



Statement of Iraq & Afghanistan Veterans of America  
*before the* House & Senate Committee on Veterans Affairs  
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Chairman Sanders, Chairman Miller, Ranking Members Burr and Michaud, and Distinguished Members of the Committees:

On behalf of Iraq and Afghanistan Veterans of America (IAVA), I would like to extend our gratitude for being given the opportunity to share with you our legislative priorities for 2014 and our recommendations regarding the important issues that affect the lives of IAVA's members and all of America's troops and veterans.

I founded IAVA in 2004 as the nation's first and largest organization for veterans of the wars in Iraq and Afghanistan and their supporters. Our mission is critically important but simple – to improve the lives of Iraq and Afghanistan veterans and their families. With a steadily growing base of nearly 270,000 members and supporters, I'm joined here today by IAVA members from across America as we strive to help create a society that unites and empowers veterans of all generations.

2014 promises to be yet another critical year for veterans of the wars in Iraq and Afghanistan as well as their families. Over the past several years, your two committees have made caring for servicemembers, veterans and their families a priority. Together with the White House, the Department of Veterans Affairs (VA) and our colleagues in the Military and Veteran Service Organization (VSO) community, you have redefined what it has meant to have our backs, and we sincerely thank you for that.

With the war in Afghanistan expected to end later this year, our members are left wondering just how much future time and attention Congress will devote to the needs of



the men and women who have served on behalf of America for the last twelve years. If the recent Budget Agreement at the end of 2013 and the Department of Defense's (DoD) Fiscal Year 2015 budget are any indication, it is clear that some in Washington want to resolve America's fiscal issues on the backs of its servicemembers and veterans. Our members and community feel like we are under attack. This is just plain wrong, and it must not be allowed to happen.

With this stark reality in mind, it is clear that our work is not done. Driven by data from our members, our allies and decades of experience, IAVA's 2014 Policy Agenda is a blueprint for addressing all of the issues facing new veterans head-on. This year, IAVA believes Congress must address the following issues: significantly reduce the number of suicides among servicemembers and veterans, keep the VA on track for Backlog Zero by 2015, defend the Post-9/11 GI Bill and continue fighting against military sexual assault. As alarming new information is released regarding suicide among servicemembers and veterans, we have reached a point where we need to send up a flare and author real solutions.

A concerted national effort is needed to combat suicide and reverse the trend of high suicide rates among servicemembers and veterans, an issue that has been inadequately addressed for far too long. The known rate of suicide among troops and veterans is deplorable. What's truly shocking is the probability that most Americans are not aware of this nor the fact that In 2013, a potential 284<sup>1</sup> servicemembers died by suicide, and the VA's best estimates project that 22 veterans die by suicide each day<sup>2</sup>. For our youngest veterans, the rate of suicide is increasingly troublesome<sup>3</sup>. In our 2014 IAVA Member Policy Survey, over 47 percent of our respondents told us they knew a veteran who had served in Iraq or Afghanistan who had attempted suicide, and over 52% knew two or more veterans who had died by suicide. These numbers are too high, and we need to ensure that high quality, effective programs are in place to support these

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<sup>1</sup> <http://www.stripes.com/news/us/suicides-in-the-army-declined-sharply-in-2013-1.265075>

<sup>2</sup> <http://www.va.gov/opa/docs/suicide-data-report-2012-final.pdf>

<sup>3</sup> <http://www.stripes.com/report-suicide-rate-spikes-among-young-veterans-1.261283>



servicemembers and veterans.

We understand this issue is complex and there is no quick fix to the problem. However, we are cautiously optimistic that the initial steps recommended today will not only focus the nation's attention on the issue, but will help break the stigma that is often associated with seeking mental health treatment. IAVA is committed to ensuring that Congress and the nation will produce proactive and robust solutions to bridge the gaps in care and ultimately break through the negative stigma that is too often associated with seeking help. If there is one thing that research tells us, it is that seeking help works. According to a recent VA report, suicide rates have decreased among veterans who sought out care within the VA system. Having a network of support is also critical. Seventy-seven percent of our IAVA Member Policy Survey respondents sought out help as a result of friends or family members suggesting that they seek care for a mental health injury.

In order to cultivate the national dialogue this issue warrants, our campaign to combat suicide will be centered on six life-saving principles:

First, access - servicemembers and veterans deserve timely access to high quality mental health care. Veterans should also have mental health resources available to them at little or no cost. DoD, VA and civilian partners in communities across the country must ensure that a strong pipeline of timely care exists to respond to the needs of servicemembers, veterans and their families. IAVA's Rapid Response Referral Program (RRRP) is a case management and services referral program in New York State and California that helps connect veterans with the right resources to help them live healthy lives and achieve their goals. Successfully navigating the massive bureaucracy that is VA is no simple task but ensuring veterans are obtaining access to the necessary programs helps ensure no veteran is forgotten about or left behind. To reach this goal, we must end the shortage of mental health professionals and improve access to and eligibility for health care resources by extending combat-veteran-eligibility for VA health care from five years after separation to at least ten years.



