



WOUNDED WARRIOR PROJECT

**STATEMENT OF
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CHIEF PROGRAM OFFICER**

ON

**“BEYOND DEBORAH SAMPSON: IMPROVING HEALTHCARE FOR AMERICA’S WOMEN
VETERANS IN THE 117TH CONGRESS”**

March 18, 2021

Chairwoman Brownley, Ranking Member Bergman, and distinguished members of the House Committee on Veterans’ Affairs, Subcommittee on Health– thank you for inviting Wounded Warrior Project (WWP) to submit this written statement. It is a privilege to present to you our recommendations to improve health care for women veterans in the 117th Congress.

Wounded Warrior Project was founded to honor and empower wounded, ill, and injured post-9/11 veterans. We take our mission seriously, applying it steadfastly to the warriors we serve regardless of their gender, race, orientation, or any number of other demographic identifiers. As the makeup of our military force diversifies at a rapid pace, welcoming in more women and minorities than ever before, so too does the composition of the veterans who register with our organization. More than 150,000 warriors are currently registered with WWP, and nearly 25,000 (17%) of them are women. These women warriors have access to more than a dozen cost-free programs designed to support mental, physical, social, and financial wellness.

For years, many of WWP’s programs have offered women-exclusive options and opportunities. WWP seeks to meet every warrior where they are in their journey; in some cases, this has led us to provide gender-specific group activities or design curriculums that address the experiences most common among women veterans. With the emergence of the COVID-19 public health emergency, WWP was driven to rethink how we deliver our programming. Programs and services that previously relied on in-person interactions were thrust into the virtual environment. In this setting, the dedication and ingenuity of our teammates thrived, ushering in new and impactful opportunities to serve warriors across the nation from the comfort of their own homes. One of the most meaningful lessons learned from the virtual pivot comes from the unprecedented levels of participation that WWP saw from women warriors. In Fiscal Year 2020, women constituted 43 percent of participants in virtual programs, or more than 2.5 times their share of the WWP warrior population. By contrast, they made up only 27 percent of participants

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in face-to-face engagements. This result will inform the way WWP connects with and delivers life-changing care to women veterans for years to come.

Adaptation in program delivery, however, was not the only way that WWP recommitted to women veterans in 2020. The past year marked the inaugural iteration of WWP's Women Warriors Initiative. In January 2020, WWP launched the initiative by distributing a survey to all registered women veterans. We received responses from nearly 5,000 respondents – a 25 percent response rate. The data provided insights into the challenges, gaps, and opportunities that women warriors experience, and identified key topics to explore during in-depth discussion with them focused on: access to care, mental health, transition, isolation, and financial stress. Throughout the course of the year, WWP held 13 roundtable discussion with 98 women veterans from across the country. The participants were diverse in race, age, service branch, injury type, geography, and much more. However, they all shared the same level of vulnerability, wisdom, and bravery in sharing their stories. To learn more about the women warriors we serve and to see a full list of recommendations on topics including financial wellness and transition, we have included the WWP Women Warriors Initiative report as an Appendix to this testimony. Combined with more than a decade's worth of data collected through the *Annual Warrior Survey* and WWP's programming experience, findings from the Women Warriors Initiative inform our testimony today.

While today's hearing is rightly forward-looking, a major responsibility this Committee holds is in overseeing implementation of prior legislative action. The passage of the *Deborah Sampson Act* was a historic step towards fully integrating women into the VA health care system. This legislation will improve access to health care, provide for greater support during the transition process, establish standards that will lead to more welcoming and well-equipped Veterans Health Administration (VHA) facilities, offer greater support and fairer processes for victims of military sexual trauma (MST), and set research in motion that will result in more equitable resourcing dedicated to women veterans. WWP was proud to support this bipartisan and deeply meaningful bill, and we look forward to working alongside Congress to ensure the *Deborah Sampson Act* is implemented swiftly and as intended. To that end, WWP would like to draw your attention to the following items that most closely reflect our priorities, now enacted through the *Johnny Isakson and David, P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (P.L. 116-315):

- Environment of care: Sections 5102 and 5103 take steps to ensure that women veterans receive their health care in facilities that are well-equipped, functional, and comfortable by implementing the women veterans retrofit initiative – to address deficiencies in fixtures and other outfitting measures – and uniform standards and inspection requirements.
- Childcare program: Section 5107 establishes a permanent program to facilitate childcare for veterans utilizing regular or intensive health care services. This measure addresses a barrier that has long been identified by women veterans as burdensome, expensive, stressful, and an obstacle in making meaningful improvements to their wellbeing.

