



Statement of Lindsay Church
Chief Executive Officer
of
Minority Veterans of America

Before the

House Committee on Veterans Affairs
Subcommittee on Health

On

Cultural Barriers Impacting Women Veterans Access to Healthcare

MAY 2, 2019

Chairwoman Brownley, Ranking Member Dunn, and members of the Subcommittee, on behalf of the Minority Veterans of America (MVA), thank you for the opportunity to testify about the cultural barriers impacting women veterans' access to healthcare.

My name is Lindsay Church and I am the Chief Executive Officer and Co-Founder of MVA. I served in the United States Navy from 2008-2012 as a Persian linguist, all but three months of which were under Don't Ask, Don't Tell. I am a medical retiree and I, personally, receive my care through the VA.

Since starting MVA in 2017, we have grown to over 800 veterans across 46 states, 2 territories, and 3 countries, 47% of them are women. Together, our members account for 6,000 years of service, some, dating back to conflicts and eras that pre-dated when they were legally recognized as women veterans.

I am here today to testify from both my own personal experience and on behalf of the countless women veterans who will never have the opportunity to be heard or accounted for.

In the military and veteran community, the role of women is quickly expanding and their stake of the community is constantly growing. With more ranks and rates opening to women all the time, the portion of the community that women make up is only anticipated to continue to grow. This rapid growth has left a lag in the the culture meant to support women after service. The culture that we have created, or neglected to advance, in our military and veteran communities has left many women veterans without a community to call home.

The cultural barriers that women veterans face are complex in nature and require a unique understanding of the lived experiences of women in the military community. At the heart of the cultural barriers that we face are two primary areas of concern: 1) The toxic culture for women and minorities in the military and veteran community that have caused a loss of faith in services designed to support them; and 2) The perpetuation of systems that render our service and voices, as women veterans of all kinds, invisible.

Toxic Culture for Women and Minorities:

The military and veteran community have histories of harassment culture that have long been acceptable when directed at women and minorities. There have been instances of institutionalized discrimination that have been held in place for years, sometimes even decades, before being struck down through acts of Congress or decisions made at the highest levels. These policies create a space where harassment and discrimination of the individuals who are impacted by them is seen as acceptable and tolerated. The harassment that we face as a result of the culture that is created inflicts lasting damage on those of us who endure the behavior without an ability to change our circumstances.

The discrimination that happens in the military to women-identified individuals is compounded by the force of the entire United States military that renders each service member powerless until their date of discharge. Even if you want to leave the military because you are being harassed, assaulted, or fear for your safety in any way, you are beholden to a system that demands compliance no matter the circumstances.

Women identified individuals experience instances of gender-related discrimination, sexual harassment, and assault at rates that are exponentially higher than that of our male peers.¹ In many cases the offending individual is a supervisor or unit leader who committed the violation(s), leading to a mistrust for those in positions of authority.

In addition to harassment and discrimination based on our gender, we are often made to feel as though reporting our wounds and injuries will make us seem inferior to our male counterparts. We unnecessarily push ourselves beyond human physical capacity and often to the point of injury or permanent disability. The military perpetuates a 'culture of fitness' that unduly impacts women who serve. Compared to our civilian counterparts, women veterans experience higher rates of arthritis, cancer, cardiovascular disease, and functional impairment.²

¹ Complete Results from Major Survey of U.S. Military Sexual Assault, Harassment Released, RAND Corporation. May 1, 2015. <https://www.rand.org/news/press/2015/05/01.html>.

² Data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), and the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH).

Anecdotal evidence of this can be found in cases such as that in Naval Training Station Great Lakes where the second woman in eight weeks died after a physical fitness test in basic training on Saturday, April 27, 2019.³ I can personally attest to this culture of fitness and pushing beyond my personal limits as I treated my body as though I was invincible during service and now I live with the permanent disabilities as a result.

We carry these memories from our time in service of when we were harassed or made to feel less than worthy forward with us like battle scars into our civilian lives. When we separate from the military, we must decide, based on the severity of our treatment and the intensity of our needs after service, whether or not we will return, in any capacity, to a setting where affiliation with the military is the common thread among the community.

Like our male counterparts, we are proud of our service and what we have accomplished and, our stories are complicated. For many women, overcoming this barrier of re-entering military culture voluntarily in their life after service to use their VA care is too great, so they choose not to engage their care or benefits.

Despite the barriers, some women decide to engage and attempt to join the veteran community, either to find others with similar lived experiences or to gain access to their benefits through a Veteran Service Officer only to find themselves further harassed and discriminated against by other veterans. Traditional Veteran Service Organizations, those that were long seen as the leading experts on veteran advocacy, have held together some of the most toxic culture for women.

The Minority Veterans of America itself is an organizations whose roots are in the harassment I experienced at the American Legion.⁴ When I first shared my story publicly of the discrimination I endured and witnessed while serving as a Post Commander was met with hundreds of others who had similar stories to my own from their times trying to be a part of the American Legion of VFW. These spaces are often the places that veterans are expected to go to gain access to their compensation and benefits. This in itself can be an insurmountable barrier.

In addition to the hurdle of being forced to re-enter military culture in order to use the VA, the organization itself has a reputation in the community for being sub-par care that lacks a nuanced understanding of who we are. Whether that is true or not, perception to the user is reality if they have yet to walk through the door. If re-entering military culture alone does not prove to be a stopping point, the larger emergent narrative is that the VA does not care as it should for veterans. The stories that shake the public to the core of veterans who die by suicide

³ "Navy recruit is second woman to die at Illinois boot camp in 2 months". CBS News, Apr. 27, 2019. <https://www.cbsnews.com/news/kelsey-nobles-navy-recruit-alabama-collapses-dies-boot-camp-navy-recruit-training-center-great-lakes-illinois/>

⁴ Commander quits Seattle veterans group over harassment, racism. NPR. Mar. 9, 2018.

in the parking lots and waiting rooms are too common for us to be assured that we will be treated with care.