Second, capacity - the number of mental health professionals dedicated to serving veterans and servicemembers cannot keep pace with the demand for mental health services. Today, more than 300,000 new veterans treated at the VA have been diagnosed with potential or provisional Post-Traumatic Stress Disorder (PTSD)<sup>4</sup> and 55 percent of new veterans treated at the VA have some form of a mental health injury<sup>5</sup>. If these rates hold for the entire veteran population, there will be an enormous demand for mental health services both within and outside of the VA. It is vital that the VA have the capacity to meet the need, and in a timely manner. Among our member survey respondents who have a mental health provider through the VA, 64 percent have had challenges in scheduling an appointment. In order to meet today's demands, VA should maintain appointments after standard work hours and on weekends, continually provide special pay and bonuses for recruiting and retaining talented professionals from both the public and private sector. VA should also continue partnering with foundations as well as provide grants to community-based nonprofits that provide mental health services in an effort to maximize its avenues of outreach.

Third, care - servicemembers and veterans have earned the highest standard of support programs and mental health care should be tailored to their needs. These programs and practices must be informed by the best research our country has to offer. In the last year, the Institute of Medicine has released two reports assessing prevention and treatment programs for psychological disorders within the Department of Defense and the VA<sup>6</sup>. These reports overwhelmingly support that the challenge is not a lack of programs, but rather a lack of *informed* programs and a need for program evaluation. Beyond that, there needs to be effective mechanisms to identify best practices and disseminate them to providers.

Fourth, identify those in crisis - suicide is often the end result of a host of challenges that

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<sup>4</sup> <http://www.publichealth.va.gov/docs/epidemiology/ptsd-report-fy2013-qtr4.pdf>

<sup>5</sup> <http://www.publichealth.va.gov/epidemiology/reports/oefoifond/health-care-utilization/>

<sup>6</sup> <http://iom.edu/Reports/2014/Preventing-Psychological-Disorders-in-Service-Members-and-Their-Families.aspx>



an individual is facing. A history of mental health issues, failed relationships, employment challenges, financial problems, and legal difficulties are among some of the risk factors identified<sup>7</sup>. Combating suicide requires a proactive approach that can identify those individuals who may be at risk before they turn to suicide and quickly and decisively responding to support those who may already be in crisis. Investing in research to help define further define at risk behaviors and to help inform prevention strategies is a crucial part of these efforts.

Fifth, continuity - mental health care and resources to combat suicide must become a seamless part of the lives of all servicemembers and veterans. From their first day in uniform to the end of their lives, veterans should not have to fight a revolving door of providers, a bumpy transition of care, or lengthy appointment times to access the care they need. Vital to this is the implementation of a truly interoperable electronic health records system by which the Department of Defense and the VA can share important information on servicemembers transitioning to the VA to ensure that there is a warm hand-off and continued care.

And finally, community - combating suicide among servicemembers and veterans requires a comprehensive approach from the entire American community. Caring for mental health injuries and combating suicide must become a normal part of a healthy veteran and military community. President Obama should reiterate his commitment issue a call to action to the appropriate departments within the federal government to make sure America's will to combat servicemember and veteran suicide starts with the Commander-in-Chief. Servicemembers and veterans must know that there is an entire network ready to support a decision to seek care. To end the stigma associated with seeking help, the nation must make mental health care and suicide prevention part of their regular routine; this is how we will end the stigma associated with seeking care. IAVA looks forward to working with Members of the Committees and their staff in the following months in order to combat the alarming suicide numbers among

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<sup>7</sup> Bush, NE et al. Suicides and Suicide Attempts in the U.S Military, 2008-2010, *Suicide and Life-Threatening Behavior*. 2013 Jun;43(3):262-73.



servicemembers and veterans.

As we testified last year before this joint Committee, reforms at DoD and VA should help tackle the most pressing issues within the military and veterans community, but at a certain point it becomes apparent that DoD and VA cannot solve these issues on their own. In 2013, IAVA made the disability claims backlog our number one priority. Despite making significant progress in 2013, far too many veterans are still stuck in the VA's disability claims backlog. Among our member survey respondents who have submitted a VA disability claim, 71 percent have had to wait more than 120 days for a decision and 30 percent waited for over a year. As of last week, more than 377,000 men and women have been waiting more than 125 days to receive a decision on their claim from the VA, a reduction of nearly 40 percent which IAVA applauds.

But while there has been some progress to decrease the backlog, it remains to be seen which one of VA's recently implemented initiatives are working and which ones are not.

The VA needs to establish clear and well-defined metrics to continually evaluate the effectiveness of each of these initiatives in order to maintain continued momentum towards the department's goal of backlog zero by 2015. In short, the VA needs to create a flexible infrastructure that can continually accommodate the growing number of new veterans with more complex injuries while ensuring those currently in the backlog are not neglected. And it needs to do so with attention to quality as well as quantity.

