

**STATEMENT OF
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BEFORE THE COMMITTEE ON VETERANS AFFAIRS
SUBCOMMITTEE ON HEALTH
U.S. HOUSE OF REPRESENTATIVES**

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Good morning Madam Chair, and distinguished Members of the Subcommittee. I appreciate the opportunity to discuss how VA provides services to our women Veterans and what we have done to include them in our programs. I am accompanied today by Dr. Patricia Hayes, Chief Officer, Women's Health and Lelia Jackson, Senior Strategist, Assault and Harassment Prevention Office.

Introduction

The number of women Veterans enrolling in VA health care is increasing, placing new demands on VA's health care system. Women make up 16.9 percent of today's active duty military forces and 19 percent of National Guard and Reserves. Based on the upward trend of women in all service branches, the expected number of women Veterans using VA health care is and will continue to rise. More women are choosing VA for their health care than ever before, with women accounting for over 30 percent of the increase in Veterans enrolled over the past 5 years. The number of women Veterans using VHA services has nearly tripled since 2001, growing from 159,810 to over 550,000 today. To address the growing number of women Veterans who are eligible for health care, VA is strategically enhancing services and access by investing \$75 million in hiring and equipment in FY 2021. We have come a long way from when Deborah Sampson disguised herself as a man to be a part of the American Revolutionary War. She is the only woman to have earned a full military pension in the Revolutionary army. Because of her bravery and the bravery of all the women who have joined the armed forces over the years, women Veterans are being recognized and new services are being created in order to help our Veterans lead a healthier, more enriched life and to support them in their time of need.

Access to Care

Every VHA health care system across the United States now has a full-time Women Veteran's Program Manager tasked with advocating for the health care needs of women Veterans using that facility. Mini-residencies in women's health with didactic and practicum components have been disseminated system-wide to enhance clinician proficiency; since 2008, over 7,700 health care providers and nurses have been trained in local and national programs. Under a new collaboration with the Office of Rural

Health, a pathway for accelerating access to women's health training for rural primary care providers has been established. Meanwhile, VHA is actively recruiting additional providers with experience in women's health care. Numerous initiatives have been launched to improve access to state-of-the-art reproductive health services, mental health services, and emergency services for women Veterans, and others have focused on enhancing care coordination through technological innovations such as cancer registries and mobile applications. In FY 2020 VA modified the mini-residency training programs to a virtual delivery due to the COVID-19 pandemic. The modifications include virtual delivery of case discussions by a training team using an online platform with a plan to defer in-person activities requiring simulation and live models until a later date. VA intends to revert to the original training model once travel restrictions are lifted.

VA has enhanced the provision of care to women Veterans by focusing on the goal of developing Women's Health Primary Care Providers (WH-PCP) at every site of VA care. VA has at least two WH-PCPs at each VA Medical Center and 90 percent of community-based outpatient clinics (CBOC) have a WH-PCP in place. We are in the process of training additional providers to ensure that every woman Veteran has an opportunity to receive her primary care from a WH-PCP. VA has implemented women's health care delivery models of care that ensure women receive equitable, timely, high-quality primary health care from a single primary care provider and team, thereby decreasing fragmentation and improving quality of care for women Veterans. With the passage of Public Law 116-315, Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020, VA will be poised to provide enhanced benefits and expanded services and ensure each VA site of care has a WH-PCP.

VA is proud to provide high-quality health care to women Veterans. We are on the forefront of information technology (IT) for women's health. Quality measures show that women Veterans using VA health care are more likely to receive breast cancer (83.67%) and cervical cancer screening (85.07%) than women in private sector health care (73.5% and 75.2% respectively). Even with that advantage, VA is redesigning the electronic medical record to track breast and reproductive health care for further coordination. Unlike other health care systems^{1,2}, VA analyzes quality performance measures by gender. This has been key in the reduction and elimination of gender disparities in important aspects of health screening, prevention, and chronic disease management.³

Scope of Services

VA provides full services to women Veterans, including comprehensive primary care, gynecology care, maternity care, specialty care, and mental health services.

