WOUNDED WARRIOR PROJECT

STATEMENT OF
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COMMITTEE ON VETERANS’ AFFAIRS
WOMEN VETERANS TASK FORCE

VIRTUAL FORUM ON
RESILIENCE AND COPING: MENTAL HEALTH OF WOMEN VETERANS

MAY 19, 2020

Chairwoman Brownley, and distinguished members of the House Committee on Veterans’ Affairs Women Veterans Task Force – thank you for the opportunity to submit the following statement on the mental health of women veterans. Wounded Warrior Project (WWP) appreciates the Committee’s efforts to focus more closely on this important and rapidly growing population. Your commitment is evident through the creation of the Women Veterans Task Force, passage of the landmark Deborah Sampson Act, and the many hearings, roundtables, and information sessions you have held throughout the 116th Congress.

Wounded Warrior Project shares the same dedication to serving veterans. What began in 2003 as a small group of volunteers filling backpacks with comfort items for wounded warriors has grown into what WWP is today: a robust organization of over 700 employees who deliver more than a dozen free direct programs to post-9/11 veterans across the nation. We meet our mission to honor and empower wounded, ill, and injured veterans by providing mental health support and clinical treatment, employment counseling, physical health and wellness coaching, guidance to secure benefits, peer connection and community engagement opportunities to the veterans, family members, caregivers, and survivors we serve. These programs, services, and connection points contribute to our organizational impact, and alongside our daily interactions with female warriors, help to inform our statement.

The value of Wounded Warrior Project and the mental, physical, and financial wellness programming we provide is perhaps more evident now than ever before, as nearly every corner of the globe struggles with the ramifications of the COVID-19 pandemic. Despite the challenges brought on by social distancing, WWP has remained agile during the crisis, providing warriors with virtual opportunities for socialization and both mental and physical health. Over 2,000 warriors and family support members have participated in virtual connection events and warrior-led virtual support group meetings since WWP suspended all in-person programming on March 16, 2020. The pandemic has illuminated new possibilities and principles for WWP’s virtual
programming, most notably to help relieve stress brought on by the coronavirus pandemic – a goal which 94 percent of warriors say is being met. Innovation being a hallmark of WWP’s core values, our team is continually seeking out new and impactful ways to remain responsive to the needs of the warriors we serve, including women warriors. The circumstances in which we find our organization represent not obstacles, but rather opportunities to expand our reach, identify novel solutions, forge new pathways for connection and engagement, and most importantly, serve where we are needed most. As always, WWP is proud to share our mission with Congress, our partners, and the military community.

**WWP’S POPULATION OF WOMEN VETERANS**

Women are the fastest growing cohort of the all-volunteer force, representing approximately 16 percent of the military today.\(^1\) Across all services, women are stepping up in greater numbers and with more opportunities to serve, fight, and lead than ever before. As such, it is essential that the military and veteran community take action to meet the evolving needs of this important group. Not only is this imperative to meeting the readiness requirements of our nation’s national security functions, but it is necessary to fulfill our collective commitment to care for all who have borne the battle, regardless of gender.

Wounded Warrior Project’s community is made up of nearly 140,000 warriors and 36,000 of their family members. No segment of this population is growing more rapidly than women veterans. Today, roughly 17 percent of registered WWP Alumni, almost 23,000, are women. In Fiscal Year 2019 (FY19) alone, WWP registered nearly 3,000 new women warriors, all of whom now have cost-free access to WWP’s suite of programs and services. To better understand their challenges, needs, and lifestyles, WWP employs our *Annual Warrior Survey*, the largest and most statistically significant longitudinal study of post-9/11 veterans to date. In 2019, WWP celebrated the Survey’s tenth iteration, which has yielded a decade’s worth of data that we use to identify gaps in programs and care, improve the services we provide, and inform our advocacy efforts. Of the nearly 36,000 warriors who completed the FY19 survey, over 6,000 were women warriors.

The findings highlighted that anxiety is the most frequently reported health issue for women (86 percent), followed closely by sleep problems (85 percent), and depression (83 percent). Mental health issues are the top barrier to employment (42 percent) and nearly a third (30 percent) report having thoughts related to suicide in the past two weeks. We also found that women report greater difficulty in accessing mental health care (42 percent of female warriors versus 30 percent of male warriors), and that mental health interferes with women warriors’ daily lives more frequently than physical health (eight days per month versus seven days per month). These important findings paint a clear picture of WWP’s population of post-9/11 women veterans. Acknowledging the rapid growth of this population and having identified many of the key challenges facing it, efforts are underway at WWP to focus even more intently on serving women warriors.

