

STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
TO THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS AND
THE WOMEN VETERANS TASK FORCE
CONCERNING "SAFETY FOR ALL: ENDING SEXUAL HARASSMENT IN THE
DEPARTMENT OF VETERANS AFFAIRS"
JULY 22, 2020

Chairman Pappas, Ranking Member Bergman, Chairwoman Brownley, and members of the Subcommittee and Task Force, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on sexual harassment at the Department of Veterans Affairs (VA). Harassment within VA facilities continues to be a barrier to care for veterans.

A recent report by the VA Women's Health Research Network found that one in four women veterans reported inappropriate/unwanted comments or behavior by male veterans on VA facilities.¹ The report also demonstrated that these experiences negatively affect their health as those who experience harassment report not feeling welcome or safe and delaying or missing appointments. Veterans who identify as LGBTQ also face harassment at VA facilities. It is essential VA work expeditiously and fervently to eliminate this harmful behavior immediately.

To show the nature of the problem, below are just a few of the many examples we have heard of harassing behavior or comments directed toward veterans within VA facilities.

A married Army woman veteran received a barrage of reprehensible comments while receiving care at the VA, including, "Boy, I would love to grab a fistful of that red hair and show you how a man can really make you feel!" and "Ma'am, you need to go get

¹ Klap, R., Darling, J. E., Hamilton, A. B., Rose, D. E., Dyer, K., Canelo, I., Haskell, S., & Yano, E. M. (2019). Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care. *Women's health issues: official publication of the Jacobs Institute of Women's Health*, 29(2), 107–115. <https://doi.org/10.1016/j.whi.2018.12.002>

your husband. He has to be here to register himself into the system, you can't do it for him while he waits in the car. Oh.... you're the veteran. Well, I never would have guessed it. You don't look like a veteran."

A Navy woman veteran was in a VA waiting room when another veteran began taking pictures of her without her permission. She asked him to stop. He refused. She went to the staff at the check in desk and reported him. They said they didn't have a policy in place; so, there was not anything they could do to help her.

Another one of our women veteran members was in her hospital room when a male veteran came in and exposed his penis to her and made lewd comments. She has limited use of her arms and legs and this incident made her feel very unsafe as she would be physically unable to defend herself should this veteran have attacked her physically.

Again, these are just a few of the examples of harassing statements and behaviors reported to us by veterans who are seeing care at VA facilities.

VA facility leaders must be held accountable for providing access to comprehensive gender specific mental and physical health care, as well as ensuring high standards of quality, privacy, safety, and dignity. Research shows that VA is the best place for a veteran to receive comprehensive care. Therefore, harassment has no place within the walls of a VA facility. Harassment is disruptive to the overall veteran experience and is a barrier to care that VA must work diligently to eliminate.

When veterans go to a VA facility, it is to get well, or maintain their wellness. Harassment not only takes its toll on the mental wellbeing of a person but also leads to physiological reactions.² Several veterans have told us that harassment is why they no longer seek care at VA, or that it causes them to have mental and physiological distress when going to VA to receive care. When the effects of harassment have been proven to negatively affect the mind and body, why then are we seeing such a lackluster effort to curb this cancerous behavior?

There is general agreement among military and veterans' organizations alike, the current campaign to end harassment is grossly insufficient. VA has been given multiple opportunities to rectify the situation and eliminate these barriers, yet we have seen nothing more than a limp effort to appease lawmakers enough so they will leave it alone. PVA calls upon Congress to amend title 38 U.S.C. § 1709 to define harassment as a public safety incident. Doing so would require VA to develop a comprehensive policy on reporting and tracking incidents of harassment.

² Center for Victim Advocacy and Violence Prevention, University of South Florida. (2010). SEXUAL HARASSMENT [Brochure]. Tampa, Florida: Author. <https://www.usf.edu/student-affairs/victim-advocacy/types-of-crimes/sexualharassment.pdf>; Gale, S., Mordukhovich, I., Newlan, S., & Mcneely, E. (2019). The Impact of Workplace Harassment on Health in a Working Cohort. *Frontiers in Psychology*, 10. doi:10.3389/fpsyg.2019.01181.

