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**STATEMENT OF  
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BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
SUBCOMMITTEE ON HEALTH  
UNITED STATES HOUSE OF REPRESENTATIVES  
September 11, 2019**

Chairwoman Brownley and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at this legislative hearing of the Subcommittee on Health. As you know, DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. DAV is pleased to offer our views on the bills under consideration by the Subcommittee today.

**H.R. 1163, the VA Hiring Enhancement Act**

DAV believes the Veterans Health Administration's (VHA) employee vacancy number of over 43,000, which includes 39,500 health-related positions across all VHA medical facilities, is a problem that should be mitigated by Congress.<sup>1</sup> While VHA is experiencing challenges similar to the private health care industry that is facing a national shortage of health care professionals, we believe VHA has different responsibilities than the health care industry in general.

Title 38 of the United States Code mandates VA assist in the training of health professionals for its own needs and those of the nation. For over 70 years, in accordance with VA's 1946 Policy Memorandum No. 2, VA works in partnership with this country's medical and associated health profession schools to provide high quality health care to America's veterans and to train new health professionals to meet the patient care needs within VA and the nation. This partnership has grown into the most comprehensive academic health system partnership in history.

VHA conducts the largest education and training effort for health professionals in the United States. In 2018, nearly 121,000 medical trainees received some or all of their clinical training in VA. VA's physician education program is conducted in collaboration with 144 of the 152 Liaison Committee on Medical Education accredited medical schools and 34 Doctor of Osteopathic Medicine granting schools (AOA-

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<sup>1</sup> <https://catalog.data.gov/dataset/va-mission-act-section-505-data>

accredited medical schools). In addition, more than 40 other health professions are represented by affiliations with over 1,800 unique colleges and universities. Among these institutions are Minority Serving Institutions including Hispanic Serving Institutions and Historically Black Colleges and Universities.

Congress should do all that it can to fully leverage this “upstream” access to the pipeline of health care professionals. DAV fully supports efforts to recruit, retain and develop a skilled VHA clinical workforce to meet the needs of veterans, which H.R. 1163, the VA Hiring Enhancement Act, is proposing to do.

This bill would allow VA, on a contingent basis, to begin both recruiting and hiring physicians up to two years before they complete their residency, as well as physicians who have completed their residencies leading to board certification. These contingent appointed physicians would be required to satisfy VHA’s requirements to receive a permanent appointment.

In addition, an applicant for VA employment would be released from any “non-compete” agreements between that applicant and their previous employer. Employees appointed with this understanding would be required to serve out the length of their non-compete agreement within their VA position or serve in that position for at least one year (whichever is longer).

We applaud the goal of this legislation aimed at creating a larger applicant pool for qualified medical professionals to treat our service-disabled veterans without sacrificing the high quality of care VA provides. DAV Resolution No. 077 calls for effective recruitment, retention and development of the VA health care workforce. Because this measure attempts to reduce barriers for employment at VA for physicians, we are pleased to support the bill’s passage.

### **H.R. 1527, the Long-Term Care Veterans Choice Act**

Currently, subject to available appropriations, VA is required to provide nursing home care to enrolled veterans who are in need of nursing home care due to a service-connected disability or who are in need of nursing home care and have a service-connected disability rated at 70 percent or more.<sup>2</sup>

VA provides such institutional long-term service and support through VA owned and operated Community Living Centers (CLC), Community Nursing Homes (CNH) and State Veterans Homes (SVH) spending over \$6 billion in fiscal year 2018. In addition, VA spent over \$4 billion across these three settings for service-connected veterans with an average daily census of over 23,000.

H.R. 1527 would help VA better spend these funds and serve more veterans while providing high quality care in a setting service-connected veterans prefer—a Medical Foster Home (MFH). MFHs are a safe and proven alternative to nursing

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<sup>2</sup> 38 U.S.C. § 1710, 1710A

homes by which veterans with serious chronic disabling conditions requiring nursing home level of care are able to receive these services through VA's Home-Based Primary Care program, and the MFH attendant.