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WWP’S WOMEN VETERANS INITIATIVE

In 2020, Wounded Warrior Project launched the Women Veterans Initiative, a multi-year mission that will take our organization across the country, convening with women warriors to better understand the challenges they face, generate actionable solutions, and empower them to reach their fullest potential.

We launched the Initiative with a survey of our female Alumni to learn more about their military experiences and their challenges with mental health, economic insecurity, relationships and isolation, reproductive health, and much more. Over the course of one month, one in four of WWP’s women warriors responded to the survey, equaling 4,871 responses. In line with prior survey findings, adversities stemming from mental health issues were a common refrain. Contributing to this theme were the following findings:

- 61 percent cited “coping with mental health issues such as Post-Traumatic Stress Disorder (PTSD), anxiety, depression, etc.” as a top challenge during transition.
- 25 percent cited “coping with mental health issues due to Military Sexual Trauma (MST)” as a top challenge during transition.
- 89 percent report feeling isolated from others.
- Less than half (47 percent) of female warriors say they feel respected for their service.
- An unprecedented 95 percent are enrolled in the U.S. Department of Veterans Affairs (VA) health care, and 79 percent use VA as their primary care provider at a time when many veterans do not take advantage of the health care programs provided by the VA.
- Despite the high percentage of women veterans seeking VA health care, less than half (48 percent) say the VA was able to meet their needs following military service.

Understanding that the core function of the data WWP collects is to drive and shape our direct programming, we also utilize our surveys as an interaction point for veterans seeking support. For women warriors who identified in comments that they may be in distress, WWP performed outreach to ensure that each one was connected to resources that could help. The Women Veterans Initiative Survey drove over 200 wellness calls to respondents and 58 referrals to WWP programs. This practice underscores our “no wrong door” approach to providing quality mental health services and ensures that no veteran is ever overlooked when asking for help, regardless of the method they choose to reach out.

Coupled with data collected by the Annual Warrior Survey, feedback from WWP’s experienced team, and collaboration with subject matter experts and partners, the Women Veterans Initiative Survey results will help WWP better define the voice of the post-9/11 generation of women veterans and inform our engagement in the months ahead. Throughout the coming year, WWP will convene women warriors for a series of and roundtable discussions, diving deeper into the major concerns our research has illuminated. These engagements will begin virtually, allowing our team to reach a diverse group of women veterans from all corners.
of the nation. We invite Members of Congress to join us in this dialogue. At the conclusion of WWP’s Women Veterans Initiative, we hope that, together, we may act swiftly to implement solutions legislatively, programmatically, structurally, and culturally to better serve the two million women veterans who have served this nation.

**WWP’s APPROACH TO MENTAL HEALTH**

Each warrior WWP interacts with faces a unique journey. There is no single definition of wellness, and no single path to achieving it. WWP’s organizational philosophy reflects this fact, and with the support of our community partners, we seek to create a holistic environment of care to support veterans where government resources leave off. By focusing on upstream interventions and providing veterans with the resources and skills to cope with life’s challenges as they inevitably arise, we can help veterans meet their own definition of a life worth living. To do so, WWP employs the Mental Health Continuum of Support, designed to meet warriors at every point in their recovery.

The strength of the Mental Health Continuum of Support is that it is anchored by distinct measures of resiliency and psychological wellbeing. This allows WWP to evaluate and engage strategically with each warrior based on his or her individual condition, assessed against static scales. Those with low levels of resiliency and wellbeing may benefit from clinical interventions, while those with higher levels may engage with non-clinical programs or even in peer support roles. In every case, WWP is able to provide resources that will be both appropriate and effective in supporting warriors along their personal mental health journeys.

Wounded Warrior Project’s Warrior Care Network (WCN) is the entry point to the Continuum for veterans living with moderate to severe PTSD, conditions resulting from MST, and related disorders. WWP partners with four Academic Medical Centers to deliver a full year’s worth of therapy in a single two-to-three-week intensive outpatient program, using evidence-based treatments combined with alternative therapies. Since inception in 2015, there have been 508 women veterans, about a quarter of total participants, who have received intensive outpatient mental health care through WCN. They are seeing exceptional results. Prior to treatment, female patients participating in WCN reported PTSD symptoms at an aggregate average of 52 on the PCL-5 scale – the gold standard for PTSD diagnoses – indicating severe symptomology. Following intensive outpatient treatment, the PCL-5 score for PTSD symptoms decreased by 37 percent to an average of 33, indicating minimal symptomology. Female patients also reported significant improvements in resiliency, increasing by an average of 16 percent over the course of treatment. The results speak for themselves: WWP’s Warrior Care Network is changing and saving the lives of women warriors.

