

Genevieve Chase, Veteran, Operation Enduring Freedom, Afghanistan, Founder and Executive Director, American Women Veterans

U.S. Senate Committee on Veterans' Affairs,  
Testimony of Genevieve Chase,  
Veteran, Operation Enduring Freedom, Afghanistan  
Founder and Executive Director, American Women Veterans  
July 14, 2009

Mr. Chairman and members of the Subcommittee, thank you for inviting us to testify today. My name is Genevieve Chase and I am the Founder and Executive Director of American Women Veterans (AWV). On behalf of my peers, I would like to thank you for your commitment and dedication to serving the growing number of women veterans.

I am a veteran of combat operations in Afghanistan. While serving in the Army Reserve, I volunteered for a 32 month active duty tour which included a deployment in support of Operation Enduring Freedom. On April 7, 2006, our vehicle was attacked by a suicide vehicle-borne, improvised explosive device. The car that hit our truck nearly disintegrated. Although I suffered minor external injuries, the impact of that explosion has continued to this day and I now know that we were not adequately informed of the services available to us.

The reserve soldiers I served with were discharged from active service with a five-minute out-briefing and a single sheet of paper listing websites to access for VA services. What I recall from that time was being focused on overwhelming issues like finding a job and figuring out how I was going to make it in a civilian world that had become somewhat foreign to me-- not on the service related health issues I would face in the months to come or how I would seek care for those issues.

Weeks after returning home, I began to experience additional symptoms that I now know to be characteristic of Post Traumatic Stress (PTS) and mild Traumatic Brain Injury (TBI), such as: extreme guilt, anxiety, panic attacks, and bouts of deep depression--in addition to periods of consecutive days where I suffered exhaustion from insomnia and lacked the energy to leave my apartment or speak to anyone.

During the past two years, I have gone to the VA website repeatedly and called the VA to pursue an assessment and screening for TBI and other related issues. After attempting to navigate through the bureaucracy, I gave up, frustrated by an unclear website and unfriendly service on the other end of the phone. I looked to the VA for help when I most needed it, but never succeeded in completing my enrollment, let alone actually receiving the care I needed. In communicating with other veterans, I have found that I am hardly alone in this.

While the VA struggles to catch up and provide adequate, gender specific care to previous generations of women veterans, the total number of women veterans is projected to double in the next 10 years. It is vital that this nation proactively address--immediately--the broad spectrum of treatment needs for this significant increase in the women veterans population. VA resources for women must expand to meet the growing number of combat-experienced women and women

dealing with PTS, Military Sexual Trauma (MST) and TBI must be able to find easily accessible and concise information and guidance about these vital services when needed. Veterans should not need a third party to help them navigate the VA system.

AWV believes that women veterans of all generations are entitled to VA services that include women-only clinics, women providers, holistic care, extended service hours, off-site care, PTSD and MST peer support groups, and availability of childcare during clinic visits. But even with all of these services; women must know they are eligible, must be enrolled and must have access to the VA.

Despite the VA's efforts and claims of educating and reaching out to today's new veterans, the message is not getting through. Even minor changes in the delivery of this message can have a huge impact. As just one example, many women veterans have expressed to me that they would prefer to receive immediate email updates on VA benefits and services rather than periodic automatic mailings which don't always get forwarded through the postal system.

Briefings, workshops and enrollment for VA benefits must be mandatory, and should be conducted by knowledgeable representatives from the VA. Reaching out to all veterans prior to their discharge would address several issues to include:

Raising awareness and knowledge of eligibility of benefits and care,  
Allowing continuity of care and eligibility from hospital to hospital, and  
Offering immediate availability of physical and mental health care when needed, rather than after lengthy and unknown waiting periods.

Veterans getting the care they need, when they need it, can help to prevent a number of extended issues to include extreme depression which contributes significantly to the risk of homelessness, substance abuse and suicide.

In closing, our nation's veterans from all eras answered this country's call to service and the VA has the unique and rapidly growing challenge of ensuring easily accessible, quality services for women veterans across the spectrum, from child-bearing years to those well beyond retirement. On behalf of American Women Veterans, thank you for working to honor and repay the service of all veterans through this inclusive dialogue, and we thank you for your commitment to ensure the quality and scope of physical and mental healthcare that today's women veterans have earned by their service.

Ladies, gentlemen and Mr. Chairman, I thank you for your time and consideration and welcome your questions.