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Giving Women Service Members a Voice

By Gail Zoppo

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Women currently represent 15 percent of the military, with more than 356,000 serving in the armed forces. But their voices aren't always heard, according to Former Marine Corp Captain [Anuradha Bhagwati](#). She founded New York City-based Service Women's Action Network ([SWAN](#)) three years ago and has been providing support and advocacy to address the day-to-day challenges servicewomen and veterans face. She has testified numerous times before legislative committees on the following gender-bias issues:

Military Sexual Trauma (MST) According to the recently released Department of Defense (DoD) [2009 Annual Report on Sexual Assault in the Military](#), 3,230 restricted (confidential) and unrestricted reports of sexual assault were filed, up 11 percent from fiscal year 2008. But the numbers are actually much higher; fewer than 10 percent of assaults are reported at all, states the study (which does not include conviction rates).

The reasons she cites: isolation, a misogynistic culture and fear of retaliation. In Iraq, for instance, women represent only 1 in 10 troops and serve with few or no other women. Moreover, military culture encourages service members to avoid looking weak by complaining, she says. "There's little incentive to report it," says Bhagwati. Unlike the civilian workplace where employment-law protections allow employees to sue for sexual harassment, she says, "that's not an option in the military—you are completely at the mercy of your commander."

One of SWAN's missions is to push lawmakers for an outside, independent investigative commission to oversee all sexual-assault reporting in the military.

PTSD Although by law women are excluded from ground combat, that doesn't mean they're not losing limbs, dodging bullets and experiencing war's trauma. More women have died in Iraq than all the wars since World War II combined. When [coupled with the trauma](#) of sexual harassment and assault, women in the military suffer double the rates of depression and PTSD than their male counterparts, reports a [2008 RAND study](#). "And we need to talk about that," Bhagwati says.

Moreover, since women who are technically excluded from combat must prove an in-service stressor attributed to their PTSD to get medical benefits, their disability claims are frequently denied. "The burden of proof is unreasonable," says Bhagwati. "This is not about veterans trying to milk the system."

Although New York Congressman [John Hall](#) had introduced the Combat PTSD Act ([H.R. 952](#)) to help clarify the definition of combat-related PTSD, Bhagwati is advocating for expanded legislation for veterans suffering from PTSD or other symptoms of MST. SWAN also offers a confidential peer-support helpline, provides referrals to other professionals and recently added an LGBT helpline for women serving under the added stress of the "don't ask, don't tell" policy.

Healthcare Disparities "A shortage of female physicians and counselors, a rapid turnover of inexperienced residents, a preponderance of culturally conservative administration staff and poorly trained, apathetic or unprofessional medical staff contributes to a lack of understanding about how to treat [women veterans]," stated Bhagwati before a House Committee on Veterans' Affairs last summer.

Proposed solutions to improve the quality of care for both men and women service members include requiring the VA to:

- Hire women physicians, mental-health providers and MST counselors at VA hospitals nationwide. Also, require that the VA provide the option of women-only counseling groups for women combat veterans, and women- and men-only counseling groups for survivors of MST
- Implement a program to train, educate and certify all staff members, including administrative and medical personnel, in EEO and MST
- Increase accessibility of fee-based care for veterans (both men and women) who have been diagnosed with MST
- Offer daycare facilities for veterans who are parents, as well as more flexible evening or weekend hours for working veterans and parents, at every VA hospital
- Study the percentage of claims that are denied by sex/gender and type of injury/condition, including combat-related PTSD and PTSD or other conditions resulting from MST
- Provide claims officers with training and education in MST and MST-related medical conditions
- Ensure benefits-administration submission requirements for MST claims reflect a reasonable standard, such as proof of MST counseling during or after service and diagnosis of MST-related medical conditions

Finally, SWAN advises that the DoD conduct a retention study to determine the total impact of MST on re-enlistment rates.

Your opinions and thoughts...

Posted Monday Apr 19, 2010 by [Michele Franklin](#)

I am so glad to see this article and conversation coming to light. There are so many male commanders that just don't see this as a problem. I served in Iraq, and I truly feel it is much more difficult for a female to come home to the U.S. than their male counterpart. .

Posted Tuesday Apr 20, 2010 by Guest;

I am also glad to see this article. Women in the military do have a hard time with isolation and just trying to fit in. Commanders often just don't get it. I worked in Military Equal Opportunity and grew increasingly frustrated every day over the disparity in treatment of male vs. female service members' complaints. I knew female troops who cried when they found out they were deploying because they didn't want to go overseas and get raped by their fellow service members. It was a sad and shameful feeling..

Posted Wednesday Apr 21, 2010 by Guest;

I enjoyed reading this article. I am a Social Work student at Howard University, MSW program and I too believe that more need to be done to assist women Veterans..