Veteran participation in the MFH program is voluntary and veteran residents report very high satisfaction ratings. Moreover, VA indicates it pays more than twice as much for the long-term nursing home care for many veterans than it would if VA was granted the proposed authority to pay for VA MFHs.<sup>3</sup>

Currently, the administrative costs for VA per veteran in the MFH program, including the cost of Home Based Primary Care, medications and supplies average less than \$65 per day. However, service-connected veterans who qualify for nursing home care fully paid for by the government, must pay the full cost for room, board, and personal assistance to live in a MFH. These veterans who would otherwise choose to reside in a Medical Foster Home but are unable to pay approximately \$1,500 to \$3,000 per month are not able to avail themselves of this benefit, so many are placed in nursing homes at a cost to VA of about \$7,000 a month.

This measure would address this inequity by giving VA a three-year authority to pay for a limited number of service-disabled veterans to reside in a VA-approved MFH and save taxpayers from having to shoulder the higher cost of nursing home care—a reasonable approach when providing VA new authority.

Chairwoman Brownley, as the veteran population continues to age, the need for more cost-effective long-term care services will continue to grow. Home-based community programs like MFHs will enable VA to meet the needs of aging service-connected veterans in a manner closer to independent living than institutionalized care. With the passage of this bill, service-disabled veterans would have the option of care that more closely aligns with their independence, protects their dignity and helps maintain their quality of life.

DAV is pleased to support H.R. 1527, the Long Term Care Veterans Choice Act, in accordance with DAV Resolution No. 372, which calls for legislation to improve the comprehensive program of long-term services and supports for service-connected disabled veterans regardless of their disability ratings.

### **H.R. 2628, the VET CARE Act of 2019**

H.R. 2628, the Veterans Early Treatment for Chronic Ailment Resurgence through Examinations Act, or the "VET CARE Act of 2019, would establish a four-year pilot program for at least 1,500 veterans to receive dental care in one VA medical center within five different Veterans Integrated Service Networks (VISNs). The program would prioritize enrollment of service-disabled veterans and would enroll mostly veterans with moderate to severe periodontal conditions. The bill also requires VA to assess the

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<sup>3</sup> VA Fiscal Year 2020 Budget Submission, Volume II--Medical Programs and Information Technology Programs, VHA-269.

health outcomes of veterans who participate in the program in order to explore the effect of periodontal care on chronic health care conditions. The bill further requires VA to work with appropriate dental schools to further investigate any potential such correlation.

The link between oral health and disability has been clearly established in medical literature. Patients who are medically compromised are more prone to oral disease, including periodontitis. If untreated, advanced periodontitis may lead to tooth loss and destroy tissue, bone and ligaments within the mouth. These outcomes can result in impaired functionality, productivity and quality of life for those with the condition.

We understand this bill seeks to replicate studies in the veteran patient population that is different than the civilian patient population in that veterans who use VA for health care are typically older and more likely to be diagnosed with several health conditions. Equally important, the prevalence of costly medical conditions in this veteran patient population is projected to increase.

DAV strongly supports this legislation in accordance with DAV Resolution No. 185, which calls on VA to offer comprehensive dental care to all service-connected veterans. We believe a pilot program such as this is a measured and reasonable way to assess the full costs and benefits associated with regular and preventive dental care for service-connected veterans and help policy makers in improving VA's current arcane and limited eligibility criteria for dental care.

### **H.R. 2645, Newborn Care Improvement Act of 2019**

This legislation seeks to improve the care VA provided to women veterans by extending VA's authority to reimburse fees for newborn care from seven to 14 days. Women veterans using VA health care have high burdens of service-connected disabilities and many have delayed childbirth to accommodate their military careers. Both of these factors can affect women veterans' pregnancies and put them at greater risk of adverse outcomes, including premature labor and delivery of low-birth weight newborns.

