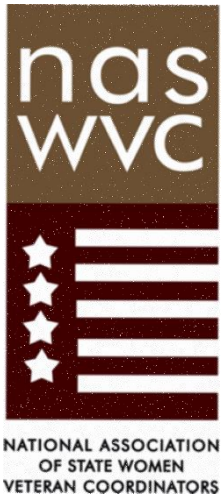
NATIONAL ASSOCIATION OF STATE VETERANS COORDINATORS



JOINT HEARING OF THE HOUSE AND SENATE VETERANS AFFAIRS COMMITTEE

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Presented by Liza S. Narciso

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INTRODUCTION

Distinguished Committee Chairmen Senator Jon Tester and Congressman Mark Takano, and Ranking Members Senator Jerry Moran and Congressman Mike Bost and members of the Committees, thank you for this opportunity to submit this testimony on behalf of the National Association of State Women Veterans Coordinators (NASWVC). My name is Liza S. Narciso and I am currently the President of the NASWVC as well as the current Women Veterans Coordinator for Washington State.

ABOUT THE NATIONAL ASSOCIATION OF STATE WOMEN VETERANS COORDINATORS (NASWVC)

The National Association of State Women Veterans Coordinators (NASWVC) is comprised of State Women Veterans Coordinators for all fifty (50) states as well as the District of Columbia and US Territories: Guam, Puerto Rico, US Virgin Islands, American Samoa and Norther Mariana 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".** We continue to increase our role, mission and vision as the liaison between women veterans in connecting them to their earned veterans both federal and state. Some of our members play dual roles not only as State Women Veterans Coordinators; but also, as Veterans Benefits Service Officers. By doing this, they are able to assist women veterans with filing claims and increasing access to VA Healthcare particularly Mental Health. Beyond this, our role continues to grow to address the unique needs of current and future women Veterans.

HIGHLIGHTS OF OUR INTERESTS

On behalf of the National Association of State Women Veterans Coordinators (NASWVC), I would like to thank the Senate and House Committee on Veterans Affairs for the stewardship and oversight that you continue to provide for those who answered the call of duty especially during this pandemic. Thank you for your efforts in passing H.R. 7105 – Veterans Health Care and Benefits Improvement Act of 2020, specifically the Deborah Sampson Act, Free Veterans Act, Financial Refuge for Every Elderly Veterans Act and the Navy SEAL Bill Mulder Act. Addressing access for women veterans is a prime directive as more women veterans transition out of the military. The importance of equity for all veterans is paramount for those who have served or will serve our nation. However, there is still work to be done.

First, the Veterans Benefits Administration (VBA) must include a full-time Women Veterans Coordinator to support women veterans as they access their earned benefits and services throughout Veterans Benefits Administration (VBA). While the Veterans Health Administration (VHA) has full time Women Veterans Coordinators (WVC), for VBA, this is a collateral duty. These duties at each Regional Office are executed as determined by the Regional Office. Since personnel fulfilling the duty as a WVC also have other duties, these personnel encounter competing priorities within VBA. The M27-1, Benefits Assistance Service Procedures reference document defines and delineates the duties of WVC but fails to establish

metrics to measure success for all areas covered in the duties of WVC, nor elaborates on the amount of time that should be dedicated to these duties.

Second, there have been various proposals to change the VA Motto. The VA Motto taken from President Lincoln's 2nd inaugural address, while appropriate at that time, is exclusive of women veterans and their significant role in service to our country in present times. Given that women were not allowed to join the US Armed Forces until the last two years of World War 1 (1917-1918), Lincoln's quote is factual and historic. As US DVA modernizes, the focus should shift from the literal quote to the interpretation of the quote and its intent. The veteran population and landscape have changed significantly since 1865 and now includes 2.2 million women veterans. Women Veterans are the fastest growing veteran population and will continue to grow; currently 20% of the US Armed forces are women and women assume roles in nearly all of 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 in the future. NASWVC recommends an inclusive motto such as: **To care for those "who shall have borne the battle" and for their families and survivors.**