Those seeking mental health support may also find it through WWP’s Project Odyssey program. This twelve week, cohort-style program begins with a multi-day recreational retreat designed to help veterans better identify, understand, and heal from invisible wounds, and ultimately allow participants to reintegrate into their communities with the tools and strategies to

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2 WWP partners with four Academic Medical Centers to deliver intensive outpatient therapy programs: Rush University Medical Center in Chicago, Illinois; Emory University Hospital in Atlanta, Georgia; UCLA Medical Center in Los Angeles, California; and Massachusetts General Hospital in Boston, Massachusetts.
cope with mental health challenges. Understanding that many of those challenges are unique to or manifest differently in women veterans, WWP hosts female-only Project Odysseys with a curriculum that is gender-informed. In FY19, WWP facilitated 38 female-only cohorts, serving nearly 400 women.

Another program supporting women veterans on the Mental Health Continuum is WWP Talk, our mental health support line. Warriors receive a weekly call from a WWP teammate who listens without judgment, lends a compassionate shoulder to lean on, and assists warriors to develop the resilience and coping skills to achieve the mental health goals they set for themselves. Women utilize the Talk program at higher rates than men, constituting one-third (33 percent) of total participants, or nearly double their share of the total WWP Alumni population. In FY19, the Talk team reached over 200 women warriors, conducting 6,818 emotional support calls.

Through these mental health programs, WWP is committed to meeting women warriors at every stage of their journey. We understand, however, that mental wellness demands a comprehensive approach, which is why WWP makes investments in wraparound services that build meaningful, esteem-building elements in a warrior’s life. WWP programs implement upstream interventions like employment counseling, physical health coaching, benefits assistance, and peer connection each of which are protective factors against suicidal ideation and crisis.

We find, for example, that financial hardship is a key stressor for women veterans. It is the second most frequently cited challenge women warriors face during transition from military service (30 percent). On average, WWP’s women warriors lose eight days per month of work due to poor mental health. Mental health is also the barrier to employment or employment change most frequently cited by women in the Annual Warrior Survey (42 percent). The financial hardship caused by unemployment is obvious, and the stress it causes may worsen mental health issues. Therefore, WWP tailors our programs to ensure women are educated on the financial resources available to them, like VA benefits, and able to secure employment that suits and inspires them. WWP’s Warriors to Work team placed over 300 women warriors into employment in FY19, with an average salary of over $50,000. Our expert employment counselors ensure that job placements are meaningful, lasting, and contribute to the individual warrior’s long-term goals. This process generates more than an income – it builds meaning, a sense of purpose, and accountability into a warrior’s life.

All of WWP’s programs and services are centered around the idea of holistic, integrated health. Using this ideology as our guiding principal, we can identify and tailor paths within our programs that are specific to women veterans. Doing so helps WWP fight isolation among women veterans and increase peer connection opportunities, provide compassionate and comprehensive care to the high rate of women veterans who experience MST, improve access to quality mental health care, and activate a community-based model of outreach and support for women veterans.
PEER SUPPORT

One of the many rewarding aspects of military service is the bonds it forges between Service members. Members of a unit can become like family, sharing in one another’s adversity, triumph, loss, and seminal moments. While training and armament are vitally important, America’s military would not be the greatest in the world without the resilience of individuals fortified by their compatriots. When a Service member transitions into veteran status, the loss of this camaraderie can be jarring. The experience is exacerbated for women, who are a minority of the veteran population, constituting only ten percent. Thus, women veterans often return from service to a largely male veteran community in which they do not see themselves reflected or, in some cases, even acknowledged, and a civilian population that cannot understand their military experiences.

This is the juncture where Wounded Warrior Project meets a critical need for women veterans, 89 percent of whom, per the Women Veterans Initiative Survey, say they feel isolated from others. WWP understands that fulfilling relationships are a crucial component of mental health, which is why the first touchpoint for veterans joining WWP is typically our Connection program.

