



National Service & Legislative
Headquarters
807 Maine Avenue SW
Washington, DC 20024-2410
Phone: 202-554-3501
Fax: 202-554-3581

**STATEMENT OF
JOY J. ILEM
NATIONAL LEGISLATIVE DIRECTOR
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH AND
WOMEN VETERANS TASK FORCE
UNITED STATES HOUSE OF REPRESENTATIVES
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Chairwoman Brownley, Ranking Member Dunn and Members of the Subcommittee and Women Veterans Task Force:

Thank you for inviting DAV (Disabled American Veterans) to testify on the topic of resilience, coping, mental health and women veterans. 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 this important issue under consideration by the Subcommittee and Task Force.

As an organization, DAV has been committed to developing a greater understanding of the unique transition needs of women veterans and ensuring women have equal access to Department of Veterans Affairs (VA) programs and specialized services. In 2014, DAV published our report, *Women Veterans: The Long Journey Home*, which addressed the unique needs of women veterans returning from wartime deployments. In 2018, we released our report, *Women Veterans: The Journey Ahead*, which looked more broadly at federal programming for women veterans. Our studies provided mixed findings about the effectiveness and availability of programs for women who serve our country and we made a number of specific recommendations that would improve their care. Madam Chairwoman, we are very pleased that you have made this a key priority and focus of the Subcommittee and the Women Veterans Task Force.

Today, women are serving in the military in record numbers and increasing numbers have turned to the VA when they return home to address post-deployment health issues and readjustment challenges. Between 2000 and 2015, women using the Veterans Health Administration (VHA) increased by 175%. During the same period, women using VHA mental health and substance-use disorder (SUD) services increased 4.8-fold—with women who had six or more encounters during the fiscal year (FY) increasing by a similar amount (4.9-fold).¹ VA also saw increased utilization of mental health services among women veterans in all age cohorts, which was greater than that of male peers.

¹ Department of Veterans Affairs. Sourcebook Vol. 4-Part 2: Utilization, p. 62.

VA research indicates that some women veterans experience issues after military service that make it difficult for reintegration following discharge and can negatively impact their overall health, mental well-being and hamper a successful transition from military service. Concerning trends identified among women veterans include suicide, poverty, homelessness, military sexual trauma (MST) and intimate partner violence (IPV). All veterans have 1.5-fold increased risk for suicide compared to non-veterans. While women veterans are not as likely as male veterans to take their lives by suicide, they are 2.2 times more likely to do so than non-veteran adult women.² Women veterans are also more likely to become impoverished (9.4% v. 6.4%)³ than their male peers and 2.1-3.4 times as likely as their non-veteran counterparts to experience homelessness. 8.5% (3,219) of veterans who were homeless at a point-in-time count in 2018 were female.⁴

One factor that almost certainly plays a role in utilization of mental health services is trauma. Unfortunately, reports of MST continue to trend upward. This year women and men in military service academies reported more unwanted sexual contact in the *past year* than in any time in the past decade (15.8% of women v. 2.4% of men).⁵ In addition, higher proportions of women in the military academies reported being sexually assaulted since entering higher education (28.5% compared to 26.5% of other college women, 7.1% of college men and 5.8% of military academy men).⁶ According to VA, in FY 2019, 142,929 or 30.6% of female veterans and 80,884 or 1.7% of male veterans seen for health care at a VA facility reported a history of MST when screened. Sexual trauma can have lasting impacts on physical and mental health resulting in post-traumatic stress (PTS), anxiety and/or depression and other chronic health conditions such as headaches, gastrointestinal difficulties, sexual dysfunction and chronic fatigue. The effects of these conditions may be compounded if comorbid with a substance use disorder, traumatic brain injury (TBI) or other conditions.

Researchers have also found high rates of IPV among women using VHA services (33% of women veterans compared with 25% of non-veteran women) and that it is often comorbid with TBI and PTS.⁷ It can also increase the odds of housing instability and homelessness by a factor of four, result in substance use, mental health issues and economic hardship.⁸

Because of the high prevalence of histories of trauma in women veterans, VA staff must also adopt trauma-informed care practices. These can be as simple as adjusting their speaking tone and volume, simply explaining procedures as you go to avoid a startle response or having a same-sex health professional or chaperone in private settings such as examination rooms. It can also involve avoiding environments that make patients feel trapped or exposed. Women veterans

² Department of Veterans Affairs. 2019 National Veteran Suicide Prevention Annual Report. P. 16.

