



Statement of Allison Jaslow
Executive Director
of
Iraq and Afghanistan Veterans of America
before the
Senate Veterans Affairs Committee

May 17, 2017

Chairman Isakson, Ranking Member Tester, and Members of the Committee:

On behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members thank you for the opportunity to share our views on the legislation under consideration today.

For thirteen years, IAVA has been the preferred empowerment organization for post-9/11 veterans. Since its beginning, IAVA has successfully fought and advocated for policy action to meet the needs of the over 2.8 million veterans who have served in our most recent wars.

Less than sixty days ago, I sat before the members of this committee and your counterparts in the House of Representatives to outline IAVA's policy priorities for 2017--chief among them being greater recognition and support for women veterans. I am here again today to update you on our "She Who Borne The Battle" campaign and articulate the need for the *Deborah Sampson Act* (S. 681) which would fill many gaps in care and recognition faced by women veterans today.

Nearly 350,000 women have deployed since our nation was attacked on Sept. 11, 2001. I am one of those women and so are over 20 percent of our veteran members. We are the fastest growing population in the veteran community. In fact, estimated at about six percent of the veteran population in 2001, by 2020, it's estimated women veterans will represent 11 percent.

Women's service has rapidly increased. We are officially allowed into combat roles, the mightiest among us are graduating from elite courses like Ranger School. But in IAVA's most recent member survey only 43 percent of IAVA women veterans feel that male servicemembers respect their service. Even more shocking is that just 27 percent feel the public does.



When it comes to the VA, only 30 percent of IAVA women vets rated the agency's support for women as good or very good, and less than half felt that VA staff treated women veterans with respect or had a culture welcoming to women.

I can relate. Not only have I had to prove my war service to more than my fair share of older gentlemen in Legion halls and liberal women alike, but I've also had the pleasure of being mistaken as a VA nurse rather than patient. That's why I stand shoulder to shoulder with our members who've made it clear that there is a severe gap in respect for a critical component of our military force, and in the services provided by the VA.

Thanks to the leadership of Senators Tester and Boozman on the *Deborah Sampson Act*, we have an opportunity to take head on the concerns of post-9/11 women veterans.

Deborah Sampson disguised herself as a man to serve in the Continental Army during the Revolutionary War, served honorably, but sadly was not recognized for her service until after her death. This bill is named for her, because over 240 years later women are now squarely in the line of fire, and nearly 200 have been killed in Iraq and Afghanistan, but adequate recognition for our sacrifices is still lacking.

Since the bill's introduction, IAVA has worked to highlight the need for the bill on Capitol Hill and gain cosponsors. Eighteen of you and your colleagues now back the *Deborah Sampson Act*, and we thank you, but we need more support from both sides of the aisle.

We have also worked tirelessly with the military and veterans community and I am proud to say that 18 of the groups this Committee works with the most are standing with us support of this legislation. They include: Veterans of Foreign Wars (VFW), American Legion, Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), Vietnam Veterans of America (VVA), American Veterans (AMVETS), Jewish War Veterans (JWV), Tragedy Assistance Program for Survivors (TAPS), Service Women's Action Network (SWAN), National Military Families Association (NMFA), Commissioned Officers Association of the U.S. Public Health Service (COA), U.S. Army Warrant Officers Association (USAWOA), Marine Corps Reserve Association (MCRA), Fleet Reserve Association (FRA), Air Force Sergeants Association (AFSA), The Retired Enlisted Association (TREA), Military Officers Association of America (MOAA), and Wounded Warrior Project (WWP).

We also cannot do this without our members, who have been meeting with their Congressional offices across the United States and here in Washington during our recent "Storm The Hill," and raising their voices via social media.

Our media outreach has been aggressive. More than 5 million people have viewed earned media coverage of our campaign, and nearly 4 million have engaged with the campaign on Facebook and Twitter.



Over the last 15 years, the VA has worked to improve services for women veterans, but it's not enough. The *Deborah Sampson Act* aims to fill some critical gaps in VA care for women vets in addition to asking the VA to demonstrate its commitment to culture changes by updating its motto: "To care for him who shall have borne the battle and for his widow, and his orphan." I urge you to consider carefully the message that Congress supporting a more inclusive motto sends to the women veterans in your home states. Or conversely, what your opposition to this provision may indicate to women who feel alienated by the very agency that's supposed to support them. *Every veteran* walking through the doors of a VA medical center should see the words on that door and know that he or she is welcome.

Setting the right tone at the VA is critical to driving better support for women, like **Peer-to-Peer Assistance**.

In recent IAVA surveys and focus groups, women veterans showed overwhelming interest in peer support to help them navigate the VA. A pilot program focused on women vets transitioning from the military is included in the *Deborah Sampson Act* and makes permanent the availability of reintegration counseling with family members in group retreat settings that has proven successful already in pilot form.

