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**STATEMENT OF
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SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION
AND
WOMEN VETERANS TASK FORCE
UNITED STATES HOUSE OF REPRESENTATIVES
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Chairman Pappas, Ranking Member Bergman and Members of the Subcommittee, Chairwoman Brownley and Members of the Women Veterans Task Force:

Thank you for inviting DAV (Disabled American Veterans) to provide testimony at this hearing focused on *Safety for All: Ending Sexual Harassment in the Department of Veterans Affairs (VA)*. 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 Women Veterans Task Force.

As an organization, DAV is committed to assisting the Department to establish a welcoming, safe and harassment free health care environment for veterans at all its medical facilities. While the majority of the 7 million veterans using the Veterans Health Administration (VHA) report high satisfaction rates with their care, there have been long-standing complaints from certain groups of veterans, including women veterans, minority veterans and LGBT (lesbian, gay, bisexual and transgender) veterans, who have experienced gender or sexual harassment while seeking needed medical care or services.

Confirmation of harassment complaints was highlighted in 2019, with the release of a VA survey that found one in four women veterans (25%) reported experiencing harassment (inappropriate and/or unwanted comments or behavior by male veterans on VA grounds) while seeking VA health care services. These findings, when compared to a recent national survey where approximately 5% of women respondents reported that they were sexually harassed in a health care setting, beg the question—why are harassment rates for women so much higher at VA medical facilities and what can be done stop it? ¹.

¹ Klap R, Darling JE, Hamilton AB, Rose DE, Dyer K, Canelo I, Haskell S, Yano EM. Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care. *Women's health issues: official publication of the Jacobs Institute of Women's Health*. 2019 Mar 1; 29(2):107-115.

Despite the significant and steady increase in women veterans seeking VA care over the past decade, women still only comprise approximately 7.5% of VA patients. Women seeking VA care find themselves outnumbered by male veterans in nearly all VA health care environments, including entryways, waiting rooms, hallways and common areas. Caring for a predominately male patient population poses unique challenges for VA and requires special consideration to ensure care for women veterans is provided in a safe, welcoming and harassment-free environment.

The report findings indicate that sexual harassment in VHA most often occurs among women veterans who are younger, veterans of color, and veterans with a history of military sexual trauma (MST). Most importantly, the survey highlights that sexual harassment by strangers is a real barrier to care for these women. Specifically, researchers found it causes some women veterans to delay needed health care or ultimately abandon a system of care that is there to meet their unique health care needs.² For women who have experienced trauma, this is particularly problematic.

Women veterans using VA health services often have complex health histories and are more likely to have experienced MST. More than half have service-connected conditions. According to recent VHA reports, about 30% of women veterans screened report military sexual trauma and in the most recent academy survey, about 28.5% of service women report sexual assault (unwanted sexual contact) since entering a military service academy.³ Women veterans also have higher rates of intimate partner violence than other non-veteran adult women (33% v. 25%).⁴ Trauma, whether it is related to combat, sexual or physical assault can result in chronic conditions including post-traumatic stress disorder (PTSD), depression, anxiety and traumatic brain injury. Untreated, these issues can result in adverse social and health outcomes from co-occurring conditions such as substance misuse, addiction, eating disorders or homelessness and even suicide.

Re-traumatization may occur when a veteran experiences a situation that they perceive as threatening, including traversing through environments where they anticipate harassment might occur. Perceived harassment occurs in many forms, from an unwanted comment, to more sexual, suggestive or vulgar comments or invading someone's personal space or touching them without permission. For veterans who are seeking VA care, perhaps to treat PTSD based on sexual trauma, harassment from strangers is not just a minor annoyance—but can be perceived as hostile or even threatening. Unfortunately, the consequences of harassment can cause a veteran to delay getting the care they need or to miss an appointment and never receive necessary health care.⁵ For veterans who have a trauma history this can place them at

² Klap, et al.

³ 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.

⁴ Dichter, et al. (2011) Intimate partner violence victimization among women veterans and associated heart health risks. *Women Health Issues*. 21(suppl 4): S190-194.

