



March 25, 2013

Robert A. Petzel, M.D.  
Undersecretary for Health  
Veterans Health Administration (10P7BFP)  
Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, DC 20420  
*Submitted via [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov)*

Re: AAUW comments on the Department of Veterans Affairs' information collection on healthcare barriers encountered by women veterans; OMB Control No. 2900-NEW

Dear Dr. Petzel:

On behalf of the more than 150,000 members and supporters of the American Association of University Women (AAUW), I am pleased to share AAUW's comments on the Veterans Health Administration's proposed information collection on the healthcare barriers faced by women veterans.<sup>1</sup> AAUW strongly supports "freedom from violence and fear of violence in homes, schools, workplaces, and communities," which extends to freedom from sexual harassment and violence for women serving in the military.<sup>2</sup>

Since its founding in 1881, AAUW has been breaking through barriers for women and girls. We applauded the military's recent decision to officially open combat positions to women. The civil rights of female service members and veterans are no less than anyone else's, and must be protected by every means at our disposal. Therefore, AAUW recommends that the healthcare survey collect information on: 1) the needs of sexual assault and harassment victims; 2) the work/life balance challenges of women veterans; and 3) the inclusion of women in medical studies and research.

### **Needs of Sexual Assault and Harassment Victims**

AAUW strongly supports efforts to protect the rights of military service members and end the scourge of sexual assault and violence. We believe this issue, which statistics indicate is endemic in the military, must be addressed in a prompt, comprehensive, and sustained manner. Recent surveys of female veterans have found that close to a third were victims of rape or assault while they were serving, which is double the rate of the civilian population.<sup>3</sup> According to the Pentagon, nearly 3,000 women were sexually assaulted in 2008, yet the Pentagon also estimates that "80% to 90% of sexual assaults go unreported."<sup>4</sup> New research by the Department of Veterans Affairs has found that this problem even worse in conflict zones, with half of the women sent to Iraq or Afghanistan reporting being sexually harassed, and nearly one in four reporting sexual assault.<sup>5</sup> Clearly, this is unacceptable and must change.

AAUW agrees with the Department of Veterans Affairs, Advisory Committee on Women Veterans' report *Women Veterans – A Proud Tradition of Service*<sup>6</sup> recommendation that “rural health mobile vans and clinics have standardized protocols for providing care to rural women veterans that ensure access and availability of healthcare screenings, and treatment; are appropriately equipped and staffed with specially trained personnel to adequately address the gender-specific healthcare needs of women veterans; and have standardized protocols to address issues that require follow-up or referral.”<sup>7</sup> It is important that all female veterans be able to access the care they need, including those veterans who live in rural areas.

Additionally, AAUW strongly believes that gender-specific care capacity should be available at all VA medical facilities nation-wide. Some VA facilities do not offer obstetric or gynecological services, forcing female veterans to seek medical care elsewhere. AAUW supports the right of every woman to safe, accessible, affordable, and comprehensive family planning and reproductive health services.<sup>8</sup> This is a critical aspect of women's health and our female veterans deserve complete access to all aspects of medical care. Accordingly, we urge the committee to recommend that all female veterans be able to obtain services to address the full range of reproductive health needs.

### **Work/Life Balance**

Striking a sustainable relationship between professional and personal obligations is vital for all Americans, including veterans. AAUW's 2011-2013 Public Policy Program supports “greater availability of and access to benefits and policies that promote work-life balance,” which are critical for women when they are balancing multiple responsibilities, including serving as the primary caregiver for children.<sup>9</sup> This is why we believe the VA should provide childcare options for eligible veterans to facilitate access to quality health care services. We support the VA's 2-year pilot program to assess the feasibility of providing childcare for qualified veterans who are the primary caretaker of a child while they are receiving medical care, and we recommend that the launch of this study be made a priority. AAUW also recommends the program be expanded to provide childcare for veterans receiving other services, such as job training; we also urge the VA to consider providing eldercare services for veterans taking care of aging parents.

### **Inclusion of Women in Studies & Research**

Women frequently have different medical and psychological responses to trauma and disease, and AAUW believes it is extremely important to purposefully design the VA's research and medical studies to include women. For example, research has concluded that women tend to manifest Post Traumatic Stress Disorder (PTSD) differently than men, yet no comprehensive study of PTSD has included gender as a variable.<sup>10</sup> So although it may not appear as though a drug or treatment would not affect men and women differently, it is critical that women are included in all VA studies and research.

