
CARING FOR ALL WHO HAVE BORNE THE BATTLE: THE VA'S GAP IN CARE FOR ELDERLY FEMALE VETERANS

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The Department of Veterans Affairs (VA) provides healthcare for those who have served in the United States military. But, for many female veterans, the VA healthcare system is male-centric and does not reach or assess the needs of the many women who have served their country. Even 200 years after women started serving in the military, they are struggling to receive basic and fundamental healthcare.

This Article provides an in-depth analysis of the healthcare issues that older female veterans face. Older female veterans have specialized medical needs that the current system has not met. These veterans face unique challenges to obtaining adequate VA healthcare from failing to even identify as veterans due to "non-combat roles" to the male-centric culture which makes women feel as though they are walking through the gauntlet when trying to receive care.

The later part of the Article examines the current state and future potential of VA healthcare for older female veterans. The VA claims it has made improvements in their system, and this Article examines whether those improvements are adequate. Also

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pending legislation is examined that is aimed at addressing the VA's shortcomings when providing health care services to older female veterans.

The number of female veterans continues to grow. Congress and the VA must reevaluate the needs of older female veterans. This Article calls for a switch in the focus of VA healthcare from "him" to "them."

I. Introduction: Women in the Military

"To care for him who shall have borne the battle and for his widow, and his orphan." This is the motto of the Department of Veterans Affairs ("VA").¹ To care for *him*, and for *his* widow, and *his* orphan—these are the words that flank the entrance to the VA's headquarters in Washington, D.C., and the words that serve as the VA's motto.² But what about *her*? What about caring for *her* who shall have borne the battle and for *her* widow, and *her* orphan?

Although the military and its veterans were overwhelmingly male in 1959 when this motto was adopted, neither was *exclusively* male. In fact, the military has not been exclusively male since before the Revolutionary War when women first began serving in countless capacities.³ During the Revolutionary War, women served in various non-combat roles as nurses, water bearers, cooks, laundresses, and even saboteurs.⁴ Women have also served in combat roles—albeit, incognito. In 1782, Deborah Samson Garnet became one of the first female combat soldiers in the military after she disguised herself as a man and enlisted under her deceased brother's name, ultimately serving for seventeen months in the Continental Army.⁵ In 1846, Elizabeth C. Newcome also disguised herself as a male and joined the military, serving in battle for ten months before it was discovered that she was a female.⁶ This trend continued well into the American Civil War when several other women similarly disguised themselves as men to enlist in the military and fight

1. *The Origin of the VA Motto: Lincoln's Second Inaugural Address*, U.S. DEPT OF VETERANS AFF., <https://www.va.gov/opa/publications/celebrate/vamoto.pdf> (last visited Feb. 5, 2018) [hereinafter *VA Motto*].

2. *Id.*

3. Jennie Wood, *A History of Women in the U.S. Military*, INFOPLEASE, <https://www.infoplease.com/us/military-affairs/history-women-us-military> (last visited Feb. 5, 2018) [hereinafter *Wood*].

4. Kathy Johnson, *Women in Combat: History and Future* THE MIL. L. TASK FORCE OF THE NAT'L LAW. GUILD (Feb. 28, 2013), <http://nlgmtf.org/military-law/2013/women-in-combat-history-and-future/>.

5. Wood, *supra* note 3.

6. *Id.*

for the Union.⁷ Women also continued to serve in various other non-combat roles during the Civil War, including as administrators of hospitals, cooks in battlefield hospitals, and as spies.⁸ It was also during the Civil War that the first and only woman, Mary Walker, was awarded the Medal of Honor, the highest military decoration, for her courageous acts on the battlefield as an assistant surgeon who was captured and imprisoned by the Confederate Army.⁹ To this day, almost a century later, no other woman has been awarded the Medal of Honor.¹⁰

In 1901, Congress passed a law that “formally carved out a role for [women] as nurses”—over 100 years after the first women served in the military.¹¹ Women were then subsequently allowed to join the military, and over 30,000 women enlisted during World War I, while more than 400,000 served in World War II.¹² Three years *after* the end of World War II, in which 423 women died and 88 were captured and held as prisoners of war, women were formally granted entitlement to veterans benefits through the Women’s Armed Services Integration Act, which also granted women permanent status in the military.¹³

Since the military’s formal recognition of women in the armed forces in 1948, hundreds of thousands have served in the Korean, Vietnam, and Persian Gulf Wars, and in Operation Enduring Freedom/Operation Iraqi Freedom.¹⁴ Women have flown combat missions and served on combat ships;¹⁵ women have commanded warships in the Navy and fighter squadrons in the Air Force; women have fought on

7. *Id.*

8. *Time Line: Women in the U.S. Military*, THE COLONIAL WILLIAMSBURG FOUND., http://www.history.org/history/teaching/enewsletter/volume7/images/nov/women_military_timeline.pdf (last visited Feb. 5, 2018) [hereinafter *Time Line*].

9. *Mary Walker Biography*, BIOGRAPHY.COM (July 31, 2014), <http://www.biography.com/people/mary-walker-9522110>.

10. *Id.*

11. Tara Bannow, *Female veterans face barriers to health care*, THE BULLETIN (Nov. 14, 2016), <http://www.bendbulletin.com/health/4621513-151/female-veterans-face-barriers-to-health-care>.

12. *Time Line*, *supra* note 8.

13. *Id.*

14. *Id.*; NAT’L CTR. FOR VETERANS ANALYSIS AND STAT. ET AL., AMERICA’S WOMEN VETERANS: MILITARY SERVICE HISTORY AND VA BENEFIT UTILIZATION STATISTICS, DEP’T OF VETERANS AFF. (2011), https://www.va.gov/VETDATA/docs/SpecialReports/Final_Womens_Report_3_2_12_v_7.pdf.

15. *Time Line*, *supra* note 8.

the front lines and have been prisoners of war.¹⁶ In doing so, women have suffered injuries and made the ultimate sacrifice defending their country. Yet today, female veterans are still forced to fight long after they have left active duty for access to mammograms, cancer screenings, and gynecological care.

Erlinda Goodman, a retired Marine Sargent. who served in the Marines for ten years, lives in Clinton, Missouri.¹⁷ The closest VA hospital to Sgt. Goodman's home is in Kansas City, Missouri, which is two-hours away by car.¹⁸ While Sgt. Goodman has to make the trip to Kansas City multiple times a month for various doctor appointments, she also has to make an additional trip to either Sedalia, Missouri, two hours away; Warsaw, Missouri, an hour and a half away; or Overland Park, Kansas, three hours away.¹⁹ Why? Because like many older female veterans, Sgt. Goodman is required to get routine mammograms, in addition to routine appointments, and her nearest VA hospital does not have a mammogram machine.²⁰

Army Sgt. Ashley Morris faces a similar situation.²¹ Sgt. Morris worked as an operating room technician at a military hospital in Baghdad's Green Zone—a hospital that treated soldiers hit by suicide bombs or wounded in firefights.²² Sgt. Morris' mother's medical history prompted a physician at her local community-based VA clinic to recommend that she get a mammogram.²³ But Sgt. Morris never received a mammogram because the closest facility to her home equipped with mammography services was sixty-five miles away.²⁴ Without reimbursement for gas mileage to travel to these screenings, Sgt. Morris's

16. See *id.*; Gretel C. Kovach, *Chronology: Women's long history in the military*, SAN DIEGO UNION-TRIB. (Feb. 14, 2015), <http://www.sandiegouniontribune.com/military/sdut-women-military-service-combat-armed-forces-2015feb14-story.html>.

17. Nicole Diantonio, *Investigation Reveals Female Veterans Can't Get Mammograms at Local VA Hospitals*, FOX 4 KANSAS CITY WDAF-TV (Apr. 28, 2017), <http://fox4kc.com/2017/04/27/fox-4-investigation-reveals-female-veterans-cant-get-mammograms-at-local-va-hospitals/> [hereinafter Diantonio].

18. *Id.*

19. *Id.*

20. *Id.*

21. Assoc. Press, *VA Falls Short on Commitment to Female Vets' Health Care, Despite \$1.3 Billion Investment*, NY DAILY NEWS (June 22, 2014), <http://www.nydailynews.com/news/national/report-va-falls-short-commitment-female-vets-health-care-article-1.1839590> [hereinafter *VA Falls Short*].

22. *Id.*

23. *Id.*

24. *Id.*

financial circumstances prevented her from making the trip and receiving necessary preventative care.²⁵

The challenges that Sgt. Goodman and Sgt. Morris face are not uncommon. Indeed, their situations are similar to those encountered by a majority of older female veterans, and the prognosis for improvement in the coming years is bleak. As explained in the following Article, the veteran population is rapidly changing, with the female veteran population continuing to grow exponentially. With this growth comes an ever-increasing need for healthcare for female veterans. Unfortunately, the VA has struggled to provide adequate healthcare to older female veterans and stands woefully unprepared to meet the future needs of the largest growing segment of the veteran population. The following Article provides an in-depth examination of the healthcare issues faced by older female veterans, focusing primarily on the current and projected veteran population; the specialized healthcare needs of older female veterans; and the challenges faced by older female veterans in obtaining adequate VA healthcare. This Article concludes with an examination of the current and future state of VA healthcare for older female veterans, including an analysis of the adequacy of the VA's purported "improvements" in the system and a review of pending legislation aimed at addressing the VA's shortcomings in the provision of healthcare services for female veterans.

II. Inverse Trajectories: Female Veteran Population Grows As Total Veteran Population Declines

The total number of veterans is steadily declining. In 2001, the total number of veterans was approximately 25.2 million.²⁶ In 2013, the total number of veterans declined to approximately 22.3 million.²⁷ Consistent with this downward trend, the total number of male veterans is similarly declining. In 2001, there were approximately 23.7 million male

25. *Id.*

26. U.S. DEP'T OF VETERANS AFF., 2001 NATIONAL SURVEY OF VETERANS (NSV) FINAL REPORT, <https://www.census.gov/housing/userdata/public%20nsv/final%20report.pdf> (last visited Feb 25, 2017) [hereinafter 2001 NSV].

27. *The Nation Population Table: Age Gender (FY2014)*, VETERAN POPULATION-NAT'L CTR. FOR VETERANS ANALYSIS AND STAT., https://www.va.gov/vetdata/Veteran_Population.asp (last visited Feb. 5, 2018) [hereinafter *Age Gender*].

veterans.²⁸ By 2013, the number of male veterans had declined to approximately 20.3 million.²⁹ With this downward trajectory expected to continue for the foreseeable future, the total number of veterans is expected to fall to approximately 14.5 million, and the total number of male veterans is expected to fall to approximately 12.1 million by 2043.³⁰

Conversely, the number of female veterans is steadily increasing. In 2001, the total number of female veterans was approximately 1.5 million.³¹ In 2013, the total number of female veterans was approximately 2.0 million.³² By 2043, the total number of female veterans is expected to reach 2.4 million.³³ Regarding the growing number of female veterans, of particular importance is the growing number of female veterans over the age of forty-five. In 2001, 44.4% of the female veteran population was over the age of forty-five.³⁴ In 2013, 59.8% of the female veteran population was over the age of forty-five.³⁵ By 2043, the number of female veterans over the age of forty-five is expected to reach 74%.³⁶

Even more staggering is the rate at which the number of female veterans over the age of sixty is increasing. By 2043, women over the age of sixty will comprise 49% of the female veteran population—in 2013 the percentage of female veterans over the age of sixty was 23.9%.³⁷ As such, by 2043, the number of female veterans over the age of sixty is expected to increase by more than double. And, consistent with the ever-increasing number of female veterans, is an ever-increasing demand for women's healthcare among female veterans.

28. 2001 NSV, *supra* note 26.

29. *Age Gender*, *supra* note 27.

30. *Id.*

31. 2001 NSV, *supra* note 26.

32. PROFILE OF VETERANS: 2014, U.S. DEPT. OF VETERANS AFF. (Mar. 2016), https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2014.pdf.

33. *Age Gender*, *supra* note 27.

34. 2001 NSV, *supra* note 26.

35. *Age Gender*, *supra* note 27.

36. *Id.*

37. *Id.*

II. Unlike Any Others: The Unique Healthcare Needs of Older Female Veterans

Female veterans have inherently unique healthcare needs. At a fundamental level, female veterans' healthcare needs differ from male veterans in that female veterans require gender-specific preventative screenings, breast care, gynecology specialty care, prenatal and obstetrical care, neonatal care, and infertility services.³⁸ In addition to their overall gender-specific healthcare needs, female veterans also have different healthcare needs than non-veteran females. Female veterans report "lower levels of self-perceived health, life satisfaction, social support, physical function, and quality of life as opposed to non-veteran females."³⁹ Furthermore, women veterans were statistically more likely to die before the age of eighty than non-veteran females.⁴⁰ The disparity in healthcare needs is further exacerbated among female veterans over the age of sixty. Indeed, studies have indicated that older female veterans do not always have the same health issues as other, younger female veterans.⁴¹ Accordingly, older female veterans have an even more specialized subset of healthcare needs than younger female veterans.

While the VA acknowledges that caring for younger women of childbearing age is important, equal emphasis must be placed on care for women of all ages, and especially care for female veterans as they age.⁴² The top diagnosis among female veterans between the ages of forty-five and sixty-four are menopausal disorders.⁴³ The remaining diagnoses include urinary conditions (including incontinence), female re-

38. *Women Veterans: The Long Journey Home*, DISABLED AM. VETERANS: FULFILLING OUR PROMISES TO THE MEN AND WOMEN WHO SERVED, <https://www.dav.org/wp-content/uploads/women-veterans-study.pdf> (last visited Feb. 5, 2018) [hereinafter *The Long Journey Home*].

39. Brenda L. Mooney, *Caring for Older Women Veterans Presents Unique Challenges*, US MEDICINE: THE VOICE OF FEDERAL MEDICINE (2016), <http://www.usmedicine.com/agencies/department-of-veterans-affairs/caring-for-older-women-veterans-presents-unique-challenges/> (last visited Feb. 5, 2018) [hereinafter Mooney].

40. Andrea Z. LaCroix et al., *Aging Well Among Women Veterans Compared With Non-Veterans in the Women's Health Initiative*, 56 GERONTOLOGIST 514, 514–15 (2016), https://academic.oup.com/gerontologist/article/56/Suppl_1/S14/2605477/Aging-Well-Among-Women-Veterans-Compared-With-Non.

41. Mooney, *supra* note 39.

42. Laurie C. Zephyrin et al., *The State of Reproductive Health in Women Veterans*, WOMEN'S HEALTH SERV. (2014), https://www.womenshealth.va.gov/WOMENSHEALTH/docs/SRH_FINAL.pdf [hereinafter Zephyrin et al.].

43. *Id.*

productive organ conditions, benign breast conditions, STIs, and vaginitis.⁴⁴ Similarly, three of the top five diagnoses among female veterans over the age of sixty-five also include urinary conditions (including incontinence), menopausal disorders, benign breast conditions, and other female reproductive organ conditions.⁴⁵ Additionally, included amongst the top five diagnoses in female veterans over the age of sixty-five are breast cancer and osteoporosis.⁴⁶

Breast cancer, in particular, is a great source of concern for female veterans—especially female veterans over the age of sixty-five.⁴⁷ In fiscal year 2010, 6% of female veterans using the VA over the age of sixty-five were diagnosed with breast cancer.⁴⁸ This number does not include female veterans who were *not* using the VA in 2010. As discussed later in this Article, the number of female veterans currently enrolled and using VA healthcare is astonishingly low. Accordingly, the number of female veterans over the age of sixty-five diagnosed with breast cancer was likely much higher than that reflected in the above-statistic.

In addition to breast cancer, gynecological cancers, which include cervical, ovarian, and uterine, are also a significant risk for female veterans.⁴⁹ Menopausal disorders also affect a significant number of females over the age of forty.⁵⁰ In fiscal year 2010, 9% of female veterans who used the VA were diagnosed with a menopausal disorder.⁵¹ Again, however, due to the low enrollment number of female veterans in VA healthcare, this reported number is likely much lower than the actual number of female veterans suffering from menopausal disorders.

All of these conditions facing older female veterans necessitate adequate and comprehensive healthcare—both for maintenance and prevention. With regard to menopausal disorders, for example, the average age of natural menopause is 51.4 years old.⁵² Symptoms of menopause, however, can occur well before menopause begins, with perimenopause beginning, on average, when women reach age forty-

44. *Id.*

45. *Id.*

46. *Id.*

47. *Id.*

48. *Id.* at 14.

49. *Id.* at 24.

50. *Id.* at 2.

51. *Id.* at 14.

52. *Id.* at 21.

seven.⁵³ Thus, female veterans will require management of symptoms, which may include hormonal and non-hormonal medicines for an extended period of time—treatment which can require multiple healthcare visits.⁵⁴ Additionally, while urinary conditions are currently one of the top five diagnoses among female veterans over the age of forty-four, as younger female veterans age, the demand for treatment of urinary conditions will likely continue to increase.⁵⁵

Furthermore, early cancer screenings are also essential for female veterans. Early screening for both breast cancer and uterine cancer can help with early diagnosis. If identified at an early stage, prognosis for uterine cancer is generally good.⁵⁶ The same is true for early prognosis of breast cancer—the second leading cause of cancer deaths among women.⁵⁷ Early detection is critical for women, but early detection requires regular screenings. Regular screenings require access to healthcare providers that perform such screenings.⁵⁸ But, unfortunately for millions of female veterans, access to adequate healthcare for both maintenance and prevention can seem nearly impossible.

III. Barriers to Healthcare: Understanding Why Older Female Veterans Are Unable to Obtain Adequate Healthcare

All veterans face issues in obtaining adequate healthcare, but female veterans face particularly unique issues and challenges in obtaining adequate healthcare through the VA. As a point of comparison, in 2013, the VA operated 151 medical centers, 820 community-based outpatient clinics, and 70 mobile clinics to serve the healthcare needs of the 22.3 million veterans.⁵⁹ The VA served 6.5 million veterans in 2013—less than one-third of the total number of veterans.⁶⁰ In 2013, 672,434 women were enrolled in the Veterans Health Administration (VHA) Health

53. *Id.*

54. *Id.*

55. *Id.* at 24.

56. *Id.*

57. *Id.*

58. *Id.* at 24–25.

59. See *The Long Journey Home*, *supra* note 38, at 15; *Age Gender*, *supra* note 27.

60. See generally *The Long Journey Home*, *supra* note 38; *Age Gender*, *supra* note 27.

Care System, the component of the VA that implements medical care.⁶¹ Of the 672,434 women enrolled in the VHA Health Care System in 2013, 398,293 actually used the VHA Health Care System.⁶² Accordingly, of the 6.5 million veterans that received healthcare from the VA Health Care System in 2013, only 398,293 of them were women—or approximately 6%.⁶³ What's more, a study conducted by the Veterans of Foreign War (VFW) found that older female veterans were *even less likely* to report that they use VA healthcare than younger female veterans.⁶⁴ Therefore, despite the fact that the VHA is the nation's largest integrated healthcare system, the VHA has been struggling and continues to struggle to keep up with the influx of female veteran patients.⁶⁵

As the statistics irrefutably indicate, the number of female veterans who receive care from the VHA Health Care System is disproportionately low as compared to male veterans—this is particularly true for older female veterans. Female veterans, and particularly older female veterans, face a myriad of challenges and barriers when it comes to obtaining healthcare through the VHA Health Care System.

One of the primary barriers to women veterans receiving healthcare is their failure to identify as veterans.⁶⁶ Many female veterans question their military service and, even after serving on active duty for a period of time, do not consider themselves veterans.⁶⁷ Female veterans report that their reluctance to identify as a veteran is their perception that their “non-combat” role in the military is less valued than those of male veterans who served in combat.⁶⁸ Female veterans' failure to identify as veterans has an appreciable impact on their ability to receive healthcare through the VHA. If female veterans are not identifying as

61. OFF. OF DATA GOVERNANCE AND ANALYTICS, THE PAST, PRESENT AND FUTURE OF WOMEN VETERANS (2017), https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf [hereinafter OFF. OF DATA GOVERNANCE AND ANALYTICS ET AL.].

62. *Id.*

63. *Id.*

64. *In Their Words: Evaluating VA Healthcare and Benefits for Women Veterans*, VETERANS OF FOREIGN WARS, <https://www.vfw.org/-/media/vfwsite/files/misc/intheirwordsevaluatingvahealthcareandbenefitsforwomenveterans.pdf?la=en> (last visited Feb. 5, 2018) [hereinafter *In Their Words*].

65. Kathryn Miles, *How We're Failing Our Female Veterans*, BOS. GLOBE (May 21, 2015), <https://www.bostonglobe.com/magazine/2015/05/21/how-failing-our-female-veterans/M4kLZtWRNm3OAK0ri8LzL/story.html> [hereinafter Miles].

66. *Id.*

67. *The Long Journey Home*, *supra* note 38.

68. *Id.*

veterans, they are likely unaware of the healthcare services available to them. In fact, nearly two million female veterans who are eligible for VHA healthcare do not use it because many are not aware that they qualify—despite the fact that they served in the military for years.⁶⁹ According to the VA, only one in six female veterans (15.7%) understand the healthcare benefits they are eligible to receive as a result of their service.⁷⁰ This is particularly true for older female veterans. For example, female veterans fifty-five and older report believing that they do not qualify for the same benefits as their male counterparts.⁷¹ This misperception has resulted in fewer older female veterans receiving VHA healthcare. Indeed, a study by the VFW found that older female veterans were less likely to use their earned healthcare benefits and services compared to their younger counterparts, despite being equally as likely to be eligible.⁷² Accordingly, female veterans' failure to identify as veterans is a significant barrier in their ability and likelihood of receiving healthcare through the VA.

The second barrier that female veterans face in receiving VHA healthcare is the male-centric culture of the VA. The VA is still approximately 90% male, and the culture at VA healthcare centers reflects as much.⁷³ Many women that walk into a VA medical facility are mistaken for a male veteran's wife, mother, or daughter, rather than a veteran.⁷⁴ "Women veterans feel like they're walking the gauntlet when they arrive for appointments. They're being catcalled—and even worse—by male vets. They're asked if they're lost or waiting for their husbands. They don't get recognition that they are soldiers."⁷⁵ Not only does this attitude persist among male veterans, but VA employees are equally culpable of exhibiting the same attitudes and perpetuating the same stereotypes.⁷⁶ A survey conducted by the VFW found that VHA employees "continue to confuse female veterans for spouses and caregivers or

69. Miles, *supra* note 65.

70. *The Long Journey Home*, *supra* note 38, at 9.

71. *In Their Words*, *supra* note 64.

72. *Women Veterans*, VFW, <https://www.vfw.org/women-veterans> (last visited Feb. 15, 2018) [hereinafter *Women Veterans*].

73. Samantha Michaels, *Is the VA ready for an influx of female veterans?*, MOTHER JONES (Feb. 11, 2016), <http://www.motherjones.com/politics/2016/02/congress-might-make-women-register-draft-are-veterans-hospitals-ready> [hereinafter Michaels].

74. *The Long Journey Home*, *supra* note 38, at 2.

75. Miles, *supra* note 65.

76. *Women Veterans*, *supra* note 72.

challenge their veteran status.⁷⁷ For female veterans, many of whom already have difficulty identifying as veterans, visiting male-centric VHA healthcare centers, where their status as veterans is further questioned, acts as a deterrent and barrier for female veterans in obtaining VA healthcare.

The third, and seemingly most visible barrier that female veterans face in obtaining VHA Health Care is the inaccessibility of healthcare and necessary services, particularly for older female veterans. At the most fundamental level, the VA lacks the requisite facilities and specialty equipment needed to care for older female veterans.⁷⁸ Because the veteran population is still primarily male, VA facilities do not have enough female patients to get federal certification for specific services required by older female veterans.⁷⁹ For example, VA facilities do not have enough female patients to get federal certification for mammography services.⁸⁰ As such, in 2011, only 2% of VHA healthcare facilities were able to provide mammograms.⁸¹ In many instances, VA hospitals have to refer female veterans to community-based clinics for gynecology and mammography services.⁸² Those community-based clinics may then refer female veterans to universities or private medical facilities because the community-based clinics also lack the capacity to provide gender-specific care.⁸³ Indeed, in 2012, nearly one-third of all female veterans were referred outside the VA system for specialty care.⁸⁴ Aside from the obvious inconvenience in being transferred to multiple facilities because the VA is unable to meet the needs of its female veterans, this perpetual referral cycle delays care and lengthens the time a patient must wait to receive test results and appropriate treatment.⁸⁵ Over half of the female veterans who are transferred from community-based clinics to universities or other private medical facilities for mammography services do not receive their test results in the time frame proscribed by

77. *Id.*

78. See *Six Challenges Facing Today's Women Veterans*, VETERANS ASSEMBLED ELECTRONICS (Nov. 15, 2016), <https://vaellc.com/advice/challenges-facing-today-women-veterans> [hereinafter *Six Challenges*]; see generally *The Long Journey Home*, *supra* note 38.

79. Michaels, *supra* note 73.

80. *Id.*

81. *Id.*

82. *VA Falls Short*, *supra* note 21.

83. *Id.*

84. *Id.*

85. *Id.*

VA policy.⁸⁶ In fact, over half of the female veterans who are being screened for breast cancer do not receive their test results within two weeks, as VA policy mandates.⁸⁷ This is particularly concerning where early detection is imperative for adequate care and treatments.

Additionally, VHA healthcare centers are too understaffed in the areas of gynecology and obstetrics to provide adequate care to older female veterans.⁸⁸ Currently, one-third of VA medical centers still do not have a gynecologist on staff.⁸⁹ For those medical centers that do, it may only be on a part-time basis.⁹⁰ In instances where VA facilities are unable to provide gynecology services, they are forced to refer women to community care providers for these services.⁹¹

To further exacerbate the problem, the number of gynecologists and obstetrician full-time employee equivalents (FTEEs) does not always correlate with the number of female veterans requiring care in specific areas. As an illustrative example, it is helpful to look at the distribution of gynecologists and obstetrician FTEEs as compared to the number of female veterans living in each respective area.⁹² In 2015, Texas, California, and Florida had the highest number of female veterans.⁹³ As of 2011, while California and Florida had some of the highest number of physician clinical FTEEs per 100,000 at 14.60-24.25, Texas only had 8.84-9.95 FTEEs per 100,000 total female unique patients.⁹⁴ This disproportionate number of gynecologist and obstetrician FTEEs further contributes to the inability of older female veterans to receive adequate care. Accordingly, given the lack of available female-specific healthcare, “[a]lmost one in five women veterans have delayed or gone without needed care in the prior twelve months.”⁹⁵ As such, a majority of female veterans want the VA to “expand access to women-specific health care, which includes hiring more VA health care professionals who are able to identify and treat their unique health care needs. More

86. *Id.*

87. *Id.*

88. *Six Challenges*, *supra* note 78.

89. *Id.*

90. Michaels, *supra* note 73.

91. *Id.*

92. Zephyrin et al., *supra* note 42.

93. PROFILE OF VETERANS: 2015, U.S. DEP'T OF VETERANS AFF. (2017), https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2015.pdf.

94. Zephyrin, et al., *supra* note 42.

95. See *Six Challenges*, *supra* note 78; *The Long Journey Home*, *supra* note 38.

specifically, women veterans want the opportunity to receive their health care from women health care providers.⁹⁶ In light of these problems, the question remains, what is being done to close this gap in healthcare for older female veterans?

V. Where Are We Now?: An Analysis of the Recent “Improvements” To Healthcare For Older Female Veterans

The VA has seemingly made some progress in recent years when it comes to providing healthcare for older female veterans. According to the VA, there have been five primary areas of improvement for the care of female veterans since 2008.⁹⁷ Specifically, the VA cites to the following areas of improvement:

- (1) [T]he availability of comprehensive primary care for women veterans at VA sites of care;
- (2) the establishment of Women Veteran Program Managers at every VA medical center nation-wide;
- (3) a revised VHA Handbook on Health Care Services for Women veterans;
- (4) new women’s health education for VA health care providers; and
- (5) dramatically increased outreach and education services for women veterans including brochures, posters, blogs and social media, and a dedicated call center for outbound calls about VA health care benefits for women veterans.⁹⁸

Also, in an effort to meet the unique healthcare needs of female veterans, the VA has established a number of female-specific health care programs, including the Designated Women’s Health Primary Care Provider, a dedicated primary care provider required to have experience and training in women’s health.⁹⁹

While these initiatives demonstrate some measure of progress, there is evidence to suggest that the progress may be merely superficial, with some indications that the healthcare issues plaguing older female veterans are as palpable as ever. For example, the VA claims that it has increased the availability of comprehensive primary care for female veterans at VA healthcare workers. But, in 2014, only 35% of enrolled

96. *Women Veterans*, *supra* note 72.

97. *Study of Barriers for Women Veterans to VA Health Care*, DEP’T OF VETERANS AFF. (2015), https://www.womenshealth.va.gov/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf [hereinafter *Study of Barriers*].

98. *Id.*

99. *In Their Words*, *supra* note 64.

females received care in a comprehensive Women's Health Center.¹⁰⁰ It is important to note that this number only accounts for female veterans who were enrolled in and utilized the VAHC in 2014, and it does not account for the female veterans who were enrolled but did not utilize the VAHC or the female veterans who were eligible to receive care, but were not enrolled. Indeed, in 2014, 716,142 women were enrolled in VAHC, but only 429,155 used VAHC.¹⁰¹ Even more staggering is the 1,303,935 women who were not enrolled in the VAHC system.¹⁰² Therefore, while 35% of enrolled females received care in a comprehensive women's health clinic, it is important to view this number vis-à-vis the total number of female veterans eligible to receive care in 2014. Relatedly, by 2015, only seventy-seven clinics were classified as comprehensive women's centers, with separate space wholly dedicated to female veterans.¹⁰³ These seventy-seven clinics serviced the 2,035,213 female veterans eligible to receive VA Health Care in 2015.¹⁰⁴

Another superficial "improvement" appears to exist with regard to mammography and gynecological care for older female veterans. Between fiscal year 2007 and fiscal year 2011, the number of annual gynecology and obstetrics encounters in the VHA increased from 76,402 to 93,588.¹⁰⁵ This increased number of female veterans enrolling in VHA generates a need for an expansive and well-trained gynecology and obstetrics workforce that can provide services to older female veterans.¹⁰⁶ Accordingly, since 2011, the VA has reported that an additional twenty-one VAHC hospitals have added on-site digital mammography services.¹⁰⁷ In 2012, the VA reported that 87% of female veteran patients received breast cancer screenings and 92% received cervical cancer screenings—a higher percentage in both cases than women patients in the commercial health care system.¹⁰⁸ As was the case when evaluating the statistics of comprehensive women's clinics, these statistics must be viewed cautiously. For example, in 2012, the VA reported that 87% of

100. Zephyrin et al., *supra* note 42.

101. OFF. OF DATA GOVERNANCE AND ANALYTICS ET AL., *supra* note 61.

102. *Id.*

103. Miles, *supra* note 65.

104. OFF. OF DATA GOVERNANCE AND ANALYTICS ET AL., *supra* note 61.

105. Zephyrin et al., *supra* note 42.

106. *Id.*

107. Michaels, *supra* note 73.

108. *Id.*

female veteran patients received breast cancer screenings and 92% received cervical cancer screenings, which was a higher percentage than women patients in the commercial health care system.¹⁰⁹ These statistics, however, only account for the number of female veterans who were enrolled in the VHA Healthcare System *and* utilized VAHC—these statistics do not account for the female veterans who were enrolled in VAHC but did not use VAHC, or the number of female veterans who were eligible to receive VA healthcare, but were not enrolled. Accordingly, while 87% of female veteran patients received breast cancer screenings and 92% received cervical cancer in 2012, this percentage is based only on the 369,662 female veterans who were enrolled in and used VAHC in 2012—this percentage does not account for the 1,612,962 female veterans who were either enrolled in VAHC but did not utilize it, or were not enrolled in VAHC at all.¹¹⁰

Similarly, the VA reported an improvement in 2015 in the number of VA facilities equipped with mammography services. Specifically, the VA reported that in 2015, fifty-four VA hospitals had in-house mammography programs, with fifteen of those programs offering digital breast tomosynthesis.¹¹¹ Again, to fully understand the extent of this “improvement” this number must be viewed in relation to the total number of VA hospitals in the United States. Indeed, in 2015 there were over 150 VA hospitals in the United States, which means that, as of 2015, only one-third of VA hospitals were able to provide mammography services to female veterans.¹¹² So while the number of VA hospitals equipped to provide mammography services is increasing, when viewed in relation to the VA healthcare system as a whole, the number is still inadequate. While the VA provides statistics that seem to indicate progress, the VA has a long road ahead to ensure comprehensive coverage nationwide.

Furthermore, the VA touts the establishment of Women Veteran Program Managers (WVPM) at every VA medical center nation-wide.¹¹³ The WVPM is designated to advise, advocate for, and assist women

109. *Id.*

110. OFF. OF DATA GOVERNANCE AND ANALYTICS ET AL., *supra* note 61, at 28.

111. Hans Petersen, *Breast Cancer: The Importance of Mammograms*, U.S. DEP'T OF VETERANS AFF. (Sept. 30, 2015), <https://www.va.gov/health/newsfeatures/2015/september/breast-cancer-the-importance-of-mammograms.asp>.

112. Diantonio, *supra* note 17.

113. *Study of Barriers*, *supra* note 98.

veterans with their specialized healthcare needs.¹¹⁴ But, less than 10% of VA healthcare users actually utilized the WVPM.¹¹⁵ Though, of that small percentage of users, nearly 70% indicated that the use of the WVPM was helpful in obtaining appropriate healthcare services.¹¹⁶ This low utilization rate may be due to the fact that the identity of the WVPM is largely unknown to VA staff. Many female veterans report that when they visit a VA medical center, VA staff is unable to identify and direct the patient to the WVPM.¹¹⁷ Though the addition of WVPM is a needed improvement, implementation barriers remain at the ground level.

Despite the unfortunate reality that many of the VA's cited improvements have failed to result in actual improved healthcare for older female veterans to-date, there are two VA healthcare facilities that provide insight into what healthcare for older female veterans should look like. Both White River Junction VA Medical Center in Vermont and the Togus VA Medical Center in Maine serve as a model for what all VA Medical Centers should aim to provide for older female veterans: comprehensive healthcare for older female veterans.¹¹⁸ Specifically, White River Junction provides gynecology services, breast exams and mammography, reproductive health care, and menopause treatment, in addition to comprehensive primary care, mental health services, treatment for substance abuse, and all specialty services.¹¹⁹ Similarly, the VAMC Togus Women's Health Program "targets programs and facilities to meet the unique needs of female veterans."¹²⁰ Specifically, VAMC Togus provides gynecology services, breast exams and mammography, reproductive health care, menopause treatment, osteoporosis, and cancer screening, amongst many others.¹²¹ Furthermore, aside

114. OFF. OF DATA GOVERNANCE AND ANALYTICS ET AL., *supra* note 61.

115. *Study of Barriers*, *supra* note 98.

116. *Id.*

117. Nia-Malika Henderson, *A 'Gap in Service Delivery' for Female Veterans*, WASH. POST (May 26, 2014), https://www.washingtonpost.com/blogs/she-the-people/wp/2014/05/26/a-gap-in-service-delivery-for-female-veterans/?utm_term=.25497e6b5263.

118. *White River Junction VA Medical Center, Vermont*, U.S. DEP'T OF VETERANS AFF., <https://www.whiteriver.va.gov/services/women/index.asp> (last visited Feb. 25, 2018).

119. *Id.*

120. *VA Maine Healthcare System*, U.S. DEP'T OF VETERANS AFF., <https://www.maine.va.gov/services/women/index.asp> (last visited Feb. 25, 2018).

121. *Id.*

from the services provided, White River Junction also provides a private entrance for women.¹²² At VAMC Togus, female veterans have the option of either being seen at the main clinic or a separate women's clinic housed in an entirely different building.¹²³ If female veterans opt to be seen at the separate women's clinic, the women's clinic has private exam rooms and separate consultation offices to allow women to meet with care providers before exams.¹²⁴ Therefore, not only do White River Junction and VAMC Togus provide comprehensive care for older female veterans, but these facilities also allow women to be seen in an environment that is sensitive to the male-dominated culture of the VA. But, will other VA facilities follow suit and provide *all* female veterans the opportunity to have access to facilities like these?

VI. Deborah Sampson Act: Hope for the Future of Healthcare for Older Female Veterans?

On March 21, 2017, the Deborah Sampson Act was introduced in Congress.¹²⁵ The Deborah Sampson Act, aptly named after the first-known female to fight in uniform during the Revolutionary War by disguising herself as a man, is a solid first step in implementing real change at the VA.¹²⁶ After recognizing the staggering statistics and dire healthcare situation for female veterans, Senator Jon Tester, joined by Iraq and Afghanistan Veterans of America (IAVA), introduced Senate Bill 68, also known as the Deborah Sampson Act to the 115th Congress, in an attempt to "address gender disparities at the VA to ensure that women veterans get equitable care."¹²⁷ Specifically, the Deborah Sampson Act seeks "to amend title 38, United States Code, to improve

122. Miles, *supra* note 65.

123. *Id.*

124. *Id.*

125. Deborah Sampson Act, S. 681, 115th Cong. (2017) (introduced by Senate, Mar. 21, 2017).

126. Haley Scott, *IAVA Joins Bi-Partisan Members Of Congress To Introduce The Deborah Sampson Act*, IAVA (Mar. 22, 2017), <https://iava.org/blogs/iava-joins-bi-partisan-members-of-congress-to-introduce-the-deborah-sampson-act/> [hereinafter Scott].

127. See Vernon Freeman Jr., *Sen. Kaine introduces bill to improve quality of care for female veterans*, WTVR (Mar. 22, 2017, 6:38 PM), <http://wtvr.com/2017/03/22/bill-improves-care-for-female-veterans/>; Scott, *supra* note 127.

the benefits and services provided by the Department of Veterans Affairs to women Veterans.”¹²⁸ Title IV of the Act, entitled “Eliminate Barriers to Access,” identifies four specific areas of improvement related to the provision of healthcare for female veterans.¹²⁹ The four areas of improvement include the

(1) Women Veterans Retrofit Initiative; (2) staffing of women’s health primary care providers at medical facilities of the Department of Veterans Affairs; (3) staffing of women veteran program manager program at medical facilities of the Department of Veterans Affairs; and (4) staffing of Women Veteran Program Manager Program at Medical Centers of the Department of Veterans Affairs.¹³⁰

The Women Veterans Retrofit Initiative seeks to “retrofit existing medical facilities of the Department of Veterans Affairs with fixtures, materials, and other outfitting measures to support the provision of care to women veterans at such facilities.”¹³¹ In addition, the Deborah Sampson Act also seeks to ensure that *every* VA medical facility has *at least* one full-time or part-time women’s health primary care provider, and that each VA medical center is staffed with a Women Veteran Program Manager and a Women Veteran Program Ombudsman.¹³² Finally, the Act proposes additional funding for each fiscal year for the Women Veterans Health Care Mini-Residency Program to provide more opportunities for primary care and emergency care physicians to participate.¹³³

Although the initiatives proposed in the Deborah Sampson Act indicate progress, their promises ring hollow for many female veterans who received similar promises from the VA in 2008.¹³⁴ Implementation of these initiatives at the ground level is imperative to not only improve the provision of healthcare for older female veterans, but to change the male-centric culture of the VA. Indeed, the VA has long struggled with the provision of adequate healthcare to female veterans, and with the growing female veteran population, the problem will only continue to escalate. The Deborah Sampson Act is a step in the right direction, but major overhauls are needed to effectuate meaningful change.

128. Deborah Sampson Act, S. 681.

129. *Id.*

130. *Id.* at §§ 401-04.

131. *Id.* at § 401(a).

132. *Id.* at § 402-03(a) (emphasis added).

133. *Id.* at § 404(a).

134. *See supra* Section V.

VII. Conclusion

“To care for him who shall have borne the battle and for his widow, and his orphan.”¹³⁵ While this motto may seem like a relic of a military of the past, for many female veterans this motto represents an unfortunate and undeniable reality. VA healthcare is still male-centric and the focus remains on caring for *him*. Even 200 years after the first woman entered the military, female veterans still struggle to obtain even the most basic and fundamental healthcare.

As the numbers of female veterans, and particularly the numbers of older female veterans continues to increase exponentially, Congress and the VA must continue to evaluate and re-evaluate the healthcare needs of older female veterans. It is essential that the VA assess the effectiveness of its new initiatives and exhibit proper leadership to ensure that these initiatives are making an impact at the ground level. If Congress and the VA do not take an introspective look at the actual state of healthcare for female veterans, the VA will become overwhelmed by the needs of its fastest growing constituency and the quality of healthcare for female veterans will steadily decline. It is imperative that the VA shifts its focus from caring for *him* to caring for *them*.

135. VA Motto, *supra* note 1.