



Statement of Stephanie
Gattas Chief Executive
Officer
of
The Pink Berets

House Committee on Veteran
Affairs Subcommittee on Health

On
Beyond Deborah Sampson:
Improving Healthcare for
America's Women Veterans in the
117th Congress

Chairwoman Brownley, Ranking Member Bergman, and distinguished members of the Subcommittee, on behalf of The Pink Berets, thank you for the opportunity to testify on improving healthcare for America's women veterans.

My name is Stephanie Gattas and I am the Chief Executive Officer and Founder of The Pink Berets, a nonprofit dedicated to providing aid and relief to women of the United States Armed Forces, both active duty and veterans who are seeking assistance with invisible injuries such as Post Traumatic Stress Disorder, Military Sexual Trauma, and Traumatic Brain Injury. I served in the United States Navy from 1994-2002 and I am a proud woman veteran. Since our inception in 2015, The Pink Berets has served over 1,100 women veterans through our in-person programming and have virtually extended our services across the country and world.

I would like to begin with appreciation for the opportunity to provide testimony today. I sit before you today to testify from my own personal experiences as a woman veteran and service provider to women veterans as well on behalf of countless strong and resilient military women who find themselves silenced and disregarded. In spite of the intentional silencing and marginalization of our community, women veteran's preserver, adapt. and overcome.

Through our work providing service to the military and veteran community, we are cultivating ways to enhance our scope of work through various program options however, as this Committee is aware, there is still a vast amount of work that needs to be done to provide the necessary critical support women veterans truly need. For the purposes of this statement, we have several key areas where VA can and should expand services and programs to support



women veterans beyond Deborah Sampson. These areas are: women focused mental health treatment centers, gender-specific housing and shelters capable of supporting MST and trauma survivors, housing for women veterans with families, peer support programs, and increased access to mental health service and transition services.

In a military that was designed both by and for men, women have and will continue to be at a disadvantage. Despite our service, the military and veteran community have limited resources available to truly designed for them. We are in 2021 and are still working to change the perception that we served and, in many instances, the story of most of our service is one where we worked twice as hard as our male counterparts to received only receive a fraction of the recognition and support. As mental and physical health needs continue to arise, we are looking to the Department of Veterans Affairs to provide a higher level of care in our community.

A story that illuminates the cracks in the system for women veterans is one of a recent TPB client from just this year. The story, like many, begins with a woman veteran grappling with mental health crisis, homelessness, and without a support system seeking assistance. She was in every sense of the word, struggling. I have personally experienced homelessness, so this was a request that was all too familiar.

She presented a sense of normalcy in her day to day activities however, this quickly changed, and she was admitted to the VA hospital on a Friday where she was examined for substance abuse and a possible manic episode. Over the course of the weekend, I received 7 different calls from 7 different providers at which point I was asked since she was homeless and they did not have a place for her to stay, could she stay with me? My answer was a firm no, however upon asking why this was asked, the answer provided was, I am sorry we just don't have enough women resources to provide, The VA states they are working to change this however, nothing has changed. She was still released on a Sunday because she seemed okay but also refused treatment. While I commend the providers addressing the needs of the woman veteran in question, it was unfortunate to witness a woman veteran face more obstacles than originally intended. I was now presented with a herculean effort in finding a suitable place for this woman veteran to stay since she is an MST survivor and a homeless shelter was out of the question. Furthermore, placing a woman veteran in an environment once diagnosed with Bipolar disorder was also impeding progress. Where can she go? I was contacted by several social workers who then worked with me to find her a place to reside while we worked to schedule her therapy and housing. In the interim, myself and a group of women veterans paid to place her in an Airbnb, as the problem was now ours and we leave no sister in arms behind. Ultimately, she was placed in a group home where I was told was recently offered to house a "few" women veterans since there was nowhere to place them during COVID. One week later the woman veteran in question leaves the group home and is once again homeless and roaming the streets with an untreated mental illness. How do we rectify this situation and



allow this type of care to continue? The answer is not simple, but it will take all hands-on deck to change the way we address mental health and homelessness in military women.

Recommendations.

- 1) **Women Veteran Mental Health Day Treatment Program** - Implement a day treatment program that designed to address all transition related issues in instances where mental health crisis that has not been identified. In the past, San Antonio's VA administered a day treatment program. This program was equivalent to the Laurel Ridge Treatment Center Partial Hospitalization program. This resource was closed in 2016, but still, the resource is needed, especially with OEF/OIF/OND veterans who require transition services and more intensive care than veterans from previous eras. Creating a standalone center for women would increase utilization of VA services and boost confidence that the VA is working towards addressing the specific needs of military women. This space should be staffed with gender specific peer counselors with experience providing culturally responsive and trauma informed care.
- 2) **Woman Identified Peer Counselors** - There is still a deep need for peer counselors who identify as women to be installed within the VA. Expanding representation for women veterans would rebuild the trust necessary to increase utilization by women veterans. These peer support specialists should receive mandatory training on providing culturally responsive and trauma informed care.
- 3) **Coordination of Care** – Women veterans are getting lost in the system and being afforded care that does not take into account their unique lived experiences and their reticence to receive treatment for myriad reasons. To improve, VA must attend to the needs of patients who are diagnosed with a mental health disorder and refuse treatment. Coordination and communication between VA's Office of Community Care, community providers, and veterans themselves. The mechanisms are in place, but staffing and training are continually needed to ensure that coordination of care for women veterans is seamless. The delay in care in this case was unnecessary and the veteran was left to determine her own course of action. This wait and this unnecessary complication can be deadly in a community already struggling with so much.
- 4) **Care and Service Improvements** – There are several areas where VA can improve their service offerings to women veterans. We believe the greatest areas of opportunity are:



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- a. Outreach Efforts - VA must improve communication to women veterans by improving outreach efforts. Women veterans lack the knowledge of programmatic and service offerings at VA. This can be improved by targeting and dedicating outreach efforts to women veterans.
- b. Referrals - Women veterans lack confidence in available treatments through VA and how the process works with referrals from one program to another. The referral process from VA to community provider or organization is difficult for women veterans to navigate and impedes their ability to understand how to overcome the obstacles before them.
- c. Peer Support Specialist - Women veteran should have an accountability partner, preferably a peer counselor, dedicated to supporting them. This will ensure that women veterans don't slip through the cracks in the VA system. I have experienced firsthand just how difficult it can be to navigate the system and the various providers that insist that there are just not enough resources available to support women veterans.
- d. Dedicated Women Veteran Funding – While there is a deep recognition that women veteran services are starkly behind the growth of this community, this emergency has not been met with funding mandates that require VA to invest in women veterans. Until this investment is made, we will continue to see these outcomes for our community. Successful programs require dedicated funding to ensure their success.

Thank, you again, for the opportunity to testify and represent the unique needs of our community. We look forward to the opportunity to work with you and your office to build equitable support for women veterans.

Respectfully Submitted,

Stephanie Gattas

CEO & Founder

The Pink Berets



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