

**Statement of Senator Richard Blumenthal, Ranking Member**  
**Senate Committee on Veterans' Affairs**  
**Hearing on Fulfilling the Promise to Women Veterans**  
**April 21, 2015**

Women veterans are one of the fastest growing segments of the overall veteran population and by 2020, they are expected to grow to 11 percent of the total veteran population. Despite their prominent role in the wars being fought overseas, fewer than 30 percent of women veterans self-identify as veterans in their community and they are often unaware of the benefits and services that are available to them.

For too long, VA has been thought of as somewhat of an old-boys club, and changing that culture requires making important infrastructure and staffing changes as well as shifting a long-entrenched culture that has perceived veterans to be male.

I do want to recognize the fact VA has made some progress towards addressing the under-recognition of women veterans and the lack of gender-specific services for women veterans, but VA is still far from where it needs to be. In 1994, VA established the Center for Women Veterans, to coordinate VA programs across the federal government and also to work with public and private partners to raise awareness of the services and benefits available to women veterans. VA has also worked to ensure there is a designated women's health provider at every VA Medical Center and at the vast majority of all Community-Based Outpatient Clinics. I look forward to hearing Dr. Hayes's testimony about other efforts to improve access to health care for women veterans.

Part of improving that access is ensuring VA has an adequate number of trained medical professionals, but another equally important component of that access is ensuring that women feel comfortable utilizing the services that are available to them. I have visited the West Haven VA many times, and while I applaud their efforts to establish a women's clinic on-site, putting that clinic in the basement doesn't exactly create an environment in which women are likely to feel that they are welcome.

There are obviously physical restrictions on the actual footprint of the building that require constructing more space to move the women's clinic elsewhere, and I am told that change will be completed later this year. However, the reality is we have to find a way to make sure that while we are improving services available to all veterans, that we are specifically ensuring we take into account the needs of women veterans in addition to male veterans.

In advance of this hearing, my staff to reached out to some of the veterans networks in Connecticut to hear directly from constituents about their experiences accessing benefits and health services from VA. The experiences that constituents shared are invaluable in understanding the scope of reforms needed to truly ensure that VA is serving women veterans as well as they need to be. The veterans in Connecticut reached out to others across the country including female alumni from West Point and Annapolis. Excerpts from the stories they shared on their experiences utilizing VA services follow:

- When I was transitioning out of the Navy knowing that I needed some mental health help I was lost and didn't know what to do. I did what you are supposed to do when you are getting out. I registered for school, before I left on my last deployment I went to Navy TAP (transition assistance program), which was great but not useful. I did not know about the VA nor did anyone from the VA come and speak with us. Granted this was in 2005 and things were a bit different. I would have used the VA if I knew, but I didn't know and my family didn't know. I was somewhat fortunate and I lived with my now husband when he worked for a major insurance company who allowed for co-habitation partners to be covered under his insurance. When he had to change jobs we lost my coverage. That was in October of 2005. I was a student and not working. I got one last check up and finished up the 6 month supply of birth control the Navy had given me prior to my discharged and then prayed that I didn't get sick or pregnant. I went to Planned Parenthood when I got a UTI and they helped. I never would have gone to the VA. I would have never thought about going there. I spent 2 years being harassed and other things by "salty dogs" read—old Navy guys. That was not happening.
- Even though the women's clinic in West Haven is the farthest possible location from the entrance and located in the basement, it was nice to have all of my care go to one central location and have a dedicated team...[At a VA hospital in New Jersey] I had to get an x-ray one time. Because I am a woman in her child bearing years, I am required to take a pregnancy test before getting the x-ray. The hospital had no idea how to do this. It became a several minute conversation about whether to send me to the lab or to just hand me a pregnancy test or some other option. There was no standard for how to get a pre-x-ray pregnancy test. I don't even remember what the final decision was but I do remember thinking it was really odd that they didn't know how to handle something so simple that is specific to women.

