

THE BROOKINGS INSTITUTION
WEBINAR
THE NEEDS OF WOMEN VETERANS

Washington, D.C.

Friday, March 12, 2021

PARTICIPANTS:

Moderator:

MICHAEL O'HANLON
Senior Fellow
The Brookings Institution

Panelists:

THE HONORABLE JULIA BROWNLEY
Chairwoman
Veterans' Affairs Subcommittee on Health,
U.S. House of Representatives

TRACY FARRELL
Engagement and Physical Health & Wellness, Wounded
Warrior Project

JEN SILVA
Chief Program Officer
Wounded Warrior Project

YOMARI CRUZ
Wounded Warrior Project

* * * * *

ANDERSON COURT REPORTING
1800 Diagonal Road, Suite 600
Alexandria, V.A. 22314
Phone (703) 519-7180 Fax (703) 519-7190

P R O C E E D I N G S

MR. O'HANLON: Good afternoon everyone and welcome. I am Michael O'Hanlon with the Brookings Institution and delighted to be working with friends and colleagues from the Wounded Warrior Project today, as we discuss the needs of women veterans that are specific to their gender, although they may also in some cases be needs that are also reflected in the broader veterans population. But with a particular concern today on issues and the responses to those issues and concerns that most concern are women warriors.

We have three army veterans with us today to begin. And let me just give a quick word on the next 60 minutes. The three soldiers that you see before you, Jennifer Silva, Tracy, Farrell, and Yomari Cruz all work for the Wounded Warrior Project now, and will explain their own particular expertise as we get into the conversation. But all have been soldiers as well in the past, and various remarkable biographies. Yomari is going to tell us a little bit about her own story after we see a video summarizing some of the findings of the latest survey that is the basis and the foundation for much of our discussion today. Tracy Ferrell is a mathematician, a yoga expert, a police woman, as well as a soldier, and as well as one of Wounded Warrior Project experts on health, as well as financial health. And Jennifer Silva, in addition to her illustrious army service, has done a great deal at Wounded Warrior Project now for the better part of the decade, responding to the various needs and concerns of the Wounded Warrior community and really thrilled to be working again with her. She's a friend, we've collaborated with before in the past.

Without further ado, I'm going to ask that the Wounded Warrior Project colleagues just launch into this film that will summarize some of our data, we'll then hear from each of the panelists, discuss a little bit amongst ourselves. You may send in questions if you wish for them to events@brookings.edu, again, events@brookings.edu.

And then about 40 minutes into the hour, we'll be joined by Congresswoman Julia Brownley. I'll actually have a little bit of a conversation with her about what Congress is doing. She's the chairwoman for Veterans' Affairs Subcommittee on Health, and has been a leader in suicide prevention

and gender concerns as well as many other issues affecting the veterans population.

So, thank you for joining us today. We're honored and Brookings we're really thrilled to be extending this partnership. And now, I can turn things over to those who are going to flip the switch on the movie, thank you.

(Video Plays)

In greater numbers than ever, women are stepping up to serve in new critical and formidable roles contributing to our nation's national security. But while they are consistently and impressively breaking down barriers, women warriors still experience unique challenges and gaps in care, both in uniform and beyond.

To gain a deeper understanding of these issues, Wounded Warrior Project developed the Women Warriors Initiative to better define challenges and advocate for these women warriors who have served our nation. As part of this initiative, nearly 5,000 women warriors shared their stories with us through a survey and in roundtable discussions. This is what we've learned about the women warriors we serve and some of the challenges they experience.

With 57% having earned a Bachelor's degree or higher, women warriors education rates are higher than their male counterparts. However, they reported lower rates of employment than men.

While nearly all women warriors reported using the V.A., and the majority of those use VHA as their primary care provider, less than half felt their needs are being met. Of those using the V.A. as their primary health care provider, 64% say they have experienced challenges accessing the care they need, including appointment availability, poor quality care, services needed not being offered, and finding or funding childcare during appointment time.

Several women warriors elaborated on their struggle to get the care they needed. One shared, getting specialized care for anything female related means traveling at least an hour to a larger branch versus a clinic. So, in many cases, this isn't realistic.

73% of respondents experienced sexual assault or harassment while in the military. However, only 38% have sought or received treatment through VHA.

During our roundtable discussions, women warriors recalled experiences such as recurrent denials of disability claims related to MST, reliving the trauma every time they repeat their story due to provider turnover, and failed persistent attempts in accessing timely, effective MST related care.

One woman warrior told us; I've been through 20 different mental health providers since I got out in 2014. I've had them resign, I've had them retire, I've had them move, and every time you get a new provider, you have to start your story over, you have to re-traumatize yourself to a new therapist every time and start from scratch.

With high rates of military sexual trauma, mental health issues, and physical injuries, some women warriors feel isolated and have difficulty identifying and connecting with civilians or fellow veterans.

In this survey, less than half of women warriors say they felt respected for their service. Several women warriors told stories about not feeling properly recognized for their service. One woman shared, we still aren't respected as veterans when compared to males, when my husband goes with me to the V.A., they address him thinking he's the veteran.

Through our direct programs and advocacy efforts, Wounded Warrior Project is working hard to ensure that all warriors receive the resources and care they deserve. The Women Warriors Initiative calls for collaboration and commitment from the veteran and military community, our elected officials, and the Department of Veterans' Affairs. Together, we can ensure that women warriors, and all veterans are supported and empowered to take on their next mission in life.

