

**Statement of  
Dr. Anne Davis  
Chairperson, Nevada's Women Veterans Advisory Committee  
before the  
U.S. Senate Committee on Veterans Affairs  
Tuesday, April 21, 2015  
Washington, D.C.**

Chairman Isakson, Ranking Member Blumenthal, and Members of the Senate Veterans' Affairs Committee, it is my honor to appear here today. My name is Dr. Anne Davis. I am a retired Army Colonel who served 29 years on active duty. In June of 2014, Nevada's Governor, Brian Sandoval, appointed me to serve on his Women Veterans Advisory Committee. I serve as Chairperson of that committee and our charter is to support and assist the State Women Veterans Program Coordinator in locating, educating, and advocating for all women veterans in the state. Our goal is not to find fault, but rather to understand the issues women veterans are facing and work toward finding solutions.

**INTRODUCTION**

Nevada's Women Veterans Advisory Committee currently consists of four members from throughout the state. Our initial members included women who are veterans of the Army, Air Force and Marine Corps, and represent both officer and enlisted ranks. Our meetings are open to the public and we welcome all who want to participate. We have two additional advisory members to our committee. These advisors represent the Veterans Health Administration organizations in Reno and Las Vegas. To date we have submitted an interim report with ten recommendations to Governor Sandoval and have a final report due by June 1, 2015.

We use information from surveys, face-to-face conversations with women veterans, presentations from the Nevada Department of Veterans Services (NDVS) and the U.S. Department of Veterans Affairs, and our own personal knowledge and experiences to develop our recommendations. To assist us in our efforts, we also seek information from experts and from others who are in positions that allow them to interact with women veterans.

One of the central issues we encountered is the identification of women veterans. As of September 30, 2014, the U.S. Department of Veterans Affairs (VA) estimated the total veteran population within the state of Nevada at 228,027 with 21,362 of those being female veterans. But these are just numbers and do not translate to the actual veterans within the state. To date, the Nevada Department of Veterans Services has identified (by name) approximately 2,500 female veterans or only 11.7% of the estimated total of women veterans in the state. This indicates that the state could do a better job of identifying and recognizing our female veteran population. It is difficult to support and advocate for women veterans without having contact with a larger number of them.

To help connect veterans with service providers, Nevada has implemented a statewide effort, the Green Zone Initiative, which aligns operations under three pillars: The Policy Development Pillar, the Service Provider Coordination Pillar, and the Connecting to Veterans Pillar. According to the Nevada Department of Veterans Services, the “Connecting to Veterans Pillar” presents the single-most difficult challenge, especially for our women veterans. Meeting the needs of the individual woman service member, veteran, or family member requires a connection with them, and this cannot occur unless we know where our women veterans are. While the Department of Defense and the U.S. Department of Veterans Affairs have taken some initial steps to create a “hand-off” system that helps states know when service members return

home, much more needs to be done. How can you connect a woman veteran to benefits and opportunities their service to our nation has earned them, if you cannot find the veteran? Nevada has undertaken local initiatives to learn where our women veterans live, such as the identification of veterans' status on driver's licenses, but to truly identify our returning service members, better collaboration between the Department of Defense and the VA and timely, in-depth information sharing with state governments is critically needed.

Anecdotal evidence indicates that women are less likely to identify themselves as veterans than are men. Our committee has made several recommendations to try to remedy this situation. First, we endorsed the Nevada Department of Veterans Services continuing efforts to develop a Veterans Information System to identify veterans throughout the state so that all veterans are informed about their available benefits and opportunities. Furthermore, we recommended that the State of Nevada agencies who collect veteran data add a data collection question asking "Have you ever served in the United States Military?" to their forms/applications during their next programmed update. This question would replace the question "Are you a veteran?" Studies have shown that many women veterans do not self-identify as a veteran, so asking if they have served in the military may ensure their status as a veteran is identified.

Our committee also recommended that Governor Sandoval direct the Nevada Department of Veterans Services develop a Strategic Communications Plan that includes how to reach women veterans throughout the state. One additional recommendation was for the Nevada Department of Veterans Services to develop a white paper in collaboration with our committee that would inform our legislators and state agencies of facts regarding Nevada's women veterans. Such facts would include demographics, contributions to national and state security, and unique

needs of the women veteran population. This white paper may help reduce misinformation and improve programming support for women veterans.