Of the MVA members who are women identified individuals, 54% disclosed a story of harassment, discrimination, or feeling outside the military or veteran community on their application for membership. 14% indicated that they had been raped or sexually assaulted while serving in the military. These numbers may seem small in comparison to expectation but, these responses came solely from the prompt, "Tell us your story."

Systems that Perpetuate Invisibility and a Toxic Culture:

In addition to the issues of toxic culture, from the highest levels of the Department of Veterans Affairs, systems have been built that hold together and perpetuate the problem. In some cases, these systems are constructed through mere happenstance. In others these are constructed through willfully declination to change or adapt to the changing needs and demographics of the community.

On plaques at VA facilities across the country are the words of Abraham Lincoln, "*To care for him who shall have borne the battle and for his widow, and his orphan.*" These words serve as the motto and mission of the organization. At the time that President Lincoln delivered this address, women were serving as nurses, spies, and some, even, as soldiers in the field. When these words were adopted as the VA's motto, in 1959, thousands of women were on their way to Vietnam as part of the Army's Nurse Corps.

Despite the fact that they would not be given legal recognition as veterans until 1980, women have always been among the ranks of those who have served. The plaques inscribed with Lincoln's words are physical representations of the deep and lasting history of invisibility for women in the military and veteran community.

This invisibility is interwoven into the memories of our service and becomes the narrative of our experiences as veterans. Where our male counterparts are thanked for their service, women have to fight for adequate representation, especially for those of us with multiple minority identities. Women have to fight to be seen. Women have to fight against the conflicting and confusing memories we have of their service.

The outcomes that women veterans are experiencing today - rise in suicide rates and mental health crises, homelessness, health disparities - are challenges that show the results of our inequitable access to care. To change these outcomes, we must look to the root of the problem and not just triage the results. The roots in this instance are the systems that exist that continue to render our service and voices, as women veterans of all types, invisible.

Looking at one of these systems as an example is the advisory committees to the Department of Veterans Affairs. Of the 26 Advisory Committees to the VA⁵ with committee chair information available online, only six were chaired exclusively by women identified individuals. Of those six, only three had served in the U.S. military. Of those three women, one was a Woman of Color, and none were gender-diverse.

The lack of ability for women veterans to form any type of majority without the assistance of our male counterparts, reinforces the belief and understanding that we do not have the opportunity to make decisions about our own healthcare.

No matter the composition of these advisory committees, the power structures in place still ensure that an overwhelming majority of the decision-makers and advisors to those who lead the Department itself, are men.

When structures are built in a way that men must give us the ability to self-govern our own health outcomes, the power dynamic begins with an imbalance.

Without the voices of women veterans in these positions of authority, there is no assurance that that we are heard, considered fully, and that our ideas are acted upon in the same ways as our male counterparts. Instead, this structure assures women veterans are beholden to a system that lacks the insight of our lived experiences as those that are currently being underserved.

Chairwoman Brownley, Ranking Member Dunn, distinguished members of the Committee, as a representative of Minority Veterans of America, I provide the following recommendations to address the growing and complex needs of the woman veteran community:

1. Contract with an outside agency with experience working with and including women veterans to conduct a cultural assessment of the Department of Veterans Affairs and its facilities as it relates to gender identity.
 - Assess internal staff culture, core values of the organization, strategic plan and initiatives, and leadership structures.
 - Assess external culture and what the experience of women veterans is while navigating the VA system. Examine behaviors and mannerisms that are considered acceptable within the VA for patrons and staff.
2. Create community standards for conduct at Department of Veterans Affairs' facilities for patrons and staff.
 - Eliminate harassment culture and implement and publicize department-wide anti-harassment campaign.
 - Make reporting easier and accountability more transparent in instances where harassment has occurred.

⁵ There are currently 27 standing advisory committees to the Department of Veterans Affairs. 26 had current information about their members available online.

3. Create a streamlined process between the Department of Defense and Department of Veterans Affairs so that VA coverage is opt-out rather than opt-in.
 - o Assign each woman veteran a primary care doctor in their nearest Women's Clinic.
 - o Invest further in the tele-mental health system and prioritize finding providers who specialize in women military and veteran communities.
 - o This increases access for all veterans to ensure they do not feel bad for seeking care and treatment.
 - o The time a veteran is likely to use their VA healthcare is a point of crisis. That's too late if the veteran is going to navigate getting benefits.
4. Invest in expanded research around intersectionality as it pertains to women veterans and systemic barriers impacting minority women veterans from accessing healthcare.
 - o Minority women such as women veterans of color, lesbian and bisexual women (especially those that served during and prior to Don't Ask, Don't Tell), transgender women veterans, and (non)religious minority women veterans.
5. Open the VA's motto to public comment to consider change.
 - o Either maintain gender neutrality or revisit the motto and mission with representation from all communities to ensure input.

Chairwoman Brownley, Ranking Member Dunn, and distinguished members of the Committee, thank you for the opportunity to testify today on behalf of Minority Veterans of America about the cultural barriers impacting women veterans' access to healthcare. For additional information regarding this testimony, please contact Lindsay Church, Chief Executive Officer of Minority Veterans of America at lchurch@minorityvets.org.