JOINT STATE GOVERNMENT COMMISSION

General Assembly of the Commonwealth of Pennsylvania

Women Veterans Health Care in the Commonwealth of Pennsylvania

A Report of the Task Force

December 2024

Serving the General Assembly of the Commonwealth of Pennsylvania Since 1937

REPORT

2023 Senate Resolution 46
Women Veterans Health Care in the Commonwealth of Pennsylvania

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The report is also available at http://jsg.legis.state.pa.us

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The Joint State Government Commission was created in 1937 as the primary and central non-partisan, bicameral research and policy development agency for the General Assembly of Pennsylvania.[1]

A fourteen-member Executive Committee comprised of the leadership of both the House of Representatives and the Senate oversees the Commission. The seven Executive Committee members from the House of Representatives are the Speaker, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. The seven Executive Committee members from the Senate are the President Pro Tempore, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. By statute, the Executive Committee selects a chairman of the Commission from among the members of the General Assembly. Historically, the Executive Committee has also selected a Vice-Chair or Treasurer, or both, for the Commission.

The studies conducted by the Commission are authorized by statute or by a simple or joint resolution. In general, the Commission has the power to conduct investigations, study issues, and gather information as directed by the General Assembly. The Commission provides in-depth research on a variety of topics, crafts recommendations to improve public policy and statutory law, and works closely with legislators and their staff.

A Commission study may involve the appointment of a legislative task force, composed of a specified number of legislators from the House of Representatives or the Senate, or both, as set forth in the enabling statute or resolution. In addition to following the progress of a particular study, the principal role of a task force is to determine whether to authorize the publication of any report resulting from the study and the introduction of any proposed legislation contained in the report. However, task force authorization does not necessarily reflect endorsement of all the findings and recommendations contained in a report.

Some studies involve an appointed advisory committee of professionals or interested parties from across the Commonwealth with expertise in a particular topic; others are managed exclusively by Commission staff with the informal involvement of representatives of those entities that can provide insight and information regarding the particular topic. When a study involves an advisory committee, the Commission seeks consensus among the members.[2] Although an advisory committee member may represent a particular department, agency, association, or group, such representation does not necessarily reflect the endorsement of the department, agency, association, or group of all the findings and recommendations contained in a study report.

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[1] Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65–69.

[2] Consensus does not necessarily reflect unanimity among the advisory committee members on each individual policy or legislative recommendation. At a minimum, it reflects the views of a substantial majority of the advisory committee, gained after lengthy review and discussion.

Over the years, nearly one thousand individuals from across the Commonwealth have served as members of the Commission's numerous advisory committees or have assisted the Commission with its studies. Members of advisory committees bring a wide range of knowledge and experience to deliberations involving a particular study. Individuals from countless backgrounds have contributed to the work of the Commission, such as attorneys, judges, professors and other educators, state and local officials, physicians and other health care professionals, business and community leaders, service providers, administrators and other professionals, law enforcement personnel, and concerned citizens. In addition, members of advisory committees donate their time to serve the public good; they are not compensated for their service as members. Consequently, the Commonwealth receives the financial benefit of such volunteerism, along with their shared expertise in developing statutory language and public policy recommendations to improve the law in Pennsylvania.

The Commission periodically reports its findings and recommendations, along with any proposed legislation, to the General Assembly. Certain studies have specific timelines for the publication of a report, as in the case of a discrete or timely topic; other studies, given their complex or considerable nature, are ongoing and involve the publication of periodic reports. Completion of a study, or a particular aspect of an ongoing study, generally results in the publication of a report setting forth background material, policy recommendations, and proposed legislation. However, the release of a report by the Commission does not necessarily reflect the endorsement by the members of the Executive Committee, or the Chair or Vice-Chair of the Commission, of all the findings, recommendations, or conclusions contained in the report. A report containing proposed legislation may also contain official comments, which may be used to construe or apply its provisions.[3]

Since its inception, the Commission has published over 450 reports on a sweeping range of topics, including administrative law and procedure; agriculture; athletics and sports; banks and banking; commerce and trade; the commercial code; crimes and offenses; decedents, estates, and fiduciaries; detectives and private police; domestic relations; education; elections; eminent domain; environmental resources; escheats; fish; forests, waters, and state parks; game; health and safety; historical sites and museums; insolvency and assignments; insurance; the judiciary and judicial procedure; labor; law and justice; the legislature; liquor; mechanics' liens; mental health; military affairs; mines and mining; municipalities; prisons and parole; procurement; state-licensed professions and occupations; public utilities; public welfare; real and personal property; state government; taxation and fiscal affairs; transportation; vehicles; and workers' compensation.

