Statement of Melissa Bryant
Chief Policy Officer
of
Iraq and Afghanistan Veterans of America
before the
House Veterans' Affairs Subcommittee on Health

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Chairwoman Brownley, Ranking Member Dunn, and Members of the Subcommittee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members worldwide, thank you for the opportunity to share our views, data, and experiences on the matter of cultural barriers impacting women veterans' access to health care.

Support and Recognition of Women Veterans is an incredibly important part of our work; it is why it is included in our Big Six Priorities for 2019 which are the Campaign to Combat Suicide, Defend Veterans Education Benefits, Support and Recognition of Women Veterans, Advocate for Government Reform, Support for Injuries from Burn Pits and Toxic Exposures, and Support for Veteran Medicinal Cannabis Use.

I am here today not only as IAVA's Chief Policy Officer, but also as a former Army Captain and a combat veteran of Operation Iraqi Freedom. I was a military intelligence officer who led women and men in combat; but some my most salient memories are from my times leading troops in garrison, when far too often the true colors of soldiers you would normally trust in battle would surface. As one of the few, if not only, women (and especially women of color) officers in my units, I can point to many an occasion where I helped women soldiers who came to me for advice and counsel in dealing with harassment in the ranks.

Sadly, I can also point to my own dealings with harassment from my peers, superior officers, and even soldiers. It was a double burden I faced when the intersectionality of being a black woman officer would creep into misogynistic and prejudiced comments made toward me--perhaps simply because I was a confident leader with a no-nonsense approach to my work. Now as a veterans advocate, I still hear the misogyny in our community, from the time I'm asked, "who is your sponsor?" at Department of Veterans Affairs (VA) medical centers to when I'm referred to as, "young lady" by my own veteran colleagues. At best, it's a casual dismissal of my credentials and expertise to have earned a seat at the table; at worst, it means just what it sounds like--flagrant disregard for my service and ultimately an emotional barrier to care at VA.

Over the past few years, there has been a groundswell of support for women veterans' issues. From health care access to reproductive health services to a seismic culture change within the veteran community, women veterans have rightly been focused on and elevated on Capitol Hill, inside VA, and nationally. In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle, focused on recognizing the service of women veterans, closing gaps in care provided to us by VA, and finally changing the outdated VA motto to represent ALL veterans.

IAVA made the bold choice to lead on an issue that was important to not just the 20% of our members who are women, but to our entire membership, the future of America's health care and national security. We continue to fight hard for top-down culture change in VA for the more than 345,000 women who have fought in our current wars.

The number of women in both the military and veteran communities has been growing steadily since the 1970s. While more women are joining the military and are finally given unprecedented roles in combat and greater responsibilities in leadership, veteran services and benefits often lag behind. Since 2001, the number of women veterans seeking care at VA has tripled, but women veterans are also more likely to fall out of VA health care due to longer wait times and opportunity costs, a sign that a lack of gender specific services and ease of access is impacting care for women veterans at the VA.

Despite the ever-growing contribution of women to our national defense, the American public still does not understand the extent of our involvement and sacrifice. This lack of understanding not only impacts our reception when seeking health care from the VA, as I outlined in my own experience, but throughout our transition home. Often having faced an unwelcoming culture in the military, the VA can seem like an equally unwelcoming place to women who are transitioning. The VA motto does not help. It explicitly excludes women and our survivors from its mandate, and it reads as outdated: "To care for *him* who shall have borne the battle and for *his* widow, and *his* orphan."

Women veterans are becoming more prominent in American culture overall, and are stepping up and leading: From the growing number of women veterans serving in Congress, to the highest leadership positions among the service branches, veteran and military service organizations, and other leading groups. Also, as more women veterans step into the public sphere, our contributions and sacrifices are becoming known and recognized.

However, every day women veterans enter into VAs nationwide and are not recognized for our service. Every day, women veterans are looked past in favor of the familiar image of a man serving in uniform. Until women veterans are as known and understood as our male counterparts, IAVA's work will not be done.

For women veterans who choose to seek care at the VA, finding quality providers who understand the needs of women veterans can be difficult. While VA has made progress improving women-specific care for women veterans, including expanding the services and care available within the VA, there is still much progress needed. Women veterans are more likely than our male counterparts to seek care in the community, meaning we are often seen by private care providers that may or may not understand military service and its health impacts. IAVA's recent member survey underscores this, as we found that while 70% of respondents felt that VA clinicians understand the medical needs of veterans, only 44% felt that non-VA clinicians understood them.

Among IAVA's women veterans, those that self-reported their health as terrible were more likely to report negative VA experiences and those with self-reported excellent health were more likely to report positive experiences with VA health care. These results indicate that women with more health concerns have worse experiences at the VA, even though logically they would have larger health concerns than those who feel their health is excellent. Furthermore, IAVA women veterans aged 31 to 45 were less likely to report a positive experience with the VA than older women veterans aged 46 to 65. This indicates that the younger veterans of the post-9/11 generation are the ones struggling with VA care most - an ominous sign for the future of women's health care at the VA.

Additionally, women who do seek care at the VA report the quality and standard of care are not at all uniform. According to the most recent GAO report on the standards of care of VA medical centers, VA "does not have accurate and complete data on the extent to which its medical centers comply with environment of care standards for women veterans." The same report noted a deficiency of 675 women's health primary care providers as of 2016. This means that these facilities may not meet basic privacy standards like locked doors, privacy curtains, and other adjustments to make them feel welcome.

Changing this will require establishing clear standards, training VA staff to meet these standards, and investing in appropriate facilities, including women practitioners and doctors who specialize in women's health. Facilities and providers must regularly be evaluated to ensure they meet the standards our veterans deserve. The VA, with its partners, **must** do a better job of reaching out to women and telling them about the resources VA has to offer.