¹ Centers for Disease Control and Prevention (CDC). 2018. "Breast Cancer Statistics."
<http://www.cdc.gov/cancer/breast/statistics/index.htm>

² 2017 VHA Support Service Center National Performance Measure Report

³https://www.womenshealth.va.gov/WOMENSHEALTH/docs/WVHC_GenderDisparities_Rpt_061212_FINAL.pdf#

To provide the highest quality of care to women Veterans, VA offers women Veterans assignments to trained and experienced designated WH-PCPs. The providers can furnish general primary care and gender-specific primary care in the context of a longitudinal patient/provider relationship. National VA satisfaction and quality data indicate that women who are assigned to WH-PCPs have higher satisfaction and higher quality of gender-specific care than those assigned to other providers. Importantly, we also find that women assigned to WH-PCPs are twice as likely to choose to stay in VA care over time.⁴

Women's Mental Health

VHA developed a full continuum of gender-sensitive, evidence-informed mental health services to meet women Veterans' treatment needs across their lifespan. Each VA medical center has a Women's Mental Health Champion to advance gender-sensitive care at their facility and contribute to a welcoming environment. These specialized services and resources help to ensure women Veterans feel secure, valued and understood.

To ensure that VA mental health providers have the skills and expertise to meet women Veterans' unique and diverse treatment needs and preferences, the Women's Mental Health Section of the Office of Mental Health and Suicide Prevention (OMHSP) has developed innovative clinical trainings and initiatives to strengthen mental health services for the growing population of women Veterans. Such initiatives have been spurred by research indicating that age-adjusted suicide rate among women Veterans was 2.1 times that of non-Veteran women in 2017 and 2018⁵. To better understand the burden of suicide among Veteran women, VA has conducted research regarding risk factors that may be particularly relevant to female Veterans and qualitative work examining gender differences in the development of suicidal behavior⁶. With research indicating the unique role of select drivers – including Military Sexual Trauma (MST)⁷ – in the suicide rate of women Veterans, the need for support systems targeted to the specific, sensitive needs of this population is evident. These initiatives expand the portfolio of treatment options available to women Veterans and complement the strong evidence-based practices available to all Veterans.

⁴ Bastian L, Trentalange M, Murphy TE, et al. Association between women Veterans' experiences with VA outpatient health care and designation as a women's health provider in primary care clinics. *Womens Health Issues*. 2014; 24:605–612.

⁵ U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report. 2020. Retrieved March 15th, 2021 from https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf.

⁶ Denneson L, Tompkins K, McDonald K, et al. [Gender differences in the development of suicidal behavior among United States Military Veterans: A national qualitative study](#). *Social Science & Medicine*. September 2020; 260:113178.

⁷ Kimerling, R., Makin-Byrd, K., Louzon, S., Ignacio, R. V., & McCarthy, J. F. (2016). Military sexual trauma and suicide mortality. *American journal of preventive medicine*, 50(6), 684-691.

The annual Women's Mental Health Mini-Residency is an intensive, multi-day training that covers a broad range of topics related to the treatment of women Veterans, such as understanding suicide risks in female patients and working with women whose mental health problems are influenced by hormonal changes. The Department of Defense partners with VA at least biannually to create a joint VA/DoD Mini-Residency.

Moreover, OMHSP provides expert-led clinician training and consultation in STAIR (Skills Training in Affective and Interpersonal Regulation) and Parenting STAIR. STAIR and Parenting STAIR are cognitive-behavioral trauma treatments that teach skills for managing strong emotions and building healthy relationships, including parenting relationships. We know that trauma, including trauma as a result of sexual assault or intimate partner violence, can impact women's relationships, including parenting.

In 2020, VA launched a National Women's Reproductive Mental Health Consultation Program. Expert consultation is now available to all VA clinicians on topics such as treating premenstrual, perinatal and perimenopausal mood disorders, and treating woman's mental health conditions that can be affected by gynecologic conditions. This resource ensures that women Veterans presenting at any VA have access to expert-guided assessment and care for their reproductive mental health needs.

On average, women Veterans are considerably younger than male Veterans. This underscores the importance of providing services to meet the reproductive mental health needs of women Veterans. This includes detecting, diagnosing and treating premenstrual mood disorders and mental health conditions during pregnancy and postpartum. VA's Women's Mental Health Program offers gender-sensitive training addressing unique mental health concerns at each phase of women's life cycles and the VA Reproductive Mental Health Consultation Program provides expert consultation relevant to women's unique needs across the lifespan.

Screening and Assistance for Intimate Partner Violence

The VA's Intimate Partner Violence Assistance Program (IPVAP) is committed to helping Veterans, their partners, and VA staff who are impacted by IPV. In January of 2019, the VHA Directive 1198, Intimate Partner Violence Assistance Program (IPVAP) was published providing the first policy on the national implementation of IPVAP. Since its launch, the IPVAP has developed toolkits, fact sheets, and the Relationship and Health Safety Assessment to support the program's mission to provide a comprehensive network of services to Veterans, their families and caregivers, and VHA Employees who use or experience intimate partner violence (IPV).