Following the completion of a report, subsequent action on the part of the Commission may be required, and, as necessary, the Commission will draft legislation and statutory amendments, update research, track legislation through the legislative process, attend hearings, and answer questions from legislators, legislative staff, interest groups, and constituents.

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[3] 1 Pa.C.S. § 1939.

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In Memoriam of

During our work on this project, the Joint State Government Commission experienced the tragic loss of one of our staff members.

Lydia L. Hack, Esq. passed away September 2024. She worked diligently and fervently on this project. The Commission expresses profound appreciation for our colleague and her work on this report.

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December 2024

To the Members of the General Assembly of Pennsylvania:

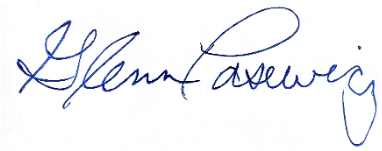
We are pleased to release *Women Veterans Health Care in the Commonwealth* as authorized by Senate Resolution 46 of 2023. The resolution directed the Commission, along with an appointed Task Force, to study the quality of and access to health care and mental health services for women veterans in Pennsylvania through both the VA and private providers. Consideration of military sexual trauma (MST) and sexual harassment and abuse were of particular importance.

Task Force discussions, staff meetings with Pennsylvania's Congressional delegations, women veterans focus groups, and expert interviews identified barriers and solutions for women veterans in accessing and receiving appropriate health and social services. Consequently, the Task Force recommended screening for veteran status by all community-based providers; veteran treatment training for all health care practitioners; and reporting on the efficacy of Pennsylvania's referral programs. Task Force members recommended that Veterans Service Officers and others who work with women veterans receive more trauma-informed training, particularly for MST. The Task Force also recommended that the Pennsylvania Department of Military and Veterans Affairs and the VA collaborate to create a digital marketing campaign to increase awareness about local health care and social services offered to women veterans.

On behalf of the Joint State Government Commission, we extend our thanks to the members of the Task Force for their expertise and insights. Most important, we thank all women veterans who served, and the many who continue to serve, the best interests of the United States.

The full report is available at http://jsg.legis.state.pa.us

Respectfully submitted,



Glenn J. Pasewicz
Executive Director

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INTRODUCTION

Women have served in our nation's military for as long as it has been established, with many playing supporting roles as nurses in the early wars like the Revolutionary War and the Civil War, and some even disguising themselves as men to fight for their country in those early conflicts. By World War I, women were joining the U.S. Army Nurse Corps by the thousands. Women were also allowed to openly serve in the military in non-commissioned officer and non-combat roles. In World War II, all branches of the military created opportunities for around 350,000 women to enlist in the military in non-combat roles. In 1948, the Women's Armed Services Integration Act was signed into law, "allowing women to serve as full, permanent members of all branches of the Armed Forces."[4] However, these women were still not able to command men and were not allowed to serve in combat roles. During the Vietnam War, women were allowed to command men. Beginning in 1994, women were allowed in all roles except "direct ground combat roles."[5] In 2015, women were finally allowed to serve in direct ground combat roles.[6]

Women fought for their place in the ranks of the military, and brave trailblazers have opened opportunities for those who follow in their footsteps. Women who have the desire to serve their country now can do so in any branch of the military. With the growing number of women veterans comes a growing number of health care needs that are unique to women. As the state with the fourth largest veteran population, Pennsylvania is home to a high number of women veterans as well.[7] For those that are eligible, the U.S. Department of Veterans Affairs (VA) advertises an abundance of women's health services including reproductive care, fertility care, vaginal care, and some pregnancy and maternity care; however, no VA facilities in Pennsylvania have labor and delivery services available. In these cases, the VA will cover the cost of the women's services in a VA-approved community care facility. Some of these services, while they are available, may be located in VA hospitals that may be up to an hour away rather than a local VA clinic. The convenience and availability of these services often depend on where a woman veteran lives.

Senate Resolution 46, Printer's No. 903 of 2023, directed the Joint State Government Commission to assemble a Task Force on Women Veterans Health Care that included the following:

- Chair of the State Veteran's Commission or a designee;

[4] "Over 200 Years of Service: The History of Women in the U.S. Military," *United Service Organizations*, accessed October 22, 2024, https://www.uso.org/stories/3005-over-200-years-of-service-the-history-of-women-in-the-us-military.
[5] "Over 200 Years of Service," *United Service Organizations*.
[6] "Over 200 Years of Service," *United Service Organizations*.
[7] "Number of Veterans Living in the United States in 2022, By State," *Statista*, accessed October 22, 2024, https://www.statista.com/statistics/250329/number-of-us-veterans-by-state/.