(Video Ends)

MR. O'HANLON: Thank you for that excellent video. And now just to go straight into the discussion. Jen, let me turn the floor over to you, please. And I misspoke before, you've been with Wounded Warrior Project I believe for 13 years and are now the chief program officer. So, I look forward very much to your thoughts.

MS. SILVA: Thank you very much for having us today and being able to illuminate kind of what we found out over the last year. Just to give context to why we did this, we've worked with

women warriors since our inception in 2003. And in really have worked very hard, they represent about 17% of our overall alumni registered warriors.

And we knew due to our work with them through mental health retreats, through connection events, etc., that there might be some discreet and unique challenges in related to transition from the military, also access to care, particularly mental health care.

And we had deployed our Annual Warrior Survey over the years and saw some differences in particularly those areas and also in financial empowerment measurements that were different than their male counterparts. And so we really wanted to dive in this last year.

We started with our survey in January, February timeframe of 2020 and asked gender specific questions and just questions related to access to care, etc., like I've talked about. And then had about 13 different roundtables across the country, and spoke to the women in depth about what those challenges were and where we could really be of service to them, whether it's through our efforts in advocacy and really advocating for changes, both in the V.A., DOD and just with lawmakers.

And then also through our own program efforts. And how can we be better serving women who are such a critical part of today's military, and the veteran population. They're the largest cohort -- growing cohort in DOD. And so we're really excited to be of service to this really important cohort as part of our military -- our national military and our national defense efforts.

And so that's really why we did it, was we wanted to put data towards these challenges that we had heard and in wanted to help our own programming. And also anybody who's working with veterans, with female veterans, we wanted to be of service to them and provide them some insights in a voice to the veterans that we serve.

MR. O'HANLON: This is a group of people who have responded to your request to complete a survey. They are a part of your wounded warrior broader community, which is a large community, I believe 100,000 plus people involved, right. And these are primarily people who have been wounded or otherwise suffered injury --

MS. SILVA: Correct.

MR. O'HANLON: -- or illness in their time in service.

MS. SILVA: Yeah. And that's an important distinction, Michael, that I think is -- as some of these numbers are pretty alarming, and I think they are. And we represent, we serve the population of post 9/11 veterans that are wounded, injured, or ill. So, over the last 11 years that we've been doing surveys in the field, our numbers usually do skew higher than the general population of post 9/11 veterans.

And so we expected it to be higher than say V.A. numbers and DOD numbers. But that's in line with other surveys that we've had in the field for 11 years.

MR. O'HANLON: Very good. So, now I know we'd all like to hear, Yomari, you're going to put a little bit of a personal touch on some of these statistics and help us understand where the challenges really can arise for a given culture.

Tell us a little bit about your story, which I know involves deployment to Afghanistan and a number of significant challenges along the way. So, again, we're thrilled at Brookings to have you joining us today and look forward very much to your remarks. Over to you.

MS. CRUZ: Absolutely. Thank you so much for allowing me to share my story. I served in the Army from 2010 to 2013. Once I completed my training, I joined an aviation unit, which was male dominated. About 30 days into joining my team my orders were cut for Afghanistan. So, due to the sexual assault cases that were occurring on the forward operating base, all of us soldiers were assigned battle buddies, mine in specific was a male, a staff sergeant.

And he just so happened to be the individual that was kind of the go to for downloading movies and music and shows on to USBs. There was a female soldier who had purchased a USB. And within that she had found some files with some names on it.

Now, one of those names was mine, and she brought it to my attention. I escalated it to my female commander and an investigation began. To provide a visual, there was a shower trailer for the males and one of the showers was sectioned off with plywood. Now, the plywood did not go all the way up, we did have an exterior door just for the females.

But during the investigation, it surfaced that my battle buddy had been stalking me and filming me taking a shower for about on and off for five months. He had been utilizing a GoPro that he had been mounting on the plywood wall, and he had been sharing and selling those videos to other soldiers on the forward operating base.

Now, for obvious reasons I felt betrayed. The expectation from my unit was to brush it off. The sexual harassment continued. The retaliation continued. And during this time, I honestly, the only support system I had was my female commander and two other female higher ranking soldiers.

Now, he did serve a minimal sentence for his actions, but due to this and other reasons, I was medically retired. And for a span about three years I was dealing with a lot of challenges. I was diagnosed with PTSD; I did not know what that meant. And so that brings its own set of difficulties for myself and for my family.

I did have a neighbor who introduced me to the Wounded Warrior Project. And honestly, that was the pivotal moment in my life in which I received the support, the services and the care in order to overcome my PTSD challenges, and to really learn how to transition back into the civilian life.

MR. O'HANLON: And now you work with the Wounded Warrior Project yourself. So, you're telling --

MS. CRUZ: Absolutely.

MR. O'HANLON: -- your story, but you're also, I know, trying to reach out to others to deal with some of these statistics that we just saw vividly portrayed in the video.

MS. CRUZ: Yes, so I currently volunteer, I am one of their alumni. And so I volunteer my time, because honestly what's most important to me is to spread the word of their services and what they've done for me. Because I know there's other soldiers out there, whether they're still active duty or retired, that can definitely relate to what I went through, or even just other situations where we can all come together and provide that support system that's needed.

MR. O'HANLON: You know, if you don't mind my asking before we go to Tracy and then your discussion, but just, you know, hearing your very tough story makes me wonder, do you recommend

to other women, to young women who might be considering a career in the military that they actually follow that dream? Or do you think that the Department of the Army and Department of Defense more generally just really need to get their act to a much better and higher level before you would even encourage most young women today to consider a military service?

