Statement of
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Department of Veterans Affairs
on the
Status of Womens Health Care Programs
before the
House Committee on Veterans' Affairs Committee
Subcommittee on Health

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Mr. Chairman and Members of the Subcommittee, I am pleased to be here today to report on the status of women veterans health care in the Department of Veterans Affairs (VA). I am accompanied by Dr. Susan Mather, Chief Public Health and Environmental Hazards Officer. I am also pleased that Dr. Irene Trowel-Harris, the Executive Secretary of the VA Advisory Committee on Women Veterans and the Director of the VA Center for Women Veterans, is here with me to provide testimony today. The Department receives significant support in its mission to serve women veterans through the advice and counsel of the Advisory Committee.

Women currently make up about 4.5 percent of the 4.3 million veterans who use the VA health care system. However, since women now make up approximately 15 percent of the active duty forces, the number of women expected to use the VA health care system will equal approximately 10 percent of total users within the next decade. VA has accepted the challenge of providing equitable access to health care services to these veterans.

While all veterans require convenient access to primary care, medical subspecialty care, mental health services, and long-term care, women also have some special needs that include access to gynecology and reproductive health services. These latter needs are in part the result of the unique demographics of the women veterans population. Over 50 percent of the women seeking care in VA are under 45, compared to only 15 percent of men. This was recognized with

the inclusion of maternity benefits and limited infertility services in the uniform benefit package available to veterans.

In FY 2001, 721 babies were born to women veterans whose care was paid for by VA. Obstetrical care, excluding care for the newborn, is provided under contract. VA facilities do not have the ability to care for newborns, and VA does not have authority to pay for the care of newborns.

Because many women veterans are so young, homeless women veterans present special challenges, since they may be solely responsible for the care of minor children. Traditional VA homeless programs cannot accommodate children, necessitating community partnerships with family and child agencies and with women's social and support networks to provide a seamless continuum of care.

We are learning much more about women veterans than we once knew. The large national survey of veterans done in 1999 included an over-sample of women, and analysis of the data from that survey shows a number of interesting things.

- It confirmed what we have seen in veterans seeking VA care, that most male veterans are older than 55, while most women are younger.
- More than twice as many women as men never married (18 percent vs. eight percent), and almost half as many women (37 percent) as men (63 percent) are currently married.
- Women veterans scored significantly lower in overall mental and physical health status than non-veteran women. (The same is true for men.) Even when stratified by age, veterans as a group (both men and women) were less healthy. This has implications for the intensity of health care resources required by veterans, including women, who may also be less likely to have a caregiver at home at the end of their lives.
- Men and women using VA facilities showed similar levels of satisfaction with the care received. We believe that this indicates that many of our efforts to meet the needs of women who have chosen to use our system have been successful.

Local leadership in women veterans health care is provided by the Women Veterans Coordinators, who have been responsible for significant advancements in delivery of services. This network of advocates for women is supplemented by a full-time Director of Women Veterans Health in VA Central Office, four Deputy Field Directors located around the country, and Lead Women Veterans Program Managers in each of the 21 networks. We are very proud that accomplishments of this group were recognized in 2000 for their significant contributions to women's health when they received the Wyeth-Ayerst Bronze HERA Award. The Veterans Health Administration also recognizes the Outstanding Women Veterans Coordinator each year, a selection that is always difficult to make, given the large number of outstanding candidates.

Outstanding clinical programs for women veterans are also included in VHA's Centers of Excellence Programs. Currently, there are six centers of excellence in Women Veterans Health, located at Alexandria, LA; Bay Pines, FL; Boston, MA; Durham, NC; Pittsburgh, PA; and San Antonio, TX.

The provision of high-quality, comprehensive services for women veterans has been promoted through legislation, particularly the Veterans Health Care Act of 1992, Public Law 102-585, which authorized VA to provide gender specific services, such as Pap smears, breast examinations, management of menopause, mammography, and general reproductive health services to women veterans. This legislation also authorized VA to provide counseling services needed to treat sexual trauma experienced by women while serving on active duty. In 1994, this authority was made gender-neutral and has now been extended through December 2004.

Last year, 1932 women veterans and 516 men received treatment as outpatients for military sexual trauma in VA facilities. There were 218 women and 86 men treated as inpatients. Treatment for military sexual trauma was provided through fee basis for 164 women and 13 men, and through contracts for 28 women and 4 men.

In 2000, 152,094 women veterans were seen as outpatients and 12,955 as inpatients. In 2001, these numbers rose to 166,108 outpatients and 13,640 inpatients. In 2001, 14,790 Pap smears were done in VA clinics and 17,209 screening mammograms. In addition, 21,268 diagnostic mammograms were done. These figures do not include procedures done through contract, fee basis, and sharing agreements.

We are continuing to improve the privacy provisions in VA facilities. As the shift in health care from the inpatient to the outpatient setting has occurred over the past several years, VA has been able to modernize its health care settings so that they provide adequate privacy for both women and men.

We continue to work to provide an appropriate clinical milieu for treatment of psychiatric inpatients where there is a disparity in numbers such as exists between women and men in VA facilities. The balance of appropriate treatment, access to community and family support, safety and privacy must be achieved. Sometimes this is best achieved by using contract care. Sometimes special provisions can make direct VA care a more viable option. The same is also true for the provision of other gender specific services such as mammography. Where the volume of cases is not adequate to assure the clinical competency of an in-house program, VA is moving toward contract or fee-basis care.

In addition to our clinical mission, VA has a significant research mission, and it is established policy that VA-sponsored research specifically address women and minority women veterans issues. In FY 2000, funding for women's health research at VA totaled $24.2 million for 305 studies, with VA as the major funding source in 61 studies for a total of $5.8 million.

We will continue to assure that women veterans have equal access to high-quality care. We have come a long way since our early efforts in VA to provide for the needs of women veterans by creating women's clinics. While these clinics did welcome an important group of veterans who had been too long ignored, in most instances they could not provide the comprehensive, holistic care that all veterans deserve. We are changing the culture in VA with clinical guidelines, performance measures, quality improvement, improved patient

safety, and veteran-relevant research to prepare for the veterans of tomorrow, which, I can assure you, will include many more women veterans.

Mr. Chairman, this concludes my statement. Dr. Mather and I would now be pleased to answer any questions that you or other members of the Subcommittee might have.