

Tia Christopher, Women Veteran Coordinator - Iraq Veteran Project, Swords to Plowshares

Prepared Statement of
Tia Christopher
Women Veteran Coordinator – Iraq Veteran Project
Swords to Plowshares
Before the
Committee on Veterans' Affairs
U.S. Senate
Hearing on
Department of Veterans Affairs
VA Health Care Services for Women Veterans
July 14, 2009

Good morning. Thank you, Senators, for allowing me to speak. My name is Tia Christopher. I am a U.S. Navy veteran and Women Veterans Coordinator for the veteran nonprofit Swords to Plowshares. Our organization has been helping veterans since 1974.

In response to the wars in Iraq and Afghanistan, we established the Iraq Veteran Project to specifically address the needs of the newest generation of veterans. Following the formation of the Iraq Veteran Project, Swords created my position to respond to the specific needs of the fastest growing cohort of the U.S. veteran population: Women. I speak before you today both in my professional capacity and from my personal experience as a woman veteran. I am a 70% VA-rated, disabled veteran for PTSD and Military Sexual Trauma. My experiences have given me the passion and perseverance to do advocacy work on behalf of Swords to Plowshares. I mention this to illustrate that I am a VA consumer as well as a community avenue for my peers to seek and access care.

The Department of Defense has made considerable progress in the eight years since I served. Significant steps have been made in the area of sexual assault prevention; (i.e.: the establishment of the SAPR program). In the same spirit, the VA has made notable strides in the care of our nation's women veterans. I would not be the person I am today without the young women veteran PTSD groups established at some VA medical centers. Even as we acknowledge the amazing strides that have been made, it must be acknowledged that services and support for women remain insufficient both in quality and accessibility. More women are serving in the military than ever before. No one entity should be expected to provide the breadth of services and support needed for female veterans. There needs to be coordination and collaboration between the DoD, VA, and community providers in order to deliver adequate care.

Community providers such as Swords to Plowshares are on the front lines every day serving veterans from all our nation's conflicts. Because of the historical lack of gender appropriate services it is critical that no door be the wrong door to accessing care. Resources are stretched;

we all know that, both for the government and nonprofits. I am scrambling every day to find resources for the women veterans who come through our door.

Whether it is housing, inpatient programs, or resources for their families, services are insufficient for women veterans. Women veterans may seek out services in the community which don't address their underlying health needs but address their pragmatic needs in the moment. For example, I had a young woman Air Force veteran come in initially asking for help finding a job, but at the end of our conversation it became evident she was homeless. This young woman who honorably served her country divulged that she was now selling her body just to get by. It broke my heart that this sister veteran of mine had been reduced to this.

Because of the specific employment and training services that Swords provides, and the fact that she was able to speak with a fellow woman veteran, she felt comfortable asking for help. In this case, she needed mental health attention as well. Services need to reflect the myriad co-occurring issues surrounding our female veterans; and care providers need to be versed in how to appropriately and comprehensively address these issues.

This veteran is not unique in her experience; female veterans frequently access community care rather than VA care, which is oftentimes less of a hurdle to navigate, as well as less intimidating. Swords to Plowshares conducted focus groups with female veterans in San Francisco, during which many participants noted barriers to VA services. One participant stated, "If you do have benefits available through the VA, you have to be very persistent. You have to want to get your benefits, and you have to fight them for it. The benefits are there, you're entitled to them, and you just have to find the right person in the office that's going to help you fight for them."

Women need not only more gender specific care, but also care that is appropriate for their needs. It is essential that women who do need inpatient treatment for PTSD, whether combat or sexual assault related, receive care in a safe treatment space. A coed environment can truly be the worst thing for a woman suffering from Military Sexual Trauma (MST) and PTSD. Just having the resources is not enough, again, the quality, quantity, and accessibility of that care is vital. For those who are uncomfortable receiving treatment at a VA facility, for whatever reason, funding needs to be allotted for culturally competent care within the community.

