



Statement of Tom Porter
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of
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Senate Veterans Affairs Committee

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Chairman Tester, Ranking Member Moran, and members of the Committee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members, I would like to thank you for the opportunity to testify here today.

As with everyone else, the last year has been extremely challenging for IAVA. This time last year we had just wrapped up a hugely successful member fly-in event involving our veterans from across the country. Although the centerpiece of it is advocacy, it also serves as our primary member training and professional development exercise.

Within a week of saying goodbye to our members, we were all in quarantine and have been working remotely ever since across multiple states. Despite the unprecedented challenges, IAVA was successful in adapting to the circumstances and responded the best we could to continue our advocacy and veteran assistance efforts.

We were able to pass critical reforms that will positively affect many veterans for years to come, including in areas of mental health care, women veterans, and veterans education. We had urged you all to pass the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and the *Deborah Sampson Act*, and I thank you for getting both of those bills signed into law. We also worked to help pass timely protections for military-connected students that were facing an incredible amount of uncertainty as their schools went fully remote. Additionally, we helped to pass legislation last year to establish a national suicide prevention hotline, 9-8-8, to ensure that all Americans, including veterans, have easier access in times of crisis to lifesaving mental health and suicide prevention resources.

We are greatly appreciative that Congress acted quickly in a bipartisan manner at the outset of the pandemic to ensure student veterans would not see a reduction in their Post-9/11 GI Bill housing allowance after their schools took their classes online. The prospect of seeing a significant reduction in that allowance was certain to have caused extreme stress for many of those families impacted.



Accurate and speedy information in a crisis is critical. At the outset of the pandemic, many veterans found the information about the scope of the problem and plan to conquer it lacking out of the Administration. We are very appreciative of the efforts by SVAC and the House committee to improve the information flow to our community.

The pandemic has affected almost every facet of our lives, and veterans have been no exception. IAVA members report feeling more isolated than ever before, with entire communities shutting down. We are hopeful that the worst is behind us, but we must be aware that the effects of this pandemic are going to be long-reaching. According to VA, almost a quarter of all veterans live in rural communities, which have only amplified these issues. Even before the pandemic rural communities tend to have had higher poverty rates and more elderly residents. However, rural veterans are more likely to be enrolled in VA care compared to their urban counterparts, but there are still enormous challenges in care. As VA moved to a telehealth model at the start of the pandemic to protect vulnerable veterans, rural veterans had particular challenges, namely that over a quarter of all rural veterans do not have access to the internet at home. We are pleased that the *Commander Hannon Act* expanded tele-mental health care, and emphasize that these issues must be addressed in order to sustain this model and ensure that it is accessible to the most vulnerable populations.

According to the most recent VA data, the youngest cohort of veterans, post-9/11 veterans aged 18 to 34, have the highest rate of suicide. And while not always an indicator of suicide, mental health injuries continue to disproportionately impact the post-9/11 generation. In our latest member survey, a stunning 65% of IAVA members reported service-connected PTSD, and over half reported anxiety (58%) or depression (56%). We know that the ongoing pandemic has only exacerbated the issue, and the data from the last year of IAVA's Quick Reaction Force (QRF) demonstrate as much.

QRF is a safety net for veterans and families that provides comprehensive care management, resource connections, and 24/7 peer-to-peer support for any veteran or family member in need. QRF's services are free and confidential and are available to any veteran or family member, regardless of service era, discharge status, or location, making the barrier of entry very low. The needs of veterans remain high, particularly in light of the COVID-19 pandemic, and in 2020, QRF saw a 400% increase in clients served from 2019. QRF is built to address all aspects of a veteran's life that are in need of intervention and support and we do this by providing holistic and comprehensive care for all of our clients. In 2020 more than 15% of all client, requests were directly related to mental health needs. Additionally, IAVA continues to have a Memorandum of Understanding (MOU) with the Veterans Crisis Line (VCL) and also has 24/7 in-house clinical



support for clients that reach out to the program and are at risk for suicide. The new 9-8-8 national hotline, when fully implemented, will make access in a crisis even easier.

Outside of direct mental health needs, an additional 56% of QRF client requests were related to emergency financial assistance, the threat of homelessness, or both, which directly impacts an individual's overall well-being and stability. Recent data from the Department of Housing and Urban Development (HUD) released last week that veteran homelessness increased *before* the pandemic hit America. Between 2010 to 2019 veteran homelessness decreased by over 50%, however in January 2020 the number of homeless veterans had increased from the previous year. This data predates the pandemic and is extremely troubling. The data from HUD, coupled with IAVA's QRF data shows that veteran homelessness is a problem that we must redouble our efforts to address.