According to VA, younger women in childbearing years who use VA are particularly likely to be service-connected—noting that in fiscal year 2015, almost three-quarters (73%) of its younger women veterans (18-44 years old) had service-connected disabilities.<sup>4</sup> Additionally, pregnant veterans with mental health conditions and injuries affecting their ability to procreate are liable to experience problematic pregnancies, including problems with labor and delivery that may threaten the life of the veteran and her newborn. VA must continue using its comprehensive maternity health coordination protocol and provide additional time for veterans and their newborns to recover from birth problems that are often related to their service-connected conditions.

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<sup>4</sup> Sourcebook: Women Veterans in the Veterans Health Administration. 2015, p. 35.

DAV is pleased to support H.R. 2645 based on recommendations in our 2018 publication, *Women Veterans: The Journey Ahead*, which calls for legislative remedies to extend authority to reimburse care for newborns and DAV Resolution 020, which calls on VA to enhance health services for service-disabled women veterans.

**H.R. 2681, a bill to direct the Secretary of Veterans Affairs to submit to Congress a report on the availability of prosthetic items for women veterans from the Department of Veterans Affairs.**

H.R. 2681 would require the VA Secretary to report on the availability of prosthetic items made for women veterans at all VA medical facilities.

Although the number of women with limb amputations who use VA is small (2%)<sup>5</sup>, across the lifespan, more than half of women (and men) in VHA care rely on VA prosthetic and sensory aids services for important devices and services. In fiscal year 2016, this encompassed 233,005 women veterans.<sup>6</sup> VA provides a wide variety of medical devices to support or replace a body part or function, from hearing aids and glasses to walkers, wheelchairs, home oxygen and other durable medical equipment.<sup>7</sup> Services also cover specialized needs for women, such as maternity items, including maternity support belts; breast pumps and nursing bras; post-mastectomy items such as a breast prosthesis; swimsuits and bras; and intrauterine devices or pelvic floor strengtheners.

Despite this progress, VA is still having difficulty sourcing prostheses that fit women due to a lack of prosthetic options for women in the wider marketplace. One avenue for alleviating this issue, 3D printing, is something both VA and DoD are actively researching through an interagency work group and ongoing collaboration with the Food and Drug Administration, and DoD at the Walter Reed National Medical Center Printing Lab. Walter Reed's 3D Medical Application Center uses computer-aided design and manufacturing technologies to fabricate custom medical models, implants, prostheses and prosthetic parts. They have helped print custom prostheses for holding a fishing rod, wearing ice skates or getting around without strapping on full prosthetic legs.

The technology and lab has obvious applications for women veterans, who often have issues with prosthetic fit, function and appearance. At a VA Innovation Creation Challenge in 2015, a team worked on an idea from a veterans advocate for a socket that would allow veterans to use a single lower-leg prosthesis while swapping attachments for different uses. VA funding has also been received for a 2018 research project to develop a new system to 3D print custom energy-absorbing feet to fit any shoe size that would incorporate a quick disconnect system to change foot and shoe combinations. Until 3D printers are more widely available, women veterans with

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<sup>5</sup> Meeting Minutes of the Advisory Committee on Women Veterans. 2017

<sup>6</sup> Meeting Minutes of the Advisory Committee on Women Veterans. 2017

<sup>7</sup> <https://www.va.gov/budget/docs/summary/fy2020VAbudgetVolumellMedicalProgramsAndInformationTechnology.pdf> p. 65.

prosthetic needs should be made aware that the 3D Medical Application Center accepts referrals for custom prostheses or attachments from any VA or DoD provider.

VA also has plans to collect data on women who use a prosthesis, including funding prosthetic research that will help optimize women's upper-limb prostheses. However, because VA has a very small population of women prostheses users, VA and DoD research communities would benefit from collaborating with industry and academia to expand the number of women in the eligible research population who can be recruited to participate in comprehensive research studies to advance prosthetic science for women. VHA established the Amputee Veterans Registry to help target care and has plans for a second phase to add outcome measures to help researchers identify best practices. In 2017, VA established the Prosthetic Women Emphasis Group to also determine best practices and appropriate prosthetic needs of women veterans. Additionally, VA's Rehabilitation and Research Development Service was selected for and received funding for three studies focused on the needs of women veterans with limb loss.

