

**MILITARY
WOMEN'S
COALITION**

UNITING SERVICEWOMEN:
PAST, PRESENT & FUTURE

Statement for the Record by the Military Women's Coalition
Before the House Committee on Veterans Affairs
Subcommittee on Oversight & Investigations
July 22, 2020

Thank you, Chairman Pappas and Ranking Member Bergman, for the opportunity to address issues concerning veterans who receive services from the Department of Veterans Affairs (VA) as well as those employed by the VA.

Sexual harassment is a serious problem across departments of government and is a deeply troublesome concern for those in both the Department of Defense (DOD) and the VA. Many service members transition from the military after having suffered sexual harassment, sexual assault and/or rape, only to find themselves in a similar environment within the confines of the VA.

As Chair of the Sexual Violence Policy Committee for the [Military Women's Coalition](#) I present what we have determined to be best recommended practices for improving the services provided at the VA.

As we confront this issue at the VA, sexual harassment is about to become chargeable offense in the Department of Defense under the Uniform Code of Military Justice, Article 134. This behavior is being added as a punishable offense in the military because it violates "good order and discipline."

This is important progress and we believe the VA needs to make sweeping changes that show a commitment to real and measurable change when it comes to sexual harassment, especially in light of the decades of Government Accountability Office (GAO) reports with recommendations that the VA has failed to implement.

In its most recent reports, the GAO has found that a quarter of VA employees have reported sexual harassment and an equal number of women veterans seeking VA health care report the same level of sexual harassment at VA facilities.

More women than ever are seeking treatment in VA facilities although they only represent 10% of those enrolled and about 7.5% of those receiving VA treatment.

These figures reflect a glaring problem when it comes to inappropriate behaviors. The same people who stepped out of line in the military are creating hostile environments at the VA for both patients and staff.

Sexual harassment includes anything that makes it difficult or impossible for a veteran seeking services or working at the VA to either get proper care or accomplish their job tasks. Successful outcomes in both of these spheres are impacted by sexual harassment or harassment in general.

Sexual harassment includes a wide range of behaviors and isn't limited to making comments about how a person looks or dresses or unsolicited advances.

For many women veterans, seeking treatment at the VA often requires an extraordinary effort. They have to prepare just to step foot onto grounds, much less into buildings because of what they endured in uniform.

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Younger women veterans are often surprised at how few women they run across in facilities because the numbers of women veterans in the VA are generally less than they are accustomed to in active service where women comprise 17% of the military.

They know that the same people they served with are at the VA, including perpetrators who committed varying levels of offense against them from sexual harassment, to sexual assault, to rape. The difference is, they don't have to go back to the VA if someone bothers them - and that means they are forced into making a choice not to receive the health care they earned because the VA is not providing the safety, security and protection all patients should enjoy.

A recent VA report stated that 85% of veterans using VA services feel welcome at the VA. As soon as the women veteran community read it, they were incensed: "How many did they talk to? That is ridiculous! Which VA did they go to? How can so many of us have bad care or get harassed when we go in for care and have this be true?"

Keeping those responses in mind, what are the problems? Women veterans report that they are largely the same as in the military. They tell us they have experienced unwanted attention, whistles, sexual innuendo, hassles in the parking areas, VA police asking them out or singling them out for no apparent reason, asking a question and being ignored or spoken down to by a male employee or other veteran, exposure of genitals or showing porn on a phone or computer in a waiting room.

And much like the military, sexual harassment, if initiated by a VA employee often escalates into something more dangerous, as in the case of former Chief of Cardiology at the VA hospital in Palo Alto who was indicted in May of 2020 for sexual battery of a subordinate Doctor. Or, in another case a Congressional Policy Advisor who was assaulted by another veteran at the VA hospital in Washington, DC and then faced retaliation by the Secretary of Veterans Affairs.

The mental health impact on women veterans receiving care as a result of Military Sexual Trauma (MST) is dramatic when the same thing happens at the VA that they faced in the military: sexual harassment, sexual assault and/or rape followed by retaliation if they report.