³ Department of Veterans Affairs. Profile of Veterans in Poverty: 2017. P. 5-6.

⁴ Montgomery, Ph.D., Ann Elizabeth, VA National Center on Homelessness Among Veterans, University of Alabama at Birmingham School of Public Health

⁵ Department of Defense. Sexual Assault Prevention and Response Office. Annual Report on Sexual Harassment and Violence at the Military Service Academies, Academic Program Year 2018-2019. P. 6.

⁶ Ibid.

⁷ Iverson, KM. et al. (2017). Traumatic brain injury and PTSD symptoms as a consequence of intimate partner violence. *Comprehensive psychiatry* 74: 33-8.

⁸ Montgomery, Ph.D., Ann Elizabeth, VA National Center on Homelessness Among Veterans, University of Alabama at Birmingham School of Public Health

who have a history of trauma need environments conducive to building provider trust and practices that will assist them to heal. Overall, DAV is pleased that VA has mandatory MST training requirements for providers and has increased its outreach efforts to make sure trauma survivors know about specialized services offered and various treatment options. One area the Subcommittee may want to explore is the referral process for veterans who need to attend an out-of-state MST inpatient program or access residential services in another Veterans Integrated Service Network.

Eating disorders are also affecting significant numbers of women veterans and have been identified as a risk factor for suicide.⁹ About 80% of VA patients are identified as overweight or obese. Some veterans have serious conditions such as anorexia and bulimia that can cause significant health problems including heart disease and diabetes and can negatively impact reproductive health (e.g., infertility, miscarriage, and obstetric complications). More female than male veterans present with these conditions and VA believes women veterans are at least as likely as their civilian peers to experience an eating disorder. Self-report surveys have found that 14% of female veterans in nationally representative samples met probable criteria for an eating disorder. Individuals with eating disorders also have high rates of trauma exposure, and this is particularly relevant for veterans who have experienced MST and other military-specific traumas. While VA has trained clinical champions to serve on multi-disciplinary teams to address disordered eating and other nutritional challenges veterans face, it should consider formalizing its disordered eating programs to ensure recruitment of providers, specialized training and more consistent availability of those programs throughout the system.

Being single parents may also impact employment opportunities and increase the likelihood of unemployment or underemployment among women veterans. Lack of child care has repeatedly been identified in studies as a barrier to care for veterans, particularly women, who are likely to be younger and have dependent children at home.

An additional factor that may contribute to overall health and well-being of women using VA services is the percentage of women veterans with service-connected disabilities. In FY 2015, 63% of all women veteran patients and 73% of women in the youngest cohort (18-44) were service connected. These proportions are higher for women than men veterans in the youngest and middle age cohorts.¹⁰ Women veterans are also less likely to be married than their male peers, more likely to be divorced or separated, and more likely be part of reserve and National Guard units, which commonly lack the same military community as active duty personnel.

Despite the unique challenges women veterans face, they can and do recover, but they require gender-sensitive programs and supportive services that are focused on their unique challenges and needs. Women peer support specialists, same sex supportive therapy groups and gender-exclusive retreats often fill important roles for women veterans who are feeling isolated and lack a support network that male veterans often enjoy. Women veterans report a positive

9

https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Womens_Mental_Health_Emotional_Well-being_508_FINAL_06-18-2019.pdf accessed May 13, 2020.

¹⁰ Sourcebook Vol. 4-Part 1: Sociodemographics, p. 36

connection with women VA peer support specialists who can help assist veterans with the non-medical aspects of recovery from chronic conditions including mental health conditions. These professionals are generally veterans who themselves have recovered from similar conditions and can discuss the veterans' goals for treatment, familiarize them with therapeutic options and help them identify and overcome obstacles in their recovery. Early research indicates that peer support specialists may increase veterans' engagement in treatment and their self-advocacy skills. It is particularly important for women—especially women who have experienced trauma (combat or sexual trauma)—to have access to peer support from other women and minorities with similar backgrounds and experiences.

