



**HVAC Subcommittee on Disability Assistance and Memorial Affairs  
Hearing: Reviewing VA's Implementation of the PACT Act  
16 May 2023**

Good morning, Chairman Luttrell, Ranking Member Pappas, and members of this very important subcommittee.

On behalf of the Service Women's Action Network (SWAN), I thank you for the opportunity to give you one more perspective on the implementation of the PACT Act. I know you've been hearing from the VA and larger Veterans Service Organizations, so I would like to concentrate on a view from our members who are predominantly women. We do recognize what the other VSOs have been telling you and share their concerns as well.

First, our thanks for everything Congress did to pass the PACT Act. We know that while it was a long time coming, it was also a heavy lift. It will make a huge difference for veterans and their families. We also thank the VA for their energetic efforts to implement this law. While we do not often hear success stories, there are many. However, as you know, there are also many challenges some of which are region or facility or staff specific. Rest assured, we want to be part of a productive and collaborative effort to improve the implementation in whatever way we can. We will continue to encourage our members to support your and VA's actions in law and policy. We will help to inform our members of changes they may not be aware of and encourage them to make claims and get care. And, we will continue

to provide the VA and Congress with information about specific problems our members are facing and bring to us as well as advising on possible solutions.

Research: One of our top concerns is a longer term one. As you know, toxins affect various populations differently. We would like to make sure that your oversight helps the VA increasingly uses more specific language in grants and other research funding to include an appropriate percentage of gender and racial and ethnic minorities. This would ensure that the specific illnesses and treatments that the VA studies and collects data on account for those real differences. This will support more appropriate screening and care. We also encourage our members to participate in research when the VA calls for subjects. However, some report that they never hear back.

Infertility: As others have said, exposure to toxins significantly affects reproductive capability. Infertility runs high among veterans and there are other significant consequences for those who postpone building a family because of military necessity (like deployments) or for their careers. There are other hidden impacts. Our members report that the electronic claims process is not user-friendly in this area. They report having trouble finding breast cancer under PACT conditions because it's nested under "reproduction." The inclusion of Camp Lejeune is welcome, but infertility must be a focus in processing all claims and providing treatment under the PACT Act. Women and minorities need real and continuing holistic help. And, Veterans should not have to pay for this care out of pocket.

Screening and prevention: In addition, we know that a lower percentage of women veterans use the VA or make claims for a variety of reasons. Some of those reasons include the lack of OB/GYN providers and facilities. In, recognizing this, Congress has provided additional funding for women's health and the VA is starting to increase capacity and capability. We must not have any reverses in this effort. Women's reactions to toxins demand specific and timely screening, as with mammography, in order to receive appropriate treatment. We know, even with the new recommendation that women get screening starting at 40 or 45, women veterans and certain ethnic groups should start screening when they are much younger because of toxins (20 or 30 years old, even without a family history). We also thank the Congress for last year's *Dr. Kate Hendricks Thomas Supporting and Expanded Review for Veterans in Combat Environments Act*. Dr. Kate was a SWAN researcher who also died last year from breast cancer caused by toxins at 39. On screening, again, if we help get the word out that the VA wants to provide for women and others in larger numbers, but the claims process is not user friendly and effective, providers are not available, wait times are too long, needed capabilities are not present, and predators advertise being able to help with claims when Veterans get frustrated, we will likely not be trusted again.

Respect: Other things that impact the PACT Act implementation may not get much mention. Invisibility, lack of respect, and safety are important. One reason women veterans might not make disability claims or access care through the VA is that they don't feel they deserve veteran status or taxpayer funded disability assistance or care. This is particularly true for older women. We need a specific information campaign for pre-9-11 women veterans. In addition, sometimes not

wanting to come to the VA is justified by the disrespect many women of all ages have encountered from staff and other veterans. Of note, Veterans who should have had Character of Discharge issues with Other Than Honorable (OTH) designation under old laws and policies must be worked better and faster. This could happen with an Unlawful Turn-Aways law. Most importantly, we will not implement the PACT Act fully if we cannot prevent the assault and abuse of women, minorities, and family members at VA facilities. Many of us have worked for decades to find ways to change the culture to help women feel welcome. Congress and the VA are trying, but still falling short. Actions, rather than words, must be constant and continuous for as long and far as we can see ahead. In this regard, we would like to see the VA reenergize its own Independent Review Commission (IRC) and we support the bi-partisan, bi-cameral *Service Members and Veterans Empowerment and Support Act*.

Communications-Outreach: In all of this, for us the key for implementation energetic outreach and for women and minorities to know that they will be welcome, respected, and protected. Through legislation and policy, as well as improving processes and building capability, women must know that the VA will provide help more easily. This also means we must consider outreach and the claims process as part of the cost of care, not as an administrative expense. We know gaining resources, hiring, and training take time. But we have to try harder and move faster. We think the VA has been trying very hard to get the word out. They have been keeping VSOs aware of their efforts and improvements. I would specifically commend the Center for Women Veterans. For example, the VA did a great job in notifying some of our members that they presumptively qualified for

the 10% disability for toxic exposure. However, when asked if they would like an appointment for evaluation, they asked for one knowing that some of their other illnesses are related to toxic exposure or that they deserve a higher percentage disability. They haven't heard back for months, and some not at all. When they check their records on-line, the information hasn't been added. When they do get to see someone in person, it is obvious the staff are not all yet informed, trained, or helpful. We ask the Congress and VA to continue to follow through as vigorously as possible. Again, if we get veterans to call or show up, but we fall short in delivering, many won't try again.

For our part, we will continue to do all we can to advise Congress about what we see at the ground level and to provide information to the VA and to partner with other VSOs. We will continue to listen to our members. We will continue to spread the word as well as to support our members in their efforts to submit their claims and we hope they get timely responses. And, we will continue to advocate for them when they don't get the care they earned. Thank you. I look forward to your questions.