MS. CRUZ: I do highly encourage male or females to join the military. Now, sexual assault and sexual harassment does not discriminate, it occurs to both genders. And honestly, I would do it all over again to include the good and the bad. It's opened plenty of doors for me. It's taught me to have tough skin, and to endure different challenges, it really helps me in my current position.

But the truth of the matter is, there's a big problem. You know, you don't feel like you have a voice. And I don't think I would have made it if it wasn't for that support system that I had, that thank god my commander was a female and she really cared and listened. And those other two females, a staff sergeant and sergeant first class, that was really there for me during these difficult times where people were, there was death threats, there was people following me, there was, it was just continuous harassment.

And I just say, no matter what you're going through, speak up. Never be afraid to voice your opinion, if you know something is wrong, speak up, and continue escalating it until something is done, like I did. But I wouldn't tell someone not to join, because at the end of the day, you know, that was one of the most incredible decisions that I made was to join the Army.

MR. O'HANLON: That's an impressive and inspiring story. Thank you for it very much. And Tracy, now over to you. We look forward to your thoughts and you'll cover some of the other dimensions of the survey findings. So, please, the floor is yours.

MS. FARRELL: Yeah, thank you. I'd like to talk a little bit about what Yomari just talked about, and that is having support and connection. And specifically when we talk about in Wounded Warrior Project with regards to this survey, we're talking about two areas.

The first area is in the transition arena. Financial stress is a huge component of transitioning for many women. And those we spoke to identified a need for greater mentorship and

networking opportunities, specifically one that can help them grow professionally, with an understanding of their background, their unique skills and the life experiences that set them apart.

In our 2020 Annual Warriors Survey, women were as indicated they had greater levels of education than their male counterparts, as you saw in the video. And yet, their unemployment rates were higher and their average pay is less than their counterparts by about \$8,000.

When women veterans were able to connect with advocates, whether through the V.A. or other nongovernmental organizations, their outcomes were more successful. However, most women warriors who found this professional support were directed to it by their peers. That's underscoring the importance of a peer connection during transition.

And then the second area that we think that peer support is really important is with regards to that sense of community. In 2018, the U.S. Census reported that 7% of the population were veterans, but only 10% of those veterans are women. So, you can realize how difficult it might be to find a peer in your neighborhood if you wish to connect and reminisce.

Isolation and loneliness are critical issues for our women warriors, with 80% scoring as "lonely" on the UCLA three item loneliness scale. As a note, this is 20% more than their male counterparts. Women infrequently see themselves represented in a veteran community that is overwhelmingly male. And yet they struggle to relate to civilian women who do not understand their military experiences.

This is why peer support groups and gender specific veteran programming are so important. They provide women opportunities to share challenges and concerns with fellow female warriors in a safe place, while building support systems that fight against isolation.

Anecdotally, we've known this all along through stories like Yomari's. But the survey enhanced our understanding and quite frankly, increased our dedication as an organization to provide opportunities for connection and peer support. Both face to face, and now in this new environment of virtually, we've learned so many lessons and will continue to provide those modes of programming moving ahead.

MR. O'HANLON: You've all put a lot of important material on the table and there are already a lot of questions coming in. So, I think I'm going to start to weave them in with my own in the 20 minutes or so that we have before the congresswoman joins.

And a couple of questions have to do with just understanding and breaking down the data even more. And one is about homeless veterans who might be women. Do you have any specific information about them, any insights into their particular problems and how many there are, by the way?

And then another has to do with minority populations within the female sector of veterans population, and if you have any notable findings about minorities specifically. So, I want to put those two sort of data related questions on the table first, and Jen, do you want to start?

MS. SILVA: Sure, Thanks, Mike. We actually, so in terms of the homelessness piece, we did not ask that in our Women Warrior Survey that we did last year. We do find using external data that they're more at risk for that, more of them are single parents and with the increased unemployment rate and just the lack of general financial resilience, they are more at risk from external data that we have seen. But we did not ask that in particular to the data that we're covering today.

We do see the whole financial resilience picture as needing attention and in services for them to really be long term financial resilient.

In terms of slicing this by demographic data. Other than just we do not have this broken down by then -- we just focused on female veterans for this survey. And within that we don't have it sliced by different racial or ethnicity slices in terms of this data. So, this is really just a whole female veteran discussion so far. We do intend to look more discreetly at that in the future. We want to take these efforts, but we just, we have not been able to slice this that way. Just as clarity for that.

MR. O'HANLON: Yomari or Tracy, anything on those questions before I go to the next round? So --

MS. FARRELL: No, they do.

MR. O'HANLON: Right there are, yeah, so there are a few more so that's good. One of the questions, I guess most of the rest of the questions have to do with policy and where we should be

going to try to improve how the V.A. system and how Department of Defense and other organizations can address some of the specific needs that you've identified through the survey. And one question concerns, catastrophic disablement and what might be done specifically for that population above and beyond what is already available.

Of course, at one level I, and you can correct me if you think I'm wrong, but at one level, I think the country is pretty good at taking care of its catastrophically wounded through the Veterans' Affairs hospital system. Recognizing how much we have asked and how much these people have given for their country.

On the other hand, of course, we can never do enough. And any kind of gap or enduring problem that we might identify, we need to do our utmost to address. So, that's one question, catastrophically wounded.

A second set of questions has to do with substance abuse and mental health. And to what extent, of course your survey got at this considerably. But this question has more to do with the path forward for treatment. And again, identifying where there are gaps in the system that might be addressed or dealt with. So, if I could put those two sets of questions before you all in whatever order you wish.