- A Health care provider in this Commonwealth with experience providing health care to women veterans;
- A health care provider in this Commonwealth that has experience serving as a medical officer and is a veteran of the armed services advocating for access to women's health care in the life sciences industry;
- A mental health care provider in this Commonwealth that has experience in providing mental health care treatment to returning women veterans;
- A substance abuse and addiction treatment provider in this Commonwealth that has experience in providing substance abuse and addiction treatment to returning women veterans;
- An individual from a Commonwealth advocacy group that represents the interests of sexual assault victims with experience in providing services to women veterans who have suffered military sexual trauma, including harassment or abuse;
- A judge that serves on a county veterans court; and
- An individual from transitioning programs, including employment, housing, child care, financial planning and peer-to-peer support, for returning women veterans.

The resolution asked the Task Force to investigate the following:

- Quality of and access to mental health services, including services and treatment for post-traumatic stress disorder, traumatic brain injury and military sexual trauma;
- In-patient treatment availability;
- Adequacy and availability of appropriate women veterans' health care within the Federal Veterans Affairs health care system and this Commonwealth, as well as the interaction and recognition of the needs of women veterans by private health care providers; and
- Adequacy, quality of and access to services providing for the identification and treatment of military sexual trauma, including sexual harassment or abuse; and
- Any other relevant needs not mentioned here.

Veterans Integrated Service Network 4 (VISN 4), the network of VA clinics and hospitals that includes Pennsylvania, was cooperative with Joint State staff in providing the data that were available. Other data from the VA website were utilized along with interviews and focus groups with several women veterans to gather more experiential data. Data provided by VISN 4 and the VA website show a health care system in Pennsylvania that enjoys high trust from both its male and female veteran populations, and VA quality measures like the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act[8] standard show VA hospitals

[8] The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, Pub. L. 115-182, 132 Stat. 1393.

provide care that is either the same level of quality or better than care in the community. Patients' perceptions of wait times overall were reasonable as well, with some studies demonstrating that wait times in community care are longer than those at the VA.

For some of these areas of study, sufficient data were not available. Health care is a field with large variations in patient experiences. While many women have indicated positive trust and good experiences at the VA, some have had negative experiences with specific doctors or health care workers. In order to represent a larger range of women veterans' experience of the health care system, references to some of these negative experiences are included in the report as well. A Joint State staff member also traveled to PA Vet Con 2024 to attend a roundtable about women veterans' experiences with health care.

The Task Force believed that the VA is providing accessible and high quality health care and focused its attention on the women veterans who are not receiving VA health care or are receiving community care funded by the VA. Veterans who receive their care outside of the VA do not always identify themselves to providers as veterans, not thinking that their service would have an effect on their health. However, veterans experience increased risk for Post-traumatic Stress Disorder (PTSD), Traumatic Brain Injuries (TBIs), Military Sexual Trauma (MST), and suicide. Additionally, veterans serving in certain theaters are at increased risk for toxic exposures that can affect their health for years to come. Task Force members believed that identifying veterans in any social services context possible is crucial for connecting veterans to necessary resources. A universal requirement for screening for veteran status at hospitals in Pennsylvania would make more veterans aware of their elevated health risks and the many resources available to them through state and federal programs.

The report also details the barriers that women veterans seek when attempting to access VA health care, including the confusing eligibility requirements, MST, lack of community support systems, and lack of childcare. It includes some examples of ways Pennsylvania and federal veteran advocates have attempted to overcome these barriers. One major challenge in connecting women veterans to VA health care is the lack of knowledge and data on women veterans in Pennsylvania in the first place. This is why screening in health care and social services is so important; identifying these women and their needs and demographics is foundational in the continuing efforts to provide safe and effective medical care to women veterans. Some women may have previous bad experiences with VA care, or have a friend who reported a bad experience, and may be reluctant to seek VA care. This report will demonstrate that the VA has invested in improving care and that many Pennsylvanian veterans, men and women, report high trust and positive outcomes from their VA care. The report provides recommendations to legislators and stakeholders to enact laws and make policy changes that will improve the state's ability to direct women to the resources they so deeply deserve.

