Written Testimony

Of

The American Congress of Obstetricians and Gynecologists

Before the

House Committee on Veterans' Affairs

Regarding

H.R. 3642, The Military SAVE Act

October 24, 2017

Chairman Roe, MD, Ranking Member Walz, and distinguished Members of the Committee on Veterans' Affairs, we are pleased to submit written testimony on behalf of the American Congress of Obstetricians and Gynecologists (ACOG), representing more than 58,000 physicians and partners in women's health, in support of H.R. 3642, the Military SAVE Act.

ACOG Supports H.R. 3642, the Military SAVE Act

We would like to thank Representative Andy Barr (R-KY) for his leadership in introducing this legislation, and your leadership, Mr. Chairman, in holding this important hearing. ACOG enthusiastically endorses H.R. 3642 and we urge Committee to include this legislation in the broader VA health reform effort.

H.R. 3642 represents an innovative effort to ensure access to gender-sensitive, high quality care for Veterans who experienced military sexual trauma (MST) while serving the United States as active duty members of our Armed Forces.

Women play a vital role in the U.S. military, constituting 16 percent of all active duty and reserve members of the military,[i] and nearly 10 percent of the total Veteran population in the United States.[ii] Women are at an increased risk for military sexual assault and the long-term health effects that can accompany this trauma. ACOG applauds the Veterans Health Administration (VHA) for requiring all women Veterans be screened for MST, and the significant progress made in reducing gender disparities in health care in recent years. Yet while there are many mechanisms in place to support the health needs of women Veterans, there is more that can and must be done to ensure MST survivors get the care they need.[iii]

Military Sexual Trauma (MST)

Sexual assault is a crime of violence and aggression, and encompasses a continuum of sexual activity from sexual coercion to rape.[iv] Military sexual trauma (MST) is the experience of sexual harassment or attempted or completed sexual assault during military service. MST is a unique risk of military service, and perpetrators may include military personnel, civilians, commanding officers, subordinates, strangers, friends, or intimate partners.[v] Although perpetrators and survivors can be of either sex, women are more likely than men to be victims of military sexual assault.[vi]

Military and Veteran women often have increased rates of lifetime exposure to interpersonal violence, including sexual assault or abuse, and intimate partner violence, when compared to civilian counterparts.[vii,viii] Twenty percent of women Veterans who use VHA facilities report a history of MST.[ix] This is a cause for concern because MST can have long-term health implications, including diminished levels of function, alterations in health perceptions, chronic pelvic pain, dysmenorrhea, sexual dysfunction, and post-traumatic stress disorder (PTSD).[x,xi,xii,xiii,xiv]

Military service can increase the risk of mental health problems for all Veterans, including depression, PTSD, and substance use disorder, when compared with civilian counterparts.[xv] However, the prevalence of PTSD is increased more than twofold in women Veterans, and is commonly attributed to women Veterans' greater exposure to MST. [xvi,xvii,xviii] PTSD is linked to diminished physical health and decreased willingness to pursue preventive reproductive health care in women Veterans.[xix,xx]

The increased likelihood of mental health disorders, including major depression and other mood disorders, has also been associated with increased risk for suicide. [xxi] According to a recent VA report on Veteran Suicide, the rate of suicide among younger female Veterans (18-29) who used VHA services increased at a faster rate from 2001 to 2014 than that of the civilian population.[xxii] Notably, the rate of suicide among women Veterans is 2.5 times higher than that of civilian women. [xxiii]

Access to Care

Women veterans have served our country and deserve the best health care available. The VA has taken many steps to increase access to needed care for survivors of MST. Currently, women can receive MST-related care at any VA health system. VA policy requires each Veteran Administration Medical Center (VAMC) to have an MST coordinator and to provide all MST-related care free of charge. VA policy also encourages facilities to give Veterans being treated for MST the option of a same-sex care provider, although this option is not mandatory or always available.

While VA policy requires all facilities to accommodate and support women with safety, privacy, dignity and respect, a 2016 Government Accountability Office (GAO) report found the VHA lacked complete and accurate data on VAMC compliance with sex-specific environment requirements.[xxiv] Among the six VAMCs included in the study, compliance with select VHA environment requirements, including physical and audible privacy, ranged from 65-81 percent. Additionally, the GAO report found that 18 percent of VA facilities providing primary care lacked a women's health primary care provider, and of those who did have a dedicated women's health provider, they were only available on average six hours per week.[xxv]

Women Veterans have unique health care needs, but their minority status within the VHA has led to disparities in health care access when compared to men. While the VHA has made significant progress in reducing gender disparities for many measures, there is still a perception among women Veterans with a history of MST that they do not receive the same quality of care as male Veterans.[xxvi]

A Solution

Unfortunately, some studies suggest Veteran women who use the VHA for their care may experience instances of greater physical and psychiatric morbidity, and insufficient social support when compared with civilian women.[xxvii,xxviii,xxix] At this time, Veterans can only seek

treatment outside the VA if a VA facility is unable to treat the patient, the patient lives outside a reasonable travel distance, the VA cannot arrange an appointment in a 30-day time frame, or a VA employee issues an official authorization letter.

H.R. 3642, The Military SAVE Act, would establish a pilot program allowing survivors of MST to seek treatment at a provider of their choice, either in the VHA or through the private sector. The legislation would also establish a survey to assess MST treatment for Veterans both inside and outside the VHA. Such research designed to evaluate the association of military service and women's sexual and reproductive health is critical to ensuring the development of best practices for women's care. This pilot program will:

- Ensure MST survivors have increased access to their preferred health care provider;
- Enable VHA to collect and analyze data to identify gaps in the services available between VAMC and private sector providers, and further develop best practices for the treatment of MST; and
- Allow the VA to better serve the unique needs of female Veteran survivors of military sexual trauma.

As the population of women Veterans continues to grow rapidly, it will be increasingly important to ensure high quality, gender sensitive care that meets the unique needs of women Veterans. ACOG supports H.R. 3642, the Military SAVE Act as a positive step to providing women increased access to their preferred care for treatment of the symptoms of MST, while implementing a robust research agenda regarding the health needs of women Veterans.

Thank you for the opportunity to provide written testimony in support of H.R. 3642.

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[iv] Sexual assault. Committee Opinion No. 592. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:905–9.

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