WWP teammates are actively engaged in veteran communities across the country, facilitating 20 events per day on average. In FY19, that resulted in over 7,500 events – 7,500 opportunities to positively impact the lives of wounded warriors. Our team works to serve the diverse interests of all warriors, and the creative, unique experiences we craft are reflective of this. Some events are family-friendly, some are built for couples or for those looking to give back to their local communities, and indeed, some are specifically designed for women. Recognizing that women are an underserved but valuable constituency, the Connection program has taken strides to increase engagements with female veterans. In FY19, nearly 4,500 women warriors participated in Connection events.

These engagements are opportunities for warriors to establish trusting relationships among one another and with WWP. For many, a connection event is the first touchpoint that leads to participation in our suite of services, including the Mental Health Continuum of Support. Mental health programs are the most common destination for internal referrals from WWP teammates, illustrating that building a trusting relationship with WWP, learning about support resources, or receiving encouragement from a fellow warrior can lead someone to take the most meaningful steps in their recovery.

The 2019 Annual Warrior Survey found that women are less inclined to talk with other veterans as a means of coping with mental health concerns, suggesting that they feel more isolated from the veteran community. WWP’s Peer Support Groups can be an effective tool to address this trend, encouraging women veterans to meet one another, bond over their shared

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4 All warriors registered with WWP are known as “Alumni”.
5 35 percent of women cited “Talking to another post-9/11 veteran” as a resource for coping with mental health challenges, as opposed to 43 percent of male respondents.
experiences, and bring about healing through authentic connection. Over 1,000 women warriors participated in Peer Support Groups in FY19. WWP trains and supports Peer Support Group Leaders to amplify our impact and create veteran-centric spaces to commune on the issues and concerns most important in their local communities. WWP supports 29 female Peer Support Group Leaders who are particularly attuned to the experience of women veterans.

These peer connection opportunities are paramount in the fight against veteran suicide. For women veterans in particular, who are less likely to feel they have people in their lives to depend on, social support is a key protective factor. WWP does not underestimate its power, and consistently makes structural and programmatic improvements in our services to ensure women veterans see themselves represented in our community, are recognized for their value, and connect to one another in authentic and enduring relationships.

MILITARY SEXUAL TRAUMA

Undoubtedly and unfortunately, care for MST and its aftereffects is one of the services women veterans need most. The Department of Veterans Affairs reported that one in four women screen positively for MST. WWP’s population of women veterans report even higher rates – 44 percent per the 2019 Annual Warrior Survey. WWP urges Congress to forge new opportunities to address these disturbing statistics through improved research, appropriate training and staffing at VA medical facilities, and the provision of care that is sensitive to the complex consequences of MST. Through our Women Veterans Initiative, WWP has pledged to do the same within our organization. Many survey respondents commented that they do not feel heard or recognized for their struggle with MST. To more prominently represent their interests and concerns, WWP has identified MST as a top legislative priority and is committed to providing the highest quality care for survivors through our programs and partnerships.

**Recommendation:** Support programs and services to provide compassionate, comprehensive care to MST survivors.

The ramifications of MST are extensive and significant. Survivors are at higher risk for mental health conditions like PTSD, anxiety, depression, and substance use disorder, all which may be complicated or exacerbated by past sexual trauma. Indeed, in WWP’s population, female warriors who report MST show higher rates and severity of PTSD symptoms than those who do not. Of female warriors who experience MST, 76 percent currently suffer from PTSD symptoms compared to 47 percent of women who did not report MST. If unaddressed, it may also intensify or directly manifest in nonclinical outcomes like feelings of isolation, unhealthy relationships, mistrust in the military community, and an unwillingness to access VA benefits MST survivors have earned. Of the female MST survivors WWP surveyed, nearly half have not sought treatment (46 percent).

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6 75 percent of female warriors agree that “There are people I can depend on to help me if I really need it”, compared to 79 percent of male warriors.


While WWP commends the Veterans Health Administration (VHA) for its policy to provide treatment to MST survivors regardless of eligibility status, we understand why MST survivors may be wary about utilizing a military-related system. Victims of military sexual assault and severe harassment have experienced the ultimate betrayal by a fellow Service member, an experience which may cast a pall over an individual’s entire military career and engender mistrust in those working in the system. VA owes MST survivors access to quality care and should leverage community partners to better meet these warriors’ needs. WWP’s Warrior Care Network works in concert with VA to provide evidence-based, outcome-driven treatment for veterans experiencing MST and the resulting mental health consequences.