RECOMMENDATIONS

The Task Force has developed the following recommendations after reviewing the current state of women veterans health care in Pennsylvania, and consulting with women veterans and other veteran advocates and stakeholders.

Recommendation 1

- ❖ The General Assembly should enact legislation that requires screening for veteran status by all health care providers and health care practitioners as defined by The Health Care Facilities Act at the time of admission or registration using the "Have You Served" Campaign language. This proposal would amend the act of July 19, 1979 (P.L. 130, No. 48), known as the Health Care Facilities Act; 35 P.S. §§ 448.101 *et seq*. by adding § 806.5. **See page 111**.

For a variety of reasons, around 50 percent of veterans in Pennsylvania do not receive health care through the VA or receive certain specialty services through community care covered by the VA. Veterans do not always self-identify in health care settings. Veterans are at a higher risk for suicide, post-traumatic stress disorder (PTSD), and traumatic brain injuries (TBIs). Veterans who served in specific regions or time periods may also have been exposed to hazardous chemicals. Many health care practitioners agree that inquiring about a patient's veteran status can improve quality of care for patients who are veterans. Connecticut currently requires all hospitals within the state to ask all patients if they are veterans.

Pennsylvania should statutorily require a similar requirement for health care providers. The Health Care Facilities Act[9] authorizes the Department of Health to "…exercise exclusive jurisdiction over health care providers…"[10] which includes, among other things, the authority to "…adopt and promulgate regulations necessary to carry out the purposes and provisions of [the act] relating to certificate of need" and to "…enforce the rules and regulations promulgated by the department…"[11] The term "health care provider" is defined under the act as "[a]n individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies and insurance companies), the Commonwealth, or a political subdivision or instrumentality (including a municipal corporation or authority) thereof, that operates a health care facility…"[12] The term "health care facility" is defined under the act as:

> …any health care facility providing clinically related health services, including, but not limited to, a general or special hospital, including psychiatric hospitals, rehabilitation hospitals, ambulatory surgical facilities, long-term care nursing

[9] Act of July 19, 1979 (P.L. 130, No. 48); 35 P.S. §§ 448.101 *et seq*.
[10] *Ibid, §* 201, 35 P.S. § 448.201(1).
[11] *Ibid, §* 201, 35 P.S. § 448.201(11), (12).
[12] *Ibid, §* 103, 35 P.S. § 448.103.

> facilities, cancer treatment centers using radiation therapy on an ambulatory basis and inpatient drug and alcohol treatment facilities, both profit and nonprofit and including those operated by an agency or State or local government. The term shall also include a hospice. The term shall not include an office used primarily for the private or group practice by health care practitioners where no reviewable clinically related health services is offered, a facility providing treatment solely on the basis of prayer or spiritual means in accordance with the tenets of any church or religious denomination or a facility conducted by a religious organization for the purpose of providing health care services exclusively to clergy or other persons in a religious profession who are members of the religious denominations conducting the facility.[13]

The requirement could come in the form of a statutory amendment to the Health Care Facilities Act, requiring all health care providers and health care practitioners to screen for veteran status when a patient is admitted or registered with the provider. The screening should require the use of the phrase the National Association of Community Health Centers (NACHC) recommends with a short version question, worded as follows:

Have you ever served in the United States military, armed forces, or uniformed services? (Yes/No)

The NACHC recommends providers follow up with an add on to the first question, worded as follows:

This includes Air Force, Army, Coast Guard, Marines, Navy, Space Force, National Guard, Reserves, or the U.S. Public Health Service and National Oceanic and Atmospheric Association. (Yes/No)

It should be noted that much of the actual governing rules applicable to health care providers and health care practitioners pursuant to the Health Care Facilities Act are found within Department of Health regulations under 28 Pa. Code. Currently, the Department has regulations governing admission and discharge in general and specialty hospitals, as well as requirements for patient identification. The legislation would leave any remaining details for implementation of the requirement up to health care providers or potentially the Department of Health (through promulgation of regulations) to implement as they see fit.

Recommendation 2

- ❖ The General Assembly should enact legislation requiring veteran treatment training for all health care practitioners licensed under the Board of Medicine under the PA Department of State and defined by the Medical Practice Act, as well as all board-regulated practitioners licensed under the Osteopathic Board of Medicine of the Department of State and defined by the Osteopathic Medical Practice Act. This proposal would amend subsections 23(a) and 25(b) of the act of December 20, 1985 (P.L. 457, No. 112), § 1, known as the Medical Practice Act; 63 P.S. §§ 422.23(a),

[13] *Ibid*.

