



Statement of

BriGette McCoy CEO and Founder

Before The

Committee on Veteran' Affairs Subcommittee on

Health United States House of Representatives

House Hearing on Cultural Issues Impacting Women Veteran

Thank you to Chairwoman Brownley, Ranking Member Dunn and members of the Subcommittee.

The Organization

Thank you for inviting our voices and insight For over a decade, Women Veteran Social Justice network (WVSJ), has been heralded as a

safe space to land for women seeking information resources and wanting to stay informed about

military sexual trauma, PTSD, domestic violence, suicide prevention, housing, peer

support and events in their local and national neighborhood. We also have become known

for training other non profit leaders, supporting the launch of critical programs and services and

bringing communities of women veteran and military women of diverse backgrounds together online and in person through our integrated network.

WVSJ Network's digital media component manages an interconnected network of over 12,500 community connections online with a collaborative network of 50 other networks of support for the veteran population at large. Since 2008, WVSJ has been a primary source and stakeholder to national women military and veteran; outreach, research, educational and institutional programs, political policy and community-based program support.

This work includes partnering with educational institutions to bring veteran and civilian communities to network, published articles within the clinical professional community, national non-profits for Art and Music organizations, been a stakeholder in Emmy Award-winning documentaries and non-profit narrative digital storytelling to bring the military and war times experiences to the public.

WVSJ advocates collection of the first person narrative for military service members working with the organizations Unsung Heroes, Warrior Songs and the National Association of Black Military Women to collect the narratives. WVSJ is instrumental in leading discussions in the community to allow a holistic compassionate and honorable way for the service members to tell their story.

Our collaborations with other community organizations allow instructional and creative work to include musical and digital art to help strengthen veteran community connections.

WVSJ community participated in musical and creative art events; 2010- 2012 Creative art in Kentucky, 2014-2015- JDTR Conference Plenary Workshop Presentations on women veteran and military sexual trauma research and government policies, Bowling Green University Fall 2013 Bowling Green, facilitate the collection of the narrative of members to educate community leaders on nuance of best practices to support. WVSJ Ambassadors have participated in the education journal writing and publishing articles in Combat Stress E-magazine in Spring 2014, Fall 2018 and Warrior Songs award-winning songwriting and music CD production of the narratives of women of all eras who have served.

For the past three years, WVSJ has participated in the Women Veterans Health Fair at Emory University, allowing the first person narratives to bring awareness and sensitivity to the medical and mental health needs of women veteran to future clinical staff.

Our founder has consulted with and been in support of graduate and doctoral student researchers across the country by insight and expertise contributions to advancing peer-reviewed research since 2012. Through our programs, national partnerships and collaborative projects, we have reached tens of thousands of women veterans, their family members and community leaders.

The Founder

BriGette McCoy is a nationally recognized keynote speaker, veteran advocate, conference facilitator, and veteran community leader. Her veteran experience has been requested by multiple media networks including CNN, MSNBC, NPR and the Today Show.

In 2011 Ms. McCoy and five other women veterans, were interviewed for the Emmy Award Winning Documentary *Service: When Women Come Marching Home*, about women veterans and their civilian transition. Disabled Veterans of America supported the National Distribution.

In 2013, McCoy provided Congressional testimony on her personal and professional experiences with military sexual assault, and on suicide prevention and awareness as a member of the on the Surgeon General's 2012 Suicide Prevention Taskforce.

A Gulf War era veteran who served in the US Army from 1987-1991, McCoy held a Top Secret Clearance as a data telecommunications computer operator. She is service-connected and compensated for Post-Traumatic Stress Disorder (PTSD) from Military Sexual Trauma (MST) and Neurological injuries. McCoy is one of many women veterans who have experienced difficulties reintegrating to civilian infrastructures, to include chronic homelessness with dependent children, challenges maintaining a career with multiple disabilities, and the impact of multiple sexual traumas in the military. Despite these barriers, she leads and volunteers in multiple areas collaborating with various community organizations who

are engaged with veteran outreach.

Ms. McCoy embraces building community relationships inter-generationally amongst veterans while encouraging participation in quality life activities, some of which include: retreats for art and recreation within local and national communities, seeking medical care utilizing the VA as part of holistic modality for medical and psychological care, and training or education to increase availability for socioeconomic growth and development.

McCoy's educational background includes a Bachelors of Science in Psychology, Masters of Theology and course completion in Education Technology and Media Design.