Madam Chair, we believe that some of the initiatives we describe above will help women obtain more appropriate prosthetic items, but we also believe Congress could fulfill its oversight duties more successfully by broadening the approach of information collected. We believe every VA medical center will report that it makes prosthetics available to women and may also provide data on the number of women veterans the prosthetic service has served. Unfortunately, that information is not enough to answer questions about the delivery of high-quality prosthetic items that are satisfactory to veterans.

Instead, DAV recommends surveying a representative sample of the 50,000 veterans in the Amputee Care program to assess their satisfaction with prosthetics furnished or procured by VA that replace appendages (or their functions) to ensure that the approach each medical facility uses to fit, customize and train veterans in the use of their prosthetic device is satisfactory and results in a product that meets veterans' expectations in terms of appearance and usability. Because they are a small portion of the user population, women veterans should be oversampled to ensure their representation in the results. A broader representative survey would allow VA to identify specific problems within subpopulations such as women, service-connected veterans or combat-injured veterans. It might also allow VA to target specific medical centers or points within the process that are less satisfactory to veterans. We believe these findings would allow for better remedies to address any challenges within the system.

DAV supports the intent of H.R. 2681, but hopes that Representative Pappas and the Subcommittee would be amenable to broadening the scope of the survey and information collected about the availability of prosthetic items for women veterans in VA.

## **H.R. 2752, a bill authorizing VA to furnish medically necessary transportation for newborn children of certain women veterans**

H.R. 2752 would authorize VA to reimburse expenses for medically necessary transportation for newborns of women veterans and allow the Secretary to waive a debt or reimburse a veteran previously billed for such service.

As we discussed in our justification for supporting H.R. 2645, women veterans in their childbearing years have many risk factors, including a high burden of service-connected conditions, which can endanger their pregnancies and negatively impact birth outcomes. This makes it more likely their newborn children might require more advanced care and require medical transport to a specialized pediatric medical facility. For these reasons, we strongly support this measure and urge its swift passage.

DAV supports H.R. 2752 as an important measure to enhance women veterans' health care as called for by DAV Resolution No. 020 by ensuring a robust maternity health care benefit.

## **H.R. 2798, Building Supportive Networks for Women Veterans Act**

Madam Chair, this bill would establish a permanent counseling program in retreat settings for women veterans newly separated from military service. We believe these programs can offer women veterans important opportunities to network with other women with shared experiences in an environment conducive to healing and recovery-based care.

DAV has supported the Boulder Crest program and stated our strong support for it and similar programs in our 2018 publication, *Women Veterans: The Journey Ahead*. These programs are born of the concept that post-traumatic stress can create opportunities for growth and a learning environment for veterans with similar experiences. The bill also requires that VA conduct an assessment to determine outcomes of these retreats and a biennial report. Preliminary data on these retreats thus far has shown significant improvements in participants' ability to better manage post-traumatic stress symptoms and maintain learned coping strategies.

DAV Resolution No. 020 supports improvements in programs and services for women veterans and allows us to strongly support H.R. 2798, the Building Supportive Networks for Women Veterans Act.

## **H.R. 2816, Vietnam-Era Veterans Hepatitis C Testing Enhancement Act of 2019**

H.R. 2816, the Vietnam-Era Veterans Hepatitis C Testing Enhancement Act of 2019, would increase access to testing for Hepatitis C for Vietnam-era veterans. Specifically, the bill would establish a one-year pilot within five Veterans Integrated Service Networks to conduct such testing at outreach events coordinated by veterans

service organizations such as national or regional conventions or other community events.

DAV recognizes the importance of spreading awareness of hepatitis C to this cohort of veterans, in addition to assuring that more veterans are aware of their status relative to this viral infection and their treatment options if they screen positive for the disease.

