

**STATEMENT FOR THE RECORD**  
**PARALYZED VETERANS OF AMERICA**  
**FOR THE**  
**HOUSE COMMITTEE ON VETERANS' AFFAIRS**  
**HEARING EXAMINING WOMEN VETERANS' ACCESS TO THE FULL SPECTRUM**  
**OF MEDICAL CARE, INCLUDING REPRODUCTIVE HEALTHCARE, THROUGH THE**  
**DEPARTMENT OF VETERANS AFFAIRS (VA) VETERANS HEALTH**  
**ADMINISTRATION (VHA)**  
**SEPTEMBER 15, 2022**

Chairwoman Brownley, Ranking Member Bergman, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for this opportunity to present our views on the ability of women veterans with catastrophic disabilities to access health care through the Department of Veterans Affairs (VA). The number of women veterans continues to grow and an increasing number of them are using VA health care. For women veterans with spinal cord injuries and disorders (SCI/D), VA is the provider of choice for their care because the community does not provide an equivalent system of comprehensive care for their significant health needs. Consequently, VA's health care system must be fully accessible to women veterans with catastrophic disabilities to ensure that they are able to receive the health care they have earned and deserve.

***Physical Access to VA Facilities***

One hurdle that women veterans with catastrophic disabilities may encounter is problems with physical access to facilities, including their VA women's health clinic. Because many of these locations were established in haste, they often were not sufficiently planned to ensure wheelchair users could enter them. For example, the outside entrance to a women's health care clinic PVA visited did not have an automatic door for patients to use. To complicate matters further, the entrance was not visible to VA staff so they could not see if a patient outside needed assistance, nor was there an external bell for the patient to alert them if they needed assistance. Thus, any patient needing help entering the clinic would be exposed to the elements until someone came along to help her. The VA must evaluate all women's health clinics to ensure they are physically accessible for disabled women veterans.

Another hurdle for women veteran wheelchair users can be accessing medical exam rooms. Some of VA's exam rooms are too small to accommodate a woman veteran using a wheelchair and a portable lift needed to transfer the veteran from her wheelchair. Other rooms may not even be big enough for a larger power wheelchair to enter. A portable lift would be unnecessary if the examination rooms had built-in ceiling lifts to hoist a woman veteran from her wheelchair to the examination table. Unfortunately, many VA women's health clinics do not have an installed ceiling lift.

Barriers like these tend to make individuals with significant disabilities less likely to get their routine preventative medical care. This is a major concern for wheelchair users because loss of muscle tone and diminished circulation cause pressure sores to develop and it is very important that seemingly minor problems like these be detected and treated early before they can turn into major and possibly life-threatening conditions. However, if the patient cannot enter the exam room or be placed upon the exam table, the physician may be forced to examine the patient in her wheelchair leaving her at risk of further injury and diminishing the quality of the exam and any care provided.

### ***Access to Mammography Services***

PVA applauds the recent passage of the Making Advances in Mammography and Medical Options (MAMMO) for Veterans Act (P.L. 117-135), which expands access to high-quality breast cancer screening and life-saving care for veterans. Currently, only about half of VA medical centers have diagnostic equipment to provide mammograms. For the ones that do, wait times are excessively long (two months or longer), or the equipment may be inaccessible for women veteran wheelchair users, particularly for those who are quadriplegics. While there are mammography machines that allow women with physical disabilities to lay on an exam table, not every VA health care facility has this type of equipment. PVA is hopeful that with the passage of the MAMMO Act, accessible mammography equipment will become more prevalent throughout the VA health care system, and we are anxious to work with the VA to ensure the law is successfully implemented.

### ***Access to Contraceptives***

Under the Affordable Care Act (P.L. 111-148), contraceptives are available without co-pays. Servicemembers and other users of TRICARE programs also have access to contraceptives without co-pays when the prescription is filled at a military facility. Although the VA offers a full suite of gender-specific health care services, veterans covered by this system are often still expected to pay co-pays for contraceptives. This must be changed. Veterans that depend on VA health care must have the same equitable access to contraceptives that is available to most other Americans.

With regard to prescribing contraceptives, some women PVA members have expressed the need for better lines of communication between their main VA health care providers and those from other service lines. For example, certain oral contraceptives can be dangerous to women with SCI/D because they can cause deep vein thrombosis (blood clots) in the legs. Without specialized training, the prescribing doctor may not understand that this side-effect poses a significantly greater risk to women with impaired mobility. Therefore, PVA recommends the VA establish clinical guidelines for treating physicians to follow when prescribing contraceptives for women with limited mobility.

### ***Access to In Vitro Fertilization (IVF)***

Unique barriers exist for many women veterans with SCI/D who may have infertility. Women are the fastest-growing cohort of the military, and their numbers will swell within the VA over the next several years. Also, with more jobs in the military being open to

women, there is an increased likelihood of them facing direct combat, and therefore, an increased risk of injury.

VA's outreach materials for infertility treatments detail the eligibility criteria for veterans with infertility. The veteran must be "legally married, they must have a service-connected infertility diagnosis, the veteran or spouse must have an intact uterus and at least one functioning ovary, and the veteran or spouse must be able to produce sperm."<sup>1</sup> A woman veteran with SCI/D, coupled with a service-connected infertility diagnosis, is currently less likely to be eligible for IVF services at the VA since there is a high probability that she would need to use a surrogate due to being physically unable to carry a baby to term. Also, she may not have an intact and functioning uterus and ovary due to her injury or illness. We must ensure that these veterans are not left without the opportunity to have a child.

Permanently providing procreative services through the VA and increasing the types of assistance available would help ensure that greater numbers of women veterans are able to have a full quality of life that would otherwise be denied to them because of their military service. We strongly support H.R. 1957, the Veteran Infertility Treatment Act of 2021, which would make IVF services a permanent part of the medical benefits package at the VA and help women veterans with SCI/D overcome some of the unique challenges they face in establishing or growing their families. Similarly, PVA supports H.R. 2734, the Veteran Families Health Services Act of 2021, which extends care for partners, spouses, and gestational surrogates in addition to increasing access to fertility treatments within the VA and the Department of Defense.

### ***Community Care Referral Process***

While the VA continues to improve their ability to provide services for women veterans, the VA often still refers them to community care for specialized treatment. Beyond the long waits associated with some gender specific care for women veterans, we hear from our PVA members that physical access can also be an issue when it comes to community care referrals. It is paramount that community care coordinators within the VA understand the complex nature of the injuries and illnesses of the veterans they send into the community for care.

PVA appreciates this opportunity to express our views on the barriers our women veterans face in accessing VA health care. It is important to note that many of the barriers catastrophically disabled women veterans face in the VA health care system are even more prevalent in the community. Thus, we look forward to working with the Subcommittee to eliminate these barriers and ensure full access to VA health care and services for all women veterans.

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<sup>1</sup> [VA Infertility Brochure \(va.gov\)](https://www.va.gov/infertility)

### **Information Required by Rule XI 2(g) of the House of Representatives**

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

#### ***Fiscal Year 2022***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$ 437,745.

#### ***Fiscal Year 2021***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$455,700.

#### ***Fiscal Year 2020***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

### **Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.