clinical care at VA hospitals and social care in communities provided by nonprofit organizations.

During the COVID-19 crisis, supporting veteran mental health has become an even bigger challenge. Factors such as social isolation and difficulties accessing healthcare were in the forefront. At the same time, [unemployment skyrocketed](#) and [food insecurity](#) increased. A national moratorium on evictions has often been the only thing standing between many veteran families and homelessness.



Accessing social services for many different needs at once is challenging under normal circumstances and was exacerbated during the pandemic. The severity of need increased, and the types of needs increased for veterans and their families across the board. These moments of crisis highlight the increasing importance of coordinated social services.

Before the COVID-19 outbreak, about 45% of AmericaServes clients requested multiple services at once, and 76% of those (or 34% overall) requested services across multiple service categories. With the pandemic's onset, the number of AmericaServes clients experiencing simultaneous needs **increased**. Fifty-one percent (51%) of clients requested multiple services and 77% of those, 40% overall, requested services across multiple service categories. This change tells us veterans and their families are experiencing more needs across more categories, with each additional stressor risking a measurable impact on their mental



health. Data from our AmericaServes network in Pittsburgh, Pennsylvania illustrates how these trends impacted veterans and military families throughout the pandemic.

By monitoring our data and partnering with community organizations on the ground, the care coordination team monitored and addressed community needs quickly and effectively. For example, the PAServes network responded to an unprecedented increase in food assistance requests by finding new resources and community programs and tailoring their outreach approach to specifically resolve the food insecurity need. This work is suicide prevention work. [Research is increasingly showing](#) that food insecurity, specifically, is a stressor linked to suicidal ideation.

Call to Action and Recommendations

One clear take-away from our efforts to capture the impacts of COVID on transitioning service members, veterans and families – and the community’s response to those challenges – is to highlight that nonprofits, communities and government are best-positioned to serve the military-connected community when we work together, in partnership, to enhance the transition experience.

Last year, this committee made significant strides through multiple pieces of legislation to better support the transition experience of veterans and military families. These legislative reforms will not only support this population during the pandemic, but for decades to come. The Mulder Act as a part of the larger Benefits Improvement Act contained particularly important innovations, and I applaud the work of this committee.

But we cannot stop now. To that end, I would like to propose to the Committee four actions positioned to enhance the support available to transitioning veterans and families during the time of COVID. I am convinced that if we do not act swiftly and with intention, veterans and their families will shoulder the burden of inaction in the near-term, and for decades to come.

First, the Departments of Veterans Affairs, Labor and Defense should expand current initiatives to build more public-private partnerships to support the employment transitions of service members and their families. The private and non-profit sector has the ability to respond dynamically and adapt to a rapidly changing environment in the wake of COVID, to provide training and services to transitioning service members even in the face of constrained resources. Nonprofits and community-based organizations must play a more formal and central role in the government’s efforts to support the military to civilian transition.

Conversations related to transition are often confined to incremental amendments to the Transition Assistance Program (TAP). But even a perfectly implemented TAP will still be insufficient to fully support the difficult process of military transitions. We must look to expand and standardize the program offerings beyond the TAP program alone, to provide more robust trainings and services. The social sector is ready to deliver these services in partnership with government. For example, the IVMF has a national network of employer and nonprofit partners that positively impact the employment transitions of veterans and their families in all 50 states. Further, [new research supports](#) that services beyond TAP are necessary. Researchers from Penn State leading the Veterans Metrics Initiative (TVMI) show that transitioning service members who utilize employment services beyond what is offered in TAP are 29% more likely to transition from service with a job.

In particular, some services were extremely effective at not only securing a transitioning service member employment but helping them get raises and promotions afterwards. For example, transitioning service members who used job placement services and/or credentialing services were nearly twice as likely to get a job and be promoted in that job. The data like that from TMVI is real and groundbreaking, and it can inform where we direct public resources.

There is a racial equity component of this work too. Research shows the Black veteran unemployment rate is consistently higher than the white veteran unemployment rate, and that Black veterans earn significantly less than their white counterparts with similar skills and experience. At the same time, research also demonstrates that employment services and resources disproportionately benefit transitioning service members of color who can access those programs. For example, Black transitioning service members who used credentialing programs were three times more likely to get a job than Black counterparts who did not or could not access those programs.