MS. SILVA: I'll tackle the mental health piece, that's a key focus area for the data that we are focusing on for today. And what we have found that those challenges are exacerbated with challenges to great care, access to that care. And so if it, when it comes to MST and PTSD related to MST, we are finding according to what the female warriors reported in this, that they were, their needs were not necessarily being met.

A majority of them, about 95%, are using V.A. healthcare. And within that less than half feel that their needs are being met. And so we really want, and as part of our advocacy priorities, we want the V.A. to focus on setting up environments that are safe and welcoming for all veterans. And I think that also goes to the respect question that they have talked about respect for their service that was in the video.

But and educate their providers about MST, they've done a great job in many ways, but we need to focus on the environment in making sure that the warriors care that if you focus on what is best for the warrior, whether it's within a V.A. facility or in the community, and that should be the charge in terms of the V.A. coordinating that care. Because we don't want women to have to maybe drive long distances to get care that is either MST specific, mental health specific, or female medical needs specific.

We have found within our own programming that drive time, having to get access to childcare, are two barriers that really prevent them from getting care.

One thing that was really interesting, at the same time of the survey we were also offering or beginning to offer virtual programming. Women in our database represent 17%, but in our virtual programs. They are about 43% of the participants. So, there is something that is really compelling for them, they have told us it's, I don't have to get childcare, I don't have to drive a long distance to go to this connection event, or this telehealth appointment.

And so wherever we can, as a system that cares for both women and male veterans, but particularly women veterans, increased hours, increased telehealth, that is where we will really have gains in terms of our mental health care for women veterans. According to what they're telling us both on this survey and in the roundtables. Wherever we can be a little proactive about how we care for them.

I would say that is really our focus from the data that we found, both in our Annual Warrior Survey and in this survey. And so I think that's really important, that's an important message that we wanted to put out today.

And then in terms of really complex medical care, or those catastrophically wounded, I mean that's kind of, in some ways it's similar. Community care, community providers are really important for catastrophically wounded warriors that are perhaps being cared for in their home by a caregiver network, or their parents or their spouse, etc., partners.

They have to sometimes cobble together those resources to keep them as independent as possible. In our independence program, we focus on that population, and they are male and female within that population. And so wherever the V.A. and others who provide augmented care can really care

for them and provide alternative therapies, those have shown to be very effective for the audience that we serve within that population. I'm not sure if that answered that, but --

MR. O'HANLON: No definitely had that. But before I turn to Tracy --

MS. SILVA: I'd also add --

MR. O'HANLON: -- oh go ahead.

MS. SILVA: Yeah, I'd also add, part of the Deborah Samson Act, there is a requirement to bring together a consortium of veteran service organizations to work with the V.A. And so I think talking with our other VSOs who also support catastrophic injured veterans, will enable the V.A. and us to make sure that that goes forward in a positive manner.

MR. O'HANLON: So, my question really for all three of you, and maybe Yomari you'd want to comment as well. But it's sort of an almost philosophical question.

Why do you think it is that some of these gaps persist? That these blind spots in the way we care for women warriors persist? Is it, you know, sort of what's the message today that we just, we haven't thought about women enough for their own separate needs, and we have just assumed that if we put resources and options and opportunity into the V.A. system writ large, that it will take care of men and women who have in many ways similar kinds of injuries perhaps? And there's just, in other words, an assumption that what's good for one is good for the other and let's just take care of everyone rather than trying to divvy up the focus.

Or are we sort of, you know, did we have a eureka moment 10 years ago, but we're only sort of halfway to where we need to get and you can see progress, but there's just still a long way still to go? Do you see what I'm asking? Is this something we're still just blind to bureaucratically, institutionally? Or is it something where we're starting to make progress, but there's just a lot more that still needs to be done? If I could put that question, maybe starting with Tracy this time. But Yomari, I'd like to hear your thoughts too for sure, before going to Jen.

MS. FARRELL: No, I definitely agree. It's the latter of what you were talking about. There is progress being made in the V.A., there are women's clinics, there are programs that are

specifically looking at women and their needs. It's just that we have a long way to go.

If you look at the history of the V.A. and how often they've been served, or how long they've been serving men, this is a kind of a new thing that we have to shift towards. And I would hearten to say that the Deborah Sampson Act that I mentioned earlier, passed last cycle. And so I do think there will be more checks and balances in places moving forward.

MR. O'HANLON: Yomari?

MS. CRUZ: Yes, absolutely. I agree with those statements being made. And honestly, I think it's the breaking the traditional mindset. It's been so long that everything has been male dominated in and out of the military arenas. And so it really develops a challenge when a woman walks into the V.A. It's almost like a blanket statement of care, when in essence, we really have to hone in on the specific areas that are targeting women and their challenges coming out of the military.

Another misconception is visible injuries. You know, there's a lot of issues. And I feel that the percentages are much higher when it comes to men's mental health and when they see a female, they either think, oh she's very feminine looking, or they just overlook her because we're not missing a limb or something of that nature. And so it creates this misconception.

And honestly, I feel like there should be a little bit more effort. And one of the points that were highlighted during the survey was just honestly about the high turnover. I'm not sure what's driving that, but the high turnover is extremely difficult, whether it's male or female. Because we have to continuously repeat ourselves, continuously try to feel comfortable in the setting, which is very hard for us, because it's hitting trigger points.

So, I know we have a long way ahead of us. But I know that there's different steps that are being taken right now that I feel confident it's going to produce some positive results.

MR. O'HANLON: Jen, would you like to add anything?