## **EDUCATION**

Many women veterans are taking advantage of their education benefits within the state. Most, if not all, of the college campuses throughout the state have someone on their staff dealing with veterans issues. Many of the colleges also have veterans groups on campus. While women will always be in the minority within the veteran population, women feel more comfortable attending veterans' events when other women veterans attend. As there are more women veterans in the Las Vegas area than in other parts of the state, a greater percentage of the available women veterans participate in veterans' events and clubs at the University of Nevada, Las Vegas (UNLV) than participate in other parts of the state. Women do not seem to be participating in large numbers at the University of Nevada, Reno (UNR) campus due to the smaller number of women, as they often are the sole woman attending veterans' events and meetings.

At a recent committee meeting, the UNR Director of Veterans Services noted that women are hesitant to join these groups because they see the military part of their life as being behind them and women veterans would rather move forward with their education toward a new career. Some women veterans feel they are better served joining groups and attending events that meet their needs. The UNR Director of Veterans Services is looking at ways to collaborate with other colleges and groups on campus to bring integrated services to women veterans rather than stovepiping services solely within veterans' organizations.

Another UNR initiative is a collaboration with the VA Sierra Nevada Health Care System. Through this collaboration, the VA Sierra Nevada Health Care System has been able to put a social worker on the UNR and Truckee Meadows Community College campuses on a regular basis. The enabling mechanism is a program called Veterans Integration to Academic Leadership (VITAL). This is a Veteran-centered, results oriented collaboration between the VA Medical Center and state higher education, whose goal is to enhance academic retention and success. The social worker noted that her workload was low initially as veterans seemed reluctant to seek out the services of a social worker, but trust has grown and she is now quite busy serving veterans on both campuses. It is important to note, however, that not a single woman veteran has contacted her for assistance.

## **EMPLOYMENT**

Unemployment for women veterans is over 8%, which is 20% above their male counterparts. Women veterans have unique challenges in gaining employment. For example, they are twice as likely to be divorced, are more often single parents, and their earnings average \$6,000 per year less than male veterans. Women veterans also have higher military disability ratings in general.

Women veterans face some of the same challenges as do men in translating their military skills into the civilian workforce. This will continue to be an issue as the services downsize. State and federal VA agencies, as well as other organizations, continue to assist veterans in this area. Helping veterans translate their military skills for use in the civilian workforce should be a continued area of emphasis.

As noted earlier, women do not identify themselves as veterans and therefore some will not take advantage of career fairs directed toward the hiring of veterans. Some women veterans feel uncomfortable in this setting, as the majority of the job seekers will be men and many of those hiring will expect the veterans they hire to be men.

Several organizations offer mentoring programs for veterans. Mentoring is designed to be a helping relationship where a mentor and protégé work closely together. Having men mentoring women can be a challenge when either the man or the woman feels uncomfortable in this relationship. Fewer female mentors are available to assist our women veterans although several professional women's groups do offer mentoring services. Mentoring programs should also be a continued area of emphasis.

## **HOMELESSNESS**

Women are the fastest growing segment of the homeless veterans population and are more likely to be homeless with children. One in five women homeless veterans is typically diagnosed with Post Traumatic Stress Disorder (PTSD). There is a link between homelessness and military sexual trauma for women veterans.

The VA has instituted an extensive initiative to eliminate homelessness by the end of 2015, which means finding homes for approximately 50,000 veterans. But how can we eliminate homelessness if we are not properly identifying our women veterans? A 2014 research article published in Public Health Reports noted that women and younger veterans are at a higher risk of not being identified as veterans among the homeless population.

Homeless women veterans do have unique needs, however, in that they often have children. Homeless shelters often do not mix males and females. Some shelters place restrictions

on the ages of children within their facilities. These restrictions place an additional burden on homeless women to keep their families together.

Due to the small number of homeless women veterans in any given location, the VA must encourage and support the partnering of federal, state, and local agencies to find space for these homeless women veterans.

## **HEALTH CARE**

Overall, the health needs of women veterans are being met within the state of Nevada. We have access to Obstetrician/Gynecologist care but our committee has recommended that Governor Sandoval communicate the need for a full time Obstetrician/Gynecologist at Southern Nevada Veterans Medical Center to serve women veterans in the Las Vegas area. Within the state of Nevada, most of our veterans are clustered in the urban areas of Las Vegas and Reno. We believe tele-health initiatives need to be further expanded to better serve women veterans in rural and frontier communities outside of these urban areas to reduce the need for travel to access medical care and advice.