422.25(b), **see page 112**. This proposal would also amend subsections 5(a) and 10(d) of the act of October 5, 1978 (P.L. 1109, No. 261) known as the Osteopathic Medical Practice Act; 63 P.S. §§ 271.5(a), 271.10(d). **See page 113**.

In conjunction with strengthening veteran screening in private hospitals, medical professionals licensed by the Department of State[14] should be well-equipped to respond to a positive identification of a veteran to the unique health challenges veterans face. This includes recognizing conditions such as PTSD, TBIs, MST, the risk of suicide, as well as understanding broader military culture. Pennsylvania-accredited medical schools and other health care educational/training programs should include military cultural competence training into their curricula. This training should be required as part of continuing education opportunities for licensed health care providers actively practicing in the field, ensuring they stay current on best practices for veteran care.

Pennsylvania should statutorily amend the Medical Practice Act and the Osteopathic Medical Practice Act to require all health care practitioner licensees under the Department of State (some of these health care practitioner licensees include medical doctors, respiratory therapists, perfusionists, osteopathic doctors, genetic counselors, midwives, prosthetists, orthotists, pedorthists, and orthotic fitters) to undergo biennial training on military cultural competence training, training on mental health impacts for veterans including suicide, PTSD, TBIs, and MST. This ongoing training requirement would be like the training requirements for Child Abuse Recognition and Reporting pursuant to 23 Pa. C.S. § 6311 (relating to persons required to report suspected child abuse) and 49 Pa. Code § 16.108. Legislators should keep in mind, however, that health care practitioners complete many trainings biennially, and any additional training should be considered in light of the ongoing physician shortage.

Recommendation 3

- ❖ Pennsylvania social service organizations and nonprofit organizations specifically designed to assist veterans or other social service organizations that may assist, or encounter veterans should incorporate veteran status screening into their intake process using the "Have You Served" Campaign language.

Many veterans, especially those unaware of their eligibility for VA benefits, initially seek assistance from community-based social services rather than through veteran-specific programs. As one example, for a low-income veteran who is not aware of the health care benefits available to her through the VA, a referral to a Veteran's Service Officer (VSO) who can help her get connected to VA care could mean the difference between life and death. All Pennsylvania social service organizations, such as homeless shelters, food pantries, and churches should be aware that veterans are a part of the population they serve and that they may be eligible for additional support and services. Once veteran status is identified, social service organizations should be prepared to refer individuals to a navigator that can connect them with VA benefits and resources.

[14] Act of March 23, 1972 (P.L. 136, No. 52), § 1.1; 63 P.S. § 1201.1 *et seq.*

Recommendation 4

- ❖ Veteran-specific and general referral programs that operate in the Commonwealth should collect and publish data on the effectiveness of their programs.

Effective referral programs ensure veterans not only receive information about available services but are also successfully connected to those services. Programs like PA Serves, which reported an 82 percent successful resolution rate in 2023, "close the loop" by utilizing a technology platform that provides constant feedback on referrals and by employing human navigators who can intervene when clients are referred to provider organizations that are unresponsive and who constantly monitor the expertise and capacity of its referral partners. Unfortunately, many general referral programs do not close the loop on services and often hand the client a number to call. To improve service delivery, a human navigator should leverage a shared platform that can provide time-stamped service data and referral outcomes. Referral programs should be able to report client demographic data, the accuracy of their referrals, the response time of providers, service durations by referral, and the percentage of time their client's needs were met successfully.

Recommendation 5

- ❖ Pennsylvania Department of Military and Veterans Affairs (DMVA) should partner with the VA to receive federal funding for a digital marketing campaign to raise awareness about the local health care and social services the VA offers women veterans.

Women veterans utilize the VA at higher rates than male veterans in Pennsylvania. Overall, Joint State staff spoke to women who would recommend VA care to other women veterans. They appreciated the veteran-centered care and trauma-informed care they received. However, even some of the women veterans actively using VA health care were not aware of all the services they could receive within the VA, including pap smears and maternity care supports. One advocate stated that if she could ask for one thing from the legislature, it would be a marketing budget to put out billboards and social media posts to show women veterans that they were not alone and that resources were available to them. A digital marketing campaign can measure clicks and engagement and use geofencing to target geographical areas with higher numbers of women veterans and the level of engagement of the campaign can be evaluated. Additional funding should only be given to a digital campaign that can effectively direct women veterans to local VA health care and services.