Recommendations:

- Adopt a sexual harassment policy that clearly defines sexual harassment behaviors, sexual coercion, unwanted sexual attention and gender harassment. The VA currently has an employee sexual harassment policy that clearly defines these behaviors, as recommended in GAO Report 20-387, pg. 7, but it doesn't have one that applies to patients and visitors.
- Just as veterans are asked by their providers about safety at their residence, they should also be asked if they have or are experiencing sexual harassment anywhere at the VA or on any of its properties or at the hands of any employee separate from the facilities.
- The VA must adopt standardized definitions of sexual harassment and, as the DOD is doing, make such violations carry serious penalties if they occur in the confines of the VA, including suspension of VA services for repeat perpetrators or isolation of perpetrators when seeking care.

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- Reporting should be removed from the VA system and given to an outside agency. Someone in leadership or anywhere in the chain of command will be unable to thwart proper reporting of incidents if they don't control reporting. Create an organizational structure for reporting incidents of sexual harassment in this new framework.
- Every incident should be reported to a centralized office within 30 days of its occurrence and an annual report of these issues broken down by agency including: the Veterans Benefits Administration (VBA), Community-Based Outpatient Clinics (CBOCs), hospitals, Vet Centers, Nursing Homes, and Cemeteries and should be compiled annually by the central facility to determine where the greatest problems OR best practices are occurring. An annual report should be sent to Congress.
- Develop new annual mandatory, competency-based training. Such a program should feature cultural competencies, scenario-based, measured, recorded and reported and individually identified, in-person training. All VA employees, interns, externs and volunteers must be trained in identification of sexual harassment and response. This training must be graded and passed with a greater than 70% passing score. Create safe space/trigger-free zones for women who have been diagnosed with Post Traumatic Stress Disorder (PTSD) due to MST.
- Offer accompaniment to appointments for those who are just beginning their VA treatment experience. (Guides that are gender specific for veterans and know how to utilize the VA system)
- Fewer communal areas where men just lounge about (lobbies, waiting rooms, atriums) for extended periods of time that are not policed. These areas foster a "toxic culture."
- Operational cameras strategically placed throughout the facilities, at all entrances, communal areas, throughways, parking lots and remote areas. Cameras should be monitored multiple times daily and be inspected weekly. If a camera goes out, have backups on site that maintenance can immediately install. The same monitoring and maintenance protocols to be established on locks and alarms.
- Mandate adequate VA Police Department staffing for all shifts. Ensure at least one female Police Officer is on duty at all times to respond to sensitive situations and instances where reporting to a woman officer will create a more effective environment for a complaint to be filed.
- The Anti-Harassment campaign launched in 2019 lasted only a few days in some facilities, others made no effort to display them in high traffic areas and still other facilities allowed them to be defaced and left up. In few locations were they properly and fully displayed. The VA should reignite this campaign and include a written sheet in pharmacies to be read and initialed by each veteran before picking up medications.
- For mail-in refills, a page of what sexual harassment is and what the consequences are should be included in the package.
- Develop new mandatory training for all VA employees ensuring they are trained in identification of sexual harassment and response if a patient or visitor reports an incident of sexual harassment to an employee.

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- Create a comprehensive Harassment Prevention Program (HPP) directive and handbook for distribution. According to Recommendation #7 in GAO-20-387, the VA is currently in the process of developing a plan, directive and handbook for VA employees and should be creating a companion text for patients and visitors.
- Bystanders who witness sexual harassment should be mandated to report.
- A victim compensation fund should be created for patients, visitors and staff. If a veteran receiving compensation has to sue for redress, their disability benefits, social security disability and any other income should be protected and not offset by any settlement.
- Veterans and VA employees should have their DNA registered and cross-matched through the Combined DNA Index System (CODIS) when predatory behaviors have been reported or discovered.

We realize this is a lengthy series of recommendations. We implore you to recognize how seriously these areas, left unaddressed by the VA for decades, have left VA patients, visitors and employees, in vulnerable positions for far too long.

This statement was prepared by the Sexual Violence Policy Committee of the Military Women's Coalition. For questions please email MWC@servicewomen.org or call 202-798-5570.

Sincerely,

Paige Jenkins
Steering Committee Chair
Military Women's Coalition

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The MWC is a national coalition of formal and informal organizations who work collaboratively to serve and support US active duty, Guard, reserve, Veteran and retired service women by uniting and elevating their voices to influence policy and improve their well-being. Our vision is that someday military women are fully integrated, equally respected and equally supported members of the military and veteran community and their contributions are recognized as essential to national defense. Currently there are 19 organizations in the Coalition representing over 1.6 million members from across in the nation.