Until some of the areas got to know me, almost every time I checked into an appointment, I was asked if I was the sponsor or an employee. I thought this was a standard question that was asked of everyone; I started listening to how the VA employees interacted with other patients. As it turns out, that was NOT a standard question. I had another female veteran friend who used the facility often and had a similar experience. It was almost as if they had never had a female veteran patient before and assumed that I am either there with my father or a VA employee. One nurse even commented one time that they "don't get a lot of young females in here."

- I have extremely bad hirsutism due to hormonal issues. I had one doctor who didn't believe that I grew a beard. I mentioned my daily process to keep my face [clear]. The doctor still didn't believe me and asked me to grow my facial hair for two weeks and then come back in so she could see if "it is as bad as [I] claim." I asked if I could just come in first thing in the morning and she could observe one day's growth. When she said no, I got a little anxious and teary eyed thinking about walking around town & graduate school with a full beard for two weeks (which would have been the case). How did she react to my reaction? She said, "Oh come on. There are worse things in the world." That is true; there are worse things in life but at that moment, I was reacting to a prospective situation

which was highly uncomfortable for me. Ultimately, I ignored her request and came in with only one-day's growth and she saw that I was, in fact, not making up my hirsutism. I went to the VA's emergency clinic one time with a condition related to my hormonal imbalance. The Doctor admitted to never having dealt with women and being visibly nervous and uncomfortable with the situation. Not his fault, but I felt the need to try to calm his nerves. It was overall awkward.

- I left active duty in 1992 and was never told about possible VA benefits. When I was mobilized and subsequently demobilized, we were rushed through the process. . .

My care has been pretty good overall. 2 exceptions:

1) Women's health has an older male doctor. He isn't bad -but it would be better if all the OB/GYNs were female. I had a less than pleasant experience with him, but couldn't wait to get on the female doctor's schedule (2 or 3 month wait to see her).

2) Mental Health - I had been seeing a counselor/doctor for sleep issues - stemming from my deployment and major depression. Sleep doctor was wonderful and I felt cared for. The Mental Health counselors are nice people, but - I don't feel like CBT (Cognitive Based Treatment) is the best for an issue that occurred at 18 and I am still dealing with. I have asked for help in putting it aside, but the counseling is focused on how you interpret today, not exorcising demons... Also, I feel like as soon as I agreed to go on an antidepressant, my counseling was halted - I was considered finished... The Rx helps, but the underlying issue is still there. The Psychiatrist who monitors my Rx is awesome and helpful - but she can't take on patients for counseling... I would like to see more small groups for women only. I was put into a group initially before I could get into the counseling and it consisted of 2 addicts and a gentleman and I. I never really talked because I couldn't relate to their issues.

- I want to share that I have had, thus far, nothing but good experiences with the VA. I have many military-related issues--to include a sexual assault--but my Compensation and Disability assessment was extraordinarily thorough and swift.

I will acknowledge that I approached my retirement physical and the VA evaluation with great care in documenting my health status. It took me several months to collect all the necessary records and documentation for my various ailments and injuries, since the period of service was over 30 years, military medical records were incomplete, and some of my "worse" conditions (such as cancer) had been diagnosed and treated at civilian medical care facilities, with little shared documentation between the referring military physicians and the civilian ones. In some cases, there was simply no documentation at all--such as my sexual assault--because I had not reported to a medical facility at the time (and my "command" did not suggest it to me when I reported it to them).

However, I carefully laid out a chronology of concerns (and also grouped the concerns in terms of "function") and carefully showed where there was documentation (by tabbing my medical records appropriately) and indicated where documentation was missing. I asked for and received a "pre-filing" face-to-face appointment with a VA representative and got some tips on requesting the documentation from the non-military treatment

facilities (due to privacy laws, the patient has to ask for the documentation). By the time I was ready to file, my packet (which was several inches thick) was ready as a "Fully Developed Claim."

My first appointments were scheduled within 60 days of my filing. My disability determination was awarded within 90 days of my appointments.

Perhaps most importantly, when I went through the evaluation, I was asked very pertinent questions about my obstetric/gynecological health--as well as my emotional health. This was both "in general" as well as specific to my sexual assault experience. Some of the questions related directly to my own health history, but some were more generic. I certainly felt as if I had the opportunity to address ANY female-specific issue--or issue relating to sexual harassment/assault/marginalization--with any of the doctors or staff that I met at this VA.

In fact, the only time I have been disconcerted with my Lebanon VA is when I got letters addressed to me as "Sir." They also had me as "male" for my first appointment, but made the change to their database on site and I have not had a "sir" since then.

Now, I already pointed out that I did A LOT of work on my own behalf to make my medical records as complete as possible beforehand. I will also point out that I have been comfortable as my own advocate for many years, so nothing about the VA process was difficult for me. Thirdly, I made myself as accommodating as I could to the process. Therefore, my experience may not be the experience of others.

- A little history about myself, I am a West Point graduate, and experienced several issues while at West Point and in the Army. I was sexually assaulted and never reported it because of the stigma at the time, I suffered numerous head traumas while serving, and a severe concussion from a biking accident while I was in graduate school after leaving the Army.

I used the services of Vocational Rehab when I left the Army, they were very helpful, kind, and advised me about education options, and after graduation assisted my job search. They provided me a whole new direction and new start for a career when I was unable to continue in the job for which I was trained and could no longer perform due to medical issues. I have nothing but high praise for them.

My VA hospital system experiences have been a mixed bag. They have been changing over the years as I have aged and learned more about the system and how to deal with everything. When I visit the VA hospital in West Haven, in order to get to the women's clinic, I have to go through what can only be described as somewhat of a gauntlet of vets who are either there waiting for an appointment or prescription, or just there to socialize. If I look them in the eye this seems to give them permission to hit on me or make some kind of harassing comment. Given my traumas this is extremely stressful and I avoid eye contact when I am even able to get myself to go to the hospital. When I am able to get an

appointment and deal with going there, the staff is wonderful, and my psychologist is very kind and helpful with my PTSD and anxiety with new doctors.

Other issues were raised by the veterans who responded to our outreach, but I wanted to highlight these particular stories because they are especially informative regarding the problems faced by women veterans. I hope their stories will help VA see exactly where the gaps in service are. They will certainly help me to exercise appropriate oversight of VA and push for reforms to address issues faced by women veterans. It should not be the case that veterans who have fought so valiantly for our country have to fight just to reaffirm their status as veterans and to get basic access to health care services.

Additionally, VA needs to ensure that gender-specific health care for women covers more than reproductive and gynecological care. It means offering treatments across all specialties that is appropriate for that individual, taking into account factors like gender. As a part of gender-specific services, we need to ensure that specialty care, such as mental health care for PTS and TBI reflects the different care needs of women veterans.

Finally, the unemployment rate is currently higher for women veterans than for male veterans and civilian women. Unemployment is strongly associated with adverse health and is highly correlated with homelessness. We need to determine whether the transition and employment services that are offered through the joint VA, DOD and DOL Veterans Employment Center are appropriately reaching women veterans in order to help them establish and meet career goals. In some cases, this might mean that child care is provided at locations where veterans must go to obtain job training and benefits. It might also mean that employees at the Veterans Employment Center have training in how to best prepare women veterans to enter the job market.

There are a number of specific steps that VA must take to address the needs of women veterans. DAV has been particularly active on bringing outstanding issues to the attention of VA and of this Committee, and I thank them for their strong advocacy and service to this country. Ultimately, VA must ensure that it is bridging the existing cultural gap and fully including women veterans in the general veteran population the Department serves in order to ensure that women veterans and their children do not end up homeless.

There are still too many homeless veterans period. However, we must address all of the services whether offered by VA alone or in partnership with other federal agencies or private partners to ensure that women veterans truly have access to the services they may need.

I look forward to the testimony today and to hear from VA about what they plan to do to ensure that the women separating from service feel comfortable proudly identifying as veterans and can safely use the benefits and services that they have earned. I especially look forward to hearing from the women veterans on the second panel about their individual experiences so that we can learn what will most make a difference to them and others who have served. Thank you in advance for your testimony today and for your service to this country.