Recommendation 6

- ❖ The Veterans Trust Fund (VTF) should make programs that increase women veterans' sense of community and connection one of its funding priorities in the 2024-25 grant year and the legislature should statutorily require the public publishing of Annual VTF reports. This proposal would amend § 1721(f) of Title 51 of the Pennsylvania Consolidated Statutes. **See page 114**. The legislature should also require programs that receive VTF grants to collect and publish data on the effectiveness of their programs. This proposal would amend Title 51 of the Pennsylvania Consolidated Statutes by adding a subsection 1721(g). **See page 114**.

Word of positive experiences with the VA spreads similarly to word of negative experiences with the VA; often through word of mouth. Due to women veterans' unique schedules as they are often raising children or involved in various other family commitments, women veterans do not attend veteran events with the same frequency as male veterans. This can cause women veterans to feel more alone in the unique struggles they deal with when readjusting to civilian life. When women veterans can build community, it is easier to connect women with the resources they need, including health care or mental health supports. Some of these resources, including VA benefits, can be confusing to access, so connecting women veterans with advocates that are well-versed with the system will increase their chances of receiving the care they need. Identifying women veterans and connecting them to each other was considered a challenge by many veteran advocates. Possible suggestions to build community with women veterans can be found in the report at page 71. VTF grants are awarded to Veterans' service organizations (VSOs) with 501(c)(19) status and have a maximum of $40,000 each grant cycle. Counties or County Directors of Veterans Affairs can receive up to $15,000 each grant cycle. Though the Deputy Adjutant General for Veterans Affairs publicly publishes a VTF report annually, this is not required by law. Adding it to statute will ensure that this important transparency continues in the following years. Adding requirements to review the effectiveness of such programs will ensure that the funding is being utilized responsibly.

Recommendation 7

- ❖ Those DMVA officials required to receive VSO accreditation should be required to receive trauma-informed training as a part of their training requirements. This proposal would amend Section 1731(d) of Title 51 of the Pennsylvania Consolidated Statutes. **See page 115**.

Women veterans in conversations and focus groups mentioned sometimes coming into contact with individuals that they believed had a lack of trauma-informed training. MST is a trauma with many triggers that can be difficult to discuss openly, particularly with those who are not equipped to handle sensitive conversations in a way that builds trust and safety. Veterans Service Officers (VSOs) who work with veterans, both men and women, on a daily basis should be trained on how to effectively support survivors who have experienced MST, PTSD, or TBIs. DMVA should include trauma-informed training in their VSO training requirements to ensure that all VSOs are capable of properly serving women in their region rather than sending women along to a female VSO. Increasing trauma-informed training and specifically MST training throughout the state for nonprofits as well would lead to an improved experience for women utilizing any veteran services.

Federal

Most services and benefits offered and provided to veterans, active military personnel, and reservists are mandated and funded through the U.S. Department of Veterans Affairs (VA). State Veterans affairs agencies are second only to the VA in providing benefits and services to veterans and their families.[15]

The federal government has exercised preemption in many aspects of veterans affairs.[16] For example, when a state law, license, registration, certification, or other requirement prevents or unduly interferes with a health care professional's practice within the scope of their VA employment, the health care professional is required to abide by their federal duties; all state laws conflicting with federal statute or regulations in this area are preempted.[17] When a state law does not conflict with the performance of federal duties in these ways, VA health care professionals must comply with the state law. Pennsylvania law acknowledges federal preemption in veterans affairs by expressly asserting its intent to not run afoul of federal veterans affairs statutes and regulations under § 103 of its Military and Veterans Code (MVC) which provides the following:

> It is the intent of this title that it shall be in conformity with all acts and regulations of the United States affecting the same subjects, and all provisions of this title shall be construed to effectuate this purpose.[18]

[15] U.S. Const. art. VI, § 2.

[16] The Supremacy Clause of the U.S. Constitution expressly provides that federal law is "the supreme Law of the Land." The Preemption Doctrine pursuant to the Supremacy Clause under Article VI, § 2 of the U.S. Constitution requires that where a state law and federal law conflict, federal law replaces, or preempts, state law. The U.S. Supreme Court has explained that under the Supremacy Clause, "the States have no power, by taxation or otherwise, to retard, impede, burden, or in any manner control, the operations of the constitutional laws enacted by Congress to carry into execution the powers vested in the general government." (From *States v. Washington*, 596 U.S. 832, 142 S. Ct. 1976, 1983-84 (2022) (quoting *McCulloch*, 17 U.S. (4 Wheat.) at 436)). Consequently, the Supreme Court interpreted the Constitution as prohibiting states from interfering with or controlling the operations of the federal government.