The bill also expands the capabilities of the women veteran call centers to include text messaging, and will be analyzed for performance metrics, which will help us understand its impact.

Legal and Support Services are another key component of the bill. The FY2015 Community, Homelessness Assessment, Local Education and Networking Groups (CHALENG) Program Report found that one of the top needs for women veterans is access to legal services. The *Deborah Sampson Act* establishes a VA partnership with at least one community entity to provide legal services to women veterans as a direct result of that finding.

The bill also ensures that at least \$20 million in Supportive Services for Veteran Families (SSVF) will be allocated for organizations to support women vets. In FY2015, 14 percent of veterans served by this program were women. That number has steadily increased since the program's inception. These dedicated funds will help support the growing number of women and their families in need of this support.

In 2012, the VA solidified its policy to provide seven days of **Newborn Medical Care** for children delivered by women veterans who are receiving VA maternity care benefits. The *Deborah Sampson Act* would expand that to 14 days to ensure newborn the VA has the flexibility to provide that care during this fragile first stage of their life. This bipartisan idea is a no brainer that has stalled in Congress for too long and needs to change now.

There continue to be a number of **Access Barriers** for women veterans seeking care at the VA. IAVA women veterans have shared stories of lack of privacy at VA facilities and



IAVA members continue to share those concerns. The *Deborah Sampson Act* looks to address this issue by authorizing \$20 million for enhanced privacy measures for women at VA medical centers across the country like door locks and privacy curtains, and requires VA to develop a plan to address Department-wide deficiencies.

We also want to stop hearing stories like the one from a woman who sought care at the VA's Emergency Room because of an ectopic pregnancy accompanied by pain and bleeding. The veteran had to leave and go to another VA ER because the ER team did not diagnose or treat her condition appropriately. This shouldn't happen in any ER, and disappoints me as an American to hear from a women veteran.

To improve how the VA health system supports women, the *Deborah Sampson Act* requires every VA facility to employ at least one women's health primary care provider; requires each VA medical center be staffed with at least one Women Veteran Program Manager to help women navigate coordinated care; authorizes \$1 million annually to expand the Women Veterans Healthcare Mini-Residency Program, which trains VA primary care and mental health physicians on gender-specific care with demonstrated success, to include ER physicians; and an ombudsman to focus on culture change at the VA and support women veterans seeking care.

One in five women veterans responding to IAVA's women veterans survey did not feel the VA provided them with access to adequate gender-specific health care, so the solutions offered are engineered not just to get women the health care support they need, but to do so effectively. Fear of poor care should never be a barrier to any VA patient.

The *Deborah Sampson Act* finally includes valuable **Data Tracking and Reporting** provisions to assess needs and improve services down the line.

Currently, the VA does not collect data on its programs by gender and minority status, and as a result, it is impossible to truly identify what programs are most effective in supporting women and minority populations and which need improvement. The recently enacted *Female Veterans Suicide Prevention Act* was a great first step to do this for mental health and suicide prevention programs, but the requirement needs to span all programs and this bill requires that.

Women also shouldn't be telling us stories of the VA being unable to provide prosthetics appropriately fitted for women veterans. To define this problem and help craft solutions to ensure women veteran amputees have access to properly fitted prosthetics, the *Deborah Sampson Act* requires VA to report on the availability of prosthetics made for women.

The bill also importantly requires VA to centralize information and resources on women's healthcare at VA on their website to streamline the ability of women veterans to find and learn about the services offered to them. Less than 60% of women responding to IAVA's women vets survey said VA provided sufficient information and



resources on women's healthcare at VA. As demand continues to rise from women veterans as it declines from men, this should be a commonsense fix that is not just pro-women, but pro-veteran.

Among the remainder of the bills under consideration today, IAVA strongly supports the *Women Veterans Access to Quality Care Act* (S. 804), as we did in the 114th Congress. Provisions in the bill to ensure standards to meet healthcare needs of women are prioritized in construction of VA health facilities, establishment of performance measures to analyze women's health outcomes, and requirements to improve privacy for women are consistent with the goals of our "She Who Borne The Battle" campaign and we would like to *again* invite all members of this Committee to cosponsor and work to pass S. 804 and the *Deborah Sampson Act*.

IAVA thanks Chairman Isakson and the Committee for engaging and seeking input from stakeholders in the effort toward VA appeals modernization that establishes a new system that is easy to navigate and veteran-centric. We are supportive of the general framework outlined in *Veterans Appeals Improvement and Modernization Act* (S. 1024) that establishes three separate paths for veterans to choose from when appealing a decision on their claims, and strongly believe that these new steps are critical to breaking the logjam in the current process. Following passage, IAVA encourages the VA to ensure continual monitoring and evaluation of the new processes to ensure improvement of the system. Congress should also exercise strong oversight over the law's implementation to ensure that it truly works for veterans.

