

Written Testimony
Of
The American Congress of Obstetricians and Gynecologists
Submitted by:
Dr. Monique Spillman, MD, PhD, FACOG
Before the
Senate Veterans Affairs Committee
Regarding
Fulfilling the Promise to Women Veterans
April 21, 2015

Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Senate Veterans Affairs Committee, thank you for giving the American Congress of Obstetricians and Gynecologists (ACOG), representing more than 58,000 physicians and partners in women's health, the opportunity to submit our written testimony for your hearing on Fulfilling the Promise to Women Veterans.

I am a Fellow of ACOG, subspecializing in gynecologic oncology, and am the former Chair of ACOG's Committee on Ethics. Prior to my current position as a gynecologic oncologist with Texas Oncology, I was an Associate Professor at a large academic hospital in Colorado. While in Colorado, I received regular referrals from the VA in Denver as well as other Western Mountain States.

Military service is associated with unique risks to women's reproductive health. As increasing numbers of women are serving in the military, and a greater proportion of United States Veterans are women, it is essential that ob-gyns are aware of and well prepared to address the unique health care needs of this demographic group. At the same time, it is equally essential that women Veterans have access to quality primary and specialty care provided by ob-gyns.

Many Veterans Health Administration (VHA) sites have specialized women's health clinics and services available to provide care for women Veterans either on site or through referrals to non-VA health care providers. While I applaud the VHA's Women's Health Services efforts to expand access to and improve the quality of care available to women Veterans, there is still room for improvement.

During my eight years in Colorado receiving referrals for gynecologic oncology from VAs in several states, it was not uncommon for women Veterans to have been delayed in being referred to specialty care. The women I saw described experiences of having to ask repeatedly to be referred to a specialist, and in multiple cases, by the time I saw these patients, it was clear that their delayed access to specialty care had a negative impact on their long-term health. Additionally, women Veterans whom I had identified as ideal candidates for enrollment in clinical trials would either not be permitted to enroll by the VA, or would face significant delays, in some instances missing a key window for certain treatment.

Research regarding women Veterans has increased significantly over the past two decades. And, though limited in scope, we have learned some valuable information about this population,

particularly the greater physical and psychiatric morbidity and diminished social support of these women compared with their civilian counterparts. We need to do better by our women Veterans, and a good first step is to improve access and seamless referral to women's health providers – both general ob-gyns and subspecialists like gynecologic oncologists and urogynecologists.

One area where the VA excels is in screening for military sexual trauma. This screening is mandated by the VA for all Veterans seen by VA health care providers and involves brief questions that employ descriptive, nonjudgmental language. ACOG applauds this mandate by the VA and the efforts by the US Department of Defense and encourages the continuation of prioritization of efforts for primary prevention of military sexual trauma.

Thank you for the opportunity provide written testimony. In general, while we have identified some areas needing improvement, ACOG recognizes and appreciates the good work of the VHA in attempting to meet the complex health care needs of women Veterans. We look forward to partnering with the VHA in meeting those needs and stand ready to assist the Committee on Veterans Affairs as you continue to look into this issue.

References:

ACOG Committee Opinion 547, *Health Care for Women in the Military and Women Veterans*, December 2012.