Her work is about connecting of communities, organizations and multidisciplinary fields of study and resources influencing technological changes of resource delivery to veterans.

Personal Testimony

To the House Committee and Committee Chair: thank you for inviting my organization and the inclusion of my testimony on issues concerning women veterans, specifically the cultural issues impacting women veterans.

I am an ally, a Military Sexual Trauma (MST) survivor and advocate. My service and contributions are as important as my male veteran counterparts. Women Veteran serve, yet our visibility

and opportunities have unseen barriers to accessing many of the programs that the civilian sector believes are available to all who have served.

It is vitally important to hold in high regard and utilize the narratives of veteran

women like me, of all eras, service periods and service backgrounds as primary sources to inform research, curriculum and policies concerning women veterans. The cultural issues impacting women veterans are vast. There are too many to note fully in this setting and give the full historical context, legislative background and the full unintended consequences and implications of each. I do believe that the historical context of women not being formally included in the military structure until the 1940's is a topic for inclusion in this hearing.

Women veterans were not legislated to use the VA for gender specific medical care until the early 1990's. Only in recent years have Women specific health care spaces been constructed in VA facilities.

In my work over the past 10 years and my personal experience interacting within the government and community for support a major factor that repeatedly and consistently challenged me, has been the language which is used to describe and talk about me as a woman veteran.

Within the context of being a woman veteran, I have heard terms like, "low hanging fruit", "female", "victim", and references by men about how easy it is for women to get disability benefits. I assure you - THAT is categorically untrue. These "othering" terms have an unintended consequence for our country and the communities that serve women veterans.

How we speak about women veterans can be part of a deeper problem of what we believe and have been socialized to believe about women in general. This is a root cause factor that drives the cultural divisions and creates a barrier for meaningful, well funded support for the women

veteran community at large.

The language used to speak about, research, legislate, create and institute programs for our women veteran community, continues to be a major limiting factor toward addressing issues and needs.

Why are organizational leaders calling us female after military service? There are no Female veteran organizations. Where is the national female veterans of america organization? Even in 1948 when then President Truman signed the Armed Services Integration Act, Female was not used in the title, but the word Women. I know there will be some that say that doesn't matter.

I will argue that using biological terms is dehumanizing; that what you name or call something, or the language you use to speak about a person does have impact positively or negatively. We can trace the language in the policies and

legislation and funding and see that funding drives programs and service. Second, women

veterans currently have very narrowly defined, language specific access to some of the most well funded and highly engaged programs. Most are intentionally excluding a huge

proportion of women, and the funding legislated for their programs is language specific to

eras, combat and to gender. It is emotionally draining as an advocate to send women to

organizations that have veteran programs to have them told they don't meet the guidelines for

the program. Further, the brochures are male centered and the veteran service and community organizations and their organizing documents do not include women who have served or they

are told to go to auxiliary membership or put together with spouses, which is a completely different population.

Third, VA medical treatment visits poses issues when the organizing documents and placards have male centered quotes and presentations. The space was not created with women in mind.

There have been upgrades and changes in support of women using the facilities yet women are still being catcalled and harrassed going to a mental health or medical appointments - and when they can get them.(see the illustration below re:harassment).

It is never clear what the outcome will be for a woman who reports harassment, or for the patient or employee that harasses. My personal experiences of being harassed within the VA and the discussions with other women about the need to change

their appearance, come at certain times of day, switch to other hospitals (where the harassment is less pronounced) or stop going to the VA at all is another area for discussion.

Next, women veteran professionals are not always treated with the same professional respect as our male counterparts. Many times rank, era and service time are used to limit access to programs for professional advancement. When Program managers ask me to send them people to fill their programs but won't make exception for a woman veteran

of any era because their funding stipulates a specific era.

I recognize brands and businesses have certain markets. However, if your market is veterans - that is who I am. We are the only segment that is singled out.

Women Veterans are being leveraged and discarded based on the visibility and funding gained by our presence. There are quite a few veteran women who have needed to remove themselves

from the non profit community because the environment is extremely toxic and their self care became more important than the presented image of working for the organization.

Last, we are veterans first and foremost. When we served the only time we were called "female" was when we were being seperated from our teams by our gender. Needless to say, it was not in many cases, a positive reason it was being used.

I also wish to focus on our women Reservists, and National Guard members.

The language of their service has been a factor that excludes them from much needed programs and services. With the most recent changes to service availability for these uniformed personnel

it is vitally important that language includes our women serving in these capacities. I have many other areas of concern but time is a limiting factor so I chose to highlight these areas specifically.

