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Statement for the Record to the  
Subcommittee on Health, Committee on  
Veterans' Affairs, House of  
Representatives

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# VETERANS HEALTH CARE

## Information on Agency Efforts to Provide and Study Prosthetics for Female Veterans

Statement for the Record by Jessica Farb, Managing  
Director, Health Care

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Chairwoman Miller-Meeks, Ranking Member Brownley, and Members of the Subcommittee:

Thank you for the opportunity to submit this statement highlighting our work examining the Veterans Health Administration's (VHA) efforts to provide prosthetics to female veterans.

VHA provides veterans with prosthetic services to assist with their mobility, vision, and hearing needs. Veterans seeking prosthetics due to amputation have complex needs and are significant users of health care services. In 2008, VHA established an Amputation System of Care to provide specialized rehabilitation, prosthetic care, and other leading practices to veterans with amputations stemming from major limb loss. The Amputation System of Care is a tiered system with four levels of care into which each VHA medical facility is classified.

Women are the fastest growing veteran subpopulation, with the number of female veterans using VHA health care services increasing 29 percent from 2014 to 2019. Female veterans accounted for an estimated 10 percent of the total veteran population in fiscal year 2019. Women have unique needs when limb loss occurs. For example, one study found that 42.9 percent of women were successfully fitted with a lower limb prosthetic at discharge after amputation compared with 68.6 percent of men.<sup>1</sup> Women are also generally studied less than their male counterparts in prosthetic and amputee rehabilitation research.

My statement provides information from our November 2020 report entitled *Veterans Health Care: Agency Efforts to Provide and Study Prosthetics for Small but Growing Female Veteran Population* that examined, among other objectives, (1) characteristics of the female veteran population with limb loss and how VHA provides prosthetic services to these veterans; and (2) VHA's research efforts and the challenges that exist in studying prosthetics for female veterans with limb loss.<sup>2</sup>

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<sup>1</sup>R. Singh, J. Hunter, A. Philip, and S. Tyson, "Gender Differences in Amputation Outcome," *Disability and Rehabilitation*, vol. 30, no. 2 (July 7, 2009).

<sup>2</sup>See GAO, *Veterans Health Care: Agency Efforts to Provide and Study Prosthetics for Small but Growing Female Veteran Population*, [GAO-21-60](#) (Washington, D.C.: Nov. 12, 2020).

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For our November 2020 report, we analyzed VHA documents, as well as data from fiscal years 2015 to 2019 on prosthetics and veterans with amputations. We interviewed agency officials from VHA central office and officials and female veteran amputees at two VHA medical facilities selected for expertise in amputation care and prosthetics research activities. In addition, we interviewed VHA researchers conducting studies on prosthetics for female veterans. The report includes a full description of our scope and methodology.<sup>3</sup>

The work on which this statement is based was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## Background

VHA provides prosthetics to veterans who have experienced the loss or permanent impairment of a body part or function. Generally, for a veteran to obtain a prosthetic, a VHA provider first determines a veteran's need and prescribes a specific item. VHA also has prosthetist and orthotist staff who participate in the evaluations of prosthetic needs for veteran amputees and subsequently design, fabricate, fit, and adjust artificial limbs and custom orthotics.

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## VHA Promoted Individualized Prosthetics Care for Growing Population of Female Veterans with Limb Loss under Its Amputation System of Care

In our November 2020 report, we found that VHA provided prosthetic services to a small but growing female veteran amputee population (almost 3 percent of veteran amputees in fiscal year 2019), who were generally younger than male veteran amputees. The number and proportion of female veterans with major amputations grew from 902 (2.1 percent of all major amputations) to 1,171 (2.5 percent of all major amputations) from fiscal year 2015 to 2019.<sup>4</sup>

We also found that VHA established an individualized patient care approach in its Amputation System of Care that seeks to address the prosthetic needs of each veteran, including accounting for gender-specific

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<sup>3</sup>See [GAO-21-60](#).

<sup>4</sup>A major amputation involves a leg at or above the ankle, or an arm at or above the wrist.

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factors.<sup>5</sup> VHA officials said that using a standardized, multidisciplinary approach across VHA medical facilities also helps them incorporate the concerns and preferences of female veterans. For example, veterans are provided care by a team that includes a physician, therapist, prosthetist, and other providers as needed. Female veteran amputees we spoke with at one VHA medical facility said they were satisfied with their VHA care. However, they also noted a lack of commercially available prosthetic options that VHA providers can use to meet women's needs.

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## VHA Funded Eight Studies on Prosthetics for Female Veterans and Participant Recruitment Was an Ongoing Research Challenge

In our November 2020 report, we found that VHA designated prosthetics for female veterans a national research priority in 2017. VHA had funded eight related studies as of May 2020: four pertained to lower limb amputation, three pertained to upper limb amputation, and one pertained to wheelchairs. VHA officials noted that while the research is a priority, they face an ongoing challenge of recruiting study participants due to the small female veteran population. For example, in a study on improving prosthetic footwear options, the study goal was to recruit three female veterans with lower limb amputations in the local area. However, the VHA researcher told us there were only two female veterans locally who fit the inclusion criteria.

To address recruitment challenges, the seven VHA researchers we spoke with said they employ various tactics, such as using multi-site studies and recruiting participants from the non-veteran population. However, these tactics may add complexity, time, and resources to completing the research and meeting study aims, according to VHA researchers and other officials. For example, it can be challenging to identify the necessary principal investigators and other research staff at each site of a multi-site study, which may in turn increase the time needed for data collection and the research cost. Extra steps may be required for recruiting non-veterans, such as demonstrating that recruiting enough veterans is not possible. Further, including non-veterans can raise issues as to whether researchers can then generalize the results to the veteran population.

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<sup>5</sup>VHA's Amputation System of Care is comprised of (1) seven regional amputation centers, (2) 18 polytrauma amputation network sites, (3) more than 100 amputation specialty clinic teams, and (4) amputation points of contact responsible for consultation, assessment, and referral of veterans to a facility capable of providing the level of services required.

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Chairwoman Miller-Meeks, Ranking Member Brownley, and Members of the Subcommittee, this concludes my statement for the record.

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## GAO Contact and Staff Acknowledgments

If you or your staff members have any questions concerning this statement for the record, please contact Jessica Farb at (202) 512-7114 or [farbj@gao.gov](mailto:farbj@gao.gov). Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this statement.

GAO staff who made contributions to this testimony include Raymond Sendejas (Assistant Director), E. Jane Whipple (Analyst-in-Charge), Jacquelyn Hamilton, and Cathleen Hamann Whitmore.

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