MS. SILVA: I would just echo that. I mean I think if you just look at history, the V.A. was built on serving male veterans, which made sense, you know, it was the predominant, and still is the majority of patients that they serve. And that's I -- but I do think people are listening and leaders are

listening.

I think we need to keep up with women being the fastest growing cohort in the Department of Defense. I mean, that's kind of cool. Your future patient is going to be a woman. And so I think it's good news, but it needs to be fast. We need to look at properly resourcing care for female veterans, and in particular to mental health, that's a problem whether you're male or female in terms of access to good quality care, whether it's in a V.A. facility or in the community.

And so that's one of our priorities. And -- but there are unique things that we need to make sure that the physical environment is safe and welcoming. And if you have a population that has told you and has experiences around there perhaps being sexual harassment, sexual assault, we need to make sure that that environment is particularly welcoming and safe.

And so and I believe everybody's working hard to get there. And we need to also just continually keep the veteran care at the center and go to where that best care can be delivered. And in -- and be open to whether that's in a V.A. facility or in the community. And I believe that that drives many of our priorities in terms of just keeping the veteran at the center, which I think everybody, you know, thinks that way.

MR. O'HANLON: So, we've got two last questions. And I'll give you to the floor one more time to respond to them, as well as to just make any concluding brief comment or reiterate maybe a key finding or key recommendation that you think needs to be, you know, drumbeat it a bit in this kind of a conversation.

One question has to do with the Uniform Code of Military Justice and Section 32, and the way in which the active duty military handles accusations of sexual harassment. I don't know if you want to speak to that, but there was a question to that effect and what kind of changes might be needed or reforms within the UCMJ.

Another question had to do with paperwork and access, and Yomari, you just alluded to the potential of turnover with providers and that's mentioned certainly in the survey and the film as well. But is there any way to make access to the V.A. easier? I suppose this question is equally relevant to

men as well as women. Frankly, it may be more relevant to men, because as you showed in your survey, women warriors tend to be better educated, maybe better with paperwork, so probably both men and women can benefit from any guidance on that one.

So, maybe we can go in the same order for three final comments before we bring in Congresswoman Brownley. Jennifer?

MS. SILVA: Great, I would just say I would be repetitive in -- well maybe this isn't repetitive, but the access to care needs to include clear communication channels between the DOD and V.A., in terms of that paperwork conundrum or gap there. And when if many of them may have that, those challenges, they don't need to retell their story. And that clear communication will set up a better system in transition.

Transition is really an important subject for both male and female veterans and when the data tells us that female veterans are having a particularly tough time with that transition, whether it's a lack of peer connections, or a lack of financial opportunities or employment opportunities, we need to make at least this transition easier.

And so that clear communication between those two governmental entities would be -- is one of our priorities to push for that. And I would just pound the drum of greater access to care for these services for female veterans related to mental health care and particularly MST.

MR. O'HANLON: Before we go to Yomari and Tracy for their final words, I just want to push one more time on this transition from DOD to V.A. because in the six or eight years that we've been holding events at Brookings on veterans issues, that's always been a concern.

And I wonder how much progress has been made? Are people just not listening? Or is it's just such a daunting task to, you know, marry up these different software codes, and to make all the different systems and all the different records for many different eras get onto the same sheet of music, that you're just trying to keep up the pressure, because maybe we're, I don't know, two-thirds of the way towards where we need to go. If you see what I'm asking?

MS. SILVA: Correct. I wish -- I can't say that there's been as much progress as we

would like necessarily, but we are, you know, seeing some streamlined transitions that are working really well. One of the things that we're working on is making, for those that aren't maybe in the medical transition process, making TAF, the Transition Workshop, focus not only on the financial future in the civilian world, but also including mental health awareness. And that transitions are hard, and that you should expect there to be some challenges related to that and talk really, just really directly about that. And adding that just as much as reviewing your resume in prepping for your resume that's an important aspect of transition.

And so we're, we're focused on those things. I can't say that the electronic health record may help. But we don't have necessarily a ton of progress on that, I'm sorry to say. But I think we're going to get there. It's just I think it's still an issue that we'd like solved.

MR. O'HANLON: Thank you. Yomari, any final comments from you, please?

MS. CRUZ: Yeah, absolutely. And I agree with that statement because I personally dealt with it. Transitioning from the military into the V.A., I was the one seeking help and I had to bring in my documentation, my files, proof of what I had gone through, and my diagnosis, in order for them to even begin care.

So, had there been a proper transition, I wouldn't have to repeat myself and kind of relive those situations. And really there's also a point behind that of trying to validate what occurred and make sure that you're not seen as you're falsifying, in order to gain some type of benefit, which is also another issue within the system. And so you're battling that as well.

MR. O'HANLON: Thank you. And again, thank you for your brave and inspiring story today, we're all grateful for that. And Tracy, to you for the last word from WWP, before we go to Congresswoman Brownley.

MS. FARRELL: My goodness what pressure. Just to add to what Jen said. It's not just between DOD and the V.A. I would say, it's also if you go out into the community for support, as some of our women veterans are. Those records and V.A. records should merge as well so we have a holistic view of the patient as a provider engaging with them.

I'd also like to say that as somebody who is part of answering these questions as a veteran, and then seeing the results, I absolutely love what we've done. And that it is important to put a spotlight on, specifically on some of these issues and see what we can do both from a legislative, but also a community standpoint. Because as was highlighted, we have a lot of women veterans that are lonely and there are ways that we can combat that.

