From: <u>Public Relations Division</u>

Subject: American Legion issues report on VA health care for women veterans

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American Legion issues report on VA health care for women veterans

Findings show that many former women servicemembers do not identify themselves as veterans

WASHINGTON (Sept. 17, 2013) -- The American Legion has issued its report on the quality of health care for women veterans at 15 Department of Veterans Affairs (VA) medical centers across the country.

Key findings of the Legion's report include the fact that many former women servicemembers do not identify themselves as veterans, many VA medical centers lack long-term health care plans for women veterans, and VA facilities often have no inpatient or residential mental health programs for women veterans.

"We found one case in which a woman veteran in Colorado had to fly to Coatesville, Pa., just to receive her mental-health care," said Verna Jones, director of the Legion's Veterans Affairs & Rehabilitation (VA & R) Division. "Many women who have served in uniform may suffer from post-traumatic stress disorder, military sexual trauma or depression. VA will be treating many more women veterans in the future, and it needs to make access to mental-health services for women one of its top priorities."

The "2013 Task Force Report on Women Veterans Health Care," released to the public on Sept. 17, is based on site visits by the Legion's System Worth Saving (SWS) Task Force to VA facilities in Buffalo, N.Y.; Augusta, Maine; Fargo, N.D.; Chicago; Tampa, Fla., Erie and Coatesville, Pa.; Dublin, Ga.; Salem, Va.; Las Vegas; Tuscaloosa, Ala.; San Antonio; Texas; Madison, Wis.; Spokane, Wash.; and St. Cloud, Minn.

During these visits, SWS task force members and American Legion field service representatives interviewed each facility's leadership and staff on the delivery of health care for women veterans.

The report's objectives were to understand what perceptions and barriers prevent women veterans from enrolling in VA health care, determine what challenges women veterans face with their health care, and provide recommendations that VA can take to improve access to health care for women veterans.

Challenges and recommendations from the Legion's report include:

1. Women veterans do not identify themselves as veterans and/or do not know what benefits they are eligible to receive.

Recommendation: VA should develop a customized women veterans health benefits track to assist in making them aware of benefits available to them.

2. VA medical centers evaluated in the report do not have baseline, one-, two- and five-year plans to close the gap between the catchment area, enrollment numbers and actual users among women veterans.

Recommendation: VA should consider implementing baseline facility enrollment and unique women veterans seen as percentage goals in relation to the facility's catchment area.

3. Women veterans do not receive their mammogram results in a timely manner

Recommendation: While the law requires that non-malignant and/or non-suggestive mammograms be reported in 30 days (three to five days for malignant and/or highly suggestive mammograms), The American Legion views this as a minimum standard. VA should provide the necessary funding and resources to expedite the implementation of the mammography package. This package should allow women veterans the option of self-referrals, and allow VA staff the ability to schedule, track and review mammogram results.

4. Many VA facilities do not offer inpatient/residential mental-health programs for women veterans.

Recommendation: Since women make up about 15 percent of active-duty servicemembers, as DoD begins it draw-down and women veterans begin to leave military service, VA should continue to expand the number of mental-health inpatient/residential treatment programs made available for women veterans, and ensure these programs are offered in each Veterans Integrated Service Network (VISN).

5. VA's legislative authority for the child-care pilot program is due to expire Oct. 2, 2013.

Recommendation: VA should work with Congress to make the child-care legislation a permanent authority.

Dr. Robert Petzel, VA's under secretary for health, and senior staff of the Veterans Health Administration were briefed on the report Sept. 17 by staff members from the Legion's VA & R Division. "Dr. Petzel agreed to evaluate further several of the report's recommendations," said Jacob Gadd, the division's deputy director for health. "He has requested a separate briefing to evaluate our recommendation of providing mental-health inpatient programs for women veterans at all 21 of VA's Veteran Integrated Service Networks."

Gadd said that Petzel thanked The American Legion and the SWS program for its candid feedback and evaluation of VA's health services for women veterans.

The American Legion's SWS program, created in 2003, is the organization's primary health-care evaluation tool for assessing the quality and timeliness of VA health care. On Sept. 11, the SWS Task Force delivered copies of the report to members of Congress, VA officials, American Legion leadership and its members.

<u>Click here</u> for a copy of the report. For more information on the SWS program, contact Jacob Gadd, the Legion's deputy director for health care at <u>igadd@legion.org</u> or (202) 861-2700.

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