

APPENDIX A: Analysis of Social Media Responses from Female Veterans Regarding VA Healthcare Experiences

Overview In preparation for testimony before the House Committee on Veterans' Affairs, Subcommittee on Health, 638 public comments were collected from female veterans on a social media platform in response to a video inviting them to share their VA healthcare experiences. These comments were analyzed for recurring themes to better understand systemic challenges and lived experiences within the VA system.

Total Comments Analyzed: 638

Comments Containing Relevant Content: 446 (70%)

Comments Unclassified/Other: 192 (30%)

Identified Themes and Frequency

1. Provider Issues – 231 Comments

Female veterans repeatedly cited issues with providers, including misdiagnoses, lack of trauma-informed care, dismissiveness, or gender insensitivity. Common concerns include:

- Being treated by male providers despite requests for female clinicians.
- Feeling unheard or brushed off by providers.
- Providers unfamiliar with military-specific trauma or female health needs.

2. Mental Health Access – 140 Comments

Many veterans discussed significant mental health struggles and difficulty accessing qualified care:

- Inadequate mental health screenings.
- Lack of continuity with therapists.
- Medication prescribed without exploration of trauma-informed care.

3. Women's Health – 70 Comments

Veterans highlighted a lack of comprehensive women's health services:

- Inadequate OB/GYN access.
- Dismissal of menopause or hormone-related issues.
- Lack of reproductive care education.

4. Medication Issues – 69 Comments

Numerous reports included:

- Overprescription of medications.
- Adverse effects of prescribed drugs.
- Medications offered in lieu of treatment or therapy.

5. Military Sexual Trauma (MST) – 50 Comments

Many women bravely disclosed experiences of MST and shared the shortcomings in the VA's response:

- Lack of dedicated MST care pathways.
- Male providers conducting exams despite requests for female providers due to MST.
- Retraumatization during the claims or care process.

6. Community Care Access – 50 Comments

Many reported delays and lack of guidance on the Community Care program:

- Weeks or months to receive a referral.
- Confusing or inconsistent instructions.
- Feeling like access to community care was a privilege instead of a right.

7. Delayed or Denied Care – 44 Comments

Veterans expressed frustration with lost referrals, excessive wait times, and outright denial of treatment.

8. Navigational Barriers – 35 Comments

Issues highlighted included:

- Inaccessible systems (call centers, websites).
- Inconsistent communication.
- Veterans needing to manage their own referrals and care.

9. Dismissal and Invalidation – 21 Comments

Themes of being disbelieved, dismissed, or accused of exaggerating symptoms emerged frequently.

10. Retraumatization – 2 Comments

A few women explicitly described being retraumatized by the VA system or its representatives.

Compound Struggles

- **Comments with One Theme:** 253
- **Comments with Two Themes:** 139
- **Comments with Three or More Themes:** 54

This reveals the intersectionality of issues affecting many female veterans: provider bias, administrative delays, and psychological harm often occur simultaneously.

Conclusion This analysis confirms systemic barriers to effective, timely, and trauma-informed care for female veterans. The overwhelming response highlights that these are not isolated

incidents, but a pattern of unmet needs that demand structural reform. These comments provide direct, unfiltered insight from the population most affected and underscore the urgency of reforming VA care to better serve the women who have served.

Respectfully submitted,

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