DAV has no specific resolution on this matter, but it is in line with providing comprehensive health care services to all eras of veterans; therefore, we have no objection to the bill's favorable consideration.

**H.R. 2972, a bill to direct the Secretary of Veterans Affairs to improve the communications of the Department of Veterans Affairs relating to services available for women veterans, and for other purposes.**

H.R. 2972 would ensure that the VA Women Veterans Call Center has text messaging capability. While we understand that the Women Veterans Call Center already has the capability of receiving and sending text messages through its central call number, 1-855-VAWOMEN or 1-855-829-6636, we appreciate the legislative assurance that the texting capacity will remain in place. The bill would also require VA to maintain a webpage with up-to-date listings of women veterans' coordinators and contact information for representatives assisting women in the Veterans Benefits, Health and National Cemetery Administrations. This resource would also list important health services provided within the network at each medical facility and community-based outpatient clinic to ensure women know what services are available in the location they are seeking care.

Madam Chairwoman, in accordance with DAV Resolution No. 020, we support having these resources available for women veterans to enhance VA's outreach efforts, and, thus we are pleased to support H.R 2972.

**H.R. 2982, Women Veterans Health Care Accountability Act**

The Women Veterans Health Care Accountability Act seeks to identify and remedy barriers women veterans encounter in accessing VA health care. The legislation would require the VA Secretary to survey women veterans—both those who use VA health care as well as those who do not—to better understand their reasons for not using VA services. The survey will question women veterans about their perceptions of safety in VHA facilities, access to services, and stigmas or barriers they may express about seeking treatment for sensitive issues such as military sexual trauma, mental health conditions or substance abuse disorders. The legislation also requires VA to identify strategies and make recommendation for addressing any issues identified by the survey.

According to the VA, while there was a 175% increase in the number of women veterans using VA health care from 2000 to 2015, only 22% of women veterans, compared with 28% of men who are veterans, use VA health care.<sup>8</sup> Over the past decade, VA has made many improvements in the way it manages the care of women using the system and launched several campaigns to increase awareness about women veterans' eligibility for VA benefits and services. VA has also sought to address long-standing cultural issues, including sexual harassment of women veterans seeking care at VA facilities by male veterans that prevent some women veterans from seeking the care they need, yet these problems persist.<sup>9</sup>

Findings from an independent detailed survey as proposed in the bill, that build upon barrier to care studies conducted in 2008 and 2015 may assist the VA in developing strategies to tackle some of the ongoing concerns and issues that prevent women veterans from accessing VA health care. Conducting research to examine women veterans perception of personal safety, gender sensitivity, comfort, sense of welcome, effectiveness of outreach efforts, access to child care and operating hours for VA services may also add value in better understanding the overall women veterans patient experience and help to improve services for this population.

DAV supports H.R 2982 in accordance with DAV Resolution No. 020, calling for VA to enhance women veterans' health care programs and assist them in overcoming barriers that may affect their ability to obtain necessary medical care.

### **H.R. 3036, Breaking Barriers for Women Veterans Act**

H.R. 3036, the Breaking Barriers for Women Veterans Act would correct environmental, structural, and staff deficiencies to ensure VA's delivery of high-quality health care to women veterans. The bill would authorize \$20 million to assist VA in addressing deficiencies it identifies in annual environment of care surveys to assure that the privacy, security and dignity of women patients is upheld at each VA medical center. It would also require VA to ensure it had at least one full-time or part-time women's health primary care provider at each facility and authorize \$1 million to develop more in-house expertise by offering mini-residency training to VA primary care and emergency physicians and other independent practitioners. The bill would also require VA to develop a training curriculum for community care providers treating women veterans and conduct a study to determine the staffing and training needs for Women Veterans' Program Managers and whether an ombudsman for women veterans at each VA facility is warranted.

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<sup>8</sup> Sourcebook: Women Veterans in the Veterans Health Administration, Volume 4, p.18.