Women serve our country, and they serve it well. It is our duty to meet their medical needs when they leave the military.

Thank you for the opportunity to submit comments on this important issue. I look forward to working with you to advance women veterans healthcare. If you have any questions, please feel free to contact me at 202-785-7720, or Beth Scott, regulatory affairs manager, at 202-728-7617.

Sincerely,



Lisa M. Maatz  
Director, Public Policy and Government Relations

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<sup>1</sup> The Federal Register. (January 23, 2013). *Proposed Information Collection; Women Veterans Healthcare Barriers Survey Activity: Comment Request*. Retrieved March 21, 2013, from [www.gpo.gov/fdsys/pkg/FR-2013-01-23/pdf/2013-01232.pdf](http://www.gpo.gov/fdsys/pkg/FR-2013-01-23/pdf/2013-01232.pdf)

<sup>2</sup> AAUW. (June 2011). *Biennial Action Priorities*. Retrieved March 6, 2013, from [www.aauw.org/act/issue\\_advocacy/principles\\_priorities.cfm#biennial](http://www.aauw.org/act/issue_advocacy/principles_priorities.cfm#biennial)

<sup>3</sup> *Time*. (March 8, 2010). *Sexual Assaults on Female Soldiers: Don't Ask, Don't Tell*. Accessed March 6, 2013, from [www.time.com/time/magazine/article/0,9171,1968110,00.html#ixzz12va7eGYf](http://www.time.com/time/magazine/article/0,9171,1968110,00.html#ixzz12va7eGYf).

<sup>4</sup> Ibid.

<sup>5</sup> *USA Today*. (December 26, 2012). *VA Finds Sexual Assaults More Common in War Zones*. Retrieved January 8, 2013, from [www.usatoday.com/story/news/nation/2012/12/26/va-finds-sexual-assaults-more-common-in-war-zones/1793253/](http://www.usatoday.com/story/news/nation/2012/12/26/va-finds-sexual-assaults-more-common-in-war-zones/1793253/)

<sup>6</sup> Department of Veterans Affairs, Advisory Committee on Women Veterans. (September 2010). *Women Veterans – A Proud Tradition of Service*. Retrieved October 8, 2010 from [www1.va.gov/WOMENVET/docs/ACWV\\_Report\\_2010.pdf](http://www1.va.gov/WOMENVET/docs/ACWV_Report_2010.pdf).

<sup>7</sup> Ibid.

<sup>8</sup> AAUW. (June 2011). *Biennial Action Priorities*. Retrieved March 6, 2013, from [www.aauw.org/act/issue\\_advocacy/principles\\_priorities.cfm#biennial](http://www.aauw.org/act/issue_advocacy/principles_priorities.cfm#biennial)

<sup>9</sup> Ibid

<sup>10</sup> Society for Women's Health Research. (2008). *PTSD in Women Returning From Combat: Future Directions in Research and Service Delivery*. Retrieved October 15, 2010 from [www.womenshealthresearch.org/site/DocServer/PTSD in Women Returning From Combat--reduced\\_file\\_size.pdf?docID=2661](http://www.womenshealthresearch.org/site/DocServer/PTSD_in_Women_Returning_From_Combat--reduced_file_size.pdf?docID=2661).



**DEPARTMENT OF VETERANS AFFAIRS**  
Veterans Health Administration  
810 Vermont Avenue, NW  
Washington DC 20420

April 29, 2013

Ms. Lisa M. Maatz  
Director, Public Policy and Government Relations  
American Association of University Women

Dear Ms. Maatz,

Thank you for your interest in the Barriers to Care Survey proposed by the Veterans Health Administration (VHA), currently available for public comments. As you may know, this survey is the result of the Caregivers and Veterans Omnibus Health Services Act of 2010, PL 111-163, Sec. 201, which mandated a "comprehensive study of barriers to the provision of comprehensive health care by the Department of Veterans Affairs (VA) encountered by women who are Veterans." You may also know that the legislation required surveying nine specific barriers that Congress had identified: stigma associated with mental health care, effect of driving distance or availability of transportation, availability of child care, acceptability of integrated primary care, comprehension of eligibility requirements, perception of personal safety and comfort in VA facilities, gender sensitivity of providers, effectiveness of outreach, and location and hours of health care facilities. Fulfilling the requirements of the legislation left little room to address other potential barriers as we were determined to keep the survey to a manageable length to encourage participation.

