

Briefing Summary
“Returning Home: Health Challenges Facing Women Veterans Following Deployment”
November 15, 2016

On November 15, 2016, Women’s Policy Inc. (WPI), DAV (Disabled American Veterans), and Iraq and Afghanistan Veterans of America (IAVA) sponsored a briefing, “Returning Home: Health Challenges Facing Women Veterans Following Deployment,” in cooperation with Reps. Kristi Noem (R-SD) and Doris 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 eleventh 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 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 second term representing the 17th District of Illinois, Representative Cheri Bustos is a member of the Agriculture and Infrastructure and Transportation Committees. She has been a strong supporter of veterans and works to ensure they have timely access to health and benefits. Rep. Bustos spoke about the need to address the unique challenges facing women veterans and service members. She also congratulated her former Chief of Staff, Allison Jaslow, on her great work and advocacy with the Iraq and Afghanistan Veterans of America.

Serving her fifth term representing the 3rd District of Massachusetts, Representative Niki Tsongas is Ranking Member on the Natural Resources Subcommittee and is a member of the Armed Services Committee. The daughter of an Air Force Colonel, she has been a strong advocate for military veterans and their families. Rep. Tsongas noted that she has made six trips to Iraq and Afghanistan, and on every trip she witnessed the remarkable contributions women service members are making. Additionally, she stated that 14 percent of active service members are women and that figure is expected to rise to 25 percent by 2025. How women are integrated in the military and understanding their contributions is critical to how the Department of Veterans Affairs (VA) addresses women transitioning out of service. As a member of the Armed Services Committee, Rep. Tsongas has worked to address body armor designed for women in combat and how VA responds to sexual trauma for female veterans.

Serving her second term representing the 22nd District of Florida and the first woman to represent her district in Congress, Representative Lois Frankel serves on the Foreign Affairs and Transportation and Infrastructure Committees. She is the mother of a Marine veteran who served in both Iraq and Afghanistan. She has been a strong advocate for veterans, women’s health, seniors and families. Rep. Frankel stated you learn a lot when you have a loved one serving in the military—how selfless people are and that they risk their lives to protect our freedoms.

Serving her third term representing the 2nd District of Alabama, Representative Martha Roby currently serves on the Appropriations Military Construction, Veterans’ Affairs, and Related Agencies Subcommittee. Rep. Roby expressed her thanks to the veteran’s community and stated what a privilege it is to fight and advocate for veterans on Capitol Hill. One of the commitments she has made as a Representative is to visit the troops overseas every Mother’s Day with her female colleagues. Rep. Roby stated that Central Alabama Veterans Health Services has had gross mismanagement, which is a disservice to veterans. She said that it is not only about exposing the problem, but addressing what we

will do to fix it. She wants women to share their stories because that will help her understand the gaps in care and how to best serve women veterans.

Speakers

Kayla M. Williams

The first speaker was Kayla Williams, Director of the Center for Women Veterans at the Department of Veterans Affairs, where she is responsible for monitoring VA's administration of health care and benefits for women veterans, increasing recognition of the contributions of military women, and raising awareness of the responsibility to treat women veterans with dignity and respect.

Ms. Williams spent eight years at RAND and five years in the Army, including an Operation Iraqi Freedom (OIF) deployment with the 101st Airborne. She is a former member of the VA Advisory Committee on Women Veterans and a 2013 White House Woman Veteran Champion of Change.

Ms. Williams stated that the number of women using Veterans Health Administration (VHA) health care has more than doubled since 2000. This figure will continue to grow rapidly as more women serve in the military. The VA has been working diligently to address the needs of women veterans. She discussed her personal experience of working within a health care system that did not use electronic health records, so it was up to her to remember what each provider was telling her. Now that she uses VA exclusively for her health care needs, Ms. Williams' care is comprehensive and integrated from a patient-aligned care team.

In fiscal year 2014, 88 percent of VA patients received cervical cancer screenings on time versus roughly 75 percent in the private sector and only 60 percent of Medicaid patients. For breast cancer screenings, 86 percent of VA patients received mammography screening versus roughly 70 percent in the private sector. The VA has enhanced the provision of health care toward women veterans by hiring and training designated women's health providers (DWHP) at every site where women access VA care. The VA has now trained 2,500 DWHP.