<sup>9</sup> Dyer KE, Potter SJ, Hamilton AB, Luger TM, Bergman AA, Yano EM, Klap R. Gender Differences in Veterans' Perceptions of Harassment on Veterans Health Administration Grounds. Women's health issues : official publication of the Jacobs Institute of Women's Health. 2019 Jun 25; 29 Suppl 1:S83-S93.

By authorizing the resources necessary, the legislation will better ensure that women veterans have expert care for gender-related issues wherever they seek such care within the VA or in sponsored settings.

We strongly support H.R. 3036 in accordance with DAV Resolution No. 020, which supports enhancing women's health care programs to ensure equity for women veterans seeking VA health care.

**H.R. 3224, to provide for increased access to Department of Veterans Affairs medical care for women veterans.**

This measure seeks to ensure women veterans have access to comprehensive gender-specific VA medical services at all its clinical points of care. While we appreciate and concur with the general intent of this bill—the definition of gender-specific care and services is not included in the bill text. While current VHA directives (1330.01,02), outline what gender-specific services must be available in VA to the greatest extent possible—when such services are not available, VA is authorized to contract for such services in the community. Certain types of care, such as maternity and obstetric care (and newborn), is generally provided to women veterans in the community due to lack of volume and VA's lack of expertise in providing such care. Likewise, mammography services are not available at all VA locations due to low volume and frequently provided in the community. Without the gender-specific services definition, the bill's overall intent is unclear.

Additionally, H.R. 3224 calls for a study on extended care hours and the best practices and resources required to implement the use of extended hours at VA medical clinics and facilities.

Women veterans are, on average, younger than their male peers (48.4 v. 63 years old) and face a number of barriers when seeking care. Many women veterans struggle to maintain single-parent households, full-time employment or education track, or provide caregiving to an aging parent. Extended clinical hours at VA points of care may be an additional means of making services available to these women and we would be interested in the Committee's findings and recommendations based upon such a study.

While DAV is able to support the provisions in the bill related to a study on extended hours and best practices, we request the Subcommittee amend the bill to clarify the definition of gender-specific services prior to advancing H.R. 3224.

**H.R. 3636, Caring for Our Women Veterans Act**

The Caring for Our Women Veterans Act would require the VA Secretary to submit a report on the number of women veterans who reside in each state; the number of women veterans who are enrolled in VA care and have received care in the past year; the number of women veterans seen at each VA medical facility over the past

year; VISNs with the largest increase of women veteran users; models of care used by VA to treat women veterans and how VA makes such determinations about the appropriate use of such models in each facility; and VA staffing available for the care and treatment of women veterans.

The measure also requires an assessment on strategic capital investment planning, including modifications and upgrades for women veterans and information on staffing levels, including the number of full and part-time gynecologists within the Department, the number of patient-aligned care teams in women's clinics, and the number of providers who have completed a mini-residency and serve as a women's health provider.

DAV believes this information is essential to the development of Veterans Integrated Service Network marketing plans and any future modernization and capital restructuring efforts. While DAV believes much of this information is currently available through the Department, we agree a comprehensive assessment that provides all the required information in one report would be useful information for Congress and interested stakeholders. We therefore suggest the Subcommittee work closely with the Women's Health Program Office to determine any potential amendments to the bill regarding the collection of information needed to ensure the intent of the measure is fully realized. Fully understanding the impact of increasing use of VA services by women veterans and what resources and future plans are needed is essential to better serving this population.

DAV is pleased to support H.R. 3636, which comports with recommendations made in our report *Women Veterans: The Journey Ahead* and DAV Resolution No. 091, which calls upon VA to modernize its health care infrastructure.

### **H.R. 3798, Equal Access to Contraception for Veterans Act**

H.R. 3798, the Equal Access to Contraception for Veterans Act, would limit charging veterans copayments for contraceptive items/medications furnished by the VA.