Housing has been a particular area of concern while transitioning out of the service. In IAVA's latest survey, 24% reported going without a home for over a year after they transitioned out of the military, and 81% reported couchsurfing temporarily. We must remain vigilant to ensure that recently separated veterans are aware of the programs and benefits available to them during this incredibly difficult time. Additionally, homeless veterans, today may have families to support or are women veterans. Women veterans historically are at higher risk for homelessness than their civilian counterparts. Providing safe facilities for women that will address their specific needs is critical. Ensuring these facilities also accept children is vital. Others are younger veterans who may just need temporary support. The VA must continue partnerships to align effective, dynamic services to these demographic shifts.

Another issue that can affect recently separated veterans is timely access to VBA claim decisions. Prior to the pandemic, VA took great strides in reducing the backlog and ensuring that veterans were getting timely decisions. However, as a result of the pandemic, the backlog is once again on the rise. There are currently over 450,000 claims still working through the system, with over 200,000 of those pending for 125 days or more. While many of these are due to the cancelation of in-person exams, they must be a high priority for VA. Additionally, veterans often face significant financial and emotional stress while waiting for the benefits and care that they have earned. We must ensure that these men and women who feel unsafe completing their in-person exams are given proper extensions until it is safe to do so.

When a service member transitions out of the military, one of the largest and most significant barriers to veteran employment is not only pairing military skills to relevant civilian careers but also reside in the realm of licensure and formal accreditation. Almost 70% of IAVA members did not have a job secured when they left the military. Veteran unemployment is another area of



concern during the pandemic. As of February, the veteran unemployment rate across all eras of veterans is at 5.5%, slightly below the national average of 6.2%. However, the post-9/11 veteran unemployment rate remains higher than their peers. Veteran unemployment, especially for younger veterans, has been hit particularly hard by the pandemic, and it will require unique solutions to solve this ongoing problem. I want to thank Chairman Tester, Ranking Member Moran, and this Committee for your important bipartisan work in the passage of the *Veterans Economic Recovery Act*, which will be an incredibly impactful tool to lower the veteran unemployment rate. While this program may not be directly related to mental health, it can reduce additional stress from the loss of a job due to the pandemic by providing a generous housing allowance and training in new in-demand skills. Strong oversight will be necessary to keep this new benefit on track for success.

Women veterans are 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 to be single parents. These issues have only increased since the start of the COVID-19 pandemic. We must ensure 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 minority populations. Women veterans are also more than twice as likely to die by suicide than their civilian peers, making it all the more imperative that these socio-economic issues that could increase their risk factors be addressed.

It is for these reasons that the *Hannon Act* must be successfully, and timely, implemented. This legislation will result in critical reforms in how America combats the suicide crisis. A key provision includes the creation of a community grant program to help identify isolated veterans and provide mental health services, modeled after the extremely successful Supportive Services for Veteran Families (SSVF) program. These targeted programs are designed to identify the 14 veterans per day who die by suicide not currently participating in VA services and connect them to life-saving resources. This provision could not be more important in a time when veterans are feeling more disconnected than ever before.

VA still faces a shortage of mental health care professionals, specifically in rural areas. Recent legislation targeted deficiencies in recruitment and retention by creating separate scholarship and student loan repayment programs and by adding \$65 million to VA's recruitment, relocation, and retention bonuses budget. However, these scholarships are extremely limited in number and capacity. IAVA recommends that VA take additional measures in order to address the shortage of qualified medical professionals within VHA. Moving psychologists under the Hiring Authority, Title 38, which would provide a more competitive salary rather than the federal GS pay scale is one viable option. Private sector psychologists earn a considerably higher salary than their VA



colleagues. Furthermore, psychologists and some pharmacists are the only doctorate-level medical professionals at VA who are not included in Title 38.

The *Commander Hannon Act* was a groundbreaking piece of legislation that will have long-lasting effects on veterans' mental health care for years to come. However, due to the unprecedented nature of the ongoing pandemic, it is clear that veterans need these provisions as soon as possible. IAVA is deeply appreciative of this Committee's work to not only pass the *Commander Hannon Act* but ensure that it will be implemented properly and quickly.

Members of the Committee, 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 Committee in the future.