⁵ Klap, et al.

particular risk, as MST significantly elevates (about 1.7 times for men and 2.3 times for women) the risk of suicide for both men and women veterans.⁶

On a positive note, a recent survey of women veterans indicates that most (85% of women surveyed) feel welcome in VA facilities with 67% providing positive comments about VA (particularly women's clinics).⁷ However, about a quarter of respondents (reflective of earlier survey findings)⁸ did report experiencing harassment or feeling uncomfortable. While about a third of respondents addressed staff sensitivity and courtesy as an issue, others expressed concerns about unwanted attention from men and large groups of fellow veterans in entryways and other congregate settings. Women veterans made a number of suggestions to help resolve these issues to include:

- Hiring additional women employees;
- Conducting sensitivity training for clerks and greeters (who still frequently ask women veterans if they are there for their husbands' appointments);
- Ensuring staff use of the veterans preferred greeting (Ms., Mrs., or their name—not "sir");
- Treating women veterans with the same respect as they do male veterans;
- Creating separate entrances and comprehensive women's clinics for women as ways of increasing safety and comfort levels within VA facilities

We are pleased with the focus of the Veterans Experience Office which recently published a storybook that features "moments that matter" in women veterans VHA outpatient care experience. One critical point was feeling safe while waiting for appointments. A key theme explores women's need for "empathy, compassion, respect, and responsive customer service at every step of the journey."⁹ This exploration helped shape the VA's Stand Up to Stop Harassment campaign and should serve as a starting point in enlisting veterans' help in defining a VA health care environment that is welcoming, safe and harassment-free for all veterans. Women veterans are not the only group that might experience harassment; therefore, we urge the Veterans Experience Office to continue to explore and collect "moments that matter" for other veteran subpopulations, including sexual minorities and racial and ethnic groups, allowing these veterans to speak to their experience within the system and make recommendations for improving it.

To further address stranger harassment, VA also stated it is:

- Establishing a national workgroup;
- Gauging effective harassment reduction programs outside VA;

⁶ Kimerling et al / Am J Prev Med 2016;50(6):684–691.

⁷ Moreau J, Dyer K, Hamilton A, Golden R, Combs A, Carney D, Frayne S, Yano E, Ruth Klap, and the VA Women's Health Practice-Based Research Network. *Women's Health Issues*. April 24, 2020. https://www.hsrd.research.va.gov/publications/vets_perspectives/0720-Majority-of-Women-Veterans-Feel-Welcome-at-VA.cfm.

⁸ Klap, et al.

⁹ <https://www.va.gov/ve/docs/storybookWomenVeterans.pdf>

- Convening an expert panel; and
- Piloting and evaluating harassment interventions.¹⁰

VA also notes ongoing work of its Women Veterans Health Services' Campaign to change the environment and culture of VA to be more inclusive, welcoming and respectful of women veterans. DAV is eager to hear from VA about the status of these initiatives.

We commend VHA for its leadership role since 2012, in adapting patient care and administrative models to care for sexual minority veterans. VHA participated in the Human Rights Campaign's Health Equity Index that promotes welcoming and inclusive environments for LGBT veterans. There are LGBT coordinators at most VA facilities along with training modules and VA Fact Sheets available to all clinicians highlighting the health care needs of veterans in sexual minority groups. However, despite this focus Dr. Michael Kauth, co-director of VHA's LGBT program office, acknowledges many veterans from sexual minorities come to VHA in a way and fragile state after years of discrimination and stigmatization in the military.¹¹ He noted that LGBT veterans who have been subject to sexual harassment and discrimination often experience depression, PTSD and anxiety; they may "self-medicate" by abusing drugs or alcohol and are also a subgroup of veterans at elevated risk of suicide. There are few representative studies of LGBT veterans' experience in VA (or other) health care systems, but a 2010 study did look at lesbians' perceptions of VHA care and found about 10% reported they had faced "mistreatment" from providers in VHA health care settings.¹² A 2013 study identified barriers to care for LGBT veterans that included: concern about the overall culture of VHA (encompassing issues related to medical privacy, veterans, staff and environment), and a perceived need for additional resources for staff to familiarize them with the issues of sexual minorities.¹³ We urge the Veterans Experience Office to also hold focus groups and take a closer look at these veterans' experiences accessing VHA care so that identified problems or gaps in services can be addressed.