The VA has continued to roll out programs to ensure that women veterans receive the best care. In response to the number of women veterans of reproductive age, VA introduced maternity care coordinators in 2012. The VA has 129 maternity care coordinators across the nation and work with women veterans throughout their pregnancy and into postpartum. To address pain management, the Phoenix VA has created an eight week mindfulness-based group training program that is specifically tailored to female veterans. The Portland VA has implemented an innovative program to help veteran families after pregnancy and infant loss. Veterans have the opportunity to commemorate their losses and receive support through different departments within VA. Ms. Williams and her colleagues are working hard to diffuse these best practices across all VA sites.

Ms. Williams shared the work VA is doing around mental health care, informing the audience of VHA's first national women's mental health mini-residency. The mini-residency is a clinical training program to insure that mental health providers have the knowledge and skills they need to provide women veterans with gender tailored care to address women's unique treatment needs.

All of these efforts are making a difference in suicide prevention. Although the overall rate of suicide among female veterans has increased, women veterans who are not utilizing VA care have a much

higher rate of suicide than those who are. Ms. Williams stated that women who need help accessing VA care can contact the Women Veterans Call Center at (855) VA-WOMEN. This call center is staffed exclusively by women.

Ms. Williams stated that she uses VA health care exclusively, and has experienced high-quality, timely care. She recognized that VA has not always been perfect, noting that she herself has been mistaken for VA staff or a spouse, rather than a veteran. She is well aware that not being treated with respect by VA employees and by male veteran patients is a barrier to care that women veterans face. She is committed to care equity and culture change within VA, and to ensuring that every female veteran receives comprehensive and respectful care.

Shurhonda Love

The second speaker was Shurhonda Love, a service-connected disabled veteran, who was appointed Assistant National Legislative Director of the nearly 1.3 million-member DAV (Disabled American Veterans) on August 12, 2015. In this capacity, Ms. Love works to support and advance federal legislative goals and policies of 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 has served in other DAV professional capacities in Alabama, Utah and Louisiana.

DAV is a non-profit organization dedicated to empowering veterans to live high quality lives with respect and dignity. DAV leadership is focused on taking care of veterans and is aware of the unique needs of women veterans and the struggles they face.

One year ago, Ms. Love had the privilege of discussing the issues women veterans face including problems across the federal landscape. Much of the discussion is outlined in the DAV report, “Women Veterans: The Long Journey Home.” Ms. Love stated that many women veterans do not identify as veterans and she wanted to get to the root cause of why women felt this way. She discovered that some women feel if they have no combat experience they cannot be a veteran or they must retire from service to be recognized as a veteran. Additionally, there is a misperception among the American public that women cannot be veterans or their service is not on the same level as their male counterparts. Ms. Love continued to dig deeper. After talking to active female service members and veterans, family, friends, and colleagues, she realized many women have the “suck it up and drive on syndrome.” In addition, they identify themselves as members of the “prove yourself tribe,” hailing from a place called “I don’t want to talk about it.” Ms. Love broke each of these elements down piece by piece:

- *Suck it up and drive on syndrome.* When policies, standards, rules, provisions, or decisions affect you, but do not take your needs into consideration and you say nothing. You accept it and continue to move on despite the pain or discomfort you may feel.
- *Prove yourself tribe.* Always faced with the need to prove yourself—internally or externally. Accomplish a task without acknowledging feat or fortitude. Avoiding the easier route.
- *I don’t want to talk about it.* To talk about it can mean acknowledging or giving life to a problem or to be considered gloating about your years of accomplishments in service. Trials and tribulations are germane to duty and it should not be talked about.

In April 2015, the VA released a study on barriers to women's health care. The study surveyed users and non-users of VA health care and noted nine barriers. Ms. Love stated she would only discuss the top three barriers, but the [full report](#) can be accessed on the VA website. The three barriers include:

- *Comprehension of eligibility requirements and scope of services.* The preferred method of receiving information is through brochures. Fifty one percent of users report having received enough information about their eligibility to receive services.
- *Effect on outreach.* Sixty seven percent of women who use VA care report receiving information on health services versus 21 percent of non-users. To address this disparity, VA launched a women's outreach program designed to bring awareness to VA services offered to women veterans and reaffirm VA's commitment to women in service.
- *Effect on driving distance to care.* The larger groups that were affected were the women with higher disability ratings.