MR. O'HANLON: And one thing I know we all share in believing, and I certainly can say it since I'm not a woman or a soldier, thank you, thank you to all three of you, but thank you to all women who have served our nation. And if there's anything we can do as at Brookings to just reach out and say that, you know, we hope that that message will, from all the listeners I'm sure, beyond Brookings as well, that we just want to salute your service. And thank you for what you've done for the country and hope that this survey can in fact, help improve quality of care and of your lives going forward.

So, thank you, Jen, Tracy, and Yomari, and we're really thrilled to have this conversation. Now, I know we'll all be welcoming Congresswoman Julia Brownley from California, as we wait for her face to appear on the screen. But meantime thanks to all three of you.

MS. SILVA: Thank you for having us and giving us the opportunity to highlight feedback from these female warriors. Thank you.

MR. O'HANLON: And Congresswoman, thank you very much for joining us. We're thrilled to have you with us today. And I know I speak on behalf of everyone at Brookings and with the Wounded Warrior Project, as well. A brief word for those who don't know Congresswoman Julia Brownley, as well as they might. But she has been very important on the House Veterans' Affairs Committee where she's the subcommittee chair for health.

She has been influential in gender issues, certainly with veterans populations, also suicide prevention. She hails from the great state of California where she began public service on the school board, advocating for children with special needs. Something near and dear to my heart as well.

Went to the California State Legislature, and has been in Congress now for almost a decade and serving the people of Southern California, but also the veterans population across the

country through her work with her committee and more generally.

So, Congresswoman, it's really nice to be able to welcome you to this event. Thanks for joining us today.

So, why don't we go straight into conversation, and I know that you might have only caught the tail end of the previous discussion with the Wounded Warrior Project survey. But really highlighted a lot of ongoing disparities and challenges for women veterans, especially wounded women veterans.

And that definition of wound, of course, could be physical, it could be mental. We know this is true for both male and female populations. It could be the result of injury; it could be the result of sexual trauma within the military.

And so I would just maybe, by way of beginning the conversation, ask you to maybe tell us a little bit about maybe, you know, an accomplishment that you're proud of that we've started to recognize some of these unique issues and started to address them. But also, you know, framing the challenge going forward, what do we really need to do better by to take care of our women veterans? And what are going to be some of your priorities in the 117th Congress? So, over to you, and thanks again for joining us today.

HON. BROWNLEY: Well, thank you very much for having me. The preceding women who spoke were extremely articulate, and I thank them too for their service. So, you know, back in the 116th Congress, in the last Congressional session, I came to the chairman of the committee and said, I want to start a women's veterans task force.

And so we started it, and it was wildly successful. And we, before COVID anyway, we were traveling across the country talking to women veterans, to women in the military, to understand, you need to know and understand their experiences in the military to better serve them when they leave the military.

And so we were traveling across the country and talking to women. And, you know, after doing that it became very clear what a lot of the issues were for women. And I would say, you know,

generally, many women felt, obviously when they were serving in the military feeling very visible, leaving the military feeling invisible. And with that comes, you know, anxiety, depression, loneliness, exclusion, all of the above.

But anyway, the culmination of that work with the women's veterans task force, was the Deborah Sampson Bill that just passed last January. And so I'm very proud of that bill. Many women veterans across the country helped us to put it together. Other members of Congress had pieces of legislation that were incorporated into the Deborah Sampson Act.

And so you know, going into next year we're going to continue the women's task force, continue our work, continue to try to better understand, dig deeper, maybe we've missed something, maybe there's more to do and if there is we want to act. But the most important thing is to make sure that everything in the Deborah Sampson Bill actually happens and gets enforced.

That's going to be really critical because if you take every single element, and it's a pretty comprehensive bill, if you take every single element of it, and it becomes, you know, enforced and part of the landscape, we will have made a major giant step in terms of better serving our women veterans.

MR. O'HANLON: I wonder if you could just take a moment, because this bill was a landmark piece of legislation, to just describe a couple of the provisions that you think are most important. It doesn't have to be comprehensive. So, I'm asking you to just sort of --

HON. BROWNLEY: Yeah.

MR. O'HANLON: -- illustrate and we should all be studying and understanding this bill better this act of Congress --

HON. BROWNLEY: Yeah.

MR. O'HANLON: -- better. But maybe just a couple of the aspects that you are most proud.

HON. BRONWLEY: Yeah, well so, and there's so many, so I won't go through all of them. But the beginning part of the bill is really about the V.A., access to the V.A. for, improving access to the V.A. from a women's veterans perspective, really changing sort of the organizational chart within

the V.A. that puts women's issues, you know, right at the soup -- at the secretary level.

Ideally, I want to get to a place where, if women make up 10% of the veteran population, and was said earlier, it's a growing population. And the fastest growing population within the military. I would like to see a budget that's equivalent to that in terms of women versus male veterans.

But the bill also, sexual harassment is a big part of the bill. We certainly discovered during this process that certainly when a woman enters the V.A., there really were no consistent harassment regulations going on within the V.A. Sexual harassment by the employees who work there, or sexual harassment by the other veterans who might be there also receiving service.

So, we developed a pretty comprehensive program around that. And obviously, suicide, military, sexual trauma, all of those issues are addressed in the bill. And it's, you know, those are some of the highlights.

MR. O'HANLON: When you look at this issue, I guess I have sort of two broad philosophical questions that occurred to me, and one of them I just asked Yomari Cruz, who was on the previous panel. From what you've seen, would you recommend military service to women in this country? That's one question.