The culture of the military, and the role of veterans and military service organizations must also be considered as we seek to better understand and end harassment at VA medical facilities. DAV's 2014 report, *Women Veterans: The Long Journey Home*, and our 2018 report, *Women Veterans: The Journey Ahead*, looked at the prevalence, impact and aftermath of sexual misconduct, harassment and assault during military service. Recommendations included the need for accountability of leadership to effect culture change aimed at creating a positive culture of inclusion and respect for women in both the Departments of Defense and Veterans Affairs.¹⁴

¹⁰ https://www.hsrd.research.va.gov/publications/vets_perspectives/0419-How-Stranger-Harassment-of-Women-Veterans-Affects-Healthcare.cfm accessed 7/15/20.

¹¹ DAV Magazine. Interview with Dr. Michael Kauth, Director of VHA LGBT Programs. DAV Website. Posted on May 1, 2019.

¹² Mattocks KM, Sullivan JC, Bertrand C, Kinney RL, Sherman MD, Gustason C. Perceived Stigma, Discrimination, and Disclosure of Sexual Orientation Among a Sample of Lesbian Veterans Receiving Care in the Department of Veterans Affairs. *LGBT Health*. 2015;2(2):147-153. doi:10.1089/lgbt.2014.0131

¹³ Johnson, L, and Federman, E. 2013/07/01. Pathways and Barriers to Care for LGBT Veterans in the U.S. Department of Veterans Affairs (VA). *Journal of LGBT Issues in Counseling*.

¹⁴ Women Veterans: The Journey to Normal. DAV. September 2014. P. 4. Women Veterans: The Journey Ahead. DAV. September 2018. P. 6.

In both the military and VA, women have not always been recognized or appreciated for their contributions in military service. News stories and books infrequently speak to their bravery or honorable service. Over the past two decades, women service members have been routinely exposed to the same dangers during military service as male service members and have been grievously injured and died during wartime service. Yet, there is often a general lack of understanding about the military experience for women who served by the American public, family and friends, clinicians and at times their male veteran counterparts. Even now that women are allowed to serve in every military occupation, and with their numbers growing more rapidly than any other segment of the military population, some women veterans report they still struggle with this general lack of regard from male peers. In VA's recent study, in response to questions about stranger harassment, one woman veteran said, "You get the feeling that you shouldn't be there, not as much as men, and that your service doesn't matter." Another woman noted "...they assume that I am not a veteran, but someone's spouse, and when I tell them that I am a veteran, they start talking about how women should not be in the military."¹⁵ These attitudes may surface in the form of discrimination, harassment or assault.

As service members transition from the military to veteran status, they frequently seek out veterans service organizations like DAV that can assist them in securing the benefits and health services they have earned as result of their military service. As an organization of more than one million wartime service-disabled veterans, we know how important access to VA health care is to veterans' recovery and rehabilitation for illnesses and injuries sustained during service. We are strong supporters of the VA health care system and its comprehensive array of veteran-centric services and programs. We want to ensure that all veterans, including service-disabled women veterans, can get the specialized care they need and deserve; therefore, it is critical that harassment of any kind is not tolerated at VA facilities.

I am proud to say that DAV is all-in and committed to doing our part to help make VHA a safe, welcoming and harassment-free environment for all enrolled veterans. DAV National Commander Stephen "Butch" Whitehead feels passionately about this issue and recently filmed [a video message](#) to raise awareness about harassment and calling on DAV members to do our part by always being respectful and welcoming to our fellow veterans. This message is currently running on all our social platforms. As DAV National Adjutant J. Marc Burgess said in our January/February 2020 edition of *DAV Magazine*: "None of us should be willing to stand by while a fellow veteran—regardless of gender—faces any type of harassment or disrespect...Remember there is absolutely no passing the buck here. Respect must begin with each and every one of us."

