

STATEMENT OF
TAMMY BARLET, ASSOCIATE DIRECTOR
NATIONAL LEGISLATIVE SERVICE
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

“Beyond Deborah Sampson: Improving Healthcare for America’s Women Veterans in the 117th Congress”

Washington, D.C.

March 18, 2021

Chairwoman Brownley, Ranking Member Bergman, 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 offer recommendations on how the 117th Congress and Department of Veteran Affairs (VA) can improve health care for women veterans.

The VFW applauds Congress on years of hard work to pass major women veterans’ health care and mental health comprehensive legislation to improve care. This legislation broadened VA’s scope of care by expanding services to women veterans, evaluating current programs to bring awareness of gaps and achievements, and continuing to study women veterans’ barriers to care as the VA system evolves. Now, the work continues to maintain vigilant oversight of the implementation of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*; the Veterans’ ACCESS Act; and the Deborah Sampson section of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*.

Women veterans comprise approximately 10% of the veteran population and are the fastest growing cohort within the veteran community. In fiscal year (FY) 2015, 89% of women veterans were between 18-64 years of age. The average age of women veterans who use VA for health care is 51 years old, which is almost 15 years younger than male veterans according to VA data from FY 2017. Reproductive health follows a woman veteran throughout the seasons of her life.

VA has made progress in gender-specific health care for women, but more is needed. The majority of women veterans require family planning resources, prenatal and maternity care, or premenopause and perimenopause care. Overall, 32% of women veterans who responded to a VFW survey in 2016 stated they were very satisfied with their care. A closer look at the data revealed that 38% of women veterans who have access to and use a Veterans Health

Administration (VHA) women veteran's health clinic were very satisfied. Although, only 14% of women veterans who do not have access to a women veteran's health clinic were very satisfied with their care. The VFW urges VA to continue to evaluate its women veteran population and construct women veteran's health clinics where needed.

Our VFW women veterans have routinely stated that VA must improve privacy at women's health clinics, access to gender-specific health care, prenatal and maternity care, mental health care to treat military sexual trauma and postpartum depression, and target outreach to ensure that no veteran is left to wonder what benefits she is eligible to receive. The VFW believes that the future needs of women veterans can be met through continued research and studies specifically tailored toward women veterans. VA must ensure it also expands women-specific substance abuse treatments and programs, increases VA staff cultural training, and eliminates harassment and assault. The VFW supports H.R. 344, *Women Veterans Transitional Residence Utilizing Support and Treatment (TRUST) Act*, which would identify the need for women-specific drug and alcohol dependency treatment and rehabilitation programs through VA.

With the lack of facility space and gender-specific health care providers, women veterans often rely on the VA Community Care Network (CCN) to fill that void. Data from the VFW's 2016 survey revealed that 41% of women veterans received gender-specific services such as mammography, obstetrics, and gynecology in the community.

It is vital to ensure community care providers meet VA's quality of care standards, transparency of wait times, and knowledge in providing care to veterans. Interoperability plays a key role in the sharing of health care information between VA and CCN providers. This enhanced communication provides cost sharing and strengthens care efficiency by reducing redundant or unnecessary diagnostic testing, establishes a portal to exchange treatment standards and requirements, and delivers a safer transition of care. The VFW urges Congress to ensure this important line of communication is supported within VA and CCN providers. It is also necessary to maintain oversight of mandatory VHA Training Finder Real-Time Affiliate Integrated Network courses, and consider if optional courses on mental health and women veterans should be made mandatory.

Women veterans of reproductive age require family planning resources, services, and treatments, including contraceptive care, fertility care, maternity care, and counseling. Depending on a veteran's priority group, a copayment may be required for medication to treat a condition that is not service related. Non-veteran women can receive no-cost birth control either through their employers per the Affordable Care Act, or through other federally funded programs. The VFW supports H.R. 239, *Equal Access to Contraception for Veterans Act*, which would provide women veterans access to the same no-cost contraceptive care as their non-veteran counterparts. In vitro fertilization (IVF) services covered under VA should be expanded and made permanent. Service-connected injuries, toxic exposures, and other health issues can destroy a veteran's dream of having a family. VA's current IVF treatment eligibility excludes certain veterans from using this program to achieve that dream. The VFW urges Congress to pass legislation that would expand VA services to include fertility preservation, and reproductive, adoption and child care assistance.

The VFW has noticed a much lower utilization and awareness of benefits among older women veterans compared to their younger counterparts. We have 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. The VFW is 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 VFW believes that VA can provide timely and comprehensive quality care to women veterans to guide and assist them during their seasons of life.

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

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in fiscal year 2021, 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.