

Briefing Summary
“Health Challenges Facing Women Veterans Following Deployment”
November 7, 2017

On November 7, 2017, the Women’s Congressional Policy Institute (WCPI) sponsored a briefing, “Health Challenges Facing Women Veterans Following Deployment,” in cooperation with Reps. Susan Brooks (R-IN) and Lois Frankel (D-FL), Co-Chairs of the Congressional Caucus for Women’s Issues (Women’s Caucus), and Reps. Mimi Walters (R-CA) and Brenda Lawrence (D-MI), Vice-Chairs of the Women’s Caucus. This briefing is the fourteenth in a women’s health series sponsored by WCPI over several years, with support from the Robert Wood Johnson Foundation. Cindy Hall, President of WCPI, thanked the Foundation for its support and its work to improve the health and health care of all Americans through its support for research and programs working to help build a national Culture of Health.

Members of the Women’s Caucus

Serving her third term representing the 17th District of Illinois, Rep. Cheri Bustos serves on the Agriculture and the Transportation and Infrastructure Committees. Rep. Bustos acknowledged Allison Jaslow, Executive Director for Iraq and Afghanistan Veterans of America (IAVA). Previously, Ms. Jaslow worked in several senior positions for the Congresswoman before her work at IAVA. Rep. Bustos thanked all the veterans attending the briefing for their service.

Serving her second term representing the 45th District of California, Rep. Mimi Walters serves on the Energy and Commerce Committee. The Congresswoman is the daughter of a U.S. Marine and has been an advocate for modernizing the G.I. Bill and improving services for veterans at VA health centers. The Congresswoman thanked all of the service members in the audience for their contributions and protecting the freedoms of Americans.

Speakers

Carolyn Clancy, MD, MACP

The first speaker was Carolyn Clancy, MD, MACP, Executive in Charge for the Veterans Health Administration at the Department of Veterans Affairs (VA), with the authority to perform the functions and duties of the Under Secretary for Health. As the Executive in Charge, Dr. Clancy directs a health care system with an annual budget of approximately \$68 billion, overseeing the delivery of care to more than 9 million enrolled veterans.

Previously, Dr. Clancy served as the Interim Under Secretary for Health and Director of the Agency for Healthcare Research and Quality. In 2015, Dr. Clancy was selected as the Outstanding Federal Executive of the Year by Disabled American Veterans.

Dr. Clancy stated that the VA has made tremendous strides in expanding services and providing access to care for female veterans. Specifically, all VA medical centers now have primary care providers trained to care for women. Women veterans are now the fastest growing population of veterans seeking care at the VA. In 2000, 159,000 women veterans sought care and services within the VA system. By 2015, the number had grown to 439,000. Today, over 700,000 women veterans are enrolled in the VA system.

Further advancements for women veterans within the VA include primary care providers trained to care for women in 90 percent of their out-patient clinics. The VA now offers digital mammography screening at 60 sites around the country and on-site gynecology services at 130 sites. Additionally, in-vitro fertilization is a new benefit within the VA for seriously injured veterans and their spouses. In regard to quality measures for breast and cervical cancer screening, the VA outperforms Medicare, Medicaid and the private sector. In May, the VA announced it would follow the American Cancer Society's mammography guidelines for breast cancer.

Larger deployed projects include addressing the longer wait times for primary care appointments for women veterans. Solutions include extending clinic hours, offering child care at VA facilities, utilizing telehealth services, and improving the coordination of maternity services through Community Care Programs.

Dr. Clancy also addressed the national health emergency of suicides. On average, 20 veterans commit suicide each day. Suicide prevention is the VA's top clinical priority, and all of the 300,000 VA employees have been trained in suicide prevention techniques. Dr. Clancy stated that the VA is particularly concerned about women veterans as they commit suicide at twice the rate of female civilians. Currently, over 400,000 women veterans are receiving care within the VA system and 42 percent are using mental health services—Dr. Clancy stated that she views this as a great strength, not a weakness. One of the most important services VA offers for suicide prevention is the VA Crisis Line at (800) 273-8255.

