



Testimony of Melissa Bryant
Chief Policy Officer
of
Iraq and Afghanistan Veterans of America
before the
Senate Veterans' Affairs Committee

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Chairman Isakson, Ranking Member Tester, and Members of the Committee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members worldwide, thank you for the opportunity to share our views, data, and experiences on the legislation in front of the committee today.

IAVA is pleased to see that much of the legislation in front of the Committee today addresses components of our Big Six Priorities for 2019 which are: the Campaign to Combat Suicide, Advocate for Government Reform, Support for Injuries from Burn Pits and Toxic Exposures, Defend Veterans Education Benefits, Support and Recognition of Women Veterans, and Support for Veteran Medicinal Cannabis Use.

As you've heard me speak to in the past, I am not only the Chief Policy Officer for IAVA, but also a third-generation combat veteran. The bills we're discussing today are largely issues which impact me personally--especially as a woman veteran who has been exposed to burn pits, borne of a father who was exposed to and still suffers injuries from Agent Orange. I'm here as a former Army officer who has lost Soldiers to suicide and worked with several others who struggled with suicidal ideation for a variety of factors ranging from financial stress to survivor's guilt. And I'm here as student veteran who used her earned GI Bill benefit to obtain a masters degree in policy mid-career, thus landing me here before you today to passionately advocate for the voiceless veterans worldwide who need the support of their government in so they can live to their lives' fullest potential.

Campaign to Combat Suicide

IAVA's top Big Six priority for 2019 remains the Campaign to Combat Suicide Among Troops and Veterans. Suicide rates over the past 10 years have been rising at a shocking rate; in 2016, the Center for Disease Control reports that 45,000 Americans died by suicide. While suicide is an American epidemic and public health crisis, it is severely impacting the veteran population in particular. According to the most recent Department of Veterans Affairs data, 20 veterans and



servicemembers die by suicide every day, which is over 7,000 every year. At risk populations include women veterans who are almost twice as likely to die by suicide than their civilian counterparts. And veterans aged 18 to 34, the post-9/11 generation, have the highest rate of suicide among any generation of veteran.

We've been watching this trendline for years. In our latest member survey, 59 percent of IAVA members reported knowing a post-9/11 veteran who died by suicide; 65 percent know a post-9/11 veteran who has attempted suicide. In 2014, these numbers were 40 percent and 47 percent respectively.

More alarmingly, our newest data shows that 43 percent of IAVA members report having suicidal ideation since leaving the military - a 12 percent increase since 2014; showing that more and more veterans and servicemembers in IAVA's community are experiencing suicidal ideation -- a risk factor for suicide. This information tracks with the final report under the *Clay Hunt SAV Act: The VA Mental Health Program and Suicide Prevention Services Independent Evaluation* from 2018. The report shows that veterans ages 18 to 45 - the post-9/11 generation - had the greatest proportion of suicidal behaviors, including suicidal attempts and ideation, among any age and made up almost 40 percent of the overall suicidal behavior totals.

We believe the best next step in addressing this crisis is passage of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (S.785), introduced by Sens. Tester and Moran, which will bring even greater attention and resources to VA to combat the veteran suicide crisis. IAVA is very pleased with the provisions in the bill to provide grants to organizations that provide mental health care services for veterans not receiving VA care, as well to organizations that provide transition assistance to veterans and spouses. S. 785 also invests in a number of studies, including the link between elevation and suicide and an evaluation of Vet Centers' Readjustment Counselors efficacy; it also provides for an increased number of tracking metrics to ensure that VA is providing the best possible mental health care possible. We were proud to stand with Commander Hannon's family, partner VSOs, and Sens. Tester and Moran to introduce the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, and it has IAVA's unqualified support.

In addition to expansion of mental health care for our veterans, we must also focus on our military's Guard and Reserve components. Currently, members of the National Guard and Reserve undergo annual health assessments to identify medical issues that could impact their ability to deploy, but any follow-up care must almost always be pursued at their own expense. Though some National Guard units have worked to expand care, many of these efforts are funded with limited dollars that must also cover training and equipment expenses. The *Care and Readiness Enhancement (CARE) for Reservists Act* (S. 711) would allow Guardsmen and



Reservists to access Vet Centers for mental health screening and counseling, employment assessments, education training, and other services to help them return to civilian life. Access to care for Guard and Reservists is a top concern for IAVA as almost 60 percent of our membership is either currently serving or has served in the Guard or Reserves. It is for those reasons that IAVA supports the passage of this legislation.

Support for She Who has Borne the Battle

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 been focused on and elevated on Capitol Hill, inside VA, and nationally. In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle, focused on recognizing the service of women veterans and closing gaps in care provided to us by VA.

IAVA made the bold choice to lead on an issue that was important to not just the 20% of our members who are women, but to our entire membership, the future of America's health care and national security. We continue to fight hard for top-down culture change in VA for the more than 700,000 that have served since 9/11, including 345,000 women who have deployed to Iraq or Afghanistan in support of the most recent wars.