- Staffing: While the *Deborah Sampson Act* includes many provisions that bolster support for women’s health care staffing and training, WWP would like to draw particular attention to Sec. 5206, which requires VA to develop a staffing improvement plan for women peer specialists. WWP understands the significant impact of peer support, especially for women veterans in underserved or hard-to-reach areas. This provision will ensure that women veterans across geographies are comfortable in engaging with qualified and resourceful peer specialists.
- Military Sexual Trauma (MST): Sections 5501, 5502, and 5502 implement common-sense improvements in reporting requirements and benefits processing for MST-related claims that will enhance many veterans’ disability, mental health, and physical health options.

WWP looks forward to serving as your partner in oversight to ensure that the women warriors we serve are exercising these reforms to their maximum benefit.

The enactment of the *Deborah Sampson Act* brought with it another valuable tool in legislating: momentum. While significant progress has been made, our work is not yet done. The needs of women veterans will continue to evolve, as will the culture we navigate, the technology at our fingertips, and the resources in which we choose to invest. As the Health Subcommittee enters the 117th Congress, WWP is encouraged by the strong show of bipartisan interest that has been focused on women and minority veterans. In building its legislative agenda, WWP recommends that the Subcommittee take steps to improve accessibility and ubiquity of women’s health care, enable networks of peer support for women veterans, and enact greater coordination across agencies and disciplines to improve care for MST survivors.

Expanding Access to Health Care

Women represent the fastest growing demographic of both the Active Duty and veteran populations. VHA enrollment is growing along with it; an encouraging trend which indicates more women are taking full advantages of the benefits promised through their service. However, WWP’s women warriors report far higher rates of difficulty in accessing both physical and mental health care compared to male warriors.¹ And while VA has taken admirable steps to grow its services in tandem with the expanding population, gaps still exist throughout the system. As one woman warrior told us:

“I wish that VA would develop more comprehensive women’s health services in-house. I worry things will get lost in translation as I get transferred between the VA, [Army Medical Centers,] and two different private practices...”

¹ According to the 2020 Annual Warrior Survey, 37 percent of women warriors report difficulty getting mental health care vs. 27 of male warriors; 42 percent of women report difficulty getting physical health care vs. 31 percent of male warriors.

Reproductive Health:

Reproductive health is one discipline that requires VA's attention. Of those enrolled in VA health care, 82 percent of women warriors have utilized VA for women's health care services such as gynecology, mammography, contraception, maternity care, and infertility. To better serve these women, WWP would like to express our support for two recently introduced bills that seek to improve reproductive health care for women veterans:

- H.R. 239, the *Equal Access to Contraception for Veterans Act*. This legislation will eliminate copays for contraceptives issued through VHA, aligning benefits for women veterans with all other federal insurers including TRICARE, Medicaid, and those governed by the *Affordable Care Act*. WWP would like to extend our thanks and praise to Chairwoman Brownley for sponsoring this important step towards parity.
- H.R. 958, the *Protecting Moms Who Served Act*. This legislation will codify VA's Maternity Care Coordination program, ensuring the long-term security of this impactful service for pregnant and post-partum women veterans. It also authorizes increased data collection on maternal mortality and severe morbidity with an emphasis toward identifying racial and ethnic disparities. WWP is grateful to Rep. Lauren Underwood for championing this cause.

These legislative initiatives will make real, common-sense improvements to reproductive care for women veterans.