VA Vet Centers also offer a great resource for readjustment counseling and support groups for veterans who have experienced combat and/or military sexual trauma. These centers hire veteran staff and other professionals that reflect the demographics of the communities in which they reside. Because they are veteran-centric and use a non-traditional counseling model, veterans often prefer to receive treatment there. Vet Centers have also been charged with identifying local sites for nature-themed gender-exclusive or family retreats and referring appropriate veterans there. Many women veterans report significant and lasting outcomes following participation in these retreats and note that they continue to benefit from the coping skills they learn and the friendships and peer support networks they form with other veterans who participate.

Unfortunately, barriers to care still exist. Over the years, there continue to be complaints that VA lacks a safe and welcoming environment for women at all sites of care. Women veterans report that some staff still fail to recognize them as veterans and afford them the same respect they give male veterans. VHA policy requires medical facilities to meet environment of care standards related to the privacy, safety and dignity of women veterans; however, the Government Accountability Office (GAO-17-52) found that VHA does not have accurate and complete data on the extent to which its medical centers comply with environment of care standards for women veterans. Some facilities could make changes as simple as rearranging furniture, hanging privacy curtains or stocking feminine hygiene products in restrooms to ensure compliance with policies. While many veterans may be effectively served in co-ed settings, it is essential to provide accommodations that allow women veterans to feel safe. Women veterans have complained of having to shower and toilet in unisex bathrooms that do not have locks on doors. These issues must be addressed by facilities when deficiencies are reported.

Additionally, administrators may not give Women Veterans Program Managers, coordinators and designated champions enough time to do their jobs. This can result in uneven adherence to VA policy and procedures, including environment of care standards, coordination of care protocols and other guidance that would create the more welcoming environment women veterans seek. By training and fully resourcing a Women's Health, Women's Mental Health, and Women's Reproductive Mental Health Champion at each VA medical center, VA would likely obtain more consistent policy adherence and systemically improve services for women veterans at all sites of care. We are also eager for the Subcommittee to learn more and fully support the Women's Mental Health Mini-Residency Program and the National Reproductive Mental Health Consultation Program, which was just started in 2020. These programs focus on certain aspects of women's health to better understand suicide risks in female patients and how mental health

problems are influenced by hormonal changes. The newly launched Reproductive Mental Health Consultation program focuses on treating premenstrual, perinatal and perimenopausal mood disorders. We concur with VA that this consultation program can greatly assist in treating highly complex care patients with a goal of better health and mental health outcomes for women veteran patients.

While VA has a number of excellent programs for women, VA researchers recently highlighted another issue—stranger harassment—which can alienate women from seeking the services they have earned and need. One out of four women receiving VA care responded that they had received unwanted contact by male veterans while seeking care in a VA facility. For many of these women, these experiences are re-traumatizing. According to VA, women, especially those with a history of abuse or trauma, women of color, and those from younger age groups are particularly likely to be harassed and may miss or delay needed care because of such harassment.¹¹ In response to these findings and complaints, the VA Secretary initiated the “End Harassment Now!” campaign. While this is an appropriate step, VA leadership must set the example and follow through on enforcement of policies set forth to end harassment of any veteran patient seeking care. Without strong commitment from the top and collaboration with the veterans’ community and veterans service organizations this campaign will likely not achieve the desired outcomes. VA should ensure it establishes the mechanisms to afford anyone coming forward with allegations a clear pathway to report incidents and have them investigated accordingly. Everyone from the Secretary to the custodian to other veterans must help in the efforts to ensure all veterans feel safe in obtaining VA care. DAV stands ready to assist in this effort as the campaign rolls out.

We applaud VA’s Veterans Experience Office for holding focus groups and listening to women veterans with a goal of improving their VA experience and health outcomes. Some women have a preference for same-sex providers and, given the prevalence of sexual and other trauma among women veterans, these preferences should be honored even if it is necessary for VA to provide such care through its network of community care providers. However, in these cases VA must ensure veteran-centric evidenced-based quality care is being provided through its community care network—especially if it is for specialized mental health services for a condition related to MST. Women will have the best opportunity to recover in environments in which they feel safe, secure and supported.