Ms. Love pivoted her presentation to the additional barriers women face when they return home. The struggle to adjust to life at home is difficult. She shared a story of a woman who described the re-entry period as driving 95 miles per hour and then suddenly slamming on the brakes to make a sharp turn. It left her violently spinning and trying to regain control to save her own life. Due to modernized transportation systems, you can be in combat today and be in your living room tomorrow. This is a radical change and what many women experience today. The feelings can be even more extreme for women who have experienced a traumatic brain injury, military sexual trauma, or witnessed the carnage that goes along with war and now suffer from a psychological trauma. Many women will struggle to stop spinning many years after the deployment and discharge—some may never stop.

DOD and VA must do more to ensure women are receiving the care they need upon returning home. There should be more emphasis on identifying problems before they exist. The VA is taking proactive steps with the use of predictive analytics. This is a proactive way to identify and react before there is a crisis.

There are several women veterans bills languishing on the floors of Congress. Ms. Love stated it is our duty to bring life to these bills. They are not just about x's and o's, dollars and cents--these bills are about lives—enhancing the lives of those they affect.

Allison Jaslow

The final speaker was Allison Jaslow, Chief of Staff of Iraq and Afghanistan Veterans of America (IAVA). In her role, she oversees management, operations, administration, and all internal functions at IAVA.

Ms. Jaslow is a former Army Captain who served two combat deployments in Iraq and has a diversity of experience that includes stints on political campaigns across the country, in the White House, and on both sides of Capitol Hill. She recently served as Chief of Staff and Campaign Manager for Congresswoman Cheri Bustos and was Press Secretary for Senator Jim Webb, where she was involved in efforts to protect the legacy of the Post-9/11 GI Bill.

Ms. Jaslow started her presentation by stating that it is not only important to have women in the halls of Congress who are passionate about female veterans, but who care to take the time and attention to

address the issues in the way they deserve. She stated we cannot fully support women veterans until we address the issue of recognition. The number one issue for women at IAVA is awareness—many women feel that the American public and other women do not understand their contributions or sacrifices. In the most recent IAVA survey, 15 percent of IAVA members think that the public understand their contributions. She stated that what has surprised her more than men not seeing women as veterans is her fellow female peers who do not view her that way.

Ms. Jaslow shared several statistics:

- Since 2003, demand for women’s services at the VA has gone up 80 percent
- 400,000 patients at the VA are women
- 280,000 women have served in the wars in Iraq and Afghanistan

She stated that it is not just about receiving the care you need. It is a cultural competency issue and it impacts the will to enact the change we need. Women are a growing part of the VA community and it is hard to challenge yourself to remember this, but remembering is so important. The post-9/11 generation of service members will be the most diverse, served the most deployments, and had the most female service members. We need individuals to remember what this population is like and advocate effectively on its behalf.

Ms. Jaslow encouraged women veterans to share their stories in an effort for people to have a better understanding of what they have experienced. For women that have a platform, we need those women to share their stories in order to get the change that is most needed.

Discussion

Attendees were invited to ask questions of the speakers or offer brief observations. The first question asked whether female health care providers feel marginalized within the VA system. Ms. Williams stated that there are two points of service for women working within the VA system: stand-alone women’s clinics and DWHP in various clinic settings. Ms. Williams stated that she certainly hope providers focused on women’s health do not feel marginalized. The agency has taken steps to make sure women’s health providers have smaller caseloads and a care team as means of additional support.

The second question addressed what steps the VA system is taking to utilize precision medicine. Ms. Williams discussed the Million Veteran Program, which works to collect DNA samples from veterans and over represents women veterans. VA has acquired 500,000 DNA samples as the first step toward precision care.

Additional resources to learn more about women veterans can be found at:

- The Library of Congress, Veteran’s History Project
- Women in Military Service for America Memorial (WIMSA)
- Smithsonian National Museum of American History and University of Maryland collaboration, “100 Years of American Women in Uniform” program series

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