IAVA applauds the leadership and diligence of Senators Rubio, Chairman Isakson and Ranking Member Tester toward crafting the *Department of Veterans Affairs Accountability and Whistleblower Protection Act* (S. 1094) to enable the removal of bad-acting employees at the VA. Nearly three years ago, the scandal in Phoenix alerted the country to the outrageous state of the VA health care system. IAVA and our members have fought since that time to give the VA Secretary the tools needed to address workforce accountability and save veterans' lives. We encourage Senate and House leaders to quickly work together to pass the strongest VA accountability measure that can be signed into law.

IAVA supports the *Performance Accountability and Contractor Transparency Act* (S. 543), which holds VA contractors accountable for services they provide and increases transparency into those contracts. These provisions are in line with our members' top priority of bringing strong accountability to the VA.

IAVA also strongly supports the *Military and Veterans Caregivers Services Improvement Act* (S. 591), which makes veterans of all eras eligible for the full range of caregiver support services, and would allow those veterans to transfer Post-9/11 GI Bill benefits to their dependents. All veterans must be afforded the same level of benefits, regardless of the era in which they served. It is simply the right thing to do.



We also support the *Chiropractic Care Available to All Veterans Act* (S. 609), to require a program under which the VA will provide chiropractic care and services to veterans, as it is consistent with IAVA's Policy Agenda which calls for treatment options that include the full range of traditional and experimental options that have proven to be effective.

The *Veterans Compensation Cost-of-Living Adjustment Act* (S. 784) would ensure that disabled veterans and surviving spouses receive benefits that keep pace with the rising cost of living in our country. IAVA supports this bill and we appreciate that all members of the committee joined Chairman Isakson as original cosponsors.

The draft *Serving our Rural Veterans Act* would authorize the VA to pay training and supervision of medical residents and interns at certain non-VA facilities, to require the VA to carry out a pilot project to establish or affiliate with residency programs at facilities operated by tribes and the Indian Health Service. It has long been a priority in IAVA's Policy Agenda to improve outreach to rural veterans, hence we support this legislation.

IAVA supports the draft *Veterans Partners' Efforts to Enhance Reintegration Act* which requires VA to carry out a program to establish peer specialists in patient healthcare teams at VA medical centers. IAVA strongly supports peer support programs, including as a way to reach rural veterans who do not live in close proximity to military medical facilities, and encourages them to represent the diversity of the veteran population, to include women peer mentors.

Finally, the *Department of Veterans Affairs Veteran Transition Improvement Act* (S. 899) would ensure that Title 38 Veterans Health Administration employees such as doctors, nurses and other VA medical personnel can access paid sick leave in their first year, that they would otherwise have to accrue, to undergo medical treatment for their service-connected disabilities, as their counterparts in other federal agencies are permitted. IAVA supports this legislation.

Mr. Chairman, many of these provisions are easy fixes, and some will require hard work and additional funds. When my soldiers and I were sent twice to face combat in Iraq, the Army and U.S. taxpayers spared no expense, with the goal of providing us with an overwhelming advantage in war. Veterans are proud to have served our country and we need Congress to know that the care we receive as a result of our service is a cost of war, and just as important as properly equipping those deploying downrange as we speak. We have got to spare no expense in caring for them after they return. Veterans are not a special interest - they answered the call when more than ninety-nine percent of American did not.

Chairman Isakson, Ranking Member Tester, and Members of the Committee, thank you again for inviting me to be here today, and on behalf of IAVA, I thank and remember our veterans who have served before us and those who are deploying now, again, to fight around the globe.



Biography of Allison Jaslow

Allison Jaslow is Executive Director for Iraq and Afghanistan Veterans of America (IAVA). In this role, Allison focuses on policy, external communications, IAVA's Washington DC operations and is our primary spokesperson for IAVA's groundbreaking "She Who Borne The Battle" campaign in addition to other policy initiatives.

Allison is a former Army Captain who served two combat deployments in Iraq and one of the nation's leading voices and advocates for the post-9/11 generation of veterans. She previously served as IAVA's Chief of Staff and Director of Intergovernmental and Political Affairs.

Before joining IAVA, Allison was a successful campaign manager and a respected political and communications strategist who has been appointed to positions in the White House, both Chambers of Congress, and worked on political campaigns across the country. She recently served as Chief of Staff and Campaign Manager for Illinois Congresswoman Cheri Bustos and previously as Press Secretary for former Virginia Senator and decorated Vietnam veteran Jim Webb.