Accessibility:

In considering additional solutions, WWP asks that the Committee take into account all channels of care for women veterans, namely, the community care network (CCN). In many cases, women warriors report being referred to community providers for their gender-specific care such as gynecology and mammography. Yet scarcity of providers, wait times, and long drive times all contribute to inconsistent treatment or lapses in treatment – one of the top-reported barriers to both mental and physical health care for women veterans.² Lapses in care, particularly for preventative care, may lead to more severe health risks, as described by a woman warrior for whom a lack of nearby community care options has prevented her from receiving a mammogram for years:

“It’s a two-hour drive [to reach my mammography appointment], and I won’t do that anymore...It’s discouraging, and a safety concern.”

This issue is particularly pronounced for women living in rural communities, who report higher rates of difficulty accessing care than those in urban areas.³ With respect to both physical

² Per the 2020 *Annual Warrior Survey*, “Inconsistent treatment or lapses in treatment” was the top-cited barrier to mental health care for women veterans (40 percent), and the third most commonly cited barrier to physical health care (35 percent).

³ The Women Warriors Initiative survey found that 63 percent of women warriors in urban geographies experience difficulties accessing care vs. 69 percent in rural geographies.

and mental health care, lack of resources was a far more prevalent barrier faced by rural women veterans than by urban according to the 2020 *Annual Warrior Survey*:

- 42 percent of rural women warriors selected “lack of resources in geographic area” as a barrier to mental health care, compared to 20 percent of women in urban settings.
- 32 percent of rural women warriors selected “lack of resources in geographic area” as a barrier to physical health care, compared to 14 percent of women in urban settings.

These findings indicate that the CCN is not yet robust enough to support women’s health care needs. Understanding the full landscape of resources available to women veterans – including VA facilities, CCN providers, and non-CCN providers administering women’s health care – will help VA to identify areas experiencing significant gaps.

Recommendation: Conduct a landscape study of women-specific health care resources.

VA is in the final stages of its market assessment as required by Section 203 of P.L. 155-182, the *VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act*. The data collected through this process will inform recommendations for the modernization and realignment of VHA facilities. WWP encourages VA to use this information to develop a women-focused report that identifies geographical gaps in care and services devoted to women veterans. Such a report will be beneficial in pinpointing underserved areas and increasing capacity by targeting providers for CCN enrollment or fortifying VA-delivered care options.

Telehealth:

Another channel of care that many women veterans have benefitted from is telehealth. The COVID-19 pandemic pushed many veterans to engage for the first time with VHA’s virtual platform, Video Connect. At the height of the pandemic, VHA was conducting up to 25,000 virtual health care appointments per day – a 1,000 percent increase from the year prior.⁴ Many shared with WWP their positive experiences and their plans to continue utilizing telehealth long into the future. In our own organization, WWP has seen the positive impact of providing mental and physical health programming virtually.

WWP’s Talk program, which has always operated in a distanced environment, gained new levels of value and demand during the public health crisis. Talk is a non-clinical, telephonic mental health support program wherein participants receive weekly calls from a WWP staff member who listens without judgment and helps warriors to achieve their wellness goals. In FY20, 598 women warriors were served through this program; roughly triple the number who engaged with Talk in the year prior. They now make up 40 percent of warriors participating in Talk.

⁴ DEP’T of VET AFFAIRS, “4 ways VA is improving access to care in 2020”, available at <https://blogs.va.gov/VAntage/79473/4-ways-va-improving-access-care-2020/>.

In another illustration of how WWP delivers care virtually, the Physical Health and Wellness program offers health coaching services as well as wellness-focused activities like educational seminars, fitness challenges, and exercise inspiration. When this program pivoted to virtual delivery at the onset of the COVID-19 pandemic, women warriors responded emphatically. Though women make up only 17 percent of the warrior population, in FY20, they represented 55 percent of virtual participants in virtual Physical Health and Wellness program engagements. This is a dramatic increase from participation rates in face-to-face events and a signifier of how lowering barriers to access can encourage health and wellness skill-building.⁵ The results from WWP's Talk and Physical Health and Wellness programs clearly indicate that an online environment is an effective channel to reach women veterans regarding both physical and mental health care.

Telehealth not only eliminates long drive times and allows for veterans to receive care in the comfort of their own homes, but it also offers several ancillary benefits of special interest to women veterans. For example, women who struggle with high anxiety as a result of MST appreciate that telehealth allows them to avoid crowded or male-dominated VA facilities. Additionally, telehealth lowers barriers to care that commonly impact women, such as childcare.