We agree that sexual assault is an important issue for VA to address, and the survey devoted more than a dozen questions to mental health barriers and experience as well as including standard screening questions for military sexual trauma. In addition, VA is conducting a separate national survey of 6,200 women Veteran VA health care users specifically focused on mental health, through a partnership of the VA National Center for Posttraumatic Stress Disorder and Office of research and Development. This survey includes a detailed validated assessment of military-related sexual assault and harassment; assessment of lifetime sexual assault and interpersonal violence, and comprehensive assessment of mental health needs and access to mental health care in VHA; and use of mental health care both within and outside of VHA. VHA screens all Veterans for military sexual trauma and all treatment for physical and mental health issues related to MST are treated free of charge in VHA facilities, without the need to be service-connected for them. Every facility has an MST coordinator, knowledgeable providers, and mandatory training for primary care providers.

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Reaching rural Veterans has long been an interest in VHA, and to that end, we do have mobile health care vans and mobile mammography units. We strongly agree that all female Veterans must be able to access the care they need. Telehealth modalities are one way VA is addressing the needs of rural women. Telehealth includes telemental health for PTSD, tele-consultation for women's health primary care providers, tele-gynecology for such things as menopause, contraceptive management, and infertility screening. Tele-care coordination coordinates care for women using non-VA care for gynecology and pregnancy care. Tele-pharmacy provides medication consultation. Women's Health Services is also funding grants in these areas to enhance telehealth.

VA and Women's Health Services is committed to assuring the provision of health care for women and supports the right of every woman to quality, accessible, comprehensive family planning and reproductive health services. VA provides access to Comprehensive Women's Health (care for acute and chronic illness, preventive care and gender specific care) from trained, designated Women's Health Providers at all sites of care. Comprehensive Women's Health includes pre-conception care and contraceptive care. Advanced gynecological care is available at all medical centers, either on site, or through Fee Basis arrangements. VA also provides maternity care (usually provided off-site through Fee Basis arrangements) for eligible women Veterans and up to 7 days of newborn care.

Work/life balance questions are not within the scope of this survey, but the availability of child care is. Please note that the provision of child care is not something VA can provide by law, but a pilot project for at least three sites was authorized by PL 111-163 Section 205. Child care is currently available as pilot sites at Dallas, TX; Buffalo, NY; Northport, NY; and Puget Sound, WA. The child care pilot will conclude at the end of FY 13 and when complete, we will be submitting a report regarding the success of the pilot and recommendations to the Secretary and Congress. A decision will be made thereafter whether to request legislation that would allow VA to provide child care to the children of Veterans. Without specific legislation VA does not have the authority to spend resources for childcare. Likewise, VA does not have authority to provide eldercare to non-Veterans.

VA agrees that it is important to purposefully design its research and medical studies to include women, and women's health research has dramatically accelerated along with the increasing numbers of women being cared for by VHA. More VA funded research on the health of women Veterans has been published between 2004 and 2008 than in the previous 25 years combined. In fiscal year 2011, VA research funded 60 studies on women's health for a total investment of more than \$12 million, including a significant portfolio of research focused on examining the role of gender in mental health needs, diagnoses and care as well as the impact of military-related sexual trauma on health and health care. VA's Office of Research and Development (ORD)

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has an extensive research agenda that spans biomedical/laboratory, clinical sciences, rehabilitation and health services research.

Specifically, ORD has funded an innovative initiative, "Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE)." The goal of the women's health CREATE is to accelerate implementation of comprehensive care to women Veterans through a multi-pronged research effort aimed at examining patient, provider and organizational barriers and facilitators to implementing comprehensive care delivery for women Veterans; assessing factors associated with the delivery of comprehensive care for women Veterans, and those factors' implications for the quality and experience of care women Veterans receive in VA; and evaluating, testing and adapting alternate models of delivering comprehensive care to women Veterans. This initiative currently has five funded projects: Lost to Care: Attrition of Women Veterans New to VHA; Impacts of Comprehensive Women's Healthcare Delivery in the VA; Implementation of VA Women's Health Patient Aligned Care Teams (WH-PACTS); Controlled Trial of Tele-Support and Education for Women's Healthcare in CBOCs, and Evaluation of Quality and Coordination of Outsourced Care for Women Veterans.

We hope this response has addressed your valid concerns and we look forward to your continued support on behalf of women Veterans.



Patricia M. Hayes, PhD  
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Women's Health Services