



Statement of Kaitlynn Hetrick
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of
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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's (IAVA) more than 425,000 members, thank you for the opportunity to share our views, data, and experiences on the mental health and wellness of women veterans as well as the impact COVID-19 is having on the women veteran community. IAVA would also like to thank the Women Veteran's Task Force for the valuable work they are doing to address the gaps in care for women veterans.

Over the past few years, there has been a groundswell of support for women veterans' issues. From health care access to reproductive health services to a seismic culture change within the veteran community, women veterans have rightly experienced increased visibility in our community and have been elevated on Capitol Hill, inside VA, and nationally. In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle, and its centerpiece, the *Deborah Sampson Act*, focused on recognizing the service of women veterans, closing gaps in care provided to them by VA, and finally changing the outdated VA motto to represent ALL veterans. We made the bold choice to lead on an issue that was important to not just the 20 percent of our members who 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 VA for the more than 345,000 women who have fought in our current wars – and for all Americans.

The number of women in both the military and veteran communities has been growing steadily since the 1970s. While more women are joining the military and are finally given unprecedented roles in combat and greater responsibilities in leadership, veteran services, and benefits often lag behind. While the past few years have been encouraging in the display of growing interest in ensuring health care accessibility for women veterans at VA, increasing support for women veterans, and expanding services, there is still much work to do. Fourteen percent of IAVA women veteran members still report being stigmatized or feeling unwelcome at VA, and the Department's motto itself is gender-exclusive. It is past time that the military culture and our



nation embrace, recognize, celebrate, and support the service of all veterans that serve this nation.

Transitioning from the military can be an extremely stressful process. More than 30,000 women leave the military every year. The military teaches us how to talk, eat, sleep, and behave, and when we get out, we walk out the gates and are expected to understand how to function in a world that we forgot the moment we put on our boots. Transitional programs, like TAP, exist to help veterans leaving the military but they do not effectively prepare veterans for the current civilian world. Women veterans are often viewed as hard, intense, and intimidating - qualities that make it difficult to reintegrate into civilian society.

In my own experience, I left the military to spend time with my son. I knew that I wanted more children and I decided that leaving was the best option for my family and me. I had saved up enough leave to take a full month off at the end of my enlistment. Within two weeks, I was applying for jobs. The military teaches us to work hard and efficiently; staying at home was more difficult than I had imagined. The depression of leaving a job I loved set in, and the lack of a support system in my new city was glaring. I was one of the lucky ones. My husband was good with finances so we had sufficient savings before we left. I was looking for a job not because we needed the money but because I needed one for my sanity. I often felt jealous of women who can stay at home and be with their children, but leaving the military taught me that I am not one of those women. So I went back to work.

Fortunately, I found a job quickly, but that is not the case for everyone leaving the military. Women veterans have higher rates of unemployment and are more likely to be homeless than their civilian counterparts. In IAVA's most recent survey, 38 percent of women veterans, and 35 percent of male veterans, reported that they had difficulty covering expenses in a typical month. In January 2017, the Department of Housing and Urban Development (HUD) estimated that more than 40,000 veterans were homeless, approximately 10 percent of those were women, or 3,600. This number of homeless women veterans increased by seven percent from 2016 to 2017, compared to the one percent of male veterans. When asking women whether their challenges are unique, the answer is generally no, but they do state that the support they need is often hard to access. Resources, like staffing and funding, must be focused on policies that are inclusive of women and all minorities. It is imperative that we expand VA housing and assistance programs for homeless and displaced women veterans and their families so that women with children have broad access to shelter facilities and housing solutions. We must also encourage DOL VETS' Women Veterans Program to continue their work and monitor their VETS program to ensure



equality through advertisements and connections with women veterans. This will require not only a policy change but more importantly, a complete shift in culture.

The current state in our country has become increasingly stressful as the COVID-19 pandemic has set in. As a mother of a school-age child and a toddler, the difficulty of balancing taking care of my children and ensuring I am satisfying my professional responsibilities has been a learning curve. But, again, I am one of the lucky ones. I am fortunate enough to work for an organization that has allowed me to work from home for the past two months, enabling me to ensure my children are safe and cared for. Not everyone has had this opportunity.

