STATEMENT OF

ALEKS MOROSKY, DEPUTY DIRECTOR
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

FOR THE RECORD

COMMITTEE ON VETERANS' AFFAIRS
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WITH RESPECT TO

Examining Access and Quality of Care and Services for Women Veterans

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Chairman Miller, Ranking Member Brown and members of the Committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I want to thank you for the opportunity to present the VFW's perspective on the state of women veterans' health care and services at the Department of Veterans Affairs (VA).

Recent years have seen unprecedented levels of women serving in the U.S. military. Today, over 1.3 million women wear our nation's uniform, comprising over 15 percent of the total force. Likewise, the demand for VA services by women veterans has increased dramatically. According to VA statistics, the number of women using VA services grew from just over 200,000 in 2003 to over 362,000 in 2012, an increase of approximately 80 percent. By 2014, that number had grown to over 400,000. In addition, the most recent VA data shows that approximately 19 percent of women using VA health care today served in either Iraq or Afghanistan, compared to only 9 percent of men. Accordingly, women veterans receiving VA care are younger than their male counterparts, with 42 percent of women under the age of 45, compared to only 13 percent of men. As a result, the number of women using VA services as a percentage of the total population will only continue to grow in the coming years, along with their need for health care.

In 2008, VA launched its Women's Health Services initiative in order to increase capacity and quality of women's health care. The initiative included the establishment of a Women Veterans Program Manager in every VHA health care system, along with expanding women's health clinics and improving provider training on gender-specific services. This was in response not only to the growing demand, but also in recognition of the fact that VA had historically been a male-centric institution. As a result, access and quality of women's health care has greatly improved across the Department. In 2009, Designated Women's Health Providers (DWHP),

doctors trained in both general and gender-specific primary care, were available in only one third of Department facilities. Today DWHPs are available at every VA Medical Center (VAMC).

Still, gaps in services remain for women enrolled in VA, particularly in gender-specific specialty care. Today, only 52 VA facilities provide on-site mammography. According to VA testimony given on April 21, 2015 before the Senate Veterans Affairs Committee, 35 VAMCs still have no on-site gynecological services. Of those that do, many of the doctors work part-time, and VA is unable to determine which sites are able to meet demand, since they have had no effective staffing model up to now. The VFW recognizes that VA has implemented a workforce planning model to correct this problem in accordance with section 301 of the Veterans Access, Choice and Accountability Act. In doing so, VA must be able to not only determine the current need for gender-specific care, but project the future need of this growing population and anticipate the necessity to hire accordingly. Non-VA care must continue to be fully utilized in the meantime, but full staffing of gender-specific service must remain the goal.

Another unresolved issue for women veterans is unemployment. This is especially true for women veterans of the current conflicts. The VFW recognizes that reentering the civilian workforce after service presents barriers for all recently returning veterans; however, female veterans statistically face a greater challenge. According to the most recent data from the Bureau of Labor Statistics, the unemployment rate for women Post-9/11 veterans stands at 8.5 percent. This is noticeably higher than the 6.9 percent unemployment rate of their male veteran counterparts, and significantly higher than the 5.9 percent rate of civilian women.

It should be noted that women veteran unemployment cannot be easily linked to lack of education. The most recent VA data shows that women veterans using GI Bill benefits achieve a 10 percent higher completion rate than male veterans, and a 5 percent higher completion rate than civilian women. The VFW suspects that women veteran unemployment must emanate from access to employment resources. To address this issue, we recommend that Transition Assistance Programs institute gender-specific satisfaction surveys in order to ensure that women are receiving quality, usable training before separating from service. In addition, we recommend that VA and the Department of Labor develop outreach campaigns specific to current era women veterans in order to ensure that they understand and utilize all available programs and services designed to assist them in translating their valuable military training into high quality civilian employment.

Women veterans' homelessness is another area that requires specific focus. Every effort must be made to ensure that homeless women veterans are provided with the specific service it will take to fully reintegrate them into society. While the Project Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) identified that unmet needs of homeless women veterans are the same as men on eight of the top ten issues, it's important to keep in mind that closing these gaps in services may take a different approach for each gender. One size does not fit all. Homeless women need adequate shelter and housing options that are safe and separated from their male counterparts. Child care service must be integrated into reintegration programs so parents and children can stay together. Lastly, family reconciliation assistance must be prepared to provide gender specific assistance during the reintegration process.