As of this week, more than 270,000 veterans are awaiting a decision on an appealed claim, a process that can take years to complete. Among our member survey respondents who have appealed a VA disability claim decision, nearly 25 percent waited a year more for a decision and of those still waiting, about half have been waiting more than a year.

IAVA remains committed to assisting VA with its current efforts to get to backlog zero by 2015, but we feel Congress has a responsibility to ensure that the VA has every necessary resource at its disposal to tackle this challenge. This includes ensuring



that the entire VA, not just VA health care, is fully funded one year in advance. What we learned from last year's government shutdown was that asking the VA to simply pick things up from where they were prior to a shutdown is unrealistic. Initiatives were put on hold and progress was stalled because of partisan discord and a broken budgetary process, and the ones left hurting the most at the end of the day were our veterans, including IAVA member Nedra Brantley, an Army veteran who served two tours in Iraq and was using disability checks from VA to help pay for hers and her son's food and clothing. If the shutdown last year had lasted a few days longer, Nedra would have literally been left out in the cold since she would have been unable to pay her rent and therefore potentially evicted from her apartment. When faced with this awful scenario, all Nedra could do was "pray, and pray hard." Should another situation occur again and Congress comes to an impasse, can we all agree that situations like this cannot be allowed to happen?

Finally, 2013 was a banner year for the Post-9/11 GI Bill, with the one millionth new veteran going to school<sup>8</sup>. This was a landmark achievement and demonstrates yet again why the Post-9/11 GI Bill is the the most significant piece of veterans legislation in a generation. Despite this good news, many issues need to be addressed and until fixed, student veterans will continue to be harmed. Among IAVA members who responded to our policy survey, 62 percent have used the Post 9/11 GI Bill or have dependents who have used it, however, 32 percent still had to secure additional funding for their education. These numbers are a stark reminder about the continued need to ensure student veterans are getting a high return on their investment while also generating solutions from concerned private organizations as well as the American public in order to ensure Post-9/11 GI Bill benefits are spent wisely. Among those with student loans, almost 60 percent have accrued more than 5,000 in student loans, and 46 percent have accrued more than \$10,000 in student loans.

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<sup>8</sup> <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2490>



Earlier this year, the House of Representatives overwhelmingly passed H.R. 357, the G.I. Bill Tuition Fairness Act of 2013, that would grant our newest veterans the ability to attend public universities at the in-state tuition rate, regardless of their residency status. IAVA is supportive of a similar measure in the Senate and we will continue our work so that Senators can find a way to stay focused on veterans issues and send a bill to the President in the near future that fixes the residency loophole discrepancy that adversely affects veterans wishing to return to school.

In 2012, student veterans were provided more resources to distinguish quality education programs for their career goals courtesy of the Improving Transparency of Education Opportunities for Veterans Act. Despite this critical reform, some for-profit schools are still reaping enormous profits by targeting and taking advantage of our newest veterans. Limited regulations and reporting allow nefarious actors to continue exploiting veterans under the false pretense of a quality education. In order to ensure that military and veteran education benefits are not squandered on substandard institutions, Congress needs to ensure that DoD and VA distribute appropriate information on and resources about this unsettling reality. Congress should also take the bold and necessary step of fixing the 90-10 loophole by including DoD and VA education benefits in the category of "government funds" for the purpose of calculating the 90 percent limit of public dollars a for-profit can receive.

Finally, I would simply like to point out that the issue of suicide in the military and veterans community will be a tough conversation to have for many Americans in the coming days, weeks and months. This is only a testament to just how seriously committed IAVA is to ending servicemember and veteran suicide after knowing far too well how horrible suicide is for families, friends and loved ones.

A fellow veteran and personal friend of mine, Clay Hunt, served in the Marine Corps for four years before being honorably discharged in 2009. He served in an infantry squad in Iraq in 2007 where he was wounded in action, receiving the Purple Heart Medal, and then in Afghanistan in 2008 as a Scout-Sniper. On March 31, 2011, Clay committed





suicide at his home in Houston. Losing Clay was a huge blow to vets across the country that he served with and served for. Clay was an incredible advocate for our generation of veterans, a person of tremendous character and a fierce believer in the value of service. He was a leader for IAVA, participating in our annual advocacy trip Storm the Hill in 2010 and playing a critical role in our Ad Council campaign. In addition to his involvement with IAVA, he was active with Team Rubicon and Ride to Recovery. Clay believed his mission in life was to serve both in and out of the military. That is something that we will never forget.

Caring for the men and women who have defended freedom is a solemn responsibility that belongs to policymakers, business leaders and citizens alike. Our warriors continue fighting different types of battles long after our wars are over and we must continue our fight for them and their families.

Thank you for your time and attention.