Because substance use is often a co-occurring condition with PTS, DAV is pleased to support the Veterans TRUST Act (H.R. 5556), which would require VA to develop a pilot program to offer gender-exclusive substance use disorder treatment for women veterans. The National Institute on Drug Abuse identifies important sex and gender differences in the etiology, physiology and use of substances for women. Women often have different physical effects from addiction and a steeper spiral of decline, which can result in the loss of employment, relationships, marriage and custody of minor children. While they may enter treatment after

¹¹Klap, R., et al. “Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed or Missed Care.” *Women’s Health Issues* 29-2 (2019). 107-115.

shorter terms of addiction, many have more difficulty with withdrawal.¹² These factors must be considered to ensure effective treatment for women. Their underlying reasons for abusing substances may also be different from those of male peers, focusing on loss of personal relationships, sexuality, and histories of abuse. Addressing such issues in settings predominated by men may be difficult and even re-traumatizing for some women. Looking at gender-exclusive models of care is appropriate to identify the best evidence-based practices, particularly during this epidemic of opioid abuse.

VA must commit to providing the staff, programming and training to assist women veterans with recovery. Establishing more comprehensive women's health centers would afford women a more secure environment and access to more knowledgeable women's health providers. These centers are able to offer aligned mental health and social services professionals integrated into the primary care setting, which allow staff to easily and more readily identify and refer women to appropriate care and treatment to meet mental health care needs. Such centers can also provide a repository of expertise in women's health care issues serving to provide evidence-based care for eating disorders, domestic abuse, lesbian and transgender issues and other specialized VA services. Given the increased options for care in the community, these centers should be appropriately staffed to coordinate contract care to maintain VA's whole health model of care. In the era of shutdowns due to the coronavirus pandemic, VA must make even greater efforts to provide outreach and track these vulnerable veterans and ensure they are safely sheltering in place and getting necessary medication and support, including telehealth services, if they cannot be seen in person.

Because VA lacks the patient volume to provide some types of care in-house, it will always have to rely upon community care providers—this is especially true of gender-specific care including maternity care, gynecological surgery, mammography services in some locations and in-vitro-fertilization services. When VA is compelled to provide care in the private sector, it should still perform due diligence in ensuring that care delivered in these settings meets VA's goals for quality and access. Care coordinators are essential in identifying appropriate community resources, scheduling appointments and ensuring adequate and timely information from community care providers is shared with veterans and follow-up care is provided if necessary. VA should also ensure training is available to assist private sector providers in recognizing and addressing special risk factors in the women veterans' population. Community network providers that are dealing with gender-specific care should be sensitive to the high prevalence of sexual trauma among women veterans. As part of the care team, coordinators can help alert contract providers to elevated risks among this population and assist veterans in accessing additional support services they need.

The good news for women veterans is that VA knows a lot about this population through its targeted research efforts. Many providers and staff serving women veterans are committed to advocate on their behalf and to reform a system primarily developed to serve the needs of male veterans. These providers have developed niche specialties to address issues they identify within

¹² NIDA. (2020, January 22). Substance Use in Women. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women> on 2020, March 5

the women's populations they serve—including programs and treatment to address eating disorders, intimate partner violence, and issues LGBT veterans frequently experience.

Research is a cornerstone of veteran-centered care. Researchers, who also often treat veterans, are able to substantiate increased risk for certain conditions among women veterans and identify effective treatment programs and supportive services to serve them. The women's health research initiative is a critical component to delivery of high quality care to this population and an important endeavor that has effectively networked interested researchers from across the VA system, uniting them in the common goal of improving health care for women veterans. These researchers continue to identify important differences in exposures, health care utilization, program effectiveness and health outcomes. They have also developed research maps to identify significant deficits in the portfolio for women and form priorities for future research endeavors including mental health, primary care and prevention, reproductive health, complex chronic conditions, aging and long-term care, access, and post-deployment health. However, we note that without the increased volume of women veterans now using VA health care, researchers would not easily be able to identify issues unique to women veterans and find better ways to treat them. We are concerned that as more care is provided through community providers and because VA still lacks the secure and systematic means to transfer real-time medical information, much of what happens to veterans in the private sector is lost to VA (and vice-versa).

While use of mental health services increased for all groups of veterans between FY 2000 and FY 2015, women were nearly five times as likely to use these services compared to men who were twice as likely to use such services. We have come to understand this as a multifaceted problem that requires more research, improvements in culture in both DoD and VA, continued development of gender-tailored supports, and enhanced programming for our women veterans. We strongly support VA's continued efforts to improve VA's services for women veterans and appreciate Congress' attention to this important issue.

Madam Chairwoman, again thank you for holding this hearing today. This concludes my statement and I am pleased to answer any questions you may have.