



## Statement of Record

Senate and House Committees on Veterans Affairs

July 20, 2020

Chairman Takano and Chairman Roe and distinguished members of the committees on Veterans Affairs, my name is Liza S. Narciso and I serve as the current President of the National Association of State Women Veterans Coordinators (NASWVC) and as the current Women Veterans Coordinator for Washington State. On behalf of the National Association of State Women Veterans Coordinators, thank you for this opportunity to send this statement of record to support current legislations that would benefit the 2 million women veterans in our country as well as veterans as a whole.

NASWVC is comprised of State Women Coordinators for all fifty states as well the District of Columbia and five territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico and Virgin Islands. Our mission is to **“Advocate for women veterans through partnerships, training and the exchange of information. Identify barriers to successful transition of women veterans and military women to the civilian community and recommend solutions through legislative, programmatic and outreach activities”**.

NASWVC continue to increase our role, mission and vision as the liaison between women veterans in connecting them to their earned benefits both federal and state. Some of our members play a dual role not only as a coordinator but also as Veterans Service Officer. By doing this we are able to assist women veterans in filing disability claims, access to VA Healthcare including Mental Health. Beyond this our role continues to grow to address the unique needs of past, present and future women veterans.

Today is a small but vital step toward progressing the quality of life for Women Veterans across the country. The National Association of State Women Veteran Coordinators (NASWVC) has worked tirelessly to ensure that our voices do not go unheard. We are an alliance which represents Women Veterans from all over the country and the territories, from the sandy beaches of Florida, to the snow-capped mountains of Alaska and into the proud territories of Puerto Rico and Guam.

Women now comprise nearly 20% of the Armed Forces and assume roles in nearly all military occupational specialties. The elimination of the combat exclusion rule by the Department of Defense in 2016 means that women will fill 100% of occupational specialties soon. There are several areas NASWVC believes that US DVA can work on to close gaps in service, ensure continuity of care and continue to address women Veteran’s issues and needs. We are impacted by the provider shortage for the delivery of gender and transgender specific healthcare. In addition, we understand that priorities to continue addressing needs of victims of Military Sexual Assault/Trauma (MST) to include those who served in the National Guards and Reserves. Due to an increasing volume of women veterans with MST, compatible care and

provider alternatives needs to be deliberately extended to all those veterans who might otherwise be dissuaded from seeking treatment at the VA. As well, work must continue on the reconciliation of MST claims for PTSD recommended in the U.S. Department of Veterans Affairs Office of Inspector General Report # 17-05248-241 dated August 28, 2019. Of note, one of the factors leading to improper processing and denial of MST related claims “was the implementation of National Work Queue resulting in a “lack of specialization” for claims requiring special handling”.

Additional gender specific healthcare includes infertility care. NASWVC advocates progressive support for women veterans with infertility issues caused by illness or injury sustained while serving in a military capacity. US DVA VHA should ensure that Women Veterans have access to and receive in a timely manner, high quality, gender specific and individualized prosthetic care that will allow us to improve our quality of life.

With the recent VA investment in the state-of-the art women’s clinics across the country, there still exists a disproportionate and non-standard availability to access gender-specific healthcare relative to women veterans. The decision making and planning for new clinics or renovation of existing clinics must be data driven to ensure women veterans receive the necessary care.

On another area, the increase of women veterans homelessness. We know the true numbers of this issues are underrepresented due to prescribed models of addressing homelessness. For example, victim of domestic violence fleeing an abuser and living with a friend or family is not considered homeless. We would like your support in the flexibility of the definition of homelessness and revitalize transitional housing models to serve women veterans including those with children.

Homeless veterans consistently identify childcare as top of unmet needs. The cost is a common barrier for many as they try to seek employment and healthcare. Women veterans are more likely to commit suicide than our civilian counterparts. We encourage the development of a mechanism between federal and state entities to identify at risk veterans at the time a claim is initiated or when a service is requested. In short, many seams need to be mitigated to identify veterans at risk of committing suicide. Data indicates that 70% of the veterans who takes their own lives do not engage with the VA. We must work with each other to take on this monumental task of suicide prevention and awareness.

