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COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

December 11, 2018

The Honorable Robert Wilkie Secretary of Veterans Affairs 810 Vermont Ave, NW Washington, DC 20420

Secretary Wilkie,

Your testimony before our committee in September 2018 appropriately highlighted the growing role that women play in our armed services, and our obligation to provide quality care for them at the Department of Veterans Affairs (VA). We respect and appreciate the strides that have been made by VA in caring for this expanding population. We agree with your assessment that more must be done within the Department. We believe that there are noncontroversial issues which can be addressed within existing budget lines, and in some cases, with no-cost partnerships.

The recently released report by Disabled American Veterans (DAV) outlines many of the challenges that are specific to women veterans, or that women veterans face at disproportionate rates. Among the most challenging issues for this population:

- Women veterans are twice as likely to commit suicide than their non-veteran peers
 despite women veterans having a higher use of mental healthcare services than their male
 counterparts
- As many as 1 in 4 women veterans report being homeless at some point in their lives, but they are less likely to go to shelters due to safety concerns
- 1 in 5 women who visit VA medical facilities tell their provider that they experienced sexual trauma while in the military

As you note, the number of women veterans using VHA services has tripled since 2000, yet 52 percent of women veterans surveyed believe they are not entitled to, or eligible for, VA care. This disconnect clearly necessitates a more aggressive outreach campaign, targeted at women veterans, with the goal of better connecting them with access to what can often be life-saving services.

In order to address these absolutely critical issues, we encourage implementation of several low-cost provisions included in the Deborah Sampson Act. For example, the expansion of the Women Veterans Call Center to include the use of text messages would expand access to peer counselors and other trained staff for women who may be intimidated by VA bureaucracy and prefer to initially engage electronically. VA's estimates show this will cost only \$2 million over ten years. Given that 86 percent of the women veterans surveyed by DAV believed that VA didn't offer enough peer mentor support, and 50 percent of those surveyed would like to take advantage of such a program, we believe this is an investment worth making.

For homeless veterans, the annual Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) surveys have demonstrated that many of the unmet needs for homeless veterans, and specifically homeless women veterans, require legal action and assistance. A pro-bono partnership with an organization such as the American Bar Association, that has been known to provide assistance to VA initiatives in the past, could assist veterans in eliminating barriers to getting out of homelessness.

We understand and appreciate the difficulty of hiring women veteran clinical providers, and these practitioners should continue to be a priority. In the interim, putting additional resources into expanding the women veteran mini residency programs would be a wise investment. This effort is effective, not just in increasing the skills of current clinicians, but also to ensure women veterans are less likely to have a negative experience at VA. By directing additional resources to provide this training opportunity to primary care, emergency room, and urgent care clinicians, it would provide women veterans with the comfort of knowing their caregivers are specifically trained to provide them with a comfortable place to seek treatment.

Additionally, we strongly urge you to work with the Department's components to develop methods to better track usage and outcomes of interactions between women veterans and VA. Clear data will give the Department the ability to better plan for the future, and provide Congress, in our oversight and funding roles, the information about successful and effective programs so that we may make determinations about funding moving forward. We encourage you to initiate a working group to review ways that VA can track these metrics and gather utilization data by demographic.

Finally, we remain concerned about the decision to remove both the Director of the Center for Women and a key staff member within the Center. That these key positions remain vacant, in an organization which is established in law, is disappointing and concerning in the face of staggering data about homelessness, suicide ideation, and other issues that have such a high prevalence among women veterans. We believe you must urgently fill these key outreach roles and demonstrate that the Department is, in fact, focused on ensuring women veterans continue to have a voice in policy making decisions within the Department.

We appreciate your consideration of these requests and look forward to our continued work together on behalf of veterans across the country.

Sincerely,

Jon Tester

United States Senator

John Boozman

United States Senator