

Defense Advisory Committee on Women in the Services (DACOWITS)
12 September 2017 at 1200: Public Comment Period
Association of the United States Army (AUSA) Conference Center
2425 Wilson Boulevard, Arlington, VA 22201

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Public Comments:

United States Air Force (USAF): Air Force Women's Initiative Team

Veterans Affairs (VA): Women's Health Services

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First, we would like to thank the Committee and the outstanding support you provide to servicewomen! Your Annual Reports identify problem areas and provide candid recommendations to our senior leaders in the Department of Defense on how to solve them.

We are here today as a team, both the Air Force, Women's Initiative Team and Veterans Affairs, Women's Health Services to address a unique issue and a critical gap for today's servicewomen. Research is showing women veterans face significant health-related challenges and other negative factors at an exponentially higher rate after military service.

One of the most critical of these challenges is suicide among young female veterans. Data indicates female veterans commit suicide at 6 times the rate of non-veteran women ages 18-29. In addition, the suicide rate for female veterans has increased 85% since 2001, compared to a 30.5% increase for male veterans during the same period. Further, the risk of suicide for women post service peaks at 4 years post separation and rises again at the 7 year mark, while the risk of suicide in male veterans decreases over time.

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The VA health care system is uniquely qualified to address these issues as it has integrated mental health services within primary care, ensuring that mental health needs such as depression and PTSD are addressed to help prevent potential disease sequelae such as substance abuse and suicide. The VA has screening and assessment processes throughout the health care system to identify patients who are depressed and/or those at risk for suicide. Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow up, safety planning and individualized care plans that directly address their suicidality. There is documented evidence that this aggressive approach is effective as female veterans have 4 times the elevated risk of suicide than their male counterparts, but the risk was lower among veterans utilizing VA services (both sexes).

Unfortunately, research from multiple agencies indicates most of these women are not enrolled in the VA health care system, nor do they understand what services are available to them. To make matters worse, female veterans only enroll with the VA at a rate of 38%, compared to their male veteran counterparts who enroll at a rate of 45%.

Suicide is not the only challenge women veterans face. Other disparities between male and female veterans post service include higher rates of female veterans struggling with homelessness, depression, mental health disorders, sexual assault, and intimate partner violence. Women veterans are also experiencing these issues more often as single parent than male veterans, putting not only themselves, but also their children at higher risk.

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Our team believes we can better provide preventive health benefits, while also influencing negative trends by arming women transitioning from service with resources they earned defending our country. For example, I transitioned from Active Duty (AD) to the Reserves in 2015, and I had no idea I was eligible for women's health care services at the VA. I found out what services I was eligible for by working this project.

We partnered with the VA to address these challenges. We reached across departments and beyond our primary roles to determine how the Department of Defense/Air Force could assist. We found one of the primary barriers to post service care for women veterans was understanding the gender specific health care resources available to them at the VA, and during the transition between the DoD and VA.

To that end, the Air Force and the VA Women's Health Clinics are partnering to establish what we call a "Hot Hand Off". We found one of the primary barriers to post-service care for women veterans is not understanding or enrolling in VA-provided medical care. A hot hand off will ensure a successful transition from Service-provided medical care to VA care, and we believe, enrollment in VA-provided medical care is key to reducing the suicide rate and other challenges women face post service.

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This is the #1 barrier for women: comprehending the health services available to them at the VA. We must educate women at the start of their veteran status on the wide spectrum of medical/health services available to them, prior to transition.

Should they have challenges post service, they would be familiar with services available to them and would consider seeking help, if a need arises. Again, reinforcing a “Hot Hand Off” between DoD and VA.

We are proposing a pilot program to address this challenge, and fix the tipping point. We need to incorporate a more robust VA health services workshop as a supplement to the traditional Transition Assistance Program (TAP), one focused on women’s needs. This pilot would not change the current TAP curriculum; rather it would be a supplemental 1 day workshop for women to understand how the VA is specifically working on addressing their unique needs.

VA already briefs during the TAP process. In the current system, six hours are dedicated to VA benefits. (Of note VA benefits and VA health services are two different departments within the VA.) Of those six hours, one hour is dedicated to health services in general, mostly focused on disability claims and four minutes is dedicated to providing an overview of women’s health services. Four minutes is not enough time for servicewomen to gain information about the full spectrum of health services from maternity care, to mental health services for sexual trauma, to menopausal care, or infertility benefits. Nor is it appropriate to take precious time during the TAP program to go in depth about these services.

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Therefore, we are proposing a supplemental – 1 day TAP workshop that would go into greater detail about the services offered at VA for women and will also include a ½ day at a VA Medical Center hosted by the local women Veteran program manager so that the Servicewomen feel welcomed and supported in the VA healthcare system.

Transition has historically been identified as a time issue when there are many missed opportunities for women veterans. I would argue not just for women, but for male veterans as well. As they transition, veterans are briefed on all the benefits available to them: Education, VA Home Loans. But they don't get the most critical information - the health benefits available to them. While this would be extremely beneficial to female veterans, it would all be helpful to all veterans! Did you know the VA has Women Health Centers and Clinics? Did you know that after you separate (not retire) from service you are eligible for 5 years health care with the VA? Did you know that VA covers infertility services as well as 7 days of new born care? All service members need this information, but it's particularly critical for women who are transitioning.

Current TAP does not explore VA-provided medical services, nor does it enroll members in the VA medical system. This is a critical gap in the lives of these women and their successful transition to civilian life.

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We are seeking your support of this pilot program because in the DACOWITS 2016 Annual Report you came to the same conclusion, and identified the same issues:

- (1) The current Transition Assistance Program (TAP) does not include content that addresses the unique challenges and needs of transitioning servicewomen
- (2) Female veterans had knowledge gaps about transition services available through DoD, and many lacked understanding of their eligibility for services provided by VA
- (3) Less likely to use VA benefits
- (4) Rate of homelessness for female veterans in 2013 was nearly double that for nonveteran women
- (5) Female veterans were frustrated with the transition process. Of significance, women were less likely than men (32 percent versus 47 percent) to believe the military was doing enough to ease their transition to civilian life

The DACOWITS report recommended to the SecDef that a supplemental TAP workshop for women veterans be provided to better assist women veterans understand the support VA can offer to them as they transition. This program will help meet the unique needs of transitioning servicewomen and hopefully will make an impact on rates of women veteran homelessness, those seeking mental health treatment, and ultimately decrease suicide rates, and we are here to ask you to make this a reality for all servicewomen in the military!

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