Since its inception in 2015, 508 women have benefitted from Warrior Care Network’s intensive outpatient treatment, about 25 percent of all participants. Of these women, more than a third reported MST as their index trauma, or primary stressor. WWP frequently assigns these participants to a cohort hosted by Rush University Medical Center’s Road Home Program, which facilitates MST-specific cohorts. Warrior Care Network facilitates a curriculum designed for lasting impact. Participating warriors may bring family support members, who also receive certain mental health training, to negate the need for long-term childcare, ensure warriors feel as comfortable as possible, ease the transition back home after treatment, and prepare families to tackle future setbacks as a strong, capable unit. In 2020, Rush increased the number of MST cohorts it accepts due to high demand. With support from WWP, the medical center now treats six MST-specific per year through its three-week intensive outpatient program.

REDUCING BARRIERS TO MENTAL HEALTH CARE

For all veterans deployed to combat zones, exposure to potentially traumatic events is a pervasive risk. Thus, the high rate of mental health conditions among WWP’s population of both male and female wounded warriors is not inexplicable, nor does it differ widely between genders. However, women veterans report difficulty accessing care for mental health issues at far higher rates than men. WWP is working to identify the underlying factors and dynamics that contribute to this inequity, and asks Congress to work with us to implement effectual, long-term solutions.

Women veterans face a different set of challenges than their male counterparts in accessing the care they have earned. Women account for only nine percent of those enrolled in VHA, and the resources reserved to meet their needs are often limited. VA Medical Centers struggle to employ women’s health providers, and gender-specific services are provided in spaces where privacy and confidentiality for sensitive procedures are hard to maintain. In addition, childcare responsibilities can make scheduling care at VA facilities daunting or impossible. VA must recognize these challenges and implement changes to address them.

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9 The 2019 Annual Warrior Survey that 42 percent of female warriors reported difficulty accessing mental health care vs. 30 percent of male warriors reporting difficulty accessing mental health care.
The sense of duty, generosity, and selflessness that led these women to serve their country does not dissipate after their military careers end. Ever in the service of others, as civilians they continue to hold many roles and responsibilities – employee, mother, matriarch, partner, community leader – which are demanding and often exhausting. Women veterans require, and deserve, access to mental health care that respects and encourages their continued leadership among their families, workplaces, and communities without demanding additional sacrifices of their time and energy.

**Recommendation:** Improve women veterans’ access to care by extending hours of operation at VA facilities.

Increasing VA’s hours of operation is a clear solution. For the second year in a row, WWP’s female Alumni cited hours of operation as the number one barrier to mental health care via our Annual Warrior Survey. This finding was echoed in our follow-on Women Veterans Initiative Survey, where 64 percent of women reported that they have difficulty getting the care they need. Women veterans of the post-9/11 generation are young and active, meaning their time is often consumed by full-time employment, maintaining a family, and eager involvement in their communities. Extending the operating hours at VA facilities, including medical centers and community-based outpatient clinics, will ensure that female veterans, whose many roles and responsibilities make it difficult to access care during typical workday hours, are able to receive the mental health care they need without sacrificing. For these reasons, WWP thanks the Committee for the passage of Sec. 201 of the Deborah Sampson Act (H.R. 3224), which proposes a study on hours of operation as a barrier to care. WWP is committed to seeing this provision implemented effectively, as we are confident that it will extend lifesaving mental health care to women veterans.

**Recommendation:** Expand and make permanent VA’s pilot program to provide childcare to veterans attending health care appointments as a means to reduce barriers to care for women veterans.

Securing childcare also presents as a significant challenge. The Women Veterans Initiative Survey found that half of women warriors (49 percent) are single mothers, often a significant stressor in and of itself. WWP believes that no veteran should have to choose between her child and her own wellbeing, especially when the care she is seeking will markedly improve her ability to care for and be a role model for her family. We understand that consistency and frequency are key factors in determining the effectiveness of mental health care. The responsibility for finding and financing childcare in order to attend regular mental health care appointments is burdensome, expensive, and adds undue stress to the process, which is inherently stressful to begin with.