This is why in 2017, IAVA worked with Congressional allies on both sides of the aisle and in both chambers to introduce the *Deborah Sampson Act* (S. 514). This bill called on the VA to modernize facilities to fit the needs of a changing veteran population, increasing newborn care, establishing new legal services for women veterans, and eliminating barriers faced by women who seek care at VA. This bill would also increase data tracking and reporting to ensure that women veterans are getting care on par with their male counterparts.

Although the *Deborah Sampson Act*, the centerpiece of IAVA's She Who Borne The Battle campaign, was not passed in the 115th Congress, IAVA is pleased with progress made overall in support of women veterans, with key provisions of the legislation passed or funded in the last two years. These hard-fought victories included funding to improve services for women veterans, such as research on and acquisition of prosthetics for female veterans, increased funds for gender-specific health care, women veterans' expanded access and use of VA benefits and services, improved access for mental health services, and for supportive services for low income veterans and families to address homelessness.

While we have seen greater awareness and progress toward improving services for women veterans, there is much more we can do. Toward this goal, IAVA strongly supports passage of



the updated *Deborah Sampson Act* reintroduced by Sens. Tester and Boozman. Provisions of the new bill include expanded peer to peer services, such as the ability for women to receive reintegration counseling services with family members in group retreat settings, increased newborn care services, and an increase in spending in order to retrofit VA facilities to enhance the privacy and environment women are being treated in, including privacy curtains and door locks. It also provides for legal and support services to focus on unmet needs among women veterans, like prevention of eviction and foreclosure and child support issues. This must be the year that Congress passes the *Deborah Sampson Act* into law.

In addition to the increase in newborn care under the *Deborah Sampson Act*, IAVA is pleased to support another bill in front of the Committee today, the *VA Newborn Emergency Treatment Act* (S. 318). This legislation would allow VA to reimburse the cost of emergency transportation related to newborn care. Coupled with provisions in the *Deborah Sampson Act* this will finally allow VA to give greater care to veteran mothers.

Burn Pits & Toxic Exposures

Another Big Six priority for IAVA is Support for Burn Pits and Toxic Exposures. Unfortunately, the exposures our servicemembers face isn't only overseas in the wars in Iraq and Afghanistan, but for some it was back home as well. From 1953 to 1987 the drinking water in Marine Corps Base Camp Lejeune was contaminated with chemicals that caused a number of diseases. In 2012 the original *Jane Ensminger Act* was passed, which allowed those who were exposed to Camp Lejeune's contaminated water to access the treatment that they deserved. The *Janey Ensminger Act of 2019* will allow additional research into the symptoms and diseases of those that were exposed to contaminated drinking water on Camp Lejeune. It is for those reasons that IAVA supports the bill in front of the Committee today.

Defend the GI Bill

A temporary school closure can be a very stressful time for military-connected students, and losing their housing allowance adds an additional layer of stress to that situation. Allowing students to continue to receive their housing allowance is a needed fix for this problem. IAVA supports the draft bill in front of the Committee to allow military-connected students affected by temporary school closures to continue to receive their housing allowance during the temporary closure.



Modernize Government to Support Today's Veterans

As of August 2018, there were over 40,000 job vacancies within VHA. While these are difficult-to-fill positions, we need to do more to ensure that VA is capable of closing this employment gap. While closing this gap is critical, we must also guarantee that our nation's veterans are receiving the best care that is available. It is with this in mind that IAVA supports three additional bills to improve VA hiring and employment practices; the *Ensuring Quality Care for Our Veterans Act* (S. 123), the *VA Provider Accountability Act* (S. 221), and the *Veterans Improved Access and Care Act of 2019* (S. 450).

The *VA Tribal Advisory Committee Act* (S. 524) would improve VA outreach, health care, and benefits for Native American veterans through the establishment of a VA Advisory Committee on Tribal and Indian Affairs. Native American and Alaska Native servicemembers face unique challenges when accessing VA services and experience homelessness and health disparities at higher rates than other veterans. The bill aims to eliminate health disparities for Native American veterans by establishing a 15-member Committee comprised of a representative from each of the 12 regions of the Indian Health Service (IHS) and three at-large Native American members. This Committee would ensure greater collaboration between Tribal governments and VA, ensuring that our Native servicemembers are getting the benefits that they deserve. IAVA is proud to support this legislation.

IAVA is pleased to see the Committee take up the important issue of VA overpayments. Overpayments from the VA have been on the rise since 2013. In 2016 alone, the VA issued upwards of 200,000 overpayment notices to veterans, often recouping funds by withholding some or all of a veteran's monthly disability benefit payments. In many of these cases, the overpayment was caused by no fault of the veteran, which only increases frustration when payments are withheld. The *Veteran Debt Fairness Act* (S. 805) aims to fix this issue with common sense solutions, such as only allowing the VA to collect debts that occur as a result of an error or fraud on the part of a veteran, only allowing the VA to deduct 25 percent of a veteran's monthly payment, and preventing the VA from collecting debts incurred more than five years prior. These are common-sense solutions that will protect veterans from financial hardship caused by accounting errors at VA. IAVA fully supports the passage of this legislation.

