

**NATIONAL EXECUTIVE COMMITTEE  
OF  
THE AMERICAN LEGION  
INDIANAPOLIS, INDIANA  
OCTOBER 14-15, 2015**

**Resolution No. 18: Women Veterans**

**Origin: Veterans Affairs & Rehabilitation Commission**

**Submitted By: Veterans Affairs & Rehabilitation Commission**

WHEREAS, The total women veteran population in the United States and its territories as of January 2015 is 2,020,077; and

WHEREAS, Women veterans are the fastest growing demographic serving in the military, and enrolling in the Department of Veterans Affairs (VA) for their health-care treatment; and

WHEREAS, Since 2000, women veterans receiving health care from VA has doubled from 159,000 to 337,000 and these numbers are expected to grow because of the increasing numbers of women veterans in the military that will be eligible for VA health-care enrollment and services; and

WHEREAS, Women veterans face many barriers and challenges with enrolling for and receiving their VA care due to a number of reasons such as: not identifying as a veteran; not being recognized as a veteran by VA employees and staff; lack of awareness and understanding of their VA health-care benefits; and the stigma and perceptions that VA is an “all male” health-care system; and

WHEREAS, According to VA, women veterans are 30 percent less likely to enroll for health care than their male counterparts, which is as a result of many factors that include, but are not limited to: lack of awareness of benefits, fragmentation of care from limited access to gender specific care (OB/GYN, Mammography), and obtaining compensation benefits through the Veterans Benefits Administration; and

WHEREAS, The VA only dedicated .5 full time employee (1/2 of 1 employee's time) in order to coordinate outreach and conduct analysis at the Veteran Service Integrated Network (VISN) level; and

WHEREAS, In 2009, the Government Accountability Office conducted a study that identified a number of challenges VA faced in their delivery of health care to women veterans including: space constraints (i.e. configuration of exam rooms, bathrooms and privacy needs) and hiring providers with specific training and experience in women's health care, in particular with mental health for treatment of Post-Traumatic Stress Disorder (PTSD) or Military Sexual Trauma (MST); and

WHEREAS, In 2011, The American Legion conducted a Women Veterans Survey with 3,012 women veterans in order to better understand their health care needs through VA; and

WHEREAS, The survey found while there were improvements in the delivery of VA health care to women veterans, challenges with service quality in the following areas remained: tangibles, reliability, responsiveness, competence, courtesy, communication, credibility, security, access and understanding; and

WHEREAS, Female servicemembers have been allowed entry into previous male specified military occupations, such as combat arms support jobs, have assumed more leadership positions and have increased presence conducting hazardous occupations; and

WHEREAS, According to the 2012 Department of Veterans Affairs Women Veterans Task Force Report, a higher percentage of female veterans (22%) are diagnosed with mental health problems; and

WHEREAS, According to the VA, one out of every five women veterans using the VA health-care system screen positive for military sexual trauma; and

WHEREAS, MST is associated with a range of health and economic consequences such as Post Traumatic Stress Disorder, higher levels of depression, eating disorders, anxiety, 2 adjustment disorders, sexually transmitted infections, genitourinary problems, substance abuse disorders, and homelessness; and

WHEREAS, Women veterans suffering from PTSD as a direct result of MST face significant odds when applying for disability compensation from the Veterans Benefits Administration even though research shows that women veterans disproportionately file for PTSD claims based on MST; and

WHEREAS, A 2010 decision by the VA to relax the evidentiary standards for PTSD applies only to combat veterans or those exposed to hostile fire, but specifically excludes PTSD diagnosed as a result of MST; and

WHEREAS, Currently, beyond the effects of PTSD, there remains limited data to show the long-term effects of combat on women veterans; and

WHEREAS, In 2015, it was reported that VA has been distributing male prosthetics devices to women veterans due to the lack of customized prosthesis; now, therefore, be it

**RESOLVED, By the National Executive Committee of The American Legion in regular meeting assembled in Indianapolis, Indiana, on October 14-15, 2015, That The American Legion support the Department of Veterans Affairs (VA) establishment of a women veterans awareness training program that educates employees about the changing roles of women in the military, their combat-related exposures and Military Sexual Trauma (MST) sensitivity; and, be it further**

**RESOLVED, That The American Legion work with the VA in order to ensure that the needs of the current and future women veteran populations are met; and, be it further**

**RESOLVED, That the VA significantly increases the amount of outreach to women veterans through awareness campaigns, benefits education, and community organizations; and, be it further**

**RESOLVED, That the VA dedicate one full-time employee at the Veterans Integrated Service Network level in order to analyze data on women veterans and to help women veterans program managers conduct outreach; and, be it further**

**RESOLVED, That the VA provides full comprehensive health services for women veterans department-wide, including, but not limited to, increasing treatment areas and diagnostic capabilities for female veteran health issues, improved coordination of maternity care, and increase the availability of female therapists/female group therapy to better enable treatment of Post-Traumatic Stress Disorder from combat and MST in women veterans; and, be it further**

**RESOLVED, That the VA conduct long-term studies in order to show the impact of combat on women veterans; and, be it finally**

**RESOLVED, That the VA furnish gender-specific prosthetic appliances, orthotics, services and eliminate the male-only approach to treatment of all injuries and illnesses.**