Third, there are several areas NASWVC believes US DVA can work to close gaps in service, ensure continuity of care and addresses the needs of women veterans. Veterans are impacted by the provider shortage for the delivery of gender and transgender specific healthcare. In addition, we understand the VA priorities include addressing needs of victims of Military Sexual Trauma (MST) to include those who served in the National Guard and Reserve Components. Due to an increasing volume of veterans with MST, compatible care and provider alternatives need to be deliberately extended to all veterans who might otherwise be dissuaded from seeking treatment at the VA. Work must continue on the reconciliation of MST Claims for PTSD recommended in the US Department of Veterans Affairs Office of Inspector General Report #17-05248-241, dated August 21, 2018. One of the factors leading to the improper processing and denial of MST related claims was the implementation of the National Work Queue resulting in "lack of specialization" for claims requiring special handling.

While we recognize that VHA has made progress in addressing gender specific healthcare, it must include infertility care. NASWVC advocates progressive support for veterans with infertility issues caused by illness or injury while serving in a military capacity. VHA must also ensure women veterans have access to and receive in a timely manner, high quality, gender specific and individualized prosthetic care that will allow them to improve their quality of life. There appears to be a lack of consistency among the many VA medical facilities.

With the relatively 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 the population of women veterans. The decision making and planning for new clinics or renovation of existing clinics must be data driven to ensure women veterans receive care commensurate with the local demographics. Utilizing census data and other demographic information is critical for this type of effort.

Fourth, and unfortunately, the largest emerging population of homeless veterans is women. Recent efforts across the country to end and prevent homelessness are commendable especially during this pandemic. We also know that the numbers are under represented due to different models addressing homelessness. As an example, a victim of domestic violence fleeing an abuser and living with a friend, couch surfing is not considered homeless. We recommend and will work with VA and HUD to allow flexibility in the definitions of homelessness

and revitalize transitional housing models to better serve women veterans especially those with children.

NASWVC continues to advocate for HR 95, the Homeless Veterans Families Act, introduced during the 116th Congress (2019-2020) to be reintroduced. This legislation passed in the House last October but unfortunately, did not gain momentum in the Senate. Currently, the VA does not have the authority to provide the reimbursement for the costs of services for minor children of homeless veterans. This issue disproportionally impacts women veterans as women bear the primary responsibility of child raising. A GAO report found that this inequity led to financial disincentive for housing providers and in turn limits housing for veterans with young children. HR 95 would have eliminated this issue by allowing VA to reimburse providers for 50% of the costs of housing minor dependents of homeless veterans when the veterans receive services from the grant recipient. Homeless veterans consistently identify childcare as a top unmet need. The cost is a common barrier for many as they try to seek employment and healthcare.

Suicide among women veterans is a rising statistic. Data shows that women veterans commit suicide at a higher rate than non-veteran women. NASWVC recommends that VA develops a mechanism between the Veteran Health Administration (VHA) and Veterans Benefits Administration (VBA) to continue to identify at risk women veterans at the time claim is initiated or when services are requested. VBA and VHA should have a seamless approach to identify women veterans at risk of committing suicide. NASWVC recommends that more efforts through the VA Experience Office be made to support the community efforts to prevent suicide. Data indicates that 70% of the veterans who take their own lives do not engage with the VA. Preventing suicide requires everyone's commitment, from the individuals struggling with these feelings, to the systems and communities that support them. We all must be empowered to take on this monumental task of suicide prevention through education and awareness.

Distinguished members of the Committees on Veterans Affairs, we respect the important work that you have done and continue to do to improve the quality of life for our nation's heroes, our women veterans. With your continued support, we can ensure that our needs are addressed, resourced and remain a priority. Please use NASWVC as resource. Thank you for including NASWVC in this important hearing.

Yours in service,

Liza S. Narciso
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