<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972</td>
<td>Public Law 92-540 clarifies that the term “wife” includes the husband of any female Veteran, and the term “widow” includes the widower of any female Veteran.</td>
</tr>
<tr>
<td>1980</td>
<td>Women comprise less than 2% of the Veteran population; 1980 Census finds 1.2 million women served in the Armed Forces.</td>
</tr>
<tr>
<td>1982</td>
<td>GAO report reveals lack of access to psychiatric care because facilities cannot accommodate women. Also, women Veterans received little to no gynecological care.</td>
</tr>
</tbody>
</table>
1985
- First VA-commissioned survey of women Veterans reveals that 57% of women did not know they were eligible for VA services or benefits.

1992
- 60% of VA medical facilities have women clinics offering gynecologic care as well as preventive health and counseling services.
- All domiciliaries are able to admit women.

1997
- Outpatient and inpatient visits among women Veterans increased more than 50% from 1994 to 1997 and the number of women receiving gender-specific services increased more than 40%.
• Congress authorizes special monthly compensation for women Veterans with a service-connected mastectomy and provides benefits for children with birth defects born to Vietnam Veteran women.

• VHA reports that VA performs better than private sector on gender-specific measures of breast and cervical cancer screening.

• National Survey of Women Veterans indicates outreach efforts have enhanced understanding. About 30% of women surveyed did not think they were eligible for VA benefits, almost half the percentage who thought they were ineligible in 1985.
2009-2010 • GAO reports find that basic gender-specific services, including pelvic exams, were available at nearly all facilities visited and that the majority of facilities also offered access to one or more female providers.

2010 • Advisory Committee recommends that VA provide childcare options for eligible women Veterans in order to facilitate access to quality health care services. Implemented at 3 VAMCs: Buffalo, NY; Northport, NY & Puget Sound, WA.

2011 • Veterans Health Administration establishes a National Call Center for Women Veterans.
Projected Female Veterans Population

10.7%  
2 million

8.1%  
1.8 million
More than 8% or 1.8 million
2009 average age was 48 years
Using VA healthcare in 2000 nearly 160,000
2011 more than 337,000
11.6% of OEF/OIF/OND Veterans

15% of today’s active duty military

18% of guard and reserve forces

56.2% have received VA health care

89.4% have used VA health care more than once
77.3% are age 40 or below
50% are 30 or younger
1 in 5 diagnosed with PTSD
EDUCATION BENEFITS
WOMEN VETERANS

- 35.2% used VA education benefits
- 50.6% OEF/OIF/OND report using benefits
1. PTSD
2. Hypertension
3. Depression

- 22% diagnosed with mental health problems
- 31% have both medical and mental health conditions
- 27% Vietnam Veterans suffer from PTSD
2009 55% had Service Connected disabilities
30% less likely to enroll in VHA than men
44% is age 45 to 64
14% is age 65 or older
Health evaluation
Counseling
Disease prevention
Nutrition counseling
Weight control
Smoking cessation
Substance abuse counseling and treatment
VA Health Care for Women Veterans

- Cervical cancer screens (Pap smears)
- Breast cancer screens (mammograms)
- Birth control
- Preconception counseling
- Human Papillomavirus (HPV) vaccine
- Menopausal support (hormone replacement therapy)
Evaluation and assistance
- Depression
- Mood
- Anxiety disorders

Intimate partner and domestic violence

Sexual trauma
<table>
<thead>
<tr>
<th>Specialty Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder abuse or neglect</td>
</tr>
<tr>
<td>Parenting and anger management</td>
</tr>
<tr>
<td>Marital, caregiver, or family-related stress</td>
</tr>
<tr>
<td>Post-deployment adjustment or (PTSD)</td>
</tr>
</tbody>
</table>
VA HEALTH CARE FOR WOMEN VETERANS

- Heart disease
- Diabetes
- Cancer
- Glandular disorders
- Osteoporosis
- Fibromyalgia
- Sexually transmitted diseases such as HIV/AIDS and hepatitis
## VA Health Care for Women Veterans

<table>
<thead>
<tr>
<th>Specialty Care</th>
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</thead>
<tbody>
<tr>
<td>Reproductive health care</td>
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<tr>
<td>Maternity care</td>
</tr>
<tr>
<td>Infertility evaluation and limited treatment</td>
</tr>
<tr>
<td>Sexual problems</td>
</tr>
<tr>
<td>Tubal ligation</td>
</tr>
<tr>
<td>Urinary incontinence</td>
</tr>
</tbody>
</table>
VA HEALTH CARE FOR WOMEN VETERANS

- Homebound
- Long-term care
- Referrals for rehabilitation
  - Physical therapy
  - Occupational therapy
  - Speech-language therapy
  - Exercise therapy
  - Recreational therapy
  - Vocational therapy
Overall number of homeless Veterans is declining

Number of homeless women Veterans is increasing

Women Veterans are the fastest growing segment of the homeless
Women Veterans Homelessness

- More than twice as likely to be homeless when compared to female non-Veterans in the US
- Those living in poverty are more than three times more likely to be homeless than female non-Veterans in poverty
- Younger Veterans (18-29) are at higher risk for homelessness, with young
- Female black Veterans at the greatest risk
LEGISLATION RELATED TO WOMEN VETERANS

  - Authorized special monthly compensation for women Veterans with a service connected mastectomy
  - Authorized benefits to children born of mothers who served in Vietnam and who have certain types of birth defects
LEGISLATION RELATED TO WOMEN VETERANS


- Authorized special monthly compensation for women Veterans who lost 25% or more of tissues from a single breast or both breasts in combination (including loss by mastectomy or partial mastectomy) or has received radiation of breast tissues
P.L. 108-422, “Veterans Health Improvement Act of 2004”

Extended VA’s authority permanently to extend Military Sexual Trauma counseling and treatment to active duty service members or active duty for training.
Women and men can experience sexual harassment or sexual assault during military service.

2011 rates of MST:
- 23% for females
- 1.2% for males
- 19.4% of OEF/OIF/OND females
Federal law (Title 38 U.S. Code 1720D) says it is “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training.”
**MILITARY SEXUAL TRAUMA (MST)**

- An experience, not a diagnosis or a mental health condition
- A variety of reactions
- Difficulties will vary
  - Was there a prior history of trauma?
  - What was the responses from others?
  - Did it happen once or repeatedly?
**MILITARY SEXUAL TRAUMA (MST)**

- Disturbing memories or nightmares
- Difficulty feeling safe
- Feelings of depression or numbness
- Problems with alcohol or other drugs
- Feeling isolated from other people
- Problems with anger or irritability
- Problems with sleep
- Physical health problems
PTSD is the most common diagnosis
Not the only diagnosis
Other most frequent diagnoses:
  - Depression
  - Mood disorders
  - Substance use disorders
Treatment for conditions related to MST are free and confidential

Vet does not:
- Need a VA service-connected disability rating
- Have to have reported the incident when it happened
- Have to have other documentation that it occurred.

Every facility has an MST Coordinator
VA’s general services are good resources for:
- PTSD
- Depression
- Anxiety
- Substance

Outpatient mental health services focus specifically on sexual trauma
**MILITARY SEXUAL TRAUMA (MST)**

- Residential or inpatient setting
- Some facilities have separate programs for men and women
- Vet Centers also have specially trained sexual trauma counselors