



Healthcare for Women Vets

The issue is not quality but ease of access, particularly for routine outpatient services.

Women vets represent 7.4 percent of the veterans population. That number has doubled since 1986 and is growing steadily. Women are currently 14% of the total active duty force.

Men's clinics are held every day at VA hospitals across the country. In many locations, the women's clinic will only be open on a Tuesday.

Women vets will have to drive between 50 and 100 miles to get a physical on one Tuesday; then drive 50 to 100 miles on another day to another clinic or contracted hospital to get a mammogram; then they'll drive another 50 to 100 miles on a third day for gynecological services.

Why? Because there are not enough female patients to justify setting up a mammogram or gyn unit at the hospital. Mammographers are required to read a certain number of screenings every month to maintain medical qualifications.

This problem was actually identified by an internal audit at the VA.

How to solve the problem? Designate money in the VA Appropriations bills for outpatient primary care services and direct hospital administrators to fund comprehensive one-day services for women, the same as for men.

Good news: wounded vets, both male and female, are receiving equally good care and services as far as severe injuries and prosthetic devices.

More good news: the VA is including women in statistically significant numbers in long term, follow-up studies of PTSD and delayed physical conditions.

There are actually a good number of women-only studies that follow both active duty women and women vets.



Bad news: there are not enough psychologists and counselors to deal with male and female traumatic brain injury, PTSD, and sexual assault issues.

Active Duty Women

111 women have been killed in the Iraq and Afghanistan conflicts. About 600 have been wounded, 30 percent of them seriously.

Problem: Access to reproductive health services for military women and for the wives of military men has been severely restricted under current law and Defense Department policy.

What to do?

Decisions about medical care for service members and their families should be based on clinical and cost effectiveness—not political considerations.

The Obama Administration should propose legislation to repeal laws that restrict access of military women and military dependents to reproductive health services.

DoD should immediately order Plan B emergency contraception to be placed on the basic formulary of drugs available to service members and their families.

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