



Statement of Jeremy Butler
Chief Executive Officer
of
Iraq and Afghanistan Veterans of America
before the
House Veterans' Affairs Subcommittee on Health

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Chairwoman Brownley, Ranking Member Dunn, and Members of the Subcommittee, 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 today.

I took over as CEO of the organization in February following the transition of our Founder, Paul Rieckhoff, to our Board of Directors, and I have been proud to take the helm of this incredible organization.

I joined the Navy in 1999 and was commissioned as a Surface Warfare Officer. I served on active duty for 6 years to include deploying in 2003 on the USS Gary (FFG-51) in support of the initial invasion of Iraq. I transitioned into the Navy Reserve in 2006, and I continue to serve today.

Support and Recognition of Women Veterans

As the leading Veterans Empowerment Organization for the post-9/11 generation of veterans, IAVA has the distinct honor of representing the cohort of veterans with the largest female population. We are also very proud that, though women represent 11% of all veterans, our membership is roughly 20% female.

Support and Recognition of women veterans is an incredibly important part of our work; it is why it is included in our Big Six priorities for 2019, along with Combating Suicide, Defending Veterans Education Benefits, Reforming Government, Support for Injuries from Burn Pits and Toxic Exposures, and Support for Veteran Medicinal Cannabis Use.

Over the past few years, we have fought to attain support for women veterans' issues. From health care access to reproductive health services to a seismic culture change within the veteran community, women veterans are now finally being elevated on Capitol Hill, inside the VA, and nationally. In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle,



focused on recognizing the service of women veterans and closing gaps in care provided to us by VA. Nevertheless, there is still a lot of work to be done.

IAVA made the bold choice to lead on an issue that was important to not just the nearly 20% of our members who are women, but to our entire membership and that will help ensure the future of America's health care and national security. We continue to fight hard for top-down culture change in VA for the more than 700,000 women who have served since 9/11, including 345,000 who have deployed to Iraq or Afghanistan in support of the most recent wars.

This is why in 2017, IAVA worked with Congressional allies on both sides of the aisle and in both chambers to introduce the *Deborah Sampson Act*. This bill called on the VA to modernize facilities to fit the needs of a changing veteran population, increasing newborn care, establishing new legal services for women veterans, and eliminating barriers faced by women who seek care at VA. This bill would have also increased data tracking and reporting to ensure that women veterans are getting care on par with their male counterparts.

Although the *Deborah Sampson Act*, the centerpiece of IAVA's She Who Borne The Battle campaign, was not passed in the 115th Congress, IAVA recognizes that some progress has been made in support of women veterans, with key provisions of that legislation passed or funded in the last two years. These hard-fought victories included funding to improve services for women veterans, such as research on and acquisition of prosthetics for female veterans, increased funds for gender-specific health care, women veterans' expanded access and use of VA benefits and services, improved access for mental health services, and for supportive services for low income veterans and families to address homelessness.

While we have seen greater awareness and progress toward improving services for women veterans, there is so much more we can do. Toward this goal, IAVA strongly supports passage of all of the provisions of the *Deborah Sampson Act*. Many of those provisions have been introduced by members of this subcommittee and across Congress. To this end IAVA emphatically supports the six *Deborah Sampson Act* bills being considered today, H.R. 2645, H.R. 2681, H.R. 2798, H.R. 2972, H.R. 3036, and H.R. 3636. Collectively these bills would expand newborn care, ensure VA facilities have a women's health care provider and gender specific services for veterans, allow women to receive counseling in retreat settings, increase reporting on women who use VA services, and increase the availability of female prosthetics. IAVA thanks the subcommittee for their commitment to ensuring women veterans receive care that is on par with their male counterparts.

In addition to the increase in newborn care under several *Deborah Sampson Act* provisions, IAVA supports another bill in front of the Subcommittee today, the *VA Newborn Emergency*



Treatment Act (H.R. 2752). This legislation would allow VA to reimburse the cost of emergency transportation related to newborn care. Coupled with provisions in the *Deborah Sampson Act* this will finally allow VA to adequately care for veteran mothers and their babies.

Without quality data collection and analysis, there is no way to know the extent to which women veterans are underserved. To date, limited useful and timely data exists. To design precise policy solutions and to hold accountable every agency in the continuum of care, we need robust data collection, sharing, analysis, and publication. It is for these reasons that IAVA strongly supports three bills to address this issue, *Improving Oversight of Women Veterans' Care Act* (H.R. 4096), the *Women Veterans Health Care Accountability Act* (H.R. 2982), and *Improving Benefits for Underserved Veterans Act* (H.R. 4165). These bills will increase reporting and allow all of us to find and fill gaps in care for women veterans.

For women veterans who choose to seek care at VA, finding quality providers who understand the needs of women veterans can be difficult. While VA has made some progress improving female-specific care for women veterans, including expanding the services and care available within VA, there is still much progress needed. 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. IAVA's 2019 member survey underscores this as it found that while 70% of respondents felt that VA clinicians understand the medical needs of veterans, only 44% felt that non-VA clinicians understood them personally. For these reasons IAVA supports the *Women Veterans Equal Access to Quality Care Act* (H.R. 3224) to ensure women veterans have access to health care providers who are well qualified and with whom they feel comfortable and understood. In addition to the *Draft Legislation to Establish the VA Office of Women's Health*, in order to create a new office that will not only monitor VA's women-specific services, but create recommendations on how VA can improve their services to ensure that women veterans receive the health care that they have earned.

Since 2001, the number of women using VA services has tripled. As more military women make the transition to civilian life, it is paramount that DoD and VA are able and ready to support them. Part of that care means ensuring proper reproductive care and support for women veterans and their spouses. Currently, women veterans do not have the same access to contraceptives as their civilian counterparts. That is unacceptable. It is for these reasons that IAVA supports the *Equal Access to Contraception for Veterans Act* (H.R. 3798).

Modernize Government to Support Today's Veterans



According to a 2017 DoD report, more than 5,200 servicemembers, men and women, reported being sexually assaulted in 2017. Since only a fraction of sexual assaults are ever reported, this number is only the tip of the iceberg, and it is an increase of 10% from the previous year. Additionally, VA reports that about 29% of women veterans and 1% of male veterans report experiencing military sexual trauma (MST). The *Violence Against Women Veterans Act* (H.R. 3867) seeks to improve the services provided by VA for veterans who are victims of sexual assault and domestic violence by requiring an integration of those services with proven, existing community-based programs that serve domestic violence or sexual assault victims. In addition, this legislation would create a task force to review existing policies as well as develop a national program to address both domestic violence and sexual assault in the veteran community. IAVA insists on continuing efforts to help survivors of sexual assault and domestic violence come forward, so they can seek the care they need, bring the perpetrator to justice, and prevent future assaults by that perpetrator, and is supportive of this legislation.

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 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. Over the past few years, VA has made incredible strides in modernizing its operating systems both internally and externally. This needs to continue outside of just infrastructure, but also with their hiring practices. VA needs robust, modern hiring practices in order to compete for talent to fill their overwhelming number of vacancies. To this end, IAVA supports the *VA Hiring Enhancement Act* (H.R. 1163), which will allow VA to better compete with the private health care industry and update the hiring practices within VHA.

The *Veteran Early Treatment for Chronic Ailment Resurgence through Examinations (VET CARE) Act* (H.R. 2628) would create a pilot program to expand dental care to veterans that have certain chronic conditions. This type of care has been proven to increase overall health, and reduce health care costs. It is for these reasons that IAVA supports this legislation.

VHA's Medical Foster Home program (MFH), provides a non-institutional long-term care alternative for eligible veterans. However, while VA provides care team support to MFHs, it does not have the authority to pay for the cost of MFHs. As a result, veterans must use personal or other funding sources should they choose this alternative rather than nursing homes. The *Long Term Care Veterans Choice Act* (H.R. 1527) would change this and allow veterans to have more options when choosing their long-term care by authorizing VA to cover the cost of MFHs, during a three year period, up to 900 eligible veterans. IAVA supports the passage of this legislation.



The *Vietnam Era Veterans Hepatitis C (HCV) Testing Enhancement Act* (H.R. 2816) would provide for a pilot project to study the benefits of implementing enhanced eligibility for all Vietnam and Vietnam Era veterans access to existing Hepatitis C testing through VA. Many Vietnam Era veterans were unknowingly exposed to HCV during their service and may still go undiagnosed. Without treatment, HCV can lead to a multitude of long term health problems including liver cancer and other serious health problems. Many Vietnam era veterans that are not connected to VA are unable to receive free HCV testing, and for those reasons IAVA supports the expansion of free HCV testing for Vietnam era veterans.

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.