



Testimony of Kaitlynn Hetrick  
*Before the* House Veterans' Affairs Committees  
September 22nd, 2021

**Testimony of Kaitlynn Hetrick**  
**Associate, Government Affairs**  
*of*  
**Iraq and Afghanistan Veterans of America**  
*before a hearing of the*  
**House Veterans' Affairs Committees**  
**September 22, 2021**

Chairman Takano, Ranking Member Bost, and distinguished 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 for today's hearing on one of IAVA's top priorities for the 117th Congress, mental health care and suicide prevention.

September 11, 2021, marked 20 years since the start of the Global War on Terror, a war that created a new generation of veterans. Before this momentous anniversary, President Biden announced that American troops would withdraw from Afghanistan by August 31, 2021, effectively ending the two-decade-long war in that country. In early August, the world watched as the Taliban swiftly made their way through the country and seized control of the capital city of Kabul. The Government of the Islamic Republic of Afghanistan quickly collapsed and fell to Taliban control.

Many veterans watched as their former bases were taken over by the enemy that they selflessly fought alongside Afghan and NATO forces to defeat for two decades. Feelings of anger, sadness, and despair filled the hearts of our nation's veterans, servicemembers, and families and for some, the trigger of these events brought unexplainable pain and changed the way they viewed the war.

IAVA regularly surveys our members to gauge what issues are important to them and what needs to be improved upon to help veterans. Our most recent survey opened on September 8, just over a week following the official withdrawal of U.S. troops from Afghanistan. In our last survey, released in 2020, 62% of our members stated that our engagement in Afghanistan was worth it or somewhat worth it and the preliminary data for our current survey shows now only 52% of our members feel that way, a 10% decrease. The preliminary data also showed that, although 63% agreed with the need to withdraw troops, only 22% of IAVA Survey respondents approve of the way President Biden withdrew from Afghanistan and 86% of IAVA respondents agreed that more should have been done to support the evacuation of Afghan allies during the withdrawal.

War affects every veteran differently and the circumstances that took place over the last month and a half have no doubt caused a lasting effect. IAVA's Quick Reaction Force, a concierge



program helping veterans, servicemembers, and family members navigate an often complex road map to quality free services, saw an 80% increase in mental health inquiries from August 16-31, 2021 when compared to those dates in 2020. VA must continue to push out messages of support and available mental health resources for veterans during this challenging time, both within and outside of VA.

Additional preliminary data of our survey shows that almost 43% of survey participants have considered taking their own life following joining the military and only 10% had considered it before. Two-thirds of those that participated also stated that they personally know someone that has died by suicide. Twenty-five percent stated that they are not seeking help for their service-connected mental healthcare injury. When it comes to the top reasons that our members are not seeking care, they cite that the negative stigma around mental healthcare is too great. A common concern that is heard from both active-duty servicemembers and veterans.

The past year and a half has been extremely challenging for many, including IAVA members. Despite adapting to a pandemic and a new way of working, we worked to pass critical reforms that will positively affect many veterans for years to come, specifically in areas of mental health care and women veterans. It was a huge victory to finally see both the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and the *Deborah Sampson Act* passed into law and IAVA is thankful to the entire committee for ensuring both of these crucial pieces of legislation were signed by the President. 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 worked with the House Energy and Commerce Committee 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.

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. 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 to sustain this model and ensure that it is accessible to the most vulnerable populations.



On September 8, VA released the latest data from its 2021 National Veteran Suicide Prevention Annual Report. The report showed the lowest veteran suicide numbers we have seen in over 12 years. While this number is encouraging and shows that there have been many steps taken to improve services for veterans who needed mental healthcare services, it should be noted that these numbers were from 2019 before the COVID-19 pandemic.

The recently released VA data also stated that the youngest cohort of veterans, post-9/11 veterans aged 18 to 34, continues to 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. The preliminary data for our latest survey shows that 59% of IAVA members have a service-connected mental health injury. 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 need intervention and support and we do this by providing holistic and comprehensive care for all of our clients. Since March 2020, QRF saw a 70% increase in mental health-related inquiries. Additionally, IAVA 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, IAVA has seen a 70% increase in those reaching out to QRF for 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 in March showed 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. The preliminary data from IAVA's ongoing survey shows that 23% reported going without a home for over a year after they transitioned out of the military, and 77% 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 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.

The current pandemic has also exacerbated the burden on women veterans, especially mothers, as they are forced to bear the mental, physical, and financial struggles of job loss and child care from a home environment. According to IAVA's last survey, 38% of women veterans struggle financially and emergency financial assistance was the number one reason female veterans reached out to IAVA's QRF. With the "double shift" of childcare and a career, mothers are facing extreme financial, physical, and social stress while they continue to provide for themselves and their families.

Providing safe and accessible care is the first step to building trust in the female veteran community. Without safety measures in place, women continue to be denied the care they need. While COVID-19 child care closures were inevitable, the VA needs to support female veterans and their families by expanding physical and mental health services, child care benefits, and safe housing opportunities for women veterans and their families.

The issue of domestic violence has long been ignored when it comes to both occurrences in the military and following separation. A recent article following an investigation by CBS News found roughly 100,000 incidents of domestic abuse have been reported to the military since 2015. Approximately 40 survivors who reported their instances of domestic violence spoke to the news station and described a "broken system." According to data released in 2019 by the Department of Defense, incidents of spousal abuse in the military were more than twice that of the national population. IAVA's preliminary survey data showed that 61% feel that domestic violence is a serious issue within the military and approximately 32% are unsure, a testament to the severe lack of attention that domestic violence receives. Our survey also showed that approximately 38% of those that experienced domestic violence experienced it both in the military and after they separated. It is well known that increased stress exacerbates instances of



domestic violence and the last year and a half have been extremely stressful for the veteran community. Even with this increased stress, messaging around domestic violence and intimate partner violence assistance from VA has been almost nonexistent.

Another issue that can affect recently separated veterans is timely access to VBA claim decisions. Before 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 600,000 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 cancellation 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. Approximately 65% of IAVA members did not have a job secured when they left the military. Veteran unemployment is another area of concern during the pandemic. In August, the veteran unemployment rate across all eras of veterans was 3.8%, sitting below the national average of 5.2%. August 2021 is the first time that veteran unemployment has been under 4% since February 2020. These numbers are an excellent change but we must recognize that COVID-19 numbers are once again on the rise and unemployment could again be on the rise at any moment. 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.

It is for all of 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 13

veterans, National Guard members, and reservists 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.

Veterans continue to be some of the most resilient members of our nation. But despite our abilities to “adapt and overcome” the weight of a pandemic, the feelings of our military’s



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withdrawal from Afghanistan and many other situations can be a lot to bear. We must ensure that we are doing everything we can to help veterans through this difficult time.

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.



## **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. After 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.