The *Highly Rural Veteran Transportation Program Extension Act* (S. 850) would expand the ability of VA to make grants for qualifying VSOs to provide transportation to veterans in highly rural areas to VA facilities. Veterans that live in highly rural areas deserve the same care as veterans that may live close to a VA facility and this program will allow those veterans to seek that care at no cost to themselves. IAVA is pleased to support this legislation.



The *VA Website Accessibility Act* (S. 746) would require VA to review all of its websites to determine if they comply with requirements in current law that they be accessible to individuals with disabilities. The bill would require VA to report to the Congress on its findings, and describe its plans to bring its websites into compliance. IAVA supports this bill to ensure that VA's website is accessible to all veterans.

The Medal of Honor is the highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Forces. Presented to its recipient by the President of the United States of America in the name of Congress. These American heroes often attend and speak at events about their military service at their own expense. While Medal of Honor recipients receive a modest pension, it has not been updated in 15 years. S. 857 would provide necessary funding to allow Medal of Honor recipients to share their personal stories in even more character development programs and speaking engagements, and has IAVA's support.

Fine

The VA is currently undertaking a decade-long transition to bring veterans' health records into the 21st century by ensuring that veterans can have access to a seamless electronic health record across the VA and Department of Defense (DoD) health systems. The *VA Electronic Health Records Advisory Committee Act* (S. 1154) would create another level of oversight on this important transition. The 11-member Committee would operate separately from VA and DoD and would be made up of medical professionals, Information Technology and interoperability specialists, and veterans currently receiving care from the VA. The Committee will analyze the VA's strategy for implementation, develop a risk management plan, and ensure that stakeholders across VA and DoD have a voice in the process. The Committee will meet with the VA Secretary at least twice a year on their analysis and recommendations for implementation. IAVA supports the spirit of this legislation and increased oversight over the electronic health records project, however we would like to see the Committee work with VA to implement systems that are effective and will not add unnecessary burden on the project.

The *Better Examiner Standards and Transparency (BEST) for Veterans Act* (S. 1101) ensures that only licensed health care providers are conducting medical disability examinations (MDEs) on behalf of VA. Last year, reports revealed that contract physicians with revoked medical licenses have been performing MDEs on behalf of the VA due to a loophole in current legislation. IAVA supports the closure of this loophole and ensures that veterans are only being treated and screened by health care providers that are licensed and qualified.



End Veteran Homelessness

The number of homeless veterans has declined in the past decade, and in fact, has dropped nearly 50% since 2010. Despite the enormous advances made in recent years, there are still tens of thousands of veterans who remain homeless on a single night. VA cannot solve this challenge alone. Veterans who struggle with substance abuse or who have been previously incarcerated are often unable to be placed in housing programs. Even more struggle to maintain a permanent home. In our latest member survey, over 20 percent of IAVA members reported going without a home for over a year after they transitioned out of the military, and 84 percent reported couchsurfing temporarily. Housing and homelessness related referrals are among the services most requested through IAVA's RRRP; in 2018 alone, IAVA provided hundreds of veterans and family members with housing and homelessness related support. IAVA is pleased to support the *Homeless Veterans Prevention Act* (S. 980), which includes several important provisions to address veteran homelessness, such as an expansion of vouchers to dependents of homeless veterans, increased legal and financial services, and studies in order to track the effectiveness of these programs.

Thank you for allowing IAVA to share our views and we look forward to answering any questions you may have.



Biography of Melissa Bryant:

Melissa Bryant is the Chief Policy Officer for IAVA. She leads IAVA's policy division, overseeing the legislative, research, and intergovernmental affairs departments. Melissa spearheads the development of our annual policy agenda and advocacy campaigns in collaboration with IAVA leadership, and leads IAVA's engagement with the White House, government departments and agencies, particularly the Departments of Defense and Veterans Affairs, Veteran and Military Service Organizations, and advocacy organizations.

A former Army Captain and Operation Iraqi Freedom combat veteran, Melissa has an extensive record of public service, having served on both active duty and in the civil service as an intelligence officer prior to joining IAVA. A plans, policy, and operations expert with 15 combined years of experience in the federal government, she has served in key leadership positions with the Defense Intelligence Agency, the Joint Staff, the United States Military Academy, and Army Intelligence. She was successful in building "coalitions of the willing" to advance operational and strategic objectives while developing and implementing plans and policy for the defense and intelligence communities.

Melissa is an ROTC Distinguished Military Graduate and holds a Bachelor of Arts degree in Political Science cum laude from Hampton University, is an alumna of Howard University School of Law, and also holds a Master of Arts in Policy Management from Georgetown University.

Melissa is a spokesperson for IAVA, and has been featured several times on MSNBC with Andrea Mitchell, Katy Tur and others, HLN, in The Washington DC 100, and more.