Recommendations for us to move forward toward positive changes are as follows:

My recommendations

- Create equity with women veteran subject matter experts as the co-leads and leads in future events including queries, discussions, panels part of best practices policy and procedures.
- Create space where veteran women thought leaders and innovators have a primary voice in their care and treatment.
- Research of impact of including narrative works, and veteran and survivor subject matter experts in the planning of programs and services for veteran women and survivors.
- Increase access to funding for women veteran led programs with cultural competence and history of serving women veterans with 3 or more years.
- Include leaders and organizations with proven results and outcomes directly benefiting women veterans of all eras and service times for legislative and policy input.
- Create Veteran Affairs medical and claims spaces no tolerance no access for veteran who harass other veterans during times veterans who are seeking medical treatment or utilizing the VA any VA programs
- Use Ally centered* language, program descriptions, and educate leaders to present and legislate from that position. *This includes disability, gender identification, race etc.



A messaging campaign with the slogan "Hello, my name is not 'Hey Baby'" at a veterans medical center in Chicago.
Alyssa Schukar for The New York Times



J.Payton, B.McCoy 2018 “Current Challenges and Future Directions Supporting Veteran After Military Sexual Trauma.”

Ambassador Contributions

(Board Member Sr Ambassador Connie Baptiste)

National Guard And Reserve

- Women Veterans Access to VA facilities – National Guard and Reserve Units in rural areas have to travel sometime over an hour to access a VA
- Women Veterans are younger they are only doing one term and getting out with disabilities.
- Child care and access to it during

appointments

- Mental health support in rural areas
- VA education being provided to the location
- State vs VA health care for veterans who don't meet the VA's definition to receive support.
- Spousal programs of support for the caregivers
- Access to care and support for children born to women veterans with disabilities
- The new policy, Deploy or Get out, military members non-deployable for more than 12 months will be administratively discharged, more disabled veterans
- Statistics show that veterans move back to their home area, many from rural areas
- Underemployment/unemployment high for deployed Guard and Reservist.

Current Guard Posture Statement

Army 343,000 Soldiers,
8 division headquarters,
27 brigade combat
teams,

96 multifunctional brigades, 8 combat aviation
brigades and 2 Special Forces groups

Provides the Army 39% of its operational
forces Operates and manages nearly 42% of
the Army's manned and unmanned aircraft. Air

Guard 105,700 Airmen, 90 wings,

1,111 aircraft Flies 44% of Air Force's KC-135 air refueling missions Flies nearly 30% of the
Air Force's strategic and tactical airlift (C-130s / C-17s) missions Flies 30% of the fighter /
attack (A-10s, F-15s, F-16s, F-22s) missions Provides 42% of the Air Force's Prime BEEF
and 53% of the deployable RED HORSE civil engineer units.

Deployments

Since 9/11, the National Guard has supported more than 850,000 overseas deployments.

More than 2,800 Guard Airmen from 48 units served in nine different locations while filling 46% of the total force's civil engineer needs overseas last year.

The Air Guard is providing 23% of the total force's Remotely Piloted Aircraft capability and 25% of the total force's Distributed Common Ground System (a system that produces military intelligence for multiple military branches) capacity in direct support of combatant commanders' intelligence, surveillance and reconnaissance requirements.

Guard Soldiers and Airmen have served on every continent and in every Combatant Command in more than 70 countries around the world

Army

Reserves

Since Sept. 11, 2001, more than 300,000 Army Reserve soldiers have mobilized, some serving multiple tours, seamlessly integrating into the active Army and the Joint Force.

Suicide Rate among Guard and Reserve

In 2013, the suicide rate among reservists was 23.4 per 100,000, In 2013, the suicide rate among National Guardsmen, 28.9 per 100,000.

History

Makers

The New Hampshire Army Guard's 2nd Lt. Katrina Simpson made history when she became the first woman officer in the National Guard to graduate from the U.S. Army infantry officer basic course. (The Army National Guard Warrior)

<https://www.nationalguard.mil/Portals/31/Documents/PostureStatements/2018-National-Guard-Bureau-Posture-Statement.pdf>

<https://giveanhour.org/wp-content/uploads/RCP-Fact-Sheet-March-2017.pdf>

<https://www.militarytimes.com/news/your-military/2018/02/14/dod-releases-new-deploy-or-get-out-policy/>