

HB 3479 Oregon Women Veterans Coordinator Testimony

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Introduction:

Chairman Lively

~~Chairwoman Boone, Chairman Esquivel~~, members of the House Committee on Veterans and

Emergency Preparedness, good afternoon and thank you for inviting us to speak today about the value of creating a position of Oregon Women Veterans Coordinator.

My name is Elizabeth Estabrooks. I am a Veteran and an independent consultant with V.A.C. Consulting in Portland, and I am here to speak in support of HB 3479.

Background:

Today I wear many hats: that of a researcher and consultant in social work, Veterans affairs, and gender specific services; a disabled Veteran; and a woman. With my combination of education and professional and personal experience, I am all too familiar with the condition of invisibility borne by women Veterans in particular, not just in this state but around this country.

You'll hear statistics today about the challenges and needs of women Veterans – challenges and needs that arose due to their military service. Briefly, mine sound like this:

- 90% of women in the military face sexual harassment that is often ongoing and unrelenting. Exposure to sexual harassment exists in a hostile, threatening, fear-based environment and increases the prevalence of PTSD. I know, because I am one of those women

- 32% of Military Sexual Trauma-related Post-Traumatic Stress Disorder (PTSD) claims are approved by VA versus 54% of other PTSD claims – evidence of institutional bias against MST claimants¹
- Women face barriers in successfully filing claims. Combat-related PTSD is favored over military sexual trauma-related PTSD.² Even for women who were in combat zones, women face different qualifiers than men, placing a women Veteran in the complicated position of having to prove she was in a combat zone, even while she witnesses her male counterparts – those who stood to her left and right – obtain their combat-related benefits.³

Beyond Statistics:

But what I want to share with you today is that this matter goes beyond statistics, and it begins with this:

"To care for him who shall have borne the battle and for his widow and his orphan"

This quote by Abraham Lincoln is the motto of the U.S. Department of Veterans Affairs. Maybe you'll notice in that quote the same thing I noticed on the outside of the VA Central Office in Washington, D.C. every single time I entered the building, on a plaque on every single floor I visited, and present in all manner of media.

Although I understand the message, as a woman and a Veteran I must ask: where are the women? Where were they when President Lincoln spoke those words – at a time when history shows women were serving their country - and where are they now?

¹ S.W.A.N. 2015

² Frayne et al., 2007

³ Shingle, 2009

From the position of the women Veterans I know, this motto reflects the historical and continued invisibility of women who have or do serve in the military.

Throughout my work at the VA Central Office, I was constantly reminded that women were an afterthought. Although it was an unspoken reminder, our invisibility was evident in the reports and meeting discussions that too often excluded the words “women, her, or she.” This held true in conversations about suicide, homelessness, caregiving, elder abuse, and PTSD. Unless it was a meeting with the Office of Women’s Health or the Center for Women Veterans, or in a report on the National Task Force on Domestic Violence, of which I was a member, women were rarely included.

- Data matters. We use data when we write policy, develop programs, and consider funding and as a guidepost to help us understand why and how what we are proposing is a good idea. Yet both research⁴ and a quick study of various Veteran agencies and organizations (including Dept. of VA, Veterans Inc., RAND Corporation, The National Coalition for Homeless Veterans) shows that although there are studies focused on or inclusive of women, it is not unusual to find that women are excluded, or the report does not identify gender when collecting or reporting on Veterans. Because of missing data, what we often hear in research is that there were “too few women” to include them. When women are being denied claims, what hope that they will be included in studies?
- One example of weak data preventing whole services for women is the lack of data on women Veterans and transition. So long as we are not bringing women into our lens, not ensuring they receive the services they deserve and need, and not collecting accurate data on women Veterans, how can we possibly understand their challenges, barriers, and needs? *In other*

⁴ Frayne, Yu, Yano et. al., 2007

words, how can we improve services if we do not know the women are there, or what services need improved?

- Successful disability claims matter. They matter to the women I have known and interviewed who experience Post Traumatic Stress Disorder, Military Sexual Trauma, depression, anxiety, fear, suicide ideation, insomnia, physical health problems, and employment instability, but who cannot bear the idea of engaging in yet one more battle – a battle to receive services to which they are entitled. Help matters to these women because the truth is that the effort they expend in engaging in that battle utilizes the precious energy resources they require to simply make it through the day.
- Women who are denied VA Disability miss out not only on necessary health interventions and treatments, but on income, educational benefits, and support systems.

Although many changes have been made in the VA regarding claims, how many thousands of women veterans of all ages have been denied but will not pursue an appeal, or even know one is available to her? Having a Woman Veterans Coordinator would be a positive step in helping to bring parity to women Veterans. Her role in helping women succeed in filing claims, receiving deserved benefits, and having access to not only care but support will be measurable not just in data, but in the gratitude of the women who have awaiting their turn.

REFERENCES:

- Fontana, A., Rosenheck, R., & Desai, R. (2010). Female veterans of Iraq and Afghanistan seeking care from VA specialized PTSD programs: Comparison with veterans and female war zone veterans of previous eras. *Journal of Women's Health*, Volume 19, Number 4, 2010. DOI: 10.1089=jwh.2009.138
- Frayne, S.M., Yu, W., Yano, E.M., Ananth, L., Iqbal, S., Thraillkill, A., & Phibbs, C.S. (2007). Gender and use of care: Planning for tomorrow's Veterans Health Administration. *Journal of Women's Health*, Volume 16, Number 8, 2007. DOI: 10.1089/jwh.2006.0205
- Service Women's Action Network (S.W.A.N.), 2015, <http://servicewomen.org/military-sexual-violence/>
- Schingle, J.C. 2009. A disparate impact on female veterans: The unintended consequence of Veterans Affairs regulations governing the burdens of proof for post-traumatic stress disorder due to combat and military sexual trauma. *William & Mary Journal of Women and the Law*. Vol. 16/iss16
- Stecker, T., Han, X., Curran, G., & Booth, B.M. (2007). Characteristics of Women Seeking Intensive Outpatient Substance Use Treatment in the VA. *Journal of Women's Health*. Volume 16, Number 10, 2007. DOI: 10.1089/jwh.2006.0237