Access to contraception is part of providing comprehensive health services. However, cost sharing can be a barrier for some veterans who need health care services or treatment. Many private health plans have eliminated copayments for beneficiaries for preventative care, in part because it is often significantly less expensive than having to treat various health conditions or stabilize chronic diseases.

We are able to offer our support for H.R. 3798, as the measure is in accordance with DAV Resolution No. 365, which calls for the reduction or elimination of all copayments for health care for service-connected veterans obtaining care within VA and DoD medical facilities.

## **H.R. 3867, Violence Against Women Veterans Act**

H.R. 3867, the Violence Against Women Veterans Act, would create a comprehensive new program to improve supportive services for women veterans who have experienced domestic violence or sexual abuse.

The measure calls for the establishment of a national task force (Task Force) on veterans experiencing domestic violence or sexual assault for the purpose integrating VA programs with community agencies and resources such as housing and benefit programs, rape crisis centers, shelters for women who are fleeing abusive partners, and other appropriate state and community programs meeting the needs of these individuals. The Task Force would include the VA Secretary working in consultation with the Attorney General and the Secretary of Health and Human Services. In addition, the bill requires VA to conduct a baseline study of domestic violence and sexual assault among veterans and spouses of veterans and an assessment of effects of intimate partner violence and the Secretary could assist with establishing VA coordinators who would help train community providers to identify and connect veterans with needed VA services, care and benefits.

The DoD and VA continue to confront the worsening epidemic of military sexual trauma and its consequences. There are high rates of women who experience sexual trauma within the military (according to DoD's most recent survey of personnel, 6.2% of service women reported experiencing unwanted touching and many more (24.2%) report having experienced some form of harassment within the past 12 months.) A significant number of these women (1/5 of those assaulted) report having experienced both.<sup>10</sup>

VA does not have the authority to change the policy and culture within the military services, but it can and should make changes in its own culture to ensure that women are not re-traumatized in the process of obtaining care for the mental health challenges these all-too common occurrences bring. According to a recent study, VA found that many women veterans (about 20%) are experiencing sexual harassment from male patients while seeking care within its facilities.<sup>11</sup>

VA reports also indicate a high burden of intimate partner violence experienced by women veterans using VA services that exceed those of civilian women. Specifically, about one-third of women veterans compared to one-fourth of civilian women experience intimate partner violence.<sup>12</sup>

Sexual trauma and domestic violence can lead to post-traumatic stress disorder, depression, anxiety, substance use disorders and other mental health conditions.

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<sup>10</sup> Department of Defense Annual Report on Sexual Assault in the Military Fiscal Year 2018. P. 9

<sup>11</sup> Dyer KE, Potter SJ, Hamilton AB, Luger TM, Bergman AA, Yano EM, Klap R. Gender Differences in Veterans' Perceptions of Harassment on Veterans Health Administration Grounds. *Women's health issues : official publication of the Jacobs Institute of Women's Health*. 2019 Jun 25; 29 Suppl 1:S83-S93.

<sup>12</sup> Dichter, M.E, et al. (2011). Intimate partner violence victimization among women veterans and associated heart health risks. *Womens health Issues*. 21 (suppl 4): S190-S194.

Violent domestic attacks on women veterans have also been associated with traumatic brain injury (TBI) (about 25% of veterans experiencing intimate partner violence have a history of TBI and 12.5% have current symptoms).<sup>13</sup> Any of these conditions can affect a survivors ability to live healthy, productive and economically stable lives.

These findings indicate a compelling need for a comprehensive program for women veterans experiencing these types of violence. VA prescribes to a whole-health model of care that integrates supportive services and care coordination that allow them to address the array of issues that often accompany trauma, and require income assistance, housing, legal services and specialized medical and mental health care and substance-use treatment. VA's program for homeless veterans provides an excellent example of a successful collaborative model of VA and community providers.

