

Deborah Sampson – <https://www.congress.gov/116/crpt/hrpt281/CRPT-116hrpt.pdf>

Statement of G. Patricia Jackson-Kelley, National President

National Association of Black Military Women (NABMW)

March 18, 2021

With respect to: Beyond Deborah Sampson: Improving Healthcare for America's Women Veterans in the 117<sup>th</sup> Congress.

Thank you Chairwoman Brownley and Ranking Member Bergman for holding this extremely important hearing at the onset of the 117<sup>th</sup> Congress.

My name is Patricia Jackson-Kelley and I am the National President for the National Association of Black Military Women.

I am hopeful that the timing of this hearing is an indicator of how this Subcommittee plans to prioritize women veterans in the 117<sup>th</sup> Congress. I am extremely grateful for the amazing leadership and hard work of this Subcommittee and the Full Committee to get the Deborah Sampson Act as part of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act signed into law last year. It may not be my place, but on behalf of the over 2 million women veterans worldwide, I would like to thank the House Veterans' Affairs Committee for your relentless struggle to push for the codification of the Deborah Sampson Act.

I would also like to thank the Subcommittee for the opportunity to share the collective thoughts, experiences, and the data of the National Association of Black Military Women on issues related to women veterans' healthcare. Not only am I a veteran who retired after twenty-six years in services, but I also worked and retired from the Greater LA VA medical center; where I served as Women Veteran Program Manager for ten years and was instrumental in developing many of the initial programs for women's health. So today's hearing topic is of great interest to me.

Prior to delving into the recommendations for policy improvement, I would like to reintroduce the National Association of Black Military Women to the Subcommittee. The National Association of Black Military Women was formed in July 1976 by a group of 21 Black women who served in the Women's Army Auxiliary Corps (WAAC) and Women's Army Corps (WAC) during World War II, Korean and Vietnam wars who gathered to discuss issues of the service of Black military women being lost to history as members of their units were getting older. Since the initial convening, NABMW has established a strong national network of Black military women dedicated to preserving the narratives of Black women veterans and advocating for needs of Black women veterans. This is the second time that NABMW has spoken before the Committee in its 40+ years of existence and it is my sincere hope that

the Committee will continue to embrace, communicate, and welcome the voices of NABMW in these hallowed halls.

Addressing the current healthcare situation, a growing number of minority women veterans are entering the military and being discharged as veterans. The VA now considers women as the fastest growing group of veterans, but their issues are not being discussed as often. Women veterans face remarkably different experiences than their male counterparts when they transition out of the military. Black women serve in far higher numbers than their civilian representation. Members of the minority community typically have a higher rate of chronic illnesses, such as diabetes and high blood pressure. They need providers fully trained to help minority women who often do not have their health care needs properly assessed and addressed, especially reproductive, pain management, and mental health assessments and treatments.

NABMW request comprehensive training, services, and support for sexual harassment and assault victims. The main areas of concerns focus around the training and resources for military medical professionals to address the health concerns and needs of different victim demographics. Offerings of medical and mental health services for victims, inclusive of treatment and rehabilitation services. Increased availability and accessibility to health care providers and facilities for victims (inclusive of assaults that occur in a deployed or operational setting). And lastly, adequate programs in place to treat Post-Traumatic Stress Disorders. While the VA made significant advancements in addressing all these needs of women veterans, there is still room for improvement.

According to the 2018 report prepared by the National Center for Veteran Analysis and Statistics, minority veterans make up about 22% of the total veteran population, in 2016 Afro-Americans were 11%. The report projects a decrease in the overall veteran population from 18.6 million in 2016 to 12.9 million in 2040. However, the percentage of minority veterans will increase from 22 to 34 percent. The 2015 Study of the VA at the Memphis VA Medical Center suggested that when patients have equal access to care health, differences disappear and Black veterans fare better than whites in several improvement health outcomes.

NABMW applauds the Deborah Sampson Act, Section 201 primary Care for Female Veterans. It identifies the necessity to increase the need for Primary Care Physicians who specialize in health care for female veterans at 96 of its outpatient Clinics. The expectation to solely hire 110 additional full-time basis employees does not address the need to incorporate diverse employees into this count, in particular Black health care providers.

NABMW is in agreement with the authors suggestion of providing essential insight into ways to eliminate health care disparities and ways to transfer new approaches into treatment settings that are critically needed.

In summary, NABMW request and concur with the following actions to be taken:

1. Mandating access to Legal Clinics at VA Facilities for all low-income veterans
2. Reproductive treatment and education included as part of the Women Veterans Health Programs
3. Increased hiring and training of Black/Ethnic minority providers

4. Implementing both Forensic nurses and Ombudsmen positions to assist special populations across the health care system.
5. Increased use of telehealth to reduce the urban and rural transportation issues and disparities
6. Separate entrances to access Women's Clinics in larger facilities to reduce harassment concerns, along with ongoing employee and veteran client education.
7. Increased victim medical care for victims of sexual harassment and assault.

As previously stated, our organization's primary purpose is to preserve the narratives and advocate for needs of Black women veterans. The 6888 Postal Battalion, who served overseas during World War II and reduced a massive backlog of mail, has a Bill currently awaiting final disposition for a Congressional Gold Medal. Presently there are eight known living members. It is requested that you assist us in ensuring the passage of this bill and the well-deserved recognition and efforts of these women.

Madam Chairwoman and Ranking Member Bergman, this concludes my statement. I am happy to answer any questions you or the members of committee may have.