VA should then be directed to devise policies and procedures for infractions involving this behavior. The definition of harassment must include unwanted behavior which is offensive or causes someone to feel intimidated or humiliated based on gender identity, religion, race, disability, sexual orientation, age, national origin, and familial status, such as pregnancy.

Currently, there is no defined reporting channel for harassment within VA, nor is there a system to track such incidents. When someone has experienced harassment at a VA facility, they can report it to the patient advocate, a VA police officer, or a staff person, all of which have undefined guidelines on what to do with the information. Additionally, there is no clear communication system between the different channels of reporting so serial harassers are not being identified.

It is essential that VA develop clear reporting channels so veterans and VA employees know who to report harassment to, and what will be done about it. Such tracking also allows VA to measure the impact of programming and ensure their policies are effective.

These reporting channels should be publicized through a large-scale education program, similar to the #BETHERE or stop smoking campaigns, and clearly and prominently displayed within VA buildings, in bathroom stalls, at the pharmacy counter, in waiting rooms, on televisions in VA waiting rooms, and in the patient rooms.

Bystander training would also be beneficial to both veteran patients, caregivers, family members, and VA staff to know how to help when they witness harassment.

Veteran patients, their family members, and their caregivers should be educated, and VA staff must be trained, on penalties for those who harass within VA facilities. Most importantly, these rules must then be swiftly and consistently enforced. Veterans need the confidence to report, knowing infractions will be promptly and effectively addressed.

Crowd flow must continue to be assessed at VA facilities to find areas where veterans congregate when not actively receiving care. These identified areas can be more closely monitored to ensure harassment is not occurring. VA staff must be trained on how to intervene when they witness harassment.

As VA works to end harassment, one simple change could eliminate harassment such as the above incident where the Army woman veteran was assumed to not be a veteran. To eliminate gender confusion when speaking with patients. VA staff should refrain from using gender labels and titles such as Sir, Ma'am, MISTER, Miss, Mrs., or Ms. Simply using the veteran's name instead of prefixes is an easy way to eliminate many of these errors and create a more inclusive experience.

Veterans with catastrophic injuries and disorders should be at the top of VA's list of those who must be protected from harassment and assault at VA facilities. Because of their illness or injury, their current physical state leaves them especially vulnerable and defenseless should harassment turn to assault. While we are grateful our member from the incident mentioned earlier was not physically harmed when the veteran entered her

room and exposed himself, it could have ended very differently. It is PVA's hope that as VA continues to revise and improve their policies to end harassment, that the safety of these veterans be an integral part of efforts to ensure VA facilities are safe places to come for receive care.

It is also essential that VA continue its "Stand Up to Stop Harassment" campaign in VA medical centers. Congress should ensure that adequate funding is available to promote and educate VA stakeholders to achieve the necessary cultural changes to create a welcoming and safe environment within VA for all veterans, including women, racial and ethnic minorities, and LGBTQ veterans.

Additionally, PVA is grateful that VA provides physical and mental health support for all survivors of MST, regardless of whether they are service connected, reported the incident in service, have documentation the incident occurred, or are otherwise not eligible for VA healthcare. We suggest VA look at how these veterans are received within VA. If veterans are not service connected or otherwise eligible for VA healthcare, they often have to disclose they are an MST survivor at the check in and front desks. Doing so can cause distress to veterans as well as cause them to disclose this personal information in a public setting. PVA suggests VA's Office of Inspector General review the intake procedures as well as the clinical outcomes of this population to ensure they are being treated with the same privacy, safety, dignity, and quality care as any other veteran utilizing VA services.

As changes are occurring within VA to eliminate harassment, we strongly encourage harnessing the expertise of the veterans service organizations (VSOs) in all aspects of developing the program. Having the support of the VSOs can have a large impact on implementation of these new policies and procedures as well as increase buy-in from veterans. PVA stands ready and willing to lend our support to this endeavor.

PVA would once again like to thank the Subcommittee for the opportunity to submit our views on harassment within VA.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2020

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

Fiscal Year 2019

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

Fiscal Year 2018

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$181,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.