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Posted: July 14, 2009 08:08 AM

VA Health Care for Women Veterans

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As a Soldier with the 101st Airborne Division (Air Assault), I took part in the initial invasion of Iraq in 2003, and was there for approximately one year. As an Arabic linguist, I went on combat foot patrols with the Infantry in Baghdad. During the initial invasion, my team came under small arms fire. Later, in Mosul, we were mortared regularly. I served right alongside my male peers: with our flak vests on during missions, we were all truly Soldiers first.

However, it became clear upon our return that most people did not understand what women in today's military experience. I was asked whether as a woman I was allowed to carry a gun (of course!), and was also asked if I was in the Infantry (women are barred from serving in the Infantry). This confusion about what role women play in war today extends beyond the general public; even Veterans Affairs (VA) employees are still sometimes unclear on the nature of modern warfare, which presents challenges for women seeking care.

For example, being in combat is linked to post-traumatic stress disorder (PTSD). The changing nature of warfare has put women on front lines: women have died and earned medals for their valor in combat in both Iraq and Afghanistan. Nonetheless, they may face challenges proving that their PTSD is service-connected because women are supposedly barred from combat. One of my closest friends was told by a VA doctor that she could not possibly have PTSD for just this reason: he did not believe that she as a woman could have been in combat. It is vital that all VA employees, particularly health care providers, fully understand that women do see combat in Operations Iraqi Freedom and Enduring Freedom so that they can better serve women veterans.

Many of the other problems that women face when seeking to get health care through the VA are by no means exclusive to women: the transition from DoD to VA remains imperfect, despite efforts to improve the process. Lost records and missing paperwork are frequent complaints. A woman I know who spent over twenty years in the Army Reserves was turned away from her local VA hospital because she was never deployed to a combat zone; her paperwork was never even examined to determine if she is indeed eligible for care. Despite a growing number of community clinics and vet centers, many veterans face lengthy travel times to reach a VA facility -- a particular burden during tough economic times.

Other barriers may disproportionately affect women. For example, since women are more likely to be the primary caregivers of small children, they may require help getting childcare in order to attend appointments at the VA. Currently, many VA facilities are not prepared to accommodate the presence of children; several friends have described having to change babies' diapers on the floors of VA hospitals because the restrooms lacked changing facilities. Another friend, whose babysitter canceled at the last minute, brought her infant and toddler to a VA appointment; the provider told her that was "not appropriate" and that she should not come in if she could not find childcare. Facilities in which to nurse and change babies, as well as childcare assistance or at least patience with the presence of small children, would ease burdens on all veterans with small children.

Women in the military are also far more likely to be married to other service-members; throughout the Department of Defense (DoD), 51.3% of married female enlisted active duty personnel reported being in [dual-service marriages](#), compared to only 8.1% of their male counterparts. These women veterans must worry not only about their own readjustments, but also their husbands' challenges. The VA must consider the dual role women veterans may be balancing as both givers and seekers of care. My husband sustained a penetrating Traumatic Brain Injury (TBI) in Iraq and was medically retired from the military. This impacted my decision not to reenlist, because he needed assistance that he simply was not getting. In addition, I was so focused on his recovery that I barely considered my own needs. It was years before I realized that as both a caregiver and a veteran I needed to not simply "suck it up and drive on," as the Army taught, but rather had to reach out for help and support.

When struggling to cope with invisible wounds of war such as PTSD, or when simply facing challenges readjusting post-combat, peer support can be vital. However, there are things about my experience as a woman in a war zone that my male peers do not understand. They cannot truly know what it is like to fear not only the enemy, but also sexual assault from your brothers in arms. They may be aware of, but not be able to fully empathize with, the challenges of facing

regular sexual harassment. And they certainly do not understand what it is like to feel invisible as a veteran, as many women veterans do. It is therefore vital that the VA provide times or places where women veterans, especially those who may have experienced military sexual trauma, can feel safe and comfortable seeking help in a community of their peers.

These are all challenges that I am confident every VA hospital can meet and overcome. In 2006, I went to the VA Medical Center in Washington, DC. My visit was uncoordinated, stressful, and confusing. The facility did not smell clean and was crowded with veterans who seemed to have poorly managed mental health concerns. I was not given clear information about what services were available to me. My husband also went to that VA in 2006; he was regularly told that he was in the "wrong clinic" and sent back and forth between multiple offices. Doctors gave him the impression that he and his issues were an inconvenience at best. My husband's inability to schedule timely appointments eventually made him give up on getting care from the VA at all. We both began relying exclusively on TriCare (an HMO-style plan for military family members and retirees) for all our medical and mental health needs, even though the civilian providers we saw were less familiar with combat injuries and post-traumatic stress.

My visit to the VA medical center in Martinsburg, West Virginia in June 2008, however, was a stark contrast to my own previous experience and the stories I have heard from veterans about some other facilities. There was a women's restroom clearly visible in the lobby; it had a changing table. I was treated as a veteran at all times, asked about my combat experiences, and sensitively asked if I had experienced sexual harassment or assault in the military. Providers carefully coordinated my visit, ensured that I was aware of all available resources, and followed up both promptly and thoroughly. Their OEF/OIF Integrated Care Clinic and newly-opened Women's Clinic are models worthy of emulation, and I truly believe that with continued advocacy and oversight, all facilities can provide the same standard of care.

In order to best meet the needs of all veterans, I also urge the development of enhanced relationships not only between the DoD and VA but also with those community organizations that are ready and willing to fill gaps in services. Public-private partnerships can allow all of us to come together to meet the needs of our veterans in innovative and exciting ways.

Note: This is a modified version of testimony I gave at the Senate VA Committee hearing on VA Health Services for Women Veterans, 14 July 2009.

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