

Briefing Summary
“Returning Home: Health Challenges Facing Women Veterans Following Deployment”
November 18, 2015

On November 18, Women’s Policy, Inc. (WPI) sponsored a briefing, “Returning Home: Health Challenges Facing Women Veterans Following Deployment,” in cooperation with Reps. Kristi Noem (R-SD) and Doris O. Matsui (D-CA), Co-Chairs of the Congressional Caucus for Women’s Issues (Women’s Caucus) and Reps. Susan Brooks (R-IN) and Lois Frankel (D-FL), Vice-Chairs of the Women’s Caucus. This briefing is the seventh in a women’s health series sponsored by WPI over several years with support from the Robert Wood Johnson Foundation. Cindy Hall, president of WPI, thanked the Foundation for its support and work to improve the health and health care of all Americans. She also expressed appreciation to WPI’s long-term partner in this event, Disabled American Veterans (DAV), for its advocacy for women veterans, and the Iraq and Afghanistan Veterans of America (IAVA) for its advocacy on behalf of veterans of Iraq and Afghanistan.

Cindy recognized Elisa Basnight, JD, MPA, Director of the Center for Women Veterans; Betty Moseley Brown, EdD., Associate Director of the Center; and Barbara Ward, Director of the Center for Minority Veterans. She also welcomed Dr. Irene Trowell-Harris, retired Air Force Major General and the former long-time Director of the Center for Women Veterans. Ms. Hall asked those who are currently serving in the military and military veterans to stand, and thanked them for their service. Approximately 70 guests attended the briefing, including Members of Congress, senior congressional staff, representatives of federal agencies, veterans’ organizations, health and women’s advocacy organizations, and the media.

Members of the Women’s Caucus

As a member of the Armed Services Committee and the daughter of an Air Force colonel, Rep. Niki Tsongas (D-MA) has taken a strong interest in the changing composition of the military services, with a focus on women. She noted that the military depends on women in order to be the best military in the world. Rep. Tsongas learned early on that body armor was not designed for or properly contoured to women’s bodies, and has been working to resolve that concern. The Congresswoman also is committed to addressing how the Department of Veterans Affairs (VA) is helping those who have been sexually assaulted in the military.

Rep. Debbie Dingell (D-MI) has been a long-term champion of women’s health, and has spent a lot of time with women veterans, especially in Michigan—and is passionate about representing their interests. She is concerned that women in the military and women veterans are not receiving the health care they deserve. The Congresswoman noted that in fiscal year 2014, more than 400,000 women veterans utilized the VA system, and over the last five years there has been a 60 percent increase in the number of women veterans using VA health services. She emphasized that while the VA estimates that women will make up 10.5 percent of the veteran population by 2020, the VA hospital system is not set up to properly care for women veterans. Many disparities in health care remain for women in this country, and in the VA these disparities are even worse.

Rep. Lois Frankel (D-FL) is the Democratic Vice-Chair of the Women’s Caucus and the mother of a Marine veteran who served in Iraq and Afghanistan; she therefore understands the selflessness of those who give up their freedom and future to protect ours. The Congresswoman said that the American public has great respect and affection for those who serve. It is the job of Congress to ensure that our veterans get the health care they deserve when they come home. Emphasizing the importance of shining the spotlight on women veterans, Rep. Frankel concluded: “I believe that when women serve, America succeeds.”

Speakers

Dr. Patricia M. Hayes

Cindy Hall introduced Dr. Patricia Hayes, the Chief Consultant for Women's Health Services in the Office of Patient Care Services for the Department of Veterans Affairs (VA), where she oversees the delivery of VA health care services for over 650,000 women veteran enrollees. Dr. Hayes is the Veterans Health Administration (VHA) Lead for the VA Women Veterans Program and chaired the Under Secretary for Health Workgroup on the Enhancement of Primary Care to Women Veterans.

Dr. Hayes said that the goal of the VA is to provide the right kind of care to women and to be prepared for the growing numbers of women veterans. Approximately seven percent of current VA patients are women, but as of Gulf War I, women comprise about 11 percent of actively serving military personnel. In the Iraq and Afghanistan wars, the longest wars the United States has ever fought, women represent 15 percent of active duty personnel and 18 percent of those serving in the National Guard and the United States Reserves. These women make up the pipeline of women who will be coming to the VA in the next few years, and the agency needs to be ready to serve them.