Veteran unemployment has risen to 14.7 percent during the COVID-19, and as stated before, over 30 percent of women veterans in our last survey struggled to cover monthly expenses, and that was before the pandemic. Since COVID-19 set in, the Quick Reaction Force (QRF), IAVA's comprehensive care management program has seen a 67 percent increase in veterans reaching out in desperate need of help. Top reported needs have been for emergency financial assistance, employment, and housing and 32 percent of those inquiries have come from women veterans.

We also have to acknowledge those that may have been forced to leave their jobs due to the inability to find childcare following closures of many daycare centers and schools. According to a research article by Eileen Patten and Kim Parker on Women in the U.S. Military: Growing Share, Distinctive Profile, 12 percent of military women are single mothers. A few years after getting out of the military, my husband and I separated. I moved back home to Ohio, to be closer to my family, and my children's father stayed in Texas. My support system was crucial to my ability to work, go to appointments, and attend school. I would never have graduated or been able to hold a job without the help of my family. Not every single parent has this luxury, and sometimes the lack of having child care can have severe consequences. While the closures of daycare facilities during the pandemic is an unavoidable effect currently, the lack of childcare can be a barrier to receiving necessary transition and healthcare services from VA. This is why expanding child care services at all VA facilities and in local communities to ensure that a lack of child care does not prevent veterans from seeking care or finding meaningful employment should be a top priority.

Despite the ever-growing contribution of women to our national defense, the American public still does not understand the extent of their involvement and sacrifice. This lack of understanding not only impacts their reception when seeking health care from VA but throughout their transition home. Often having faced an unwelcoming culture in the military, VA can seem like an equally unwelcoming place for women who are transitioning. The VA motto does not help. It



explicitly excludes women and their survivors from its mandate, and it reads as outdated: “To care for him who shall have borne the battle and for his widow, and his orphan.” Women veterans are becoming more prominent in American culture, and are stepping up and leading. This can be seen by the growing number of women veterans serving in Congress to the highest leadership positions among the service branches, Veteran Service Organizations, and leading groups. Also, as more women veterans step into the public sphere, their contributions and sacrifices are becoming better known and recognized. However, everyday women veterans enter into VA facilities nationwide and are not recognized for their service. Until women veterans are as known and understood as their male counterparts, IAVA’s work will not be done.

Since 2001, the number of women using VA services has tripled. As more women make the transition from servicemember to veteran, it is paramount that DoD and VA are able and ready to support these transitioning servicemembers. Part of that care means ensuring proper reproductive care and support for women veterans and their spouses. Currently, access to contraceptives and other reproductive services are not equal between DoD and VA. This means that the services and rights afforded to women servicemembers is not equal to that of women veterans. This is unacceptable. VA’s ability 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. These outdated policies disproportionately impact the newest generation of veterans, who are younger and may have waited until after service to start a family.

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 progress improving women-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 recently released 10th Annual Member Survey underscores this as it found that while 70 percent of respondents felt that VA clinicians understand the medical needs of veterans, only 44 percent felt that non-VA clinicians understood them. For those women who do seek care at VA, the quality and standard of care are not at all uniform. According to the most recent GAO report on the standards of care of VA medical centers, VA “does not have accurate and complete data on the extent to which its medical centers comply with the 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 these facilities may not meet basic privacy standards like



locked doors, privacy curtains, and other adjustments to make them feel welcome. Changing this will require

establishing clear standards, training VA staff to meet these standards, and investing in appropriate facilities, including 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. VA, with its partners, must do a better job of reaching out to women and telling them about the resources VA has to offer.

Finally, as we all know, the COVID-19 pandemic has created severe hardships for Americans and communities across the country. With complex systems to navigate and unclear guidance from the VA, our nation's veterans are in critical need of tailored support in this time of crisis. To meet these challenges, IAVA has accelerated the relaunch of our comprehensive care management program, the Quick Reaction Force (QRF) to effectively meet the needs of our community. We have designed this service to provide veterans and their families assistance on all issues that touch their lives, such as financial support, mental health, housing and homelessness, legal needs, disability claims, education benefits, employment services, and accessing and navigating VA benefits.

QRF operates 24/7/365, is free and completely anonymous. Veterans and their family members can reach out by calling **1-855-91-RAPID** to speak with our team in real-time. Alternatively, QRF can be reached by filling out a brief intake on our website and we will respond within 1 day: **www.quickreactionforce.org**.

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, 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. Since 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, Kaitlynn worked to help fellow student vets take advantage of all the programs offered to them due to their service. Kaitlynn has also worked with several veteran non-profits to help disabled and transitioning former servicemembers.