[17] 38 C.F.R. § 17.419(b)(1); 38 U.S.C. § 7301. Under the Supremacy Clause, federal statutes, regulations, and policies authorizing VA health care professionals to practice according to VA standards preempt conflicting State law that prevents or unreasonably interferes with the performance of VA duties. *Hancock* v. *Train,* 426 U.S. 167, 178–81 (1976); *Sperry* v. *Florida,* 373 U.S. 379, 385 (1963); *Miller* v. *Arkansas,* 352 U.S. 187 (1956); *Ohio* v. *Thomas,* 173 U.S. 276, 282–84 (1899); *State Bar Disciplinary Rules as Applied to Federal Government Attorneys,* 9 Op. O.L.C. 71, 72–73 (1985).

[18] 51 Pa.C.S. § 103.

History

Earlier forms of federal agencies and departments were charged with assisting veterans prior to 1930's establishment of the VA pursuant to Executive Order 5398[19], signed into law by President Herbet Hoover. At its inception, the Veterans Administration had 54 hospitals, cared for 4.7 million veterans, and employed 31,600 workers. Three years later the Board of Veterans Appeals was established in 1933 and in 1944 the Servicemen's Readjustment Act[20] (now known as the GI Bill) was signed into law by President Franklin Roosevelt. The act offered home loans and education benefits to veterans. In 1946, the Department of Medicine and Surgery was established, later to be replaced by the Veterans Health Services in 1989 and renamed the Veterans Health Administration (VHA) in 1991.[21]

In 1953, the Department of Veterans Benefits was established. Two decades later, the National Cemetery System (excluding Arlington National Cemetery) was transferred by the U.S. Army to the VA. Up until this point, and for the next 30 years, most women veterans were not identified as having veteran status, nor were aware they were entitled to benefits and entitlements, even though women had served in pervious armed conflicts and were permitted to serve as regular members of the armed forces since the 1948 Women's Armed Services Integration Act.[22] Women Army or Navy nurses received hospitalization and medical care during World War I through the Armed Services. In 1923, the National Home for Disabled Volunteer Soldiers approved the first hospital spaces for women Army or Navy nurses serving during the war, but VA health care was not broadly available or utilized by women.[23] In 1980, the U.S. Census asked American women for the first time if they had ever served in the armed forces, with a recorded 1.2 million women responding in the affirmative. The 1980 Census results led to Congress granting veteran status to women who served in the Woman's Army Auxiliary Corps (WAAC) during World War II. Shortly thereafter in 1982, the U.S. General Accounting Office (GAO), conducted a study and issued a report entitled *Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits*, which concluded that women did not have equal access to VA benefits, women treated in VA facilities did not receive complete and appropriate physical examinations, women did not receive gynecological care, and women were not adequately informed of their benefits.[24]

In 1983, the VA sought to address its shortcomings for women veterans by establishing the National Advisory Committee on Women Veterans, which published its first report in 1984. One year later, the VA also published a *Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans* that found that 57 percent of the women did not even know they were eligible for VA services, benefits, and programs. The survey also found that women veterans reported twice the rates of cancer as compared to the women in the general adult population, with

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[19] Presidential Executive Order No. 5398 (1930) – "An act to authorize the President to consolidate and coordinate governmental activities affecting war veterans."
[20] The Servicemen's Readjustment Act of 1944, Pub. L. 78-346, 58 Stat. 284.
[21] "About the Department," *U.S. Department of Veterans Affairs*, accessed August 14, 2023, https://department.va.gov/about/.
[22] The Women's Armed Services Integration Act, Pub. L. 80-625, 62 Stat. 356; 34 U.S.C. § 105j.
[23] Dr. Sally Haskell, "Celebrating 100 Years of Health Care for Women," *VA News*, (Sept. 13, 2023), https://news.va.gov/123577/celebrating-100-years-of-health-care-for-women/, accessed October 17, 2023.
[24] U.S. General Accounting Office, *Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits*, (GAO/HRD-82-98) (Sept. 24, 1982), 3.

gynecological cancers being the most common.[25] The same year, the VA appointed its first Women Veterans Coordinator, while a Veterans Health Administration office designed specifically to address women's health issues was established in 1988.[26]

In 1989, the Department of Veterans Benefits was succeeded by the current department title. This same year, the VA became a cabinet-level executive branch department of the federal government after legislation elevating the department was signed into law by President Ronald Reagan in 1988.[27]

