Statement of Tom Porter
Executive Vice President, Government Affairs
of
Iraq and Afghanistan Veterans Of America
before the
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's (IAVA) more than 425,000 members, thank you for the opportunity to share our views, data, and experiences on the legislation before you today.

IAVA appreciates the Committee for bringing forward legislation that touches on a few of our priorities for 2021, which are: Combatting Suicide, Modernizing Government to Support Today's Veterans, Burn Pits, and Women Veterans.

Modernizing Government to Support Today's Veterans

The VA reports that about 1 in 4 women veterans and 1 in 100 male veterans report experiencing sexual trauma (MST) while serving in the military. For years, the claims process has received a fair amount of criticism due to the gruesome process a veteran must go through to prove their experienced MST. This past August 5, the VA OIG released a glaring report detailing that VA potentially denied thousands of veterans benefits related to their MST claims due to errors during claims processing. The report also found that VA failed to implement recommendations made by OIG back in 2018 that had resulted in similar issues. The lack of implementation resulted in an increase from 49% of claims being improperly processed to 57%.

Additionally, VA's claims process for MST is already a difficult road for a survivor. It is imperative that VA does not further traumatize and instead make veterans feel safe and secure as they embark on the difficult process of filing their claim.

IAVA strongly supports Chairman Tester's draft *Servicemembers and Veterans Empowerment and Support Act* that will greatly improve the MST claims process and adjust the standard of proof a veteran has to provide, lessening the potential for re-traumatizing any veteran. It also would require VA to review the claims process yearly to ensure accuracy. Finally, the legislation would require VA to study the training and accuracy of VBA's disability claims process for MST.

In recent years, VA has made incredible strides to modernize its internal and external operating systems. The implementation of new interoperable electronic health records is underway, allowing VA and DoD clinicians to share health data, ensuring continuity of care for transitioning servicemembers. Additionally, VA has updated its website to be more interactive and intuitive, allowing veterans to quickly find the information they need. These are major accomplishments and a system slowly but surely moving to the 21st century is a win for all veterans.

Each generation of veterans, including the post-9/11 generation, relies on VA for health care and benefits, and an agile system capable of accommodating them is critical. About 49% of all veterans are enrolled in VA health care. Among IAVA Member Survey respondents, 84% are enrolled in VA health care; of those, 85% rated their experience at VA as average or above average. IAVA members have been clear that access to VA care can be challenging, but once in the system, they are satisfied with their treatment. Further independent reviews of VA health care show that the quality often exceeds the private sector.

Providing today's veterans with a system willing to adapt to them will take the full coordination of the executive branch, Congress, state and local government, and stakeholders in the private and nonprofit sectors. We need a system that leverages the use of new technologies to streamline processes and enables the VA to take a more dynamic approach to respond to the needs of today's veterans. Even so, the best technology will not save a system if it is built upon outdated structures. The VA must connect its internal departments and work with DoD to streamline services.

Currently, in civilian and active-duty military health care systems, preventative medicines, such as aspirin and vitamin supplements, are provided at no cost to the patient. This is not the case for those receiving VA care. Preventative medicines can drastically cut the cost of medical bills and government spending later on. For these reasons, IAVA supports the *Veterans Preventative Health Coverage Fairness Act* (S. 1779).

Year after year, the concern grows surrounding the health impacts of toxic exposures like burn pits in recent conflicts. Burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan. The effect of burn pits is not just the chemicals in the smoke, but the particulate matter and pollution these men and women breathed in from many sources. According to IAVA's Member Survey, 86% say they were exposed to burn pits and/or airborne toxic materials, and 88% of those report they are experiencing related symptoms.

A study conducted by the Portland VA Medical Center in collaboration with the Oregon Health and Science University in 2013 discovered that veterans exposed to Agent Orange were at higher risk of prostate cancer. They were also more likely to have aggressive forms of cancer.

The list of conditions related to burn pits exposure continues to grow, which is why IAVA supports the *Veterans' Prostate Cancer Treatment and Research Act* (S. 2720). It is important to further research how prostate cancer is affecting veterans and how best to treat it.

The process of enrolling at VA is not an easy task for any veteran and this process can become further complex with the over 3,000 different geographic income eligibility thresholds. Currently, most state insurance has a standard income threshold for the entire state. IAVA supports the draft *Veterans State Eligibility Standardization Act*, which would limit the number of geographic regions to one per state and set the income eligibility threshold in each state to the most generous in that state.

In 2019, IAVA advocated creating a pilot program that would expand dental care to veterans that have certain chronic conditions. Timely dental care has been proven to increase overall health and reduce health care costs. IAVA supports Sen. Sanders' draft bill to require VA to provide dental care in the same manner as any other medical service. IAVA believes that proper health care includes dental care.

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* (S. 2852) 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. IAVA supports this legislation.

IAVA also supports the *Veterans Affairs Major Medical Facility Authorization Act* (S.2624) by Chairman Tester and Ranking Member Moran, to allow already funded major construction projects of VA to continue to proceed.

IAVA does not yet have a position on Sen. Lankford's draft legislation regarding VA Chaplains. While we can see how restructuring the office to reside under the secretary rather than VHA could be an effective change, we would like to view VA's position on the legislation, as well as the opinions of stakeholder organizations.