Trauma-informed programs and services are based on understanding, recognizing and responding to the effects of trauma by emphasizing physical, psychological, and emotional safety, and encouraging healing and empowerment. Likewise, as stated in

directive 1198, the IPVAP Trauma-informed care model provides a coordinated network of VA and community services that build upon the strengths and resilience of individuals and families with an expectation of improving relationships and quality of life.

Military Sexual Trauma

The VA uses the term “military sexual trauma” (MST) to refer to sexual assault or harassment experienced during military service. MST can be a very difficult life experience, and the VA has a range of services available to meet MST survivors where they are at in their recovery and healing.

The VA provides free treatment for any physical or mental health conditions related to experiences of MST. No documentation of the MST experience or VA disability compensation rating is required. Some individuals can receive this free MST-related care even if they are not eligible for other VA care. Every VA health care facility has an MST Coordinator who serves as a contact person for MST-related issues and who can assist Veterans in accessing care. MST-related outpatient services are available at every VA medical center and many VA community-based outpatient clinics. Services are organized differently at different facilities and MST-related care is available even if a facility does not have a specific “MST treatment team.” Mental health services include psychological assessment and evaluation, medication evaluation and treatment, and individual and group psychotherapy.

Breast Cancer Screening

Digital Mammograms for women Veterans are available on-site at 69 VHA health care sites. Because we want to ensure that Veterans are receiving the highest quality mammograms, when there are insufficient numbers of women to support such a program in-house, VA uses its community care authorities to provide mammograms in the community. VHA has also convened a task force of subject matter experts from women’s health, oncology, radiology, surgery, and radiation oncology to develop guidance to standardize and enhance breast cancer care in VA facilities nationally. Despite these accomplishments, VHA agrees with a recent VA Office of Inspector General report that tracking the results of mammograms performed outside VA has been a challenge. In response, VA has established national guidelines for mammography and cervical cancer tracking. In FY 2021 VA is funding positions for cervical cancer and breast cancer screening coordinators at 27 rural sites and has established education materials, toolkits, and a national community of practice for Mammogram Coordinators.

VA has been working to ensure that test results from studies done outside of VA are documented in the Computerized Patient Record System and that patients are notified of normal and abnormal mammography results within an appropriate timeframe. VA completed two IT projects that will revolutionize tracking and results reporting for breast cancer screening and follow-up care: The Breast Care Registry and the System for Mammography Results Reporting. These systems are designed to work together to

identify, document, and track all breast cancer screening and diagnostic imaging (normal or abnormal), order results, notify patients, and follow-up to ensure that all women Veterans receive high-quality, timely breast care, whether treatment is provided within or outside of VA.

Gynecology Care

VA offers many gynecologic services, including complex gynecology care such as gynecologic surgery and treatment of gynecologic cancers. Women Veterans have access to gynecology care as a basic component of high-quality care. One hundred and thirty-three sites have a gynecologist on site. For those facilities where VA does not have a gynecologist on site, Veterans receive services through care in the community. VA is unable to recruit gynecologists at some sites because there is no Surgery Service at those facilities and gynecology is a surgical specialty. In 2017, VA held its first-ever national VA gynecology conference: VA Gynecology Health System-Optimizing Access and Facilitating Best Practices Training. The mission of this conference was to optimize access to gynecologic services for women Veterans. A second gynecology conference is planned for this spring, focusing on specific gynecologic surgery skills.

Maternity Care

Maternity benefits for enrolled women have been included in the VA medical benefits package since 1999. In general, these benefits begin with the confirmation of pregnancy. VA does not provide prenatal, delivery, and postpartum care directly to Veterans; but through non-VA providers and facilities in the community. However, female Veterans receiving their care through VA have their pregnancies confirmed at a VA medical facility and receive further maternity care through community (non-VA) health care providers. Some Veterans will continue to receive other health care services, such as mental health services, during their pregnancies through the VA health care system. Pregnant women Veterans may be at higher risk for severe maternal mortality and because that care is not provided directly by VA, care coordination for pregnant and postpartum Veterans is critical. VA has a robust Maternity Care Coordination (MCC) system in place to support pregnant Veterans through every stage of pregnancy and in the postpartum period. Maternity Care Coordinators (MCCs) can help Veterans navigate health care services both inside and outside of VA, including ensuring they have access to maternal-fetal-health specialists if needed. In addition, MCCs help veterans access care for their other physical and mental health conditions, connect to community resources, cope with pregnancy loss if needed, and connect to care after delivery. Because of high rates of mental health conditions in women Veterans using VA health care⁸, it is essential that they are