Recommendation: Optimize and expand access to VHA's telehealth capabilities.

The COVID-19 pandemic motivated VA to invest in its telehealth platforms, a pivot towards which WWP strongly encourages VA to maintain long after the pandemic has passed. In doing so, modern and reliable IT systems will be critical. While many women warriors have spoken positively about their telemedicine experiences, nearly all relayed technical issues that resulted in lost connections and dropped calls. Greater investment in bandwidth and telecommunications infrastructure is needed to ensure veterans, especially those in highly rural communities, are able to utilize secure and reliable telehealth.

WWP also looks forward to reviewing the report issued by Section 302 of the newly-enacted *Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act*. This language calls for a report on locations where women veterans are using VA health care, including an assessment of appointments conducted via telehealth. This information should be analyzed to identify areas of greatest demand, those experiencing significant gaps, and opportunities to diversify access points.

WWP highlights these alternative channels of care – community care and telehealth – not only for the barriers that they reduce, but for the preferable environment that they provide for many women.

Environment of Care:

Building comfortable and welcoming environments of care at VHA facilities is a persistent challenge according to women veterans. Regardless of VA's efforts, women warriors maintain the perception that VA is plagued by cultural challenges, inflexible or outdated infrastructure, inconsistent staff training and competence, and more. Each of these factors

⁵ 43 percent of participants in in-person Physical Health and Wellness events were women.

contributes to what one woman warrior called “a culture of harassment both from veterans and even service providers at the VA.” She is not alone in this sentiment. Of those using VHA as their primary care provider, one in ten (10 percent) of respondents to the Women Warriors Initiative survey cited “fear of harassment” as one of the top three barriers to health care. The environments of care at VHA facilities significantly impact women warriors’ experiences in obtaining their care as well as their willingness to seek it in the first place.

The scope and importance of the problem of harassment warrants a comprehensive approach, marrying top-down guidance and commitment from all VA leadership with grassroots execution and accountability from local providers. To serve the former, VA should reignite its White Ribbon campaign at the outset of this new Presidential Administration and encourage all VA leaders to take the pledge to “never commit, excuse, or stay silent about sexual harassment, sexual assault, or domestic violence against others.”⁶ VA’s senior leaders have a responsibility to set the tone for the Department’s response to harassment and assault in any form.

Inversely, VA has sought to engage local leaders through its Stand Up to Stop Harassment Now! campaign. Among other declarations, VHA staff who participate commit to “create a safe, respectful, and welcoming environment for everyone,” and to “advance a culture where harassment is never tolerated.”⁷ These are noble objectives that each and every health care provider and supporter should aim toward. Another action that VHA facility directors, providers, and other decision-makers should take is to regularly evaluate the physical layouts and utilization patterns of their facilities to assess safety, convenience, and overall ease of access by women veterans.

VA Women’s Health Clinics:

Where they are available, women’s health clinics go a long way in removing harassment from the equation for women veterans. Women warriors have shared with VA their preference for these specialty clinics that are more welcoming, comfortable, and appropriate for their needs. As one woman warrior wrote:

“As a woman veteran we have spent our entire career outnumbered and surrounded by men in the military. It would be such a relief to have spaces set aside where women veterans can really connect, support, and heal together.”

To better meet this warrior’s vision of an inclusive, restorative space for women veterans, WWP fully supports VA’s efforts to expand women’s health clinics into VA Medical Centers or other geographies where demand supports the investment.

⁶ White Ribbon VA pledge, available at <https://www.va.gov/health/harassment-free/>.

⁷ VA Stand Up to Stop Harassment Now! declaration, available at https://www.visn21.va.gov/docs/Stand_Up_Declaration.pdf.

Recommendation: Expand, improve, and standardize quality of care in VA women’s health clinics.