In 1992, the GAO released a follow-up report entitled *VA Health Care for Women - Despite Progress, Improvement Needed* on the 1982 study reviewing VA health care for women. This report helped bring about the enactment of the Veterans Health Care Act of 1992[28] which added provisions intended to improve women's health care and expanded the scope of Post-Traumatic Stress Disorder (PTSD) to include care for sexual trauma associated with military duty. Congress enacted the Veterans Benefits Improvements Act in 1994,[29] which established the Center for Women Veterans. The same year, the National Center for Post-Traumatic Stress Disorder established a Women's Health Sciences Division at the Boston VA Medical Center.[30]

In 1997, the VA held its first National Conference of VA Women Veteran Coordinators in San Antonio, Texas.[31] In 2000, the VA allocated funds for the first time in the amount of $3 million to combat homelessness of women veterans. Congress then enacted the Veterans Benefits and Health Care Improvement Act of 2000,[32] which authorized monthly payments to women veterans with a service-connected mastectomy. The Act also provided benefits to children suffering from birth defects born to women who served in the Vietnam War.[33]

Congress enacted the Women Veterans Health Care Improvement Act of 2008[34] which among other things made the Advisory Committee on Women Veterans' biennial report a permanent federal requirement. In 2010, Congress enacted the Caregivers and Veterans Omnibus Health Services Act of 2010, which authorized the VA to carry out a two-year pilot program to examine the possibility of providing childcare for "qualified veterans who are the primary caretaker of a child." The Act also authorized the provision of VA health care benefits to newborn children of qualifying women veterans for up to seven days and expanded research on women veterans' health care.[35] In July of 2010, the VA held a Women's Health Services Research

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[25] Harris (Louis) and Associates, Inc., *Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans*, New York, NY, (Aug. 1985), Report No. IM&S-M-70-85-7.
[26] "Women Veterans Issues: A Historical Perspective," *VA.gov*, accessed October 3, 2023, https://www.va.gov/womenvet/docs/20yearshistoricalperspective.pdf, 2.
[27] "About the Department."
[28] The Veterans Health Care Act of 1992, Pub. L. 102-58, 106 Stat. 4943; 38 U.S.C. § 101 *et. seq*.
[29] The Veterans' Benefits Improvements Act of 1994, Pub. L. 103-446, 108 Stat. 4645; 38 U.S.C. § 101 *et. seq*.
[30] "Women Veterans Issues."
[31] "Women Veterans Issues."
[32] The Veterans Benefits and Health Care Improvement Act of 2000, Pub. L. 106-419, 114 Stat. 1822; 38 U.S.C. § 101 *et seq*.
[33] 2000 Act
[34] The Women Veterans Health Care Improvement Act of 2008, Pub. L. 110-387, 122 Stat. 4110.
[35] The Caregivers and Veterans Omnibus Health Services Act of 2010, Pub. L. 111-163, 124 Stat. 1130; 38 U.S.C. § 101 *et seq.*

Conference on improving the quality of care for women veterans. This conference was composed of researchers interested in studying women veterans issues. Women in the military and leaders in women's health care delivery and policy, within and outside the VA, were involved in the conference.[36]

The Veterans Benefits Administration (VBA) instituted staff training for processing claims on personal assault related PTSD claims in 2011. In addition, the VBA created an electronic tracking and reporting system to identify and track personal assault trauma claims.[37] By 2013, the number of women veteran VA health care users doubled to 390,000, up from 159,000 in the year 2000. The same year, the VA created a women veterans hotline (1-855-VA-WOMEN) to respond to questions from veterans, their families, and caregivers regarding the services available to women veterans. The VA also invested more than $16.5 million in over 80 studies on women veterans health.[38]

In 2020, a roundtable discussion with women veterans conducted by the Wounded Warrior Project took place to discuss their transition experiences from service back into civilian life. The discussion uncovered room for improvement regarding services provided to women veterans. Specifically, roundtable participants told the panel that they often learned about available services by chance, through conversations with commanders, or other veterans. Much of the information they received through the Transition Assistance Program was not relevant to their women's health care needs or the needs of those experiencing military sexual trauma. Participants did note that the program was most useful for civilian workforce preparation through résumé-writing assistance and opportunities to practice interviewing for jobs.[39]

In 2021, the Deborah Sampson Act (DSA)[40] was signed into law. The law was named after one of the first American women to receive a pension for her military service. She was an indentured servant who enlisted in the Continental Army in 1782 during the Revolutