



# Resilience and Coping: Mental Health of Women Veterans

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Statement of

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For the Record

United States House of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Health

With Respect To

**“Resilience and Coping: Mental Health of Women Veterans”**

**Washington, D.C.**

Chairwoman Brownley, Ranking Member Dunn, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide recommendations on how to improve the Department of Veterans Affairs' (VA) mental health and wellness services for women veterans.

In 2017, the women veteran population was over 1.8 million, which is a little less than 10% of the overall veteran population. That same fiscal year, VA reported 30% of the women veteran population used the VA health care system. Although the women veteran population increases along with enrollment and usage of the VA health care system, gaps in research, overall experiences, safety, and support continue to grow. Mental health and well-being are

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as important as one's physical health and well-being. The COVID-19 pandemic adds an extra layer of mental, physical, and financial strain due to social distancing, and an increase in unemployment, depression, anxiety, and domestic violence.

Recently a VFW member, a Post-9/11 woman veteran, shared her experience as a COVID-19 positive patient receiving care from VA. During her treatment, the VA health staff called her daily, and the conversations included her physical symptoms, but did not once address her mental wellness. Our member felt her health care providers were caught up in the science of the virus and disregarded her mental health. Her physical symptoms escalated to where she needed to visit the VA emergency room. Once it was known that she was COVID-19 positive, she saw unwelcoming glances, and heard arguments between VA staff who did not want to treat her. The COVID-19 virus can cause a person to become a prisoner in their own body, leading to increased depression and anxiety due to the inability to move without excruciating pain, lack of breath from coughing, and loneliness from isolation.

The VFW released a COVID-19 health survey to best evaluate veterans' physical, critical, and mental health care experiences during the global COVID-19 health crisis. Veterans and retirees made up 96% of the survey. Only one third of those who took the survey stated they have sought VA health care since March 13, 2020. Of that third, 42% contacted VA by telephone and 25% used MyHealthVet Secured Messaging. Almost 60% stated their VA medication refills have not changed, and less than 5% said their VA medication has been delayed. While 5% of those expressed they exhibited symptoms related to COVID-19, only 3% were tested and 0.64% received treatment.

COVID-19 forced VA mental health appointments to a virtual platform to be utilized for one-on-one appointments or group therapy. In the VFW's recent survey, half of routine VA and private provider appointments were moved to telehealth. The option of telehealth also eases the fear of sexual harassment or abuse as veterans navigate their way through a VA medical center. Telehealth can eliminate extensive travel and wait times, which can remove the barrier or lessens the need for child care. This is why the VFW urges the House to incorporate the parts of *S.785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, which would provide the opportunity to expand telehealth capabilities, suicide prevention, and mental health programs to veterans in rural and highly rural areas. The VFW is proud to be part of the solution. Through Project Advancing Telehealth through Local Access Stations (ATLAS), the VFW has worked with VA and Philips to leverage VA's anywhere to anywhere authority to expand telehealth options for veterans who live in rural areas.

The largest living cohort of women veterans are from the Post-9/11 era. During this COVID-19 pandemic, the unemployment rate for Post-9/11 era women veterans increased to 20%, which is significantly higher than their civilian counterparts at 15.5%. Employment is a crucial social determinant of health, without which a veteran's need for mental health resources can increase. The VFW strongly calls for employment programs to be at the forefront in the next round of COVID-19 legislative packages, with an added emphasis on recruiting women veterans in these programs.

Even before the current pandemic, research of women veterans was underrepresented, thereby causing a gap in biomedical knowledge. VA's Evidence-based Synthesis Program Center reviewed over 2,000 abstracts published between 2008-2015 on women veterans. VA's key finding included nearly half of the studies were about mental health, more than 90% were observational, and few studies were on primary care and prevention, and complex chronic conditions. By assessing women veterans, we can learn about interests, barriers, trends, and issues, including their wants, needs, and community assets to design and strengthen any health promotion program. Sec. 604 of *S.785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, asks for a report on the location of women veterans and where they seek health care services. The VFW urges that report be extended to include the number of female mental health care providers at each medical facility, in order to understand the ratio and barriers to seeking treatment as mentioned in *H.R.3224, Deborah Sampson Act*. In VFW surveys, women veterans continue to voice their concerns over what they view as a lack of gender-specific options for mental health care providers.

An invaluable service to veterans and VA is peer-to-peer support within the mental health programs. VA has the opportunity to provide a level of understanding and trust women veterans often need, especially if they are facing hardship. In VFW surveys, 63% of homeless women veterans receive mental health care through VA. Layering peer-to-peer support with their mental health services can connect them to additional services and support. The VFW urges Congress to include a description of the duties and responsibilities across VA to better define, delineate, and standardize qualifications, performance goals, performance duties, and performance outcomes for peer specialists and their managers in Sec. 502 of *S.785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*.

*The VFW calls on Congress to ask for veteran data from both VA and state and local health departments during the COVID-19 pandemic. We encourage keeping women veterans in mind, but also looking into the impact COVID-19 had on other demographics like age, gender, race, ethnicity, geographic area, employment, disability, and other social determinants of health. The VFW encourages an extensive analysis of overall health and well-being of veterans to drive future discussions.*

### **Information Required by Rule XI2(g)(4) of the House of Representatives**

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2020, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.