For service members that have been affected by military sexual trauma, the VA offers free counseling and treatment. Service members *do not* have to report the trauma or provide documentation to receive care. Every VA facility has a military sexual trauma coordinator on-site to help direct service members to treatment.

Dr. Clancy stated that the VA wants to provide access to timely and respectful health care for women who have served in uniform. The VA continues to work toward cultivating an inclusive and welcoming environment for women veterans.

Shurhonda Love

The next speaker was Shurhonda Love, a service-connected disabled veteran who was appointed Assistant National Legislative Director of Disabled American Veterans (DAV) in 2015. In this capacity, Ms. Love works to support and advance federal legislative goals and policies of the DAV to assist disabled veterans and their families, and to guard current benefits and services for veterans from legislative erosion. Prior to her current position, Ms. Love served as a national service officer trainee in Alabama and Utah.

Ms. Love began her presentation describing DAV and the services they provide. DAV is a veteran service organization chartered by Congress in 1932. It is a membership-based organization comprised of 1.3 million service disabled veterans. The organization provides claims assistance, employment assistance, transportation to and from VA medical appointments, and helps veterans gain access to health care and other benefits and services offered by the VA.

Yearly, DAV has helped veterans file more than 300,000 benefit claims. In 2016, DAV service officers helped veterans and their families obtain over \$4 billion in retroactive benefits and new benefits. For more information on DAV, Ms. Love encouraged attendees to visit www.DAV.org.

Ms. Love went on to address some of the disparities in care for disabled women veterans. As Dr. Clancy stated earlier, one issue is the rapid growth in women veterans seeking care within a system that has traditionally served men. For example, from 2005-2015 the percentage of women veterans seeking care through the VA increased by 83 percent. The challenges women face range from not having enough primary care physicians trained in women's health to the availability of gender or sex specific care at the VA facility closest to them.

DAV issued a report in 2014, *Women Veterans: The Long Journey Home*, that highlighted 27 recommendations geared at improving services afforded to women veterans across the federal landscape—many of these recommendations are still valid today. This year's DAV Annual Convention conducted focus groups to identify gaps in access or care within VA facilities. A recurring theme was the lack of gynecological care or limited availability of a gynecologist on site. Ms. Love stated that women veterans deserve seamless and timely care, and that VA needs to have systems in place to fill these gaps. Further, gender- or sex-specific care is not limited to gynecology or mammography, but also includes primary care. Primary care physicians should be trained to provide care for women that include:

- Breast examinations
- Cervical cancer screenings
- Contraceptive medication management
- Menopause management

In the Government Accountability Office (GAO) Report 17-52, issued in December 2016, the VA was short 675 primary care providers. Ms. Love stated DAV is counting on Congress and the Administration to close this gap and ensure the VA has the necessary resources to provide high quality care to all veterans.

Another participant in the DAV Annual Convention focus group stated that because she did not have access to gender-specific care within the VA system, it made her feel that she was not as important as male veterans. She noted that her husband, a veteran himself, was able to obtain care all in one day. Her experience obtaining care could stretch on for three days at different VA facilities. Several other women within the focus group indicated that their military service was not seen as valuable to society as their male counterparts. Additionally, male veterans are seen as heroes for their service, whereas women veterans can be criticized or made to feel ashamed for leaving their children and families behind to serve. To further highlight this point, Ms. Love cited a Service Women's Action Network (SWAN) survey that showed 74 percent of women service members believed their public service was not recognized.

Ms. Love acknowledged that Congress and the VA have taken many steps to address the needs of women veterans. However, until all women veterans receive care and benefits equal to male veterans there is still much more work to be done.

Allison Jaslow

The final speaker was Allison Jaslow, Executive Director for Iraq and Afghanistan Veterans of America (IAVA). In this role, Ms. Jaslow focuses on policy, external communications, and IAVA's Washington, DC operations, and is the primary spokesperson for IAVA's groundbreaking #SheWhoBorneTheBattle campaign and other policy initiatives.

