



Statement of Kaitlynn Hetrick
Before the
House Veterans Affairs Committee
September 15, 2022

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Associate Director, Government Affairs
of
Iraq and Afghanistan Veterans Of America
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Chairman Takano, Ranking Member Bost, 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 topic of women veterans healthcare at the Department of Veterans Affairs.

In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle, focused on recognizing the service of women veterans and closing gaps in care provided to them by the VA. Ahead of the times, we made the bold choice to lead on an issue that was important to not just the 14% of our members that are women, but to our entire membership, the future of healthcare, and America's national security. We fought hard for top-down culture change in the VA for the more than 345,000 women who have deployed in the Global War on Terrorism –and for all Americans.

In 2001, women were estimated to make up about 6% of the veteran population. In 2020, that number rose to 10%.¹ And since 2000, the number of women using VA services has increased by 175%. As more women make the transition from service member to veteran, it will be paramount that DoD and VA are able and ready to support these transitioning service members. Part of that care means ensuring proper reproductive care and support for women veterans and their spouses. Currently, access to contraceptives is not equal between DoD and VA. This means that the services and rights afforded to women service members are not equal to that of women veterans.

As a woman, I wear many hats. I am the associate director of government affairs at IAVA. I am a woman veteran and a wife. But I would say that my favorite hat would be being a mother. Within moments of meeting me, most will hear at least one story about my children and it is impossible to not want to show them off constantly. They are the best thing about my life. While these are the types of things I communicate regularly, I don't often talk about the struggles of motherhood that have happened behind the scenes.

¹ "Facts and Statistics about Women Veterans." 28 May. 2020, <https://www.womenshealth.va.gov/womenshealth/latestinformation/facts.asp>. Accessed 19 Oct. 2020.



I have three healthy children. I also have experienced at least 5 miscarriages, one stillbirth that occurred in January 2021, and suffer from polycystic ovary syndrome. I carry the joy of my beautiful children everywhere I go but I also carry the pain of my losses. It is a constant ache that is dulled by a smile from my 8-month-old or the moment when my 10-year-old slips up and calls me mommy instead of mom since he is now too “cool” to call me mommy. Too many veterans do not have those things to dull the ache.

Despite my challenges, I was able to conceive and birth three beautiful children but so many are unable to due to reproductive injuries. IVF is necessary to give them a chance at the family they desire. The path to IVF is often paved with countless losses and feelings of failure. A path in which the ache is inescapable and you are left with no other options but IVF, adoption, surrogacy, or not having children at all.

It is estimated that 15.8% of women and 13.8% of men that served in Iraq and Afghanistan are experiencing some form of infertility². VA does offer IVF services but it does not cover every veteran. Currently, VA has a ban on donated gametes and embryos which leaves out those veterans that do not fall under the cismale-cisfemale relationship dynamic. VA must expand current IVF treatments to be inclusive of all veterans with reproductive injuries.

Additionally, when it comes to newborn care, VA is not on par with other clinical settings. Having a baby is a joyous but also stressful experience. This is made more difficult when you have to worry about newborn healthcare while you are still trying to work through the sudden hormone fluctuation that occurs immediately after birth. VA must expand maternity and newborn care to be comparable with care received in other clinical settings including extending newborn care to more than 7 days.

In 2020, the cornerstone of IAVA’s #SheWhoBorneTheBattle campaign, the IAVA-led Deborah Sampson Act, was passed into law after a nearly four-year campaign. This groundbreaking legislation includes several important provisions that will address sexual harassment and assault in VA facilities, establish an Office of Women’s Health directly under the Undersecretary of VA for Health, and improve access to care and benefits for survivors of Military Sexual Trauma (MST).

Women are currently the fastest-growing population in both the military and veteran communities, and their numbers have been growing steadily since the 1970s. And while more women are joining the military and are finally being given unprecedented roles in combat and greater responsibilities in leadership, veteran services, and benefits often fall behind.

For those women veterans that choose to seek care at the VA, finding quality providers that understand the needs of women veterans can be difficult. And while VA has made progress in improving women-specific care for women veterans, including expanding the services

² <https://pubmed.ncbi.nlm.nih.gov/24261648/>



and care available within VA, there is still much progress to be made. 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.

Furthermore, for those who do seek care at VA, the quality and standard of care is not uniform. According to a December 2016 GAO report on the standards of care of VA medical centers³, VA “does not have accurate and complete data on the extent to which its medical centers comply with an environment of care standards for women veterans.” The same report noted a deficiency of 675 women’s health primary care providers as of 2016. This means that women entering these facilities may not have basic privacy standards like locked doors, privacy curtains, and other adjustments to make them feel welcome.

Good policy is driven by good data, and we must do better as a community in understanding the needs and areas of support for women veterans and service members. This begins with reliable and robust data collection from DoD and follows into VA, expanding out to academia, public and private research groups, and anyone interested in data-driven policy. The Deborah Sampson Act took great strides to start collecting some of this data, now we must ensure that it is used properly to create effective change.

For years, VA has faced scrutiny for sexual harassment and assault within their medical centers, and the lack of action by top leadership. While not solely a women veterans issue, it is known that these issues disproportionately affect women and the lack of action by VA furthers the problem of women veterans feeling unwelcome at their facilities. While IAVA fought hard to correct these issues with the Deborah Sampson Act, we must ensure that VA fully implements these important reforms. Changing this will require establishing clear standards, training VA staff to meet these standards, and investing in appropriate facilities, women practitioners, and doctors who specialize in women’s health. Facilities and providers must regularly be evaluated to ensure they meet the standards our veterans deserve. And VA, with its partners, must do a better job of reaching out to women and telling them about the resources VA has to offer.

Additionally, ensuring VA is able to provide for these veteran families is paramount to ensuring the overall health and financial well-being of all veterans. Current boundaries in the law mean access to the support services for reproductive and maternity care at VA is lacking and outdated. This must be amended. It is unfair to think that women veterans deserve less out of service than in and these outdated policies disproportionately impact the newest generation of veterans: who are younger, may wait until after service to start a family, and are more likely to be female.

Finally, one last item to address when it comes to women veterans seeking healthcare at VA. Despite women being the fastest-growing population of veterans, VA currently does not offer a

³ “Improved Monitoring Needed for Effective Oversight of ... - GAO.”
<https://www.gao.gov/assets/690/681364.pdf>. Accessed 19 Oct. 2020.



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fully welcoming environment from the moment they walk in the front doors. The choice to use VA healthcare services can already be a stressful one, this is exacerbated by the countless times women veterans are harassed or asked for their husband's information. Culture change starts from the top and from the front. The current VA motto continues to leave out every veteran that does not identify as a man. We have been told that a change is coming but as the months pass by without an updated motto, the hope of feeling fully included fades. It is past time to update the VA motto. Every veteran deserves to feel like they belong at a VAMC.

Members of the Subcommittee, thank you again for the opportunity to share IAVA's views on these issues today. I look forward to working with the Subcommittee in the future.



Biography of Kaitlynn Hetrick

Kaitlynn Hetrick serves as IAVA's Government Affairs Associate Director, 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 Veterans of America chapter and then as the president, Kaitlynn worked to help fellow student vets take advantage of all the programs offered due to their service. Kaitlynn has also worked with several veteran non-profits to help disabled and transitioning former servicemembers.