When people think about women veterans, what comes to mind are the younger women who have served in the current wars, and these women are a highly deserving population. But the majority of women veterans today are older, having served in Vietnam or before 9/11. The VA is seeing a surge in women between the ages of 45 and 65 who have many health issues related to menopause, osteoporosis, and chronic disease management. These women veterans are often uninsured or underinsured, and many have long-term care needs.

About 60 percent of those who have been deployed in recent wars choose to come to the VA for their health care and most continue to come for at least three years after deployment. This is a significant increase over prior wars. The VA provides a continuum of care, including specialty and complementary care. The ideal experience at the VA is that women receive high-quality, coordinated care and services delivered in a safe and healing environment and equal to the health care received by men. Many younger women veterans come to the VA with maternity, mental health needs, and service-connected disabilities. The VA has maternity care and mammogram coordinators, and coordinates women's health care through telehealth, when appropriate. The majority of sites have gynecologists on staff. Only 20 of the 153 VA medical centers do not have a gynecologist on site, and many of those sites do not offer a full array of services, including surgery or in hospital care. Where VA medical centers do not provide gynecologists on site, women are referred to gynecologists in their communities.

Post-deployment, women and men have almost identical health issues. The number one health issue for women and men is skeletal and joint problems. Other common health problems include eye and hearing issues. A higher proportion of the women have service-connected disabilities compared with men. Both men and women have issues with PTSD. With the same exposures during deployment, women with PTSD are more likely to develop depression and men are more likely to develop substance abuse problems. The VA provides PSTD programs and readjustment programs for all veterans. Dr. Hayes noted that 75 percent of military personnel do not develop PTSD or a severe problem following deployment. In order to develop resilience training, the VA is conducting research to identify why some military personnel develop PTSD while others with similar exposures do not.

Dr. Hayes said that everyone who comes to the VA is screened for sexual trauma by a Military Sexual Trauma (MST) coordinator, and veterans can choose between same gender programs or mixed gender programs. Those serving in the Reserves can receive MST treatment at any point in their service even if they do not meet the definition for a veteran. There are no copays for treatment, counseling, or medication for sexual trauma in the VA.

The VA is very concerned about the effects of deployment on unemployment and homelessness. Veterans who are depressed and have less education are more likely to be unemployed, which can lead to homelessness. Women veterans are the fastest growing group of homeless veterans. This corresponds to the fact that women veterans are more likely to be unemployed and underemployed than male veterans (8.3 percent of women veterans are unemployed versus 3.9 percent of male veterans).

Dr. Hayes underscored that an important focus at the VA is the impact of deployment on families. Both fathers and mothers experience difficulties when long deployments result in extended absences from their children. For many military women, the stress is compounded by their acculturation as mothers. Some children develop attachment challenges while their parents are deployed, and serious readjustment problems can arise for children when their parents return. The VA is partnering with the American Psychological Association and other organizations to help military families readjust following deployment.

Dr. Hayes concluded by saying that VA is working to transform its culture to increase women's visibility and to be more inclusive of women. The fact that many women do not identify as veterans contributes to their isolation. The Department encourages women to self-identify as veterans through its "I'm One" campaign and also encourages women veterans to take advantage of its Women Veterans Call Center by calling (1-855-VA-WOMEN) with any questions related to health care and other issues.

Shurhonda Love

Cindy Hall introduced Shurhonda Love, Assistant National Legislative Director for Disabled American Veterans (DAV). A service-connected disabled veteran, Ms. Love works to support and advance federal legislative goals and policies for the nearly 1.3 million member DAV, to assist disabled veterans and their families, and to guard current benefits and services for veterans from erosion. Prior to her current position, Ms. Love served in several professional positions for DAV in Alabama, Utah, and Louisiana.

Ms. Love said that DAV is a nonprofit organization dedicated to the single purpose of empowering veterans to live high quality lives with respect and dignity. As a disabled veteran, Ms. Love knows first-hand about the challenges faced by women in military service and in transitioning out of military service. Despite suffering several injuries during her service, Ms. Love did not think that the term "veteran" applied to her because she was not longevity retired from the military and did not serve in combat. Like many other service women who do not self-identify as veterans, Ms. Love did not think she was entitled to veterans' services and benefits. The good news is that concerted efforts are underway to ensure that women veterans are recognized for their military service and made aware of the benefits to which they are entitled.

The number of women in the military is increasing as is the expansion of their roles to include exposure to combat and environmental hazards. The increased exposure of service women to combat in recent years has led to a rise in traumatic war-related injuries among service women. According to the VA, more than 57 percent of women under VA care are service-disabled, and some of these women are very young. These service-disabled women are eligible for life-long VA care for their service-connected conditions—and this requires significant changes in policy and clinical practice at the VA.

Women veterans are also presenting the VA with unique post-deployment health care and mental health needs: chronic muscular-skeletal pain, respiratory conditions, genital-urinary system problems, endocrine and metabolic disorders, and mental health conditions, including post-traumatic stress,

anxiety, depression, and substance use disorders. To accommodate women veterans following deployment, the VA needs to make adjustments in primary care services as well as specialized care and transition services, including supportive services, counseling, and psychological services.

In 2014, DAV commissioned a study to look at women transitioning from the military, “Women Veterans: The Long Journey Home.” This report is a comprehensive assessment of federal policies and programs that provide services to women who are transitioning out of the military. The report includes 27 recommendations, six of which are highlighted below:

- Implement gender-specific clinical IT tools.
- Improve access to gender-sensitive mental health programs.
- Tailor transition assistance, education, and career guidance programs to women veterans.
- Increase access to safe transitional beds and housing for homeless women veterans with children.
- Improve access to specialized prosthetic items and treatment for military sexual trauma (MST).
- Permanently authorize child care services and women-focused post-deployment readjustment retreats.

One of DAV’s key priorities is to ensure that women veterans are properly recognized for their military service and receive equal benefits and high quality health care in the VA health care system. DAV monitors bills affecting programs for women veterans, disability, and gender-specific needs within the VA. Ms. Love summed up her remarks by saying that the VA is making progress in its effort to change the department’s overall culture and to direct resources to meet the needs of every veteran. But this cannot happen without a strong focus on women veterans and a detailed plan of action. She concluded: “Women veterans kept their promise and served their country faithfully and with distinction. Now it is time that we keep our promise to them. We can do this by acknowledging their military service and by treating women veterans with greater respect, consideration, and care.”

Lauren Augustine

Cindy Hall introduced Lauren Augustine, Legislative Associate for the Iraq and Afghanistan Veterans of America (IAVA). In this capacity, she advocates Congress to improve the lives of veterans and their families. Ms. Augustine served in the US Army as an unmanned aircraft systems operator flying RQ-7Bs, better known as the Shadow. She deployed with the Big Red One, 1st Infantry Division, to Taji, Iraq—providing surveillance and reconnaissance for central Iraq and Baghdad. After her time in the Army, Ms. Augustine worked as a veteran career coach, providing employment counseling for veterans hoping to work for the federal government.

As the leading post-9/11 veteran empowerment organization with the most diverse and rapidly growing veteran membership in America, IAVA has a diverse group of women leaders in its midst. IAVA values women’s leadership and service, and Ms. Augustine is proud to be one of those leaders.

This March, IAVA launched its first survey of women veterans as part of an effort to better understand women’s experience during and after service. Over 1,500 women veterans responded to the survey, sharing their experiences with VA health care as well as the broad challenges faced during and after military service. In addition, IAVA undertook focus groups in seven cities around the country and spoke to dozens of women veterans from all the services. The survey and focus groups with women veterans across the country identified three recurring themes.

The first theme is that the VA, Department of Defense (DOD), and the nation at large must recognize women for their ongoing service to this country. Women have played a vital role in our military throughout history, and their impact and contributions continue to grow. In the recent wars alone,

nearly 280,000 women have served. While the number of male veterans is expected to decline in the next five years, the female veteran population is expected to grow and reach 11 percent by 2020. And yet, women veterans continue to encounter barriers to accessing health care and benefits, including an overall culture that does not fully recognize their military service. Recent IAVA focus group data found that fewer than 40 percent of women veterans feel that the public respects their service.

These attitudes towards women's military service must change, and nowhere is this more necessary than inside the walls of VA facilities. Results from the IAVA survey show that 70 percent of respondents are enrolled in VA health care—and the majority have been enrolled for more than two years and have sought care in the last six months. Women veterans appreciate the strides made by the VA in instituting women's clinics and coordinators, but they continue to feel that the VA conveys an attitude that women veterans do not matter as much as men do. The IAVA survey found that fewer than half of respondents (45 percent) agreed that VA employees consistently treated them with respect. One focus group participant reported that when she tried to sign up for veteran-specific mental health services, an administrator told her, "These services are not for you. They are for veterans."

The second theme emerging from the IAVA research is that the VA needs to expedite planned improvements at its facilities to support and improve services for women. It is important that VA medical centers meet specific operational and structural changes that support the needs of all veterans. Ms. Augustine appreciated Dr. Hayes' presentation highlighting the important work underway at the VA to better serve women veterans, and noted that the IAVA data may be out-of-date. The IAVA survey found that only 56 percent of women veterans felt that the VA provided an adequate number of women practitioners; only 41 percent believed that the VA provided an adequate number of doctors specializing in women's care; and only 34 percent said that the VA adequately provided specialized facilities. Ms. Augustine said that these views reflect disparities in gender-specific care and are widely shared in the veteran community. She noted that the VA has worked hard to address these problems, and Secretary Robert McDonald has made it clear that correcting these disparities is a top priority.

Finally, the IAVA research indicated that there must be a renewed emphasis on good data and reliable research, delving into the experiences of women veterans. Gaps in services and improvements in care cannot be fully achieved unless they are fully defined. Ms. Augustine stressed that in order to move forward as a nation that honors the service and sacrifices of women veterans, it is important that women veterans drive the conversation through participation in research, program evaluation, and policy implementation. The VA has already taken steps in the right direction with the establishment of the Center for Women Veterans, the renewal of the Charter for the VA Advocacy Committee on Women Veterans, and the convening of the "Health Services Research Conference: Women Veterans" in 2014. But there is still much work to be done. For starters, the VA, DOD, and the Department of Labor (DOL), along with other government agencies, should incorporate gender and minority analysis into all of their reports to better inform gaps in services and care for women veterans.

Ms. Augustine concluded by discussing strategies for moving forward. IAVA has worked closely with community partners to develop a comprehensive, 11-point policy agenda to address the needs of all veterans. One of the top priorities within this policy plan is to fully recognize and improve services for women veterans. The recommendations in the policy agenda go beyond the halls of Congress to include recommendations for state and local governments, as well as community partners. Ms. Augustine encouraged attendees to visit IAVA's website (www.IAVA.org) in order to access the research and policy recommendations, to push for legislation for new programs, and to cultivate a community that recognizes and supports our nation's women veterans.

Discussion

Cindy Hall invited Elisa Basnight, Director of the Center for Women Veterans, to make a few comments. Ms. Basnight emphasized the importance of collaboration at the federal, state, local, and community levels to improve access to health care for women veterans. She also stressed the importance of encouraging women to self-identify as veterans, and directed participants to the “I Am One” campaign on the Center’s website (www.va.gov/womenvets).

Attendees were invited to raise questions for the panelists. One question focused on the challenges in recruiting medical practitioners to treat women in the VA system. Dr. Hayes responded that the dearth of primary care physicians in the country makes recruitment difficult, and the VA needs about 600 additional women’s health providers, including physicians, nurse practitioners, and physician assistants. Additional discussion focused on the importance of the Women in Military Service for America Memorial that honors all women who have served and the use of telehealth to provide health care to women veterans in the areas of pharmacy, mental health, and gynecology in remote sites.

Cindy invited speakers to offer one last take home message. Ms. Love said it is important for all of us to be proactive in our health care and invited participants to visit the DAV website (www.dav.org) for information on issues important to women veterans. Ms. Augustine stressed the importance of continued advocacy on behalf of women veterans. Dr. Hayes emphasized that while the VA has a large responsibility to meet the needs of women veterans, America as a whole needs to do more to support women veterans and military families.

The webcast of the briefing can be viewed by clicking [here](#).