Combatting Suicide

Suicide prevention has been IAVA's number one policy priority for many years. In the last year, IAVA celebrated passage of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and the *Deborah Sampson Act,* two landmark bills we worked hard to enact. 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 Veterans Crisis Line (VCL) is an invaluable resource providing free, confidential support for veterans experiencing a crisis. While this tool is unparalleled, it is not without fault and that was shown when the VA OIG released two reports within the past year detailing how the VCL mishandled several high-risk callers, one resulting in the death of a veteran. This cannot be overlooked and is why IAVA strongly supports the *Revising and Expediting Actions for the Crisis Hotline (REACH) for Veterans Act* (S. 2283) by Chairman Tester and Ranking Member Moran. This bill would implement many of the recommendations made by the OIG in the reports, such as re-training for VCL employees, increasing silent monitoring, and more. The bill would also aid VCL with the transition to the new 9-8-8 number by requiring VA to utilize the knowledge of VSOs on how to best inform the veteran community about the new number.

In the past 10 years, VA and DoD have invested millions of dollars to better understand suicide and improve prevention efforts. While our community is in a much better position today, there is still more work to be done. About half of all deaths by suicide involve a mental health diagnosis. For the other half, environmental factors such as relationship stress, financial problems, or a crisis event can lead to a moment of crisis. And while we have invested in the understanding and treatment of mental health injuries, we must broaden the aperture and include community-based solutions, and continue to understand the factors impacting suicide.

IAVA regularly surveys our veteran 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. While it is still underway, we have been able to gather preliminary data from the responses we have received.

Preliminary data shows that 21% of our members had difficulty covering monthly expenses with their income. For this reason, IAVA strongly supports the *Vet Center Improvement Act* (S. 1944)

which would establish a grant program to combat food insecurity and provide essential heating assistance for veterans and their families.

The *MISSION Act* established a peer support program that empowers veteran peer specialists to apply their own lived experiences to help other veterans navigate the VA health system and access services while also teaching them about positive health-affirming behaviors. The *Veteran Peer Specialist Act* (S. 2386) would expand the highly successful peer specialist program to all VA medical centers and it would prioritize expansion to rural areas and ensure that peer specialists reflect the diversity of the veteran population. IAVA believes this legislation would further aid VA in the fight against veteran suicide and is proud to support.

Transitioning from active duty into the civilian world is terrifying for many veterans. According to preliminary data from our current survey, 77 % of IAVA members had some or many challenges upon transition. 34% also stated they were not prepared to manage their finances immediately after leaving the military.

There is much uncertainty around the decision to leave the military. The first year after leaving the military is often the hardest, and according to a 2019 study by Pew Research, veterans are at the highest risk for dying by suicide in the first three months of transition. Vet Centers offer a community-based touchpoint that could be used to proactively reach out to veterans soon after they separate from the military. For this reason, IAVA supports the *Vet Center Outreach Act* (S.2924) to require VA to notify the closest Vet Center within seven days of a servicemember's separation. It would also require the Vet Center to reach out to the transitioning veteran within 14 days of receiving the notification.

Knowing where and how to access available resources is instrumental to a successful transition. This legislation could help to reduce the approximately two-thirds of veterans that die by suicide each day not utilizing VA healthcare.

While IAVA supports the spirit of the *National Green Alert Act* (S. 1342), we cannot fully support the legislation as it is currently written. Many veterans are very private about their struggles with mental health and despite years of work, there is still a stigma around those that seek mental healthcare services. We want to make sure that our veterans are safe, but exposing a veteran's medical background due to them being missing could have catastrophic effects.

Women Veterans

Women are the fastest-growing population in both the military and veteran communities, and their numbers have been growing steadily since the 1970s. While more women are joining the military, veteran services and benefits often fall behind those offered in the civilian world. While the past few years have been encouraging in the display of growing interest in ensuring health care accessibility for women at VA, increasing support for women veterans, and expanding services, there is still much work to be done.

As more women transition from the military, it will be 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.

Maternal mortality in the U.S. is a public health crisis. According to a 2020 report by the Commonwealth Fund, the U.S. has the highest maternal mortality rate among 11 other developed countries. Pregnancy and birth is already a stressful time, which is compounded with the unique healthcare conditions veterans can be faced with and can increase the amount of stress a veteran feels during birth. Doulas act as an advocate for a new mother before, during, and after giving birth. A Journal of Perinatal Education study from 2013 found that those mothers paired with a doula during pregnancy and birth were two times less likely to experience a birth complication involving themselves or their baby. The mothers paired with doulas also generally had better birth outcomes than those without. More women veterans are choosing to use the VA for their healthcare. VA must be prepared to take on that increase and offer safe and effective options. IAVA supports the *Delivering Optimally Urgent Labor Access (DOULA) for VA Act* (S. 1937) which would create a pilot program at six VISNs offering the use of doulas to support pregnant veterans and provide VA with data on how doulas can impact childbirth for veterans.

According to preliminary survey data, 23% of IAVA members live in rural areas and have to drive long distances for healthcare appointments. It can already be a struggle for women veterans to access high-quality mammography and breast cancer care even without a long-distance commute. IAVA is proud to support the *Making Advances in Mammography and Medical Options (MAMMO) for Veterans Act* (S. 2533), which would not only help ensure that veterans living in remote areas have access to mammogram services but also upgrade all VA in-house breast imaging to use the superior 3D digital mammography.

Members of the Committee, thank you again for the opportunity to share IAVA's views on these issues today. I look forward to working with the Committee in the future and answering any questions you may have.

Biography of Tom Porter

Tom Porter, Executive Vice President for Government Affairs, has served with IAVA since 2015. In this role, Tom leads IAVA's government relations team and national advocacy for our nation's veterans, while also serving as a media spokesman for IAVA priorities. Prior to joining IAVA, Porter was Vice President at Morgan Meguire, LLC since 2004. He was successful in achieving goals on behalf of a nationwide client base through aggressive and bi-partisan advocacy before Congress and federal agencies. He also served nine years on the staff of three Members of Congress. Porter serves in the U.S. Navy Reserve with 25 years of reserve and active service, including deployments to Afghanistan and the Arabian Gulf.