And a second is are you surprised that the armed forces, which have sometimes in our country's history, been a path breaking institution for racial justice or integration, that they have not done a better job? Or do you feel like for all the problems there has been progress? There is a sense that within the military, and of course, the veterans community that you directly addressed through the Veterans' Affairs Committee, that there is a lot of recognition? There's just always more to do, but people are doing pretty well. I guess I'm just curious as to how you look at this philosophically.

HON. BROWNLEY: Well, you know, to answer the first question, which is an interesting question, when I recommend a woman to join the service. And my answer would be unequivocally yes. But if I was talking one on one with them, I would also tell them what I know, and what they may experience, and they should go in eyes wide open.

And, you know, the second part of your question, it's, you know, it all stems from my

vantage point is, you know, really trying to break norms and culture within the V.A. And, you know, changing culture is a really tough thing to do.

You said, I've been in Congress now for almost a decade, and we've had five different secretaries within the V.A. So, you need consistent, you know, laser focused leadership to really, you know, drive cultural change. And we just honestly, we just haven't had it.

I've had a couple of conversations with Secretary McDonald, and he's very committed to these issues around women veterans. So, I have a good feeling about the new secretary and his leadership. But it's going to take his leadership and the secretary after that, and the secretary after that, to truly penetrate down within the V.A.

So, there are, you know, we say this all the time, if you've seen one V.A. you've seen one V.A. You know, there is pockets of greatness in the V.A., and pockets of excellence within the V.A., and then you can go to another facility, and, you know, they're subpar without question. So, you know, how do you scale? How do you get it to a place where there is consistency around that culture from one V.A. location to the next across the country?

MR. O'HANLON: There are a couple of questions from listeners, and one of them is also a pretty big question, and I'll see how you can approach it. It's asking about whether there's a way to link the problems within the veterans population to broader society. Obviously, challenges that women face in the V.A. system are not unlike those they face in many other parts of our country and many other institutions.

And the question is about, are there ways to sort of transfer the lessons back and forth? Are there certain things that are happening within the Veterans' Affairs world that maybe the rest of society can learn from and emulate or vice versa? I wonder if you have any particular insight into that question.

HON. BROWNLEY: No, I think so. I mean I think certainly, you know, issues around sexism, discrimination, you know, that happens inside and outside, you know, of the military. So, yeah, I think there are lessons learned actually on both sides. I mean, a woman, you know, working in the

corporate world is still facing some of these issues.

But I think culturally outside it's more, I would say, on a very generalized basis, that it's more advanced than it actually is within the military and hence within the V.A. community once they leave the military. So, yes, there are lessons learned and there should be collaboration, I think certainly between the two.

Most definitely, there's got to be collaboration between the DOD and the V.A. to really address these issues, because a lot of the systemic problems that are happening why women are in the military. And so, you know, we've got to provide the skills and so forth for women to react to certain situations and do it positively to take care of themselves. And so it's a really good question. And it makes me think about how we better connect the two so that one can learn from each other.

MR. O'HANLON: You know, at Brookings, we're very lucky and proud we have is one of our affiliated scholars, General Laurie Robinson, retire four star head of Northern Command, who therefore remains the highest ranking woman ever in the U.S. military service. And just a wonderful person more importantly, on a path breaker for -- and that makes me want to ask about your insights for the active duty military.

I know that your committee jurisdiction is for veterans, people who have left service. But in spending time with that population, and as you've already revealed and proven today, you have a lot of insights about the nature of their military service and what that's meant for them in their lives. You've recommended military service, even as you said you would point out the, you know, the challenges to anyone putting on the uniform.

I wondered if you had any advice for DOD? You know, for one thing we've seen in recent weeks is again the question of whether there are enough women high ranking officers, and I think we all agree the short answer is no there aren't. I was just looking, for example, yesterday at the latest DOD data you can get from the website, and I believe it's about 6% or 7% of all general officers or admirals, you know, '07 and up are women. And that's out of a force of 15% women and a population of what 51% women.

So, is there anything we can do about that besides just keep pushing and keep pressing? Are there specific policy decisions, I mean, we now have a woman who is deputy secretary of defense, that's fantastic, Kathleen Hicks? So, there are all sorts of areas of progress, I know. But anything you would recommend to sort of push us to the next level?

HON. BROWNLEY: Yeah, I just saw the four star general on a TV clip, actually just today and she is truly incredible. And she was talking about, you know, issues. This was all stemming from the Tucker Carlson statements that he made a couple of days ago. And so she was really, you know, where he was mocking women in the military.

And she was really responding, you know, to all of that and talking about, you know, women putting their lives on the line women, you know, I believe she was a jet pilot, but understanding that women are flying airplanes so they need to know how to parachute out of airplanes. And if they're pregnant, they're, you know, they're very capable, and can do all of these things.

And so, you know, it goes back, for me, back to that sort of cultural thing. And I think the more women officers that we have, and as that grows, and it is growing, and I think as it grows, you know, that will help in terms of this cultural shift. But we still have a long, long, long ways to go before we even get to any kind of I think parity of women officers compared to two men officers. And so and that's absolutely going to help.

And I think, you know, attacking the culture within the military and the DOD is, you know, is 90% of the battle honestly because it is, if that can be fixed women aren't going to come out of the military with the trauma. I mean, the battlefield is trauma enough for any man or woman serving.

But for a woman to be on the battlefield, and then come home, and come home to their unit and be isolated because she might have experienced MST and she's concerned, and she becomes isolated, or she tries to, you know, protect herself or, you know, inform an officer of what's transpiring, then she can become very, very isolated.

And, you know, everything about the military is, I have your back no matter what, this is life or death, I have your back. And, you know, that's a pretty scary proposition and I can't imagine any

woman who that, who has experienced something like that not having some kind of trauma because of it.