⁸ Katon JG, Zephyrin L, Meoli A, Hulugalle A, Bosch J, Callegari L, Galvan IV, Gray KE, Haeger KO, Hoffmire C, Levis S, Ma EW, McCabe JE, Nillni YI, Pineles SL, Reddy SM, Savitz DA, Shaw JG, Patton EW. Reproductive Health of Women

supported by MCCs during pregnancy, and women Veterans are encouraged to return to VA primary care womens health after their delivery.

VA offers newborn care for up to 7 days after the birth of a child through community care. Newborn care includes, but is not limited to, inpatient care, outpatient care, medications, circumcision, immunizations, well-baby office visits, neonatal intensive care, and other appropriate post-delivery services.

Infertility and Adoption Reimbursement Services

VA provides infertility services, other than in vitro fertilization (IVF), to all enrolled Veterans. Veterans receiving care through VA are offered infertility evaluation and treatment, regardless of service connection, sexual orientation, gender identity, gender expression, or relationship or marital status. This includes diagnostic testing and many infertility treatments, with the exception of IVF.

Congress has authorized VA to furnish fertility counseling and treatment, including IVF, for married Veterans with a service-connected disability that results in infertility and their spouses. The Veteran must be legally married and meet the eligibility requirements of a service-connected condition that results in infertility. Eligible Veteran couples can receive a total of three IVF cycles and cryopreservation storage of their own gametes and embryos without time limits. Donor eggs, sperm, embryos and surrogacy are not covered benefits. Treatment with IVF is provided by specialists in the community, with care coordinated among relevant VA providers and the VA facility's Women Veterans Program Manager.

VA has implemented regulations to provide reimbursement of qualifying adoption expenses incurred by Veterans *with* a service-connected disability that results in the inability to procreate without the use of fertility treatment. Covered Veterans may request this \$2,000 reimbursement for qualifying adoption expenses incurred for adoptions finalized after September 29, 2016.

Health Equity and Maternal Health

There are substantial racial and ethnic disparities in maternal mental health. Nationally, depressive and anxiety symptoms are significantly increased during pregnancy among non-Hispanic black, Hispanic and Asian women compared to non-Hispanic white women. The VA Reproductive Mental Health Consultation Program addresses this topic as part of consultations when relevant, offering specific tips for clinicians and Veterans to address the mental health consequences of racial and ethnic disparities.

Veterans: Systematic Review of the Literature from 2008 to 2017. Semin Reprod Med. 2018 Nov;36(6):315-322. doi: 10.1055/s-0039-1678750. Epub 2019 Apr 19.

Furthermore, the rates of severe maternal morbidity and mortality are higher in the United States than in other high-income countries.⁹ Black, American Indian, and Alaska Native women are two to three times more likely to die from pregnancy related causes than White women¹⁰. While VA does not have information to suggest that the rates of maternal mortality are higher among Veteran users of VA care, the women Veteran population has characteristics that may put them at higher risk of severe maternal morbidity and mortality. A higher proportion of women Veterans are Black (31%) than in the general population¹¹.

In addition, Veterans who use VA for maternity care have higher rates of hypertension, mental health diagnoses and are older compared to their non-Veteran counterparts¹². VA is committed to understanding severe maternal morbidity and mortality among Veteran users of VA care. We are actively working with researchers to identify all cases of severe maternal morbidity and mortality among these Veterans, and to do a thorough chart review of these cases to identify areas where VA can intervene to reduce maternal morbidity and mortality and improve outcomes.

Likewise, the VA Women's Mental Health Program offers trainings on addressing racial and ethnic disparities as they apply to the clinical care of women's mental health. For example, considerations when working with women who were both a gender and racial minority (intersectional diversity) during their military service were incorporated into a recent VA/DoD women's mental health webinar series.

Women Veteran Services

Women Veterans Call Center. The Women Veterans Call Center makes outgoing calls to women Veterans to provide information about VA services and resources and responds to incoming calls from women Veterans, their families and caregivers. The goal is 32,500 successful contacts per quarter (130,000 contacts per year). The call center implemented a chat feature in May 2016. As an additional option for women Veterans to increase access was a text feature implemented in May 2019.

Care Coordination. VA is focusing on ensuring primary care providers, Patient Aligned Care Team (PACT) staffing, gynecologists, mental health providers, and care coordination personnel for women's health programs at each VAMC. Breast and cervical cancer screening programs require meticulous tracking to ensure that all eligible women receive screening, that all results are received, and all actionable results followed up with next step in care. VA policy requires that each facility have a process

⁹ Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, November 2020.

¹⁰ Ibid.

¹¹ Combellick JL, Bastian LA, Altemus M, Womack JA, Brandt CA, Smith A, Haskell SG. Severe Maternal Morbidity Among a Cohort of Post-9/11 Women Veterans. *J Womens Health (Larchmt)*. 2020 Apr;29(4):577-584. doi: 10.1089/jwh.2019.7948. Epub 2020 Jan 6.

¹² Mattocks KM, Skanderson M, Goulet JL, et al. Pregnancy and mental health among women veterans returning from Iraq and Afghanistan. *J Womens Health* 2010; 19:2159–2166.

for tracking and timely follow-up, and that breast and cervical cancer care coordination duties are assigned appropriately. VA tracks the availability of breast and cervical cancer care coordinators across the system.

New Initiatives/Outreach

Women's Health Transition Training. The Women's Health Transition Training (WHTT) course was developed by VA Women's Health Services in collaboration with Department of Defense and the Transition Assistance Program (TAP). It's available to all transitioning Servicewomen and women Veterans as an online, self-paced course that can be taken anytime, anyplace at; TAPevents.org/courses. The Women's Health Transition Training course is designed to educate Servicewomen across all military services who are transitioning out of the military on the following: (1) the range of available women's health care services such as maternity care, contraception, gynecology, cancer screenings and whole health as well as mental health care services offered by VA; (2) the process and eligibility requirements for enrollment into VA health care; and (3) guidance for how to stay connected with other women Veterans through women-specific networks, resources, and programs post-service. Success from the course pilot has been positive – 99% of pilot participants stated that the course directly influenced their decision to enroll in VA.

Women's Health Innovation and Staffing Enhancement. Because of significant ongoing gaps in women's health personnel, including primary care providers, gynecologists, mental health providers, care coordinators and others, in 2021, VA launched the Women's Health Innovation and Staffing Enhancements (WHISE) program. WHISE provided an opportunity for sites to apply for funding for women's health personnel or innovative programs to mitigate local gaps in availability of women's health personnel. Of the appropriated FY 2021 Budget, over \$40 million has already been distributed to the field across all 18 Veteran Integrated Service Networks (VISNs) in support of 418 positions and new equipment.

Increasing staff cultural competence. VA is engaged in strategies that create access for women Veterans to high quality, coordinated health care within a respectful, safe and welcoming environment. The Office of Women's Health created a series of videos designed to showcase VA's health care services and encourage women Veterans to come to VA for their care. In addition, cultural campaigns on specific topics are developed quarterly and shared with internal and external stakeholders. Most recently, in January 2021, VA created [She Wears the Boots](#) podcast for transitioning servicewomen and women Veterans

Social Media Events. VHA Women's Health participated in several outreach events in FY 2020 to encourage enrollment in VHA. VA has partnered with RallyPoint and Facebook on several occasions to host digital events for women Veterans to post questions.

Native American Women Veterans Forum. VA partnered with the Center for Women Veterans in conducting a Native American Women's forum in the Arizona region in order to heighten awareness of benefits and services offered to Native American Woman Veterans.

American Heart Association (AHA). VA annually partners with the American Heart Association (AHA) to raise awareness of heart disease in women Veterans through national and local Go Red events in the month of February. The Women's Health program office sponsors a grant opportunity for medical centers to develop an initiative that focuses on prevention. AHA named a Dorn VA Medical Center employee and Army Veteran as a 2017-2018 Real Women Spokesperson. "Real Women" spokespeople serve on the national stage and share their personal stories in the fight against heart disease. Their stories encourage women to take a proactive role in their health.

Conclusion

VA continues to make significant strides in enhancing the language, practice, and culture of the Department to be more inclusive of women Veterans. These gains would not have been possible without consistent Congressional commitment in the form of both attention and financial resources. It is critical that we continue to move forward with implementing the Veterans Health Care and Benefits Improvement Act of 2020 so that we maintain the current momentum and preserve the gains made thus far. Your continued support is essential to providing high-quality care for our Veterans and their families.