Ms. Jaslow is a former Army Captain who served two combat deployments in Iraq. She previously served as IAVA's Chief of Staff and Director of Intergovernmental and Political Affairs. Before joining IAVA, Ms. Jaslow served as Chief of Staff and Campaign Manager for Illinois Congresswoman Cheri Bustos.

Ms. Jaslow stated that IAVA is the leading voice for the post-9/11 generation of veterans with over 400,000 members. Since Ms. Jaslow came to speak at WCPI's briefing last year, IAVA has launched the #SheWhoBorneTheBattle campaign to amplify the needs of women veterans and continue to make progress faster. Ms. Jaslow highlighted this urgent need stating that women veterans commit suicide at 250 percent the rate of civilian women. Additionally, one in four women seeking care at a VA facility report they have experienced military sexual trauma. The majority of women with whom Ms. Jaslow interfaces say that they feel invisible.

There is a list of reasons why Americans do not think of a woman when they think of a veteran or service member. However, Ms. Jaslow stated she knows this can be fixed with the help of the public. IAVA has boldly called for the VA to change its exclusive motto, "To care for him who shall have borne the battle and for his widow, and his orphan." This motto can be seen outside the VA on two large plaques and frequently stated in VA presentations.

There are 2.2 million women veterans in the United States today. Women have been serving since Deborah Sampson disguised herself as a man during the American Revolutionary War in order to fight for our independence—this is not a new phenomenon. Ms. Jaslow went on to say that we have been at war for 16 years and nearly 200 women have died in combat. Since 9/11, over 700,000 women have served and 350,000 have been deployed in support of combat. The demand for services from women veterans has increased by 80 percent since 2003. Despite all of these numbers, only 27 percent of IAVA women feel like the public respects their service. While the landscape and population of service members has drastically changed, American and VA culture have not caught up.

Ms. Jaslow ended her presentation stating that until we change the way Americans see veterans, they cannot truly receive the recognition, care, and support they deserve.

Discussion

Ambassador and former Congresswoman Connie Morella asked the speakers how sexual harassment and depression impact women's health, and how that affected the work they did during active duty. Ms. Jaslow replied saying as a former woman in uniform and veteran she views the reaction of the public as a double standard. For example, if you are a woman in the military, you have overheard sexual comments or been harassed; however, civilian women state, "Well, honey, you knew what you signed up for." It is something you just have to put up with, so it is encouraging to know that women service members are being swept up into the larger conversation of sexual harassment and that it is not something to tolerate. Ms. Love stated the importance of culture change does not start only at the VA or the public sector, but with women service members and veterans standing up and demanding they do not deserve that treatment.

Another question regarded the expansion of child care within the VA system. Dr. Clancy responded that she was not briefed on all the potential solutions to this issue, but has encouraged women to bring their toddler or baby with them to the appointment, as it gives the provider a very clear picture of a critical issue impacting women veterans. She furthered her response saying that the lack of child care is not solely an issue within the VA. During the HIV/AIDS epidemic women were delaying treatment because there was no child care at the clinic. Ms. Jaslow asked Dr. Clancy why it has taken so long to fix this child care issue if the system has known it is a problem for decades. Dr. Clancy responded that part of the issue has to do with bureaucratic government rules. The other factor was the failure of the VA being anticipatory enough to meet demand. Ms. Love stated that there is pending legislation addressing the issue of child care within the VA population that has been introduced for a number of years, but has yet come to fruition.

Dr. Clancy made a comment that the VA has leaned forward the most with regard to mental health services. The VA has integrated mental health care within primary care.

An audience member from the Association for Women's Health, Obstetrics and Neonatal Nurses requested that telehealth authority be given to nurse practitioners and nurses within the VA Women's Health Program in rural areas. Dr. Clancy said that scope of practice is authorized at the state level, but there is a regulatory comment period still open where the public can submit their comments on this particular issue.

Former Congresswoman Morella closed the discussion noting her role on the American Battle Monuments Commission (ABMC). The ABMC manages all the cemeteries overseas and this year marks the 100th anniversary of the U.S. engagement in WWI. On this Veteran's Day it is important to remember this gender neutral phrase by the first chairman of ABMC, John J. Pershing who stated, "Time will not dim the glory of their deeds."