And so, yeah, we've got to just continue to work at it. But I do believe that leadership within the military is going to be helpful, and the more we can achieve a better culture, the less the V.A. has to focus on, you know, so much around suicide and MST and post-traumatic stress and all of those things. I mean they're always going to exist because of the traumas, as I said, in the battlefield, but, you know, the MST and other kinds of things, you know, it's, it should be zero tolerance for any of that.

MR. O'HANLON: So, we're getting near 3:00 p.m., and I want to give you the chance to convey any message you may have for our men and women, especially women, warriors today as a final farewell. But there's one more question. I also want to give a brief shout out, thinking about women in national security, to the fact that we have some of our major defense industry organizations led by women, Cathy Warden at Northrop Grumman, until recently, Marilyn Hewson at Lockheed Martin. I'm good friends with Amy McGrath who, of course, was an innovator in the Marine Corps for aviation, recently ran for the Senate in Kentucky. And so again, just a personal shout out to a lot of the great leaders out there.

But here's the last question, and then I'll give the floor to you to finish up the event, both by answering the question then any message you want to leave us with and especially our women warriors. But the question comes from the vice president of public policy at MAZON, a nongovernment organization working on food issues.

And the question is: there's been a growing awareness of food insecurity among the veteran population including with women. And there's a correlation certainly between food insecurity and health outcomes. V.A. began doing food insecurity screenings, but does not yet routinely do SNAP eligibility screenings. As you can see the questions a little bit technical for those of us who don't do hunger issues as our main focus, that's why I'm reading it word for word.

So, what more can the V.A. and other organizations do to partner with anti-hunger organizations like Masson to address food insecurity challenges for women veterans and their families?

HON. BROWNLEY: Well, that, I mean that's an interesting question and certainly one

that I think we're experiencing more, you know, throughout COVID, so many more people unemployed, food insecurity is a big issue.

So, you know, the federal government needs to play a role in this, whether it's a SNAP type program for our veterans or, you know, better access to the SNAP programs, you know, outside of the V.A. So, so we have to do a better job.

And we also have to, you know, provide resources and grant money I think, because there are so many organizations out there, Wounded Warriors being, you know, a fabulous one. But there are so many local organizations within every single community that want to provide a helping hand to veterans in any way that they possibly can. And there just, you know, thousands and thousands of them across the country. And so we've got to do a better job. I think where the federal government can help is really providing more resources to connect all of those entities together to better service our veterans.

In my district. I really represent one county, it's Ventura County, and we actually have a collaborative, that's not necessarily true in every single community. But we have a collaborative that meets very regularly and it is all of the VSOs, but all of the other volunteer organizations serving veterans that meet regularly. And if there's a food insecurity issue in Ventura County, the collaborative gets together and figures it out and takes care of it.

And I think that that's really a great model for communities across the country to, you know, put all of those services under one roof a sort of one stop shopping for a veteran that comes to the community and needs to know where his or her resources are. You know, they can make a call and see all of the organizations that are out there.

MR. O'HANLON: Well, thank you. And I know, you -- we'll both want to thank all of our veterans and all those who wear the uniform, all those who have done so much, and with a special shout out today to our women warriors. So, thank you, Congresswoman, for joining us and for all the important work you do in that regard on your committee. And thank you again to the Wounded Warrior Project, including my friend, Jen Silva.

HON. BROWNLEY: Well, I can't thank all of them enough as well. And this, I've had a chance, at least to read the executive summary of this report that's come out. And it's going to be extraordinarily helpful. I think it is very consistent with a lot of the findings that we discovered through the Women Veterans Task Force. But to have, I think you had 5,000 veterans participate in this survey. So, that's very, very powerful.

A younger element of veterans, which is also very important. And lots of diversity in terms of the respondents as well, which is, you know, issues we still have to wrestle with and grapple with. So, that's going to be very, very helpful.

I just, you know, my deepest gratitude to all of the women who have served our country, who continue to serve our country, I just, I thank you deeply for your service. And I am convinced that as more women become officers and become the management of the organization, things are going to change very, very quickly. So, there's a lot of talent out there, extraordinary talent, and I am just, and I'm grateful for the Brookings Institute for putting this on and getting this information out to the broader community.

So, I just I thank all of you. And thank you for your service. And I look forward to working with you in the 117th Congress.

MR. O'HANLON: Sounds really good. Jen, any last word from you before we sign off for the day? I also want to give a quick shout out to welcome back veterans, one of the many organizations that we've done some work with at Brookings and admire them in so many others.

So, without further ado, everybody have a great weekend. Happy spring and St. Patrick's Day. I hope that you stay healthy and that we all can look to a healthier and happier spring in 2021. And again with thanks and best wishes, signing off from Brookings.

HON. BROWNLEY: Thanks so much.

* * * * *

CERTIFICATE OF NOTARY PUBLIC

I, Carleton J. Anderson, III do hereby certify that the forgoing electronic file when originally transmitted was reduced to text at my direction; that said transcript is a true record of the proceedings therein referenced; that I am neither counsel for, related to, nor employed by any of the parties to the action in which these proceedings were taken; and, furthermore, that I am neither a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

Carleton J. Anderson, III

(Signature and Seal on File)

Notary Public in and for the Commonwealth of Virginia

Commission No. 351998

Expires: November 30, 2024

ANDERSON COURT REPORTING
1800 Diagonal Road, Suite 600
Alexandria, V.A. 22314
Phone (703) 519-7180 Fax (703) 519-7190