¹⁵ https://www.hsrd.research.va.gov/publications/vets_perspectives/0419-How-Stranger-Harassment-of-Women-Veterans-Affects-Healthcare.cfm accessed 7/15/20.

Strong leadership and commitment from VA and the veterans' community is necessary to change culture and stop harassment of veterans and staff in VA facilities. This will require VA to develop a campaign with clear direction, a comprehensive strategy for all levels of the Department, including buy in from the top down, and a policy that defines responsibilities and includes staff training to ensure adequate dissemination and implementation of the plan system-wide. VA must make it easy for veterans to report harassment and every veteran should be informed that their complaint will be taken seriously—not excused, or minimized. Every staff member must receive training to intervene in incidents of harassment and to direct veterans with complaints to a source where their reports are appropriately documented and investigated.

At the local level, it will require each facility director to initially conduct a comprehensive environmental assessment of harassment in their facility with an eye toward making improvements that are inclusive of women and other minority veterans. Starting with the [Stand Up to Stop Harassment Now! Declaration](#)—each facility director should determine how each of the stated provisions in the declaration have been met and if not, what steps need to be taken to accomplish each goal.

VHA has committed to “...a harassment-free health care environment for everyone and will not tolerate harassment of any kind.” VA has promised to hold its leaders, employees and veterans accountable to carry out the following principles:

- Create a safe, respectful, and welcoming environment for everyone;
- Empower everyone to recognize, intervene, and report harassment;
- Advance a culture where harassment is never tolerated;
- Provide a seamless, secure, and compassionate system for reporting harassment without fear of retaliation;
- Assist veterans, visitors, volunteers, and employees in reporting harassment;
- Take prompt and appropriate action to respond to reports of harassment;
- Be accountable by tracking harassment and the actions taken; and
- Partner with veterans and veterans service organizations to stop harassment

With the recent release of GAO (Government Accounting Office) Report (20-387)—*Sexual Harassment: Inconsistent and Incomplete Policies and Information Hinder VA's Efforts to Protect Employees*—we gain a better understanding of VA's efforts to identify, report and address sexual harassment in the workplace. Sadly, the report indicates rates of harassment among employees are consistent with rates of in-facility harassment experienced by women veterans (about 22%).

The report identified a number of deficiencies in VA's sexual harassment policies and made recommendations to improve data collection, reporting procedures, employee training and harassment prevention efforts within the Department. GAO found that while VA has policies in place to report and address sexual harassment in the

workplace, information collected or provided was incomplete, outdated or not always consistent with the Department's overarching policy. For example, while VA compiles information on sexual harassment allegations—it does not require managers who receive complaints to report them to VA's headquarters, resulting in an incomplete picture of harassment across the Department. VA also has misaligned responsibilities and incomplete implementation of its policies on sexual harassment that impair its ability to identify problems and confirm that corrective actions were taken. GAO further noted that VA does provide educational materials and training to its employees however, the required training does not include in-depth information or current examples on identifying and addressing sexual harassment. Finally, GAO reported a 4-year delay in VA finalizing and approving directives and implementing guidance for its Harassment Prevention Program. We concur with GAO's recommendations to address these deficiencies. Further, DAV encourages VA to include plans for addressing employee harassment issues in its Stop Harassment Now! Campaign.

Eligible veterans should be able to use the VA health care system—a system designed to meet their unique needs—and know they will receive excellent health care by compassionate staff in a welcoming, safe and harassment-free environment no matter which VA facility they use. DAV recommends VA medical facility directors conduct focus groups or a town hall meeting, inviting a diverse group of veterans who use that facility, to discuss their experiences and recommend solutions to identified problems. Veterans' service organizations should be just as committed to tackling this problem and can play a significant role by promoting the contributions of women veterans, minority and LGBT veterans in their magazines and speaking about ending harassment in local meetings and national forums. As veterans, it is our responsibility to be a part of the solution and we encourage veterans service organizations to reach out to their local VA medical center leadership to ask about what efforts are underway to address this unacceptable behavior and insist on a meeting to discuss partnering to resolve this problem and end harassment now.

Mr. Chairman, again, thank you for holding this hearing today. I am happy to answer any questions you may have.