Nevada is unique in that we have three VA Veterans Integrated Service Networks (known as VISNs) operating within the state boundaries while all other states only have one or two VISNs. VISN 19 serves Northeastern Nevada, Utah, Colorado, Wyoming, and Montana. VISN 21 serves Northern California and Northwestern Nevada. VISN 22 serves Southern California and Southern Nevada. Having different parts of our state belonging to different VISNs has allowed our committee to see that each VISN operates differently. The three VISNs serving Nevada's veterans conduct business differently, particularly in regard to support, events, and celebrations of and for women. While I see a need for some flexibility to adapt to the needs of

local veterans, some services should be standardized across all VISNs. The *Women Veterans Access to Quality Care Act* introduced by U.S. Senator Heller (R-NV) and U.S. Senator Murray (D-WA) may go a large way toward accomplishing this goal. I thank you for sponsoring this important legislation.

To date, our committee has not come across any issues with regard to mental health care for women veterans. Does this mean that we are taking good care of our women veterans or does this mean women veterans are not seeking assistance within the VA or not seeking assistance at all? Without being able to identify more women veterans and their needs, it is difficult to answer this question. Some women who have experienced military sexual trauma find it difficult to walk into a VA health care facility to seek assistance. This is an area requiring further exploration.

### **MILITARY SEXUAL TRAUMA (MST)**

Our committee has not spoken to any women who have experienced military sexual trauma. Remember that our meetings are open to the public and some women veterans who have experienced MST report a reluctance to speak in such a forum. Although our committee has not spoken to any women who have experienced MST, I did reach out to a group of women veterans to try to understand their experiences. One woman shared her personal story with me, noting that the children of those suffering from Military Sexual Trauma with a subsequent Post Traumatic Stress Disorder (PTSD) diagnosis may be the unseen victims of military sexual trauma. A PTSD/MST diagnosis allows a veteran a 70% disability rating. Often, however, these veterans are unable to work and therefore rely solely on this VA benefit. This 70% rating puts a family of three below the federal poverty level. A 100% disability rating would enable food, shelter, and heating oil security. Because the veteran may be unable to work, they often do not have health



insurance for their children. Many of these MST victims are single parents. When their claims are denied, they are forced to rely on the generosity of county and state children's health and mental health insurance programs rather than on VA dependent health care benefits. These children of PTSD/MST veterans often need to receive mental health care due to their parent's disability. Furthermore, these parents with PTSD/MST have noted that difficulties with the VA claims process can exacerbate their condition. College-age children of these PTSD/MST veterans have limited access to affordable higher education. A 100% permanent and total disability rating would allow these veterans to take advantage of the VA's dependent education benefits. A lack of education benefits may contribute to a continuing cycle of poverty for these children.

Based on my discussion with women veterans, I offer the following recommendations regarding MST:

1. Congress should mandate the release, publication, and monitoring of disaggregated data to include the number, age, background, and treatment by geographic VA location and regional office of those women and men being treated for PTSD/MST. The data should also include the number of single parents with young children and grandchildren within this population. These children are at risk. When PTSD/MST women veterans are denied access to care, a generation of children bear the brunt of poverty, disability, and lack of access to medical and mental health care. The VA should also look at the population most likely to be outside the system in need of treatment given the rate of MST prevalence within the ranks. The VA should report on grants versus denials in PTSD/MST disability claims. This data may expose critical systemic issues and force accountability. These actions will enable the Veterans Administration to have a complete view of this issue.

2. Congress should order an immediate review of all PTSD/MST claims currently in the appeals process. In particular, the VA should be directed to review those claims impacted by the backlog (>120 days) and specifically those claims which have undergone more than one review at the Board of Veterans Appeals level. Congress should direct the VA to resolve all cases involving single parents of minor children within the next 6 months. The VA should track this review and report progress weekly on the resolution of these PTSD/MST cases.

## **CONCLUSION**

The title of this hearing is “Fulfilling the Promise to Women Veterans”. I believe the way to do this is to push to identify our women veterans and to understand their needs. Committees, such as Nevada’s Women Veterans Advisory Committee, are a good start and I would encourage other states to institute similar committees to better understand and support the needs of our women veterans. Our goal is not to find fault, but rather to support our women veterans who have served and sacrificed.

Again, thank you for this opportunity to speak with you today.