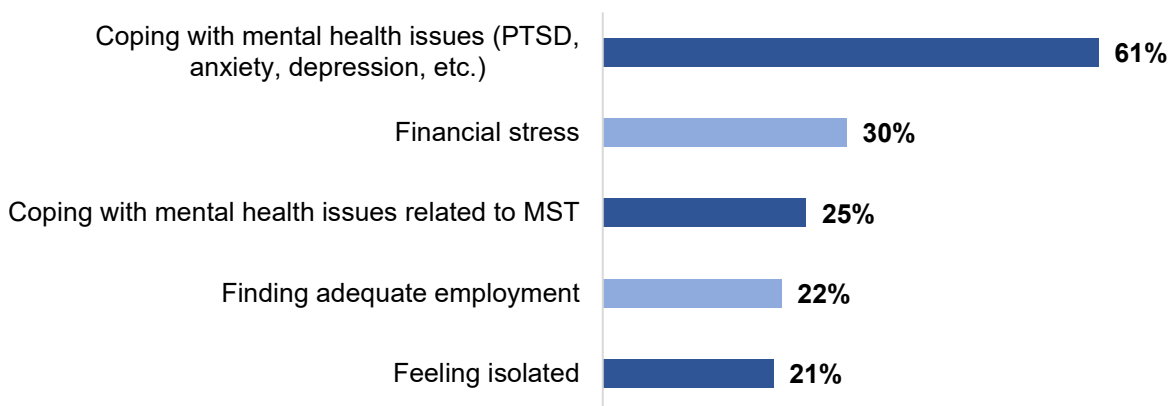
Despite the generally positive reviews that women warriors relay for women’s health clinics, consistency of care can be improved. The environment, resourcing, and quality of care offered at women’s health clinics varies widely. WWP recommends that Congress enact legislation requiring VA to author a report on best practices for the provision of care at women’s health clinics. Such a report may include information on:

- Access standards, like hours of operation, number of designated providers and their specialties, scope of services, and location;
- Physical layout considerations, like size, private entrances and waiting areas, parking accommodations, and proximity to high-traffic and male-dominated areas; and
- Ambience, such as interior design, lighting, and music.

WWP understands that not all VHA facilities nor women’s health clinics can operate fully uniformly; each rightly maintains the flexibility to operate within the construct of the infrastructure and resources at their disposal. However, applying lessons learned from highly-regarded and well-functioning VA facilities to all those across the country will help to standardize quality of and access to care to the growing number of women veterans who seek it through VA women’s health clinics.

Coping with Mental Health Challenges during Transition

One in three (34 percent) of WWP’s women warriors are medically retired from service. In many cases, this means these warriors were unprepared or even unwilling to transition – their military career cut short by injury or illness. This experience is a challenging one for any veteran, but the factors that make it so are often compounded for women by isolation or gender-based discrimination and take a significant toll on emotional wellness. When asked to identify the top challenges faced during transition, three out of the five most frequently reported responses related to mental health:



Social support is profoundly important in reducing isolation and increasing resiliency, two factors for which women veterans show poorer outcomes when compared to male veterans.^{8,9} At no point is this more evident than during transition, when women warriors may be presented with childcare and family obligations, searching for new employment, dealing with mental health conditions and trauma, managing pain or physical injuries, finding and financing a new home, and struggling to find their new civilian identity. The latter poses a particular challenge. Women warriors infrequently see themselves represented in a veteran community that is 90 percent male; yet struggle to identify with civilian women who cannot relate to their military experiences or style of communication. Less than half of women warriors (47 percent) feel respected for their service. During a roundtable discussion, one Women Warriors Initiative participant explained:

“Coming out of the military to civilian life was like going to another country. The language is different, the way you think is different. I wish someone would have prepared me for that.”

WWP found that higher rates of loneliness are positively correlated with higher rates of anxiety, the health issue most frequently reported by women veterans.¹⁰ The Women Warrior Initiative survey dug deeper, determining that 89 percent of women warriors reported feeling isolated from others often or some of the time. When amalgamated with additional data indicating low levels of fulfillment in personal relationships, these findings clearly indicated that social support is significantly lacking in this community.¹¹ In our own programming, WWP relies on our Connection program – which offers community and peer engagement events and opportunities – not only as a support component in and of itself, but as a point of introduction to other mental health programs. In FY20, the Connection program submitted over 1,000 referrals to WWP’s and our partner’s mental health programs, illustrating how engaging with peers can mark the first steps towards continued and more meaningful mental health interventions.