We also support the continued implementation of the provisions of US DVA maintaining the internal systems and strengthening integrated outside networks (The Mission Act). Given the demographic and geographic diversity of our country and its territories, NASWVC highly recommends authorization and funding based on veteran-centric approach. The Veterans Health Care Administration (VHA) is a comprehensive healthcare system that provides the full spectrum of care for all veterans, in many cases, care that is provided nowhere else. Future plans for Veterans healthcare must be flexible, perhaps at the regional Health Care System level that emphasizes an integrated (VA and Non-VA) and flexible care model. A proper mix of simplified care delivery should be based on women veteran’s needs, location, accessibility and availability of services. Decision of care within the VA or in the community should be determined by the veteran and her provider. NASWVC and the US DVA Center for Women Veterans must work collaboratively in enrolling women veterans and eligible family members in the VA Healthcare system. With this collaboration we would be able to address expansion of Vet Centers, deployment of mobile health clinics and at the same time maximizing telehealth

service especially during this pandemic. While there has been progress on suicide prevention, there is still much work to be done given that the suicide rate is 2 times higher for women veteran than it is for non-veteran. As noted on the VA's 2019 Veterans Suicide Prevention Annual Report "after adjusting for age, the 2018 rate of suicide among women veterans was 2.2 time the rate among non-women veterans. It is critical that we all work together to address this high priority clinical issues.

Telehealth services are mission critical to the service delivery of healthcare. Telehealth is particularly critical during this pandemic as well as for our women veterans who lives in rural areas in the country when just in time access to mental health services or health care is not readily available or when they have to travel long distance to see a provider

NASWVC Partnership – formal partnership between NASWVC and US DVA Center for Women Veterans continues to yield positive results for our women veterans across the Nation. This relationship was formalized through a Memorandum of Agreement (MOA) between US DVA Center for Women Veterans and NASWVC originally signed in August of 2017. We continue to collaborate with the Center for Women Veterans in developing effective programs to address the unique needs of women veterans: improve women veterans experience, access to healthcare and services, claims and appeals processes, suicide prevention and awareness and homelessness.

The National Association of State Women Veteran Coordinators recognizes that these four issues continue to be a struggle facing Women Veterans today: 1) Military sexual trauma (MST) 2) Homelessness 3) Suicide and 4) Access to health care. Because these issues are all linked together as both negative outcomes and risk factors, our association has made them priority issues, or pillars, upon which we will base our education, policy, and outreach for the coming years. While each of the bills before the Committee are important, NASWVC has chosen to endorse the following bills, as they are each tied intrinsically to one or more of our stated priority areas.

- HR 3582 – To amend Title 38, United States Code to expand the scope of the Advisory Committee on Minority Veterans and for other purposes
- HR 96 – To amend Title 38, United States Code to require the Secretary of the VA to furnish dental care in the same manner as any other medical service and for other purpose
- HR 4281 – Access to Contraception Expansion for Veterans Act
- HR 3010 – Honoring All Veterans Act
- HR 7111 – To direct the Secretary of VA to carry out the retraining assistance program for unemployed veterans and for other purpose
- HR 3228 – VA Mission Telehealth Clarification Act
- HR 6141 – Protecting Moms Who Served Act

Chairman Takano and Chairman Rose and distinguished members of the committees on Veterans Affairs, we respect the important work that you all have done and continue to do to improve the delivery of services to veterans and our families. We want to underscore our continued work with the US DVA Center for Women Veterans in the delivery of services and care to those who have served in uniform and women who are still serving. NAWVC continue to serve as an expanding hub and link to communities. With your continued help and support, we can ensure our women veterans are adequately resources and remain a priority. The difficult

challenges we addressed today are critical investments which becomes the foundation of the promise to served those who have borne the battled for their families and survivors.

Thank you for including NASWVC in this very important endeavor.

Yours in service,

*Liza S. Narciso*

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President

National Association of State Women Veterans Coordinator