While we support the provisions in this measure focused on ensuring veterans using VA services who have experienced sexual trauma or domestic violence have access to supportive services aimed at recovery, DAV does not have a resolution calling for formation of a National Task Force that would integrate VA assets into community-based networks of care for survivors of sexual and domestic abuse. We note however, that VA does not have the breadth and scope of services provided in the community for these veterans who would likely benefit from VA leveraging community resources from agencies and programs with expertise in these area therefore, we have no objection to passage of the bill.

### **H.R. 4096, Improving Oversight of Women Veterans' Care Act of 2019**

H.R. 4096, the Improving Oversight of Women Veterans' Care Act of 2019, requires an annual report to determine veteran access to gender-specific services such as mammograms, obstetric and gynecological care through VA's community care program.

As VA implements the Veterans Community Care Program (VCCP) as required under the VA MISSION Act of 2018, it is increasingly important that VA identify means of assuring that VA network community care providers are required to meet the same quality standards as VA providers are required to meet and that community care is commensurate with VA's whole health model of care. H.R. 4096 requires information on average wait times, drive times, and reasons why appointments could not be scheduled with a community provider.

H.R. 4096 would also require VA to standardize environment of care and VA's inspections and reporting procedures to align with VHA's women's health handbook. It would further disqualify high-performing VA medical centers (based upon Strategic Analytics for Improvement and Learning (SAIL) quality measures from being awarded a 5-star rating if they are not in compliance with environment of care standards for women veterans clinics outlined in the handbook.

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<sup>13</sup> Iverson, KM, et al. (2017). Traumatic brain injury and PTSD symptoms as a consequence of intimate partner violence. *Comprehensive psychiatry* 74: 80-7.

Ensuring the appropriate facility design and staff composition is critical to easing women veterans concerns about their safety, privacy and dignity and will help to ensure comprehensive high quality care at all VA points of care. For these reasons, we strongly support H.R. 4096, in accordance with DAV Resolution No. 020.

**Draft bill, to establish in the Department of Veterans Affairs, the Office of Women's Health and for other purposes**

Chairwoman Brownley, DAV is happy to lend its support to your draft bill establishing an Office of Women's Health within the VHA. The Office would be responsible for evaluation, oversight and improvement of women veterans' health services in VA and in the community; development and implementation of standards of care; and identifying and correcting deficiencies in standards of care for women. Additionally, the Office would oversee distribution of resources for these purposes and promote expansion and improvement of clinical, research and educational activities with respect to women's health services within the Department. We believe this change will significantly improve the tracking and use of centralized funding for women's programs ensuring resources are used for intended purposes, and specifically, allowing VA to address long-standing issues affecting women veterans' access to comprehensive gender-specific health care.

The current Women's Health Services office is understaffed and lacks control over resources to assure that administrative priorities of the office are implemented. Without control over resources, the director is beholden to other program offices and facility director's priorities that may not be in line with the women's health program office priorities. This hampers the full resourcing of the women's health centers which are widely regarded as the model that is most likely to ensure high-quality, comprehensive care and satisfaction for women veterans. It creates challenges in training and hiring designated women's health providers in facilities that lack them in order to ensure appropriate care for women veterans at all sites of care. It also hampers the ability to ensure that awareness campaigns and campaigns to address sexual harassment, and increase the awareness of women's special needs are given appropriate support.

While DAV does not have a resolution specifically calling for the establishment of an Office of Women's Health, we have addressed the need to elevate the program to that status in our report, *Women Veterans: The Journey Ahead*.<sup>14</sup> Given existing and persistent challenges within the Department to address many issues related to women veterans, we support this draft measure as it may be a necessary prerequisite to establish such an office to ensure that women's health care programs can be enhanced in a manner that ensures the equity and availability in women's services as we call for under DAV Resolution No. 020.

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<sup>14</sup> DAV. Women Veterans: The Journey Ahead. P. 3.

Chairwoman Brownley, this concludes my testimony. Thank you for inviting DAV to testify at today's hearing. I would be pleased to address any questions related to the bills under consideration by the Subcommittee.