This is why in 2017, IAVA worked with Congressional allies on both sides of the aisle and in both chambers to introduce the *Deborah Sampson Act.* This bill called on the VA to modernize facilities to fit the needs of a changing veteran population, increasing newborn care, establishing new legal services for women veterans, and eliminating barriers faced by women who seek care at VA. This bill would also increase data tracking and reporting to ensure that women veterans are getting care on par with their male counterparts.

Although the *Deborah Sampson Act*, the centerpiece of IAVA's She Who Borne The Battle campaign, was not passed in the 115th Congress, IAVA is pleased with progress made overall, with key provisions of the legislation passed or funded in the last two years. These hard-fought victories included funding to improve services for women veterans, such research on and acquisition of prosthetics for female veterans, increased funds for gender-specific health care, women veterans' expanded access and use of VA benefits and services, improved access for mental health services, and for supportive services for low income veterans and families to address homelessness.

Similar to another *Deborah Sampson Act* provision, the *MISSION Act* created a peer counseling program that provided for at least two peer specialists in patient aligned care teams at VA medical centers to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting. The law mandated that the needs of female veterans are specifically considered and addressed; and that female peer specialists are made available to female veterans who are treated at each location. Further, we are pleased that the *SUPPORT for Patients and Communities Act* included language that encouraged the hiring of female peer support counselors, directed VA to facilitate peer counseling for women veterans and to conduct outreach to inform female veterans about the program. We urge your Committee to ensure these provisions are carried out appropriately.

IAVA is also pleased that the Administration recently implemented another *Deborah Sampson Act* provision to expand the capabilities of the VA Women Veterans Call Center to include a text messaging capability. VA provided testimony in support of this provision during a 2017 hearing on the bill before the Senate Committee on Veterans Affairs, and we are encouraged that the Department heard our calls for reform. Women veterans can now text 855-829-6636 to receive answers and guidance about VA services.

Finally, IAVA is also particularly interested in seeing the results of the report sought under the FY 2019 *Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs*

Appropriations Act that requires the VA to submit a report to Congress on retrofitting its facilities to eliminate barriers to care for women veterans. That report was due in March 2019.

While we have seen greater awareness of and progress toward improving services for women veterans, there is much more we can do. Toward this goal, IAVA strongly supports passage of the updated *Deborah Sampson Act* (S. 514) recently reintroduced by Sens. Jon Tester and John Boozman. Provisions of the new bill include expanded peer to peer services, such as the ability for women to receive reintegration counseling services with family members in group retreat settings, increased newborn care services, and an increase in spending in order to retrofit VA facilities to enhance the privacy and environment women are being treated in, such as privacy curtains and door locks. It also provides for legal and support services to focus on unmet needs among women veterans, like prevention of eviction and foreclosure and child support issues. This must be the year that Congress passes the *Deborah Sampson Act* into law.

Beyond care, ensuring women veterans have proper access at the VA requires addressing the culture problem and harassment at its facilities. While not only impacting women veterans, harassment at the VA is a systemic issue that oftentimes happens between patients, in waiting rooms, and while veterans are checking in or leaving care--just as it remains a systemic problem in the military, as I have detailed in my own experiences. It is hard to quantify just how many women veterans face harassment in or around VA facilities, but according to the VA's most recent reporting, 25 percent of women veterans faced harassment from strangers in a VA facility such as lewd comments or catcalling. And for those women that do experience harassment at VA facilities, these women are more likely to delay or miss their health care appointments. Harassment has a very real effect on the physical and mental health of women veterans and VA must do more to address it.

The VA has implemented some programs to combat sexual harassment in its facilities but ensuring patients are aware of these programs before entering the Department's doors and empowering VA staff to intervene in harassment situations and understand reporting requirements must be a top priority. This can begin by ensuring that the VA's End Harassment Campaign is fully implemented and understood across every VA facility nationwide, a move that will set the overall tone for VA culture. This public outreach campaign is a starting point for what must be a continued and robust conversation around harassment at VA facilities.

Thank you for allowing IAVA to share our views. I look forward to working with the House Veterans' Affairs Subcommittee on Health and its dedicated Women's Task Force to better remedy the problems discussed in this testimony.

Biography of Melissa Bryant:

Melissa Bryant is the Chief Policy Officer for IAVA. She leads IAVA's policy division, overseeing the legislative, research, and intergovernmental affairs departments. Melissa spearheads the development of our annual policy agenda and advocacy campaigns in collaboration with IAVA leadership, and leads IAVA's engagement with the White House, government departments and agencies, particularly the Departments of Defense and Veterans Affairs, Veteran and Military Service Organizations, and advocacy organizations.

A former Army Captain and Operation Iraqi Freedom combat veteran, Melissa has an extensive record of public service, having served on both active duty and in the civil service as an intelligence officer prior to joining IAVA. A plans, policy, and operations expert with 15 combined years of experience in the federal government, she has served in key leadership positions with the Defense Intelligence Agency, the Joint Staff, the United States Military Academy, and Army Intelligence. She was successful in building "coalitions of the willing" to advance operational and strategic objectives while developing and implementing plans and policy for the defense and intelligence communities.

Melissa is an ROTC Distinguished Military Graduate and holds a Bachelor of Arts degree in Political Science cum laude from Hampton University, is an alumna of Howard University School of Law, and also holds a Master of Arts in Policy Management from Georgetown University.

Melissa is a spokesperson for IAVA, and has been featured several times on MSNBC with Andrea Mitchell, Katy Tur and others, HLN, in The Washington DC 100, and more.