



Statement of Kaitlynn Hetrick
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of
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before the
House Veterans Affairs Subcommittee on Oversight and Investigations

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Chairman Pappas, Ranking Member Bergman, 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 an issue affecting too many of our servicemembers, how the Department of Veterans Affairs supports survivors of Military Sexual Trauma. IAVA would also like to thank the Women Veterans Task Force for the valuable work they are doing to address gaps in care for women veterans.

Millions of veterans rely on VA for both health care and benefits. Ensuring that the system is able and agile enough to accommodate those veterans is paramount to ensuring the lasting success and health of the veteran population, including survivors of military sexual assault. About 48% of all veterans and about 55% of post-9/11 era veterans are enrolled in VA care. Among respondents to IAVA's most recent member survey, 81% are enrolled in VA health care, and the vast majority have sought care from VA in the last year. Eighty-one percent of these VA users 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 prefer that care. Further, independent reviews of VA health care support that the care is as good, if not better than the private sector.

The topic of MST is an issue that is of high importance both to IAVA and to me personally. I served in the U.S. Navy from 2010-2014 as an Aviation Electronics Technician. It was one of the most fulfilling jobs that I have ever had and I miss it every day. I joined the Navy because I wanted to see the world and hoped to one day become a pilot. At least, that is what I told everyone. I am not a survivor of MST but I am a survivor of sexual assault. I joined the military to escape from my hometown and the constant reminder of what I had been through. I relived it every day when I went to college and was forced to be around my assailant because he was involved with my roommate. I relived it every day because I grew up in a small town and every single piece of that town reminded me of a day that I had spent with him. I relived it every day because it happened in my house, in my bedroom, in my bed. While I cannot fully comprehend the pain that these strong, resilient men and women have, I do know what it is like to never be able to escape from those that have taken something from you and be forced to replay the



horrific memories because of your surroundings. And I know the pain of not wanting to exist anymore because of the helplessness and fear you feel. This is the reason I joined the military and this is also the reason I have never enrolled at VA.

We know that MST is not a women's issue, but it is an issue that disproportionately affects women veterans. In IAVA's 2019 survey, 43% of our women veteran members and 3% of male veteran members reported experiencing MST. Based on data from an anonymous survey that is created by the Department of Defense every two years, the Pentagon estimated that approximately 20,500 service members across all the military branches were sexually assaulted in Fiscal Year 2018 alone. This is a substantial increase from 14,900 in 2016. Despite these numbers, we still have recent reports of MST claims being mishandled.

In recent years, VA has taken many steps to improve its services for survivors of MST, but there are still gaps that need to be addressed. The recent reports of the mishandling of MST claims does nothing but scare those in need of care away from this powerhouse health system. In 2018, the Office of the Inspector General (OIG) found that nearly half of denied MST-related claims were not properly processed following VBA policy. They incorrectly processed claims, including claims where the evidence was sufficient, yet the staff failed to request a medical exam. There were evidence gathering issues such as staff not requesting veterans' records and VA staff made decisions based on "contradictory or otherwise insufficient medical opinions." VA research has shown that women veterans who have experienced sexual trauma feel less safe at VA facilities. Since women veterans are 2.2 times more likely than non-veteran women to die by suicide, it is imperative that VA creates a safe and welcoming environment for the women who have selflessly served this country. Claims processors across VBA must be properly trained on MST-PTSD related claims and follow the latest guidelines.

Retaliation is something that many MST survivors fear when it comes to reliving their pain and coming forward. It is known that a large portion of sexual assaults go unreported for fear of retaliation. Only one-third of IAVA members reported their assault, and of those, an alarming two-thirds also reported that they encountered retaliation as a result of their reporting. We cannot afford to let this type of mentality spill over into our VA health system. It takes unfathomable courage to talk about sexual assault and even more to report it to someone you do not know. I, myself, never had the courage to confront my assailant and did not even talk about it until recently. I blamed myself, as so many others do. The system for claims has to be clear and victims have to believe that they will be heard and that they are not just a file or claim number.

A recent OIG investigation at the VA North Texas Health Care System found that the hospital lacked a gynecologist for almost two years and lacked women's bathrooms in clinical areas,



forcing female patients to change out of hospital gowns back into street clothes before using bathrooms in public areas. This hospital serves the fourth largest population of women veterans in the nation, with a population of approximately 13,000. It is these types of errors that communicate a lack of parallel between the care that female veterans receive as opposed to their male counterparts. Our women veterans deserve better and have earned better than this.

In the last four months of 2019, we were told that federal authorities were investigating allegations of multiple sexual assaults against VA patients at a West Virginia department hospital. A San Diego area physician working with VA pled guilty to assaulting and exploiting five female patients referred to him by department health officials. And finally, a House Veterans Affairs Committee staffer was harassed and assaulted by a patient at the Washington, D.C. VA Medical Center. It is situations like these, as well as the others mentioned, that really get at the core problem. Culture.

We have a culture problem within our military and it has spilled over into VA. A 2019 Pentagon survey showed that 747 students within military service academies said they received unwanted sexual contact in 2018. This is almost a 50% increase from the 504 in 2016. The men and women in our service academies are the future leaders of our military. They must be held to a higher standard and set an example for others to follow throughout their careers in the military and beyond. We cannot afford to ignore the problem and let those affected feel unheard. Everything stems from the culture problem. We need change, and the time is now.

Passing the *Deborah Sampson Act* (H.R. 3224/S. 514) into law would be a giant step for women veterans healthcare, but even with passage, our fight is not finished. The VA motto does not help. It explicitly excludes women 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." The passage of the *Honoring All Veterans Act* (H.R. 3010) would directly impact this culture change. As women veterans are the fastest growing demographic, a gender-neutral VA motto would display an immediate commitment. We too "have borne the battle."

We have fought hard but our fight is long from over. Sexual assault has proven to be increasing within the military and we are calling out for the culture change now. I want to feel safe going to the VA. I want to not be afraid of using the health system that 81% of IAVA members rate at an average to above average, because it is my right by serving in the United States Navy. Survivors deserve better. We have earned better.

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 both the Subcommittee and the Task Force 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. 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, 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.