Among women veterans, however, their small share of the veteran population both underscores the need for and presents a challenge in creating spaces for women veterans to connect. Physical distance alone is a barrier to women-only events and opportunities, an issue that can be compounded by obstacles like childcare, transportation, and high levels of anxiety in group settings. Virtual platforms represent a solution that can enable meaningful communication and connection despite physical distance.

⁸ The 2020 *Annual Warrior Survey* found that in comparison to the general population, 15 percent of women warriors are more resilient than average, compared to 20 percent of male warriors as measured by the Connor-Davidson 10-Item Resilience Scale.

⁹ The 2020 *Annual Warrior Survey* found that 73 percent of women warriors scored as “lonely” using the UCLA Three-Item Loneliness Scale, compared to 63 percent of male warriors.

¹⁰ The 2020 *Annual Warrior Survey* found that 84 percent of women warriors report anxiety, making it the most frequently cited health issue among women.

¹¹ Less than half (47 percent) of respondents to the Women Warriors Initiative survey agree that they feel fulfilled in their personal relationships.

Recommendation: Establish or make permanent virtual, women-only support groups.

WWP has capitalized on this moment of social distancing, during which many veterans are becoming comfortable with online platforms for the first time, to implement virtual peer support groups exclusive to women veterans. WWP runs 12 women veteran-only virtual Peer Support Groups which have been effective in reengaging women veterans with one another. Of participants, 76 percent had not attended a WWP-led event in the six months prior. Peer support has not only provided these women warriors with an opportunity to connect with sisters-in-arms but has opened up a new channel of communication with an organization that can positively impact all areas of a woman warrior's life. The initial interest and feedback in these groups has been overwhelmingly positive. We recommend that VA and other veteran-focused organizations follow this model, leaning on technology to enable more frequent and meaningful peer connections between women veterans.

Delivering Care for Military Sexual Trauma Survivors

MST continues to be among the most frequently reported service-connected injuries cited by WWP's women veteran population. In 2020, 44 percent reported experiencing MST, in line with findings from prior iterations of the *Annual Warrior Survey*. However, our most recent edition of the survey dug deeper, determining that of all women warriors, 61 percent experienced sexual harassment and 44 percent experienced sexual assault. These rates far exceed those reported from men.¹² The ramifications are wide-ranging and complex. Women report that the aftermath of sexual trauma has seeped into not only their mental and sexual health, but their ability to form friendships and relationships, their ability to succeed professionally, and their willingness to utilize health care. One warrior shared:

“Connecting with others [is a challenge], it’s difficult to disclose being a victim of MST and even harder to decide to seek treatment.”

Undeniably, the presence of MST colored nearly every discussion that WWP held through the Women Warriors Initiative.

While VA has come a long way in its provision of care for survivors of sexual trauma, the process is fragmented, inconsistent, and frequently frustrating for women warriors. Of those who reported experiencing harassment or assault during their military service through the Women Warriors Initiative survey (73 percent), only 38 percent have sought treatment through VHA. Another 16 percent have sought treatment elsewhere, leaving nearly half (46 percent) without professional support. While every warrior's journey is different and requires varying levels of clinical intervention, those who struggle with mental health conditions as a result of sexual trauma may benefit from treatment. Of women warriors who report experiencing MST, 74 percent currently suffer from PTSD symptoms, compared to 48 percent who did not report MST via the *Annual Warrior Survey*. All entities who are responsible for providing support to

¹² The 2020 *Annual Warrior Survey* found that among all male warriors, four percent experienced sexual harassment and two percent experienced sexual assault.

MST survivors – the Department of Defense (DoD), VA, and external partners – must work along the same continuum of veteran-centered care.

Recommendation: Improve coordination of care for MST survivors.