Both government and community entities need to be educated on the specific needs of women veterans. I regularly speak during the community panel portion of the National Center for PTSD's clinical training program. Sharing my story and experience navigating the VA system and receiving treatment has helped these clinicians better understand their patients. The Iraq Veteran Project is primarily composed of staff who are veterans. We provide free panel presentations for clinicians and community behavioral health providers on issues such as prevalence of PTSD, TBI and MST, military terminology clarification, triggers, language, cultural obstacles to care, and effective outreach and treatment approaches. Sessions such as these are a foundation-funded free service provided by our nonprofit to government and community entities. This has led to greater dialogue and collaboration among the various entities treating veterans, as well as helping the veterans themselves feel that they are understood by their caregivers.

Another area of great concern is an understanding of the resources available to them, and an understanding of what to expect during transition. I encountered dry, outdated materials that were difficult to digest and did not speak to me as a young veteran. As a result, Swords to Plowshares published our OIF/OEF transition manual written in familiar language from one veteran to another. The concept behind this manual is not profound- however- it is unique in its approach and has been met with extremely positive feedback from DoD, VA, and community entities, as well as from the veterans themselves. Materials such as this could considerably augment and aid accessibility to VA services on a nationwide scale. This is one example of how the community and the VA can work together. Based on the success of this manual written for both genders, it is my dream to write one specifically for women veterans, working in partnership with the DoD and VA.

Finally, women veterans have expressed their need for resources strictly for them. During the focus groups with

Swords to Plowshares many expressed the need for peer-based emotional support. One participant stated, "Getting support from other military veterans definitely helps. We have something in common." One answer to this has been weekend retreats. In October 2008 several veteran nonprofits came together with the support of several VAs, Vet Centers, and active duty bases. This retreat was attended by OIF/OEF women veterans, reservists, and active duty. The overwhelming response from the 25 participants was how important it was for them to have a space to call their own. Being surrounded by their peers was integral for their healing; they heard and saw that they were not alone. This experience not only aided in their healing and transition process into the civilian world, but also functioned as a successful augmentation to the post-deployment process. In the words of one participant, "Thank you for recognizing this aching need for women veterans to meet and bond with other women veterans. Military service as a female... has been a very lonely and isolated experience, and I wish that I had been able to attend a workshop/retreat like this much earlier in my military career. Perhaps if such a support group/network had been established for me early on, I would not have struggled so much (or at least, not alone) through the dark valleys of depression and self-doubt that I traversed as a young female in the military."

The following are a list of recommendations for greater access to care for women veterans:

- Mandatory and routine training for VA clinicians on the specific issues facing women veterans.
- Resources available for VA providers to include: issues facing female combat veterans; military era specific information (i.e.: OIF/OEF vs. the Vietnam era); military terminology; the differences between Military Sexual Trauma and sexual trauma in a civilian setting; co-occurring combat and sexual trauma based PTSD, sometimes referred to as "The Double Whammy;" etc.
- Escorts at VA facilities for women veterans not comfortable going alone. This "battle buddy" system could be implemented at no cost to the VA through use of volunteers, the Chaplain Service, and veteran peers. This simple gesture could eliminate a huge barrier to care.
- Development of permanent women-only clinics at VA facilities, and improved signage at all VA facilities designating where the women's clinic is.
- Separate entrances or waiting areas that are safe and monitored.
- Childcare and extended clinic hours, at least for mental health. Some VA facilities do have extended hours, however this option needs to be universal regardless which community women veterans return to.

- More female only inpatient PTSD and MST programs. For veteran nonprofits providing these programs, greater collaboration between the VA and these entities needs to occur.
- Greater outreach concerning the eligibility for veterans with MST.
- Utilization of peer based approaches and the retreat model to supplement care received at the VA.
- More collaboration with community entities and the DoD to truly make transition seamless.
- VA to track rates of MST and subsequent early discharge from military service to provide evidence that rates of MST are a retention issue for the DoD.