Second, we must expand efforts to integrate health and social services in communities. Last year also marked the passage of the Hannon Act, which contained a suicide prevention grant program. This program represents an opportunity for the VA to work closely with community-based organizations to prevent veteran suicide. This is immediately relevant to transitioning service members during COVID. Numerous studies have found that the year immediately following military transition is especially difficult and one recent study found higher suicide risk among veterans in their first-year post transition.ⁱ

As I have indicated in prior testimony related to the issue of veteran suicide, efforts to undercut the tragedy of suicide must include coordinating wraparound services to support economic, social, and wellness dimensions of the post-service life course. This grant program is an opportunity for the VA to catalyze a more coordinated network approach in communities. The best implementation of this program would leverage the power of communities to coordinate the provision of suicide prevention services, to include direct mental health services and services addressing the social determinants of health. Grant dollars would be most effective going to organizations with a diverse, robust network of community partnerships already in place. Effective suicide prevention work includes services treating the stressors and precursors to suicidality—not solely mental health services. This committee should work closely with the VA during the implementation of this program, to ensure this approach is taken and supplement it with further legislation where needed.

Third, we must renew our focus on not only the service member during transition, but on the whole family unit. Transitions are often a financially difficult time for the service member and their family. As I discussed previously, research suggests military spouse employment is a major benefit to the family and service member during transition, and unfortunately, a significant percentage of spouses lost their jobs during COVID. Supporting transition *must* include supporting the employment of the spouse. Not only does it support the overall financial well-being of the family, but it gives the service member time and space to find a job that is the best fit, rather than the first job available out of necessity, which can lead to long-term unwanted financial outcomes. New legislative action must be taken to expand TAP offerings and public private partnerships should include the spouse in their training and job placement services.

Fourth and finally, we must expand our research efforts to measure the effectiveness and impact of our programs impacting transition. Last year, the Mulder Act called for a longitudinal study of TAP outcomes. This represents a massive step forward, but long-term research is needed for all of our programs, not just TAP. Measuring success and impact must be at the forefront of all new policy impacting transition.

Specifically, we need research and policy analysis to address the unique needs of women veterans, Black veterans, other veterans of color and disabled veterans. Our systems of health, our economy and our communities must grapple with the stark racial and gender disparities that pervade many aspects of our society. Veterans whose identities intersect marginalized groups have long pointed out these challenges, and our research and experiences at the IVMF confirm the opportunity to do more and better on behalf of these communities. In partnership with advocates in the Black, Native American, Hispanic, Woman empowerment and Disability communities, we must consider how we tailor our programmatic interventions to better support their unique needs.

Further, we need more research to understand these needs more completely, coupled with robust program evaluation of government services to understand how current policies and programs are positioned (or not) to meet the unique needs of these populations. The federal government can take this action on its own, writing legislation that incentives more inclusive program evaluation and funds research on not only the health needs of these populations, but the economic and social needs as well. It can also take steps to activate states as a partner in this work. Our systemic review of state level veteran needs assessments found that women veterans and veterans of color were some of the least common focus-points of veteran needs assessments in states. Congress should take action to mobilize the VA to work with states to conduct more inclusive needs assessments of their veteran population, with a keen and specific eye on marginalized groups.

In summary, I will conclude by restating the central theme of my testimony: a great many of social, wellness, and economic challenges that veterans face later in life, have their origins in the preparedness of the veteran to successfully navigate the transition from the military, and to civilian life. Consequently – as we emerge from the COVID health emergency – the first, best use of our resources should be to ensure that those making the transition from military to civilian life are prepared, supported, and proactively connected to the communities where they will live, work, and raise their families. Based on research and practical experience, I have suggested here four actions positioned to advance that objective. Whether or not you find these suggestions compelling, the research is clear that the time to act on opportunities to bolster and bring innovation to the transition experience is now.

Thank you for the opportunity to participate in your deliberations related to this important topic.

ⁱReger, M.A., Smolenski, D.J., Skopp, N.A., et al. Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation from the US military. *JAMA Psychiatry*. 2015;72(6):561-569. doi:[10.1001/jamapsychiatry.2014.3195](https://doi.org/10.1001/jamapsychiatry.2014.3195)
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