Funding must be set aside to ensure adequate housing options are available in all communities for homeless woman and homeless veterans who have children. As VA and HUD work to close the gap in family reconciliation assistance, effectiveness surveys must by conducted to ensure that gender specific issues are being addressed.

In drafting this testimony, we sought the input of women VFW members from across the country. While many are very pleased with the progress made by VA in addressing their specific needs, they also identified several areas in need of improvement. The VFW believes that in no instance should women veterans receive care that is inferior to male veterans or in an environment that is less welcoming. Although anecdotes about unfriendly staff, sub-par facilities, and lack of privacy persist throughout the veterans' community, we are pleased to report that nearly every VFW member we spoke with feels that women's services have greatly improved in recent years, and the majority of them are satisfied with their VA experiences, overall.

In speaking to VFW members about their VA experiences, certain positive recurring themes became apparent. Nearly all were very satisfied with the responsiveness and effectiveness of their Women Veterans Program Managers. By and large, the veterans that we spoke to were happy with the quality, safety and privacy of the facilities of their women's clinics, as well as the availability of female primary care providers upon request. Specifically, a veteran enrolled at the St. Louis VAMC gave her women's clinic nothing but praise, stating that the access and quality of care are exceptional. A veteran enrolled at the Albuquerque VAMC had similar praise for the services she receives, recalling that she was recently scheduled for surgery to repair a deviated septum within two weeks of receiving a referral, and that her primary care provider called her at home that weekend to make sure she was recovering comfortably. Still, almost all veterans we interviewed pointed out that the access and quality of services they receive have improved only in recent years, and several veterans offered recommendations on areas which still need improvement.

A VFW member enrolled at the Buffalo VAMC told us that, although she is very satisfied with the primary care she receives from her primary care provider, obtaining referrals for specialty care outside of the women's clinic is often challenging. She told us that she recently waited four months to see a podiatrist to address nerve pain in her feet. The VFW sees this problem as two-fold. First, VA must complete its workforce staffing model for all specialties, and hire the necessary staff accordingly. If VA cannot accurately identify the demand for each service at each facility, long wait times for specialty care will persist for all veterans. Second, veterans who receive primary care at women's clinics should not feel like they are cut off from other services at the VAMC. The purpose of gender specific clinics should be to provide the best possible gender-specific care in an environment where veterans feel comfortable, not to segregate them form other services.

Another issue identified by a VFW member enrolled at the Salt Lake City is the high turnover rate of primary care providers that her women's clinic has experienced recently. It is important that all veterans are able to build rapport with their physicians. This is particularly critical for women veterans, many of whom have had negative VA experiences in the past, feeling that the environment where they received care was often unwelcoming and lacked an appreciation of their unique issues and their military service. The VFW realizes that the issue of high turnover is one that persists throughout VA. To solve this problem, VA must have the tools to offer

attractive financial incentives and cultivate the positive work environment necessary to recruit and retain high quality providers.

A persistent issue for the VFW has been the lack of child care available to veterans during their appointments. This concern was recently brought to our attention when speaking to a VFW member enrolled at the Manchester VAMC. She correctly pointed out that many veterans are single parents. Without access to any sort of child care services and often reluctant to bring their small children to medical appointments with them, many veterans choose to simply forgo the care they need and deserve. The VFW strongly believes that no veteran should be forced to choose between his or her own wellbeing and that of her child. For this reason, we continue to call on Congress to fully expand the VA child care pilot program to all facilities across the Department.

Our final recommendation is to obtain updated information the state of women's health care at VA. The last comprehensive report by the Government Accountability Office (GAO) on VA gender specific services was published in 2009. In order to ensure that gender specific services are meeting the obligation to provide exceptional care to all veterans at all facilities, we must have accurate data to show where the gaps in service lie. For this reason, we join our Independent Budget Veteran Service Organization partners in calling for a follow-on report to the GAO study on all women veteran services across VA.

Chairman Miller, Ranking Member Brown, this concludes my testimony.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, VFW has not received any federal grants in Fiscal Year 2014, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.