WWP encourages members of this Committee to conduct thorough oversight of the implementation of Section 538 of the *National Defense Authorization Act (NDAA) for Fiscal Year 2021*. This measure requires DoD and VA to jointly develop, implement, and maintain a standard of coordinated care for survivors of sexual trauma, focusing on education and staff collaboration. WWP hopes that this provision will improve the prompt dissemination of information to sexual trauma survivors and more quickly connect them to care. We look forward to reviewing the Departments' strategy and working towards its swift implementation.

In addition, VA should take steps to increase internal collaboration between care providers, both clinical and non-clinical. Sexual trauma is relevant information to share with all members of a veteran's care team, from specialists in mental health and peer support to strictly physical health care providers. Women warriors report frustration in having to relay their story time and time again to providers across different specialties who turnover frequently. This may also lead to re-traumatization, threatening a veteran's recovery process.

VA should continue to identify platforms and practices that optimize provider collaboration. VHA's Patient-Aligned Care Team (PACT) model was designed with this express purpose in mind and may be adapted to better serve MST survivors who need care across multiple specialties. The ideal care model is one in which all providers operate with the same goals in mind, the same understanding of a veteran's history and needs, and the same awareness of how each provider's specialty interconnects with the others. This is a vision that should be applied across organizations as well, better integrating VHA with its partner, the Veterans Benefits Administration (VBA).

Recommendation: Conduct wellness checks after MST-related compensation and pension examinations.

While VHA holds the distinct obligation to provide health care to MST survivors, the role of VBA cannot be ignored. VBA is not only the gatekeeper to care, but also holds significant stake in a veteran's financial wellness. The two Administrations are inextricably linked and ought to operate along the same continuum, especially when dealing with a complex issue like MST. Denials of disability claims not only impact financial security, but for some women veterans, retrigger the sense of betrayal they felt after the initial trauma. VBA's compensation and pension examinations represent a difficult step of the claims process.

Compensation and pension exams are justifiably thorough in nature. To best distribute VA's limited resources to veterans who have earned them, it is important that examiners gain a clear understanding of a veteran's background and injuries or illnesses. Thus, veterans seeking benefits for MST-related conditions must relay the facts of their traumatic experience in great detail and in some cases expose themselves to intrusive examinations. This process puts many at risk for re-traumatization, at minimum. In fact, 34 percent of women warriors named avoidance

of painful or traumatic memories as a top barrier to mental health care – the second-most commonly cited issue. The fear of reliving trauma is a very real issue for women veterans, and one that WWP believes can be addressed simply by adopting more personalized, human-centered processes. The need was clearly illustrated by one warrior who relayed a painful exam experience, saying:

“I was sobbing through the exam, a mess. Then [my examiner said,] ‘okay, we know we just took you through hell: go find your own treatment.’ You have to relive everything, and there’s no help.”

WWP understands how stressful circumstances can harm a warrior’s mental health progress and takes steps to mitigate this risk through outreach. A salient example of this is illustrated through WWP’s response to the COVID-19 pandemic. Recognizing that the health crisis likely introduced unprecedented stressors into the lives of those we serve, WWP launched Operation Check-In. Through this initiative, WWP staff conducted nearly 40,000 phone calls to high-risk warriors. The outreach results in over 650 referrals to WWP programs, one-fifth of which were directed to mental health programming. This simple act of reaching out can lead to critical steps in a veteran’s mental health recovery by connecting him or her support resources at a time when they are most needed.

Our model allows organizations to turn difficult moments into opportunities to facilitate healing. WWP recommends that VA conduct wellness checks with veterans in the wake of MST-related compensation and pension exams in order to connect them to appropriate mental health resources, if needed. This is a simple step that can facilitate a more compassionate, human-centered approach to the benefits claims process for MST survivors.

Conclusion

WWP would once again like to thank Members of the Committee on Veterans’ Affairs, Subcommittee on Health, for inviting our organization to submit this statement. We are grateful for and encouraged by this Committee’s proven dedication to our shared mission: to enhance the lives of the women warriors who have served this nation. As ever, we stand by as your partners in seeking to expand access to health care, enable opportunities for transitioning servicewomen, and ensure compassionate, comprehensive care for survivors of MST. WWP is deeply proud of the work that has been done to meet these ends, and we look forward to more victories in the 117th Congress.