Wounded Warrior Project thanks Chairwoman Brownley for her acknowledgment of this issue and her attempts to address it through H.R. 840, the Veterans Access to Child Care Act. This bill would require VA to either directly provide or reimburse childcare utilized by veterans during mental health care appointments. VA’s current pilot program to implement this benefit has been undeniably successful, benefitting over 10,000 children, and women veterans at a
higher rate than men. By implementing childcare assistance programs, VA can relieve a major stressor that disproportionally impacts women.

The factors discussed above reflect WWP’s holistic approach to mental health care and acknowledge that external pressures like work and family life have a major impact. VA must widen its lens to accept this truth and implement solutions to address the difficulties that are most severe for women veterans.

 COMMUNITY PARTNERSHIPS AND INTEGRATION

Wounded Warrior Project practices what we believe is the best model for federal outreach and support to veterans through our network of partnerships, populated by data-driven, outcome-focused non-profit organizations. We call on Congress to follow this paradigm and pursue a community grant program, enabling local organizations to connect women with mental health resources that best meet their needs. Organizations like WWP and our partners have developed vibrant networks of veterans and have spent valuable time and resources to cultivate a depth of understanding of their needs. By partnering with and investing in these organizations, VA can expand its reach into new populations, reengage with those who are not actively utilizing VA services, and intervene long before a mental health crisis occurs, ultimately serving the Veterans’ Health Administration’s stated top clinical priority of suicide prevention.

**Recommendation:** Authorize VA to pursue a community grant program to aggressively connect more veterans with clinical and non-clinical services in the communities where they live and work.

It is an oft-cited statistic that 14 of the 20 veterans who die by suicide every day did not utilize VA services in the two years prior, illustrating that VA is clearly not reaching, or perhaps not the proper avenue of treatment for, many veterans considering suicide. This is of particular concern in relation to women veterans, less than half of whom (47 percent) are currently connected to VA benefits, and who die by suicide at a rate 2.2 times greater than that of civilian women. Community organizations are often better equipped to form personal connections with women warriors in the places and circumstances that are right for them. In VA’s Women Veterans Experience Journey Book: Building Trust with Women Veterans, the Veterans Experience Office identified as a key theme that women veterans have “care needs that are not easily addressed in the current VA structure”. Organizations like WWP and our partners, however, have greater flexibility and opportunity to meet women veterans where they are, adapt to their individual needs, and apply tailored solutions through proven methods to improve mental health outcomes, resiliency, and overall wellbeing.

The concept of collaboration is deeply embedded in Wounded Warrior Project’s organizational structure and core values. Understanding that no organization can meet the individual needs of the twenty million veterans alive today, we maintain a robust philanthropic arm. WWP grants funding to military and veteran connected organizations that expand our reach and augment our mission. Since 2012, WWP has granted more than $226 million to 176 dedicated organizations that are working in communities every day to better understand and address the evolving needs of veterans and their families, caregivers, and survivors. Our community partners amplify impact, fill gaps in our programming, and allow our organization to remain focused, agile, and increasingly impactful. In FY19 alone, WWP invested $43 million in the missions of 41 nonprofit organizations to address issues including homelessness, post-traumatic growth, military children, and caregiver support.

This is yet another area where WWP’s focus is attuned to the mental health and wellbeing of women veterans. In FY19 and FY20 combined, WWP has committed over $330,000 the missions of partners’ programs and services that contribute specifically and intentionally to the mental health and wellbeing of women veterans.

For example, WWP invested in our partnership with Boulder Crest Retreat for the execution of a female-only Progressive and Alternative Training for Healing Heroes (PATHH) retreat. This 18-month non-clinical program facilitates Post-Traumatic Growth for women warriors with PTSD or combat stress. Reflecting WWP’s success with our own Project Odyssey program, PATHH begins with a seven-day, cohort-style retreat, encouraging participants to bond over their shared experiences, rely on each other for support and guidance, and hold one another accountable.

Other significant investments in women veterans have been made to The Mission Continues to support a women veterans’ leadership program and the Institute for Veterans and Military Families to support female entrepreneurship. Each of these initiatives are regimented and outcome-based, designed to expand opportunities specifically for women veterans.

**CONCLUSION**

Members of the Women Veterans Task Force, Wounded Warrior Project thanks you for your continued attention to the vitally important issue of women veterans’ mental health. Though the challenges women veterans face are many, their contributions to this nation and its military might, their skills and abilities, and their future potential are even greater. We appreciate the opportunity to submit this written testimony and look forward to working together to honor and empower our nation of women veterans.