



Cultural Barriers Impacting Women Veterans' Access to Healthcare

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Statement of

Kristina Keenan, Past-Commander
Post 605 Benjamin Franklin Post
Veterans of Foreign Wars of the United States

For the Record

United States House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health

With Respect To

“Cultural Barriers Impacting Women Veterans' Access to Healthcare”

WASHINGTON, D.C.

Chairwoman Brownley, Ranking Member Dunn, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide recommendations on how to improve Department of Veterans Affairs (VA) health care services for women veterans.

VA reports that nearly 492,000 women veterans used the VA health care system in fiscal year 2017, which was a nearly 150 percent increase since fiscal year 2003, and these numbers will continue to increase in years to come. VA has worked to improve the gender-specific care for this population of veterans, but more work needs to be done. Women veterans using VA often have complex health care needs that require specialty care for service-connected conditions such as post-deployment readjustment challenges, post-traumatic stress disorder due to war-related trauma and sexual trauma, mental health care, and substance use disorders — services which, on average, they use at higher rates and more

NATIONAL HEADQUARTERS

406 W. 34th Street
Kansas City, MO 64111
Office 816.756.3390
Fax 816.968.1157

WASHINGTON OFFICE

200 Maryland Ave., N.E.
Washington, D.C. 20002
Office 202.543.2239
Fax 202.543.6719

info@vfw.org
www.vfw.org

often than male veterans. The VFW is disappointed not a single piece of legislation became law in the 115th Congress to address the needs of women veterans. This must change in the 116th Congress.

Peer-to-peer support has proven time and again to be invaluable to veterans and VA. This is why the VFW advocates so strongly for the constant expansion of peer-to-peer support programs. The VFW urges Congress to pass legislation to expand these programs for women veterans, providing them more peer and gender-based one-on-one assistance from those to whom they can relate and connect. This is extremely crucial in instances when a woman suffers from a mental health condition, but especially in instances when she is on the verge of homelessness. In a VFW survey of women veterans, 38 percent of women who reported experiencing homelessness also have children. These women face unique barriers to overcoming homelessness, and frequently commented on the lack of support from anyone who could understand those barriers. By providing peer-to-peer support for women with those who have gone through the same hardships, VA would provide a level of understanding and trust they desperately need. This is why the VFW urges Congress to pass H.R. 840, the Veterans Access to Child Care Act, which would provide access to child care for veterans seeking employment training who have an income at or below their states' poverty lines. This would serve as a way to reduce homelessness among women veterans.

According to VA, the majority of women veterans are assigned to Designated Women's Health Primary Care Providers (DWHP). VA and its Center for Women Veterans have worked to increase those numbers, and the VFW asks Congress to provide VA with the resources they need to continue expanding outreach for knowledge of and access to providers with necessary gender-specific specializations. Surveys conducted by the VFW have found women veterans overwhelmingly prefer to receive their health care from female primary care providers, and are more likely to be satisfied with their VA health care experience when they receive care from these providers. That is why the VFW has urged VA to allow women veterans to choose the gender of their providers when enrolling in health care.

While the DWHP program continues expanding and providing above-satisfactory care to patients, the VFW understands there is still a need for trained gynecologists within VA. Gynecology is a specialty that has traditionally been understaffed at VA medical facilities across the country. While some providers are able to perform certain gynecological procedures, it is important to increase the number of doctors trained in the specialization of gynecology.

For women veterans who rely on VA for postnatal care, the VFW urges Congress to extend the number of days newborn care is covered by VA. Currently, VA only covers newborn care for seven days. One week is not enough to provide coverage for critical care that may be necessary in the first weeks of a child's life -- especially in the relatively common instance

of false-positive newborn disease testing -- nor is it enough to ease the new mother of unnecessary stress.

The VFW urges Congress to pass S. 514, the *Deborah Sampson Act*, which would expand newborn coverage for veterans who use VA while receiving maternity care. In addition to expanding this care, the legislation would provide many other improvements to women veterans' needs within VA. Some of these improvements include analysis of staffing needs, the establishment of a women veteran training module for non-VA health care providers, expansion of legal services for women veterans, and information to be added to the VA website relating to women veteran programs.

The VFW applauds VA and Congress for their work to provide more access to gender-specific health care providers for women veterans. While overall progress has been made, gender-specific mental health care is still lacking. In VFW surveys, women veterans have voiced concerns over what they view as a lack of gender-specific training for mental health care providers. Congress and VA must work to ensure every VA medical center has mental health care providers who are well trained in conditions such as postpartum depression and conditions that stem from menopause or sexual trauma.

Women service members and veterans have also been found to have an increased risk for eating disorders, which have serious consequences for both physical and psychological health as well as high mortality rates. Some of the risk factors which contribute to women veterans struggling with eating disorders include military sexual trauma and combat exposure. As VA continues to meet the needs of women veterans, it is important that VA establishes a comprehensive program for the treatment of eating disorders.

The VFW has noticed a much lower utilization and awareness of benefits among older women veterans compared to their younger counterparts. In one of the VFW's surveys, we found older women veterans were less likely to report receiving disability compensation, but equally as likely to have been injured or made ill as a result of their military service. Similarly, older veterans were less likely to report that they use VA health care, but equally as likely to report being eligible for VA health care. We are also concerned that several respondents who reported being 55 years old or older believed that they did not rate the same benefits as their male counterparts, which is an egregious misperception that must be addressed.

No veteran should be left to wonder what, if any, benefits she is eligible to receive. Furthermore, it must be clear that women veterans have earned the exact same benefits as their male counterparts. That is why the VFW urges Congress and VA to continue improving outreach to women veterans and conduct targeted outreach to older women veterans to ensure they are aware of all the benefits and services VA provides.

The VA formulary currently carries all categories of pharmaceuticals deemed preventive by the U.S. Preventive Services Task Force. However, VA is not required to comply with the Affordable Care Act requirement for all private sector insurance providers to cover preventive care and services without cost-shares.

Cost is a significant barrier for lower income veterans who use VA health care. There are currently 11 categories of preventive medications found to be effective by the U.S. Preventive Services Task Force, such as prescribing aspirin to lower the risk of cardiovascular disease. Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Additionally, folic acid is recommended for pregnant women to prevent neural tube defects. It is unjust to require women veterans to pay for preventive medication to prevent such birth defects. Vitamin D is another preventive medicine which is often prescribed to prevent bone fractures, which benefits traumatic brain injury patients with hindbrain injuries. There is also breast cancer prevention medication which is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer.

These pharmaceuticals have been found to prevent possible disease and have shown to be cost-saving. The VFW calls on Congress to swiftly pass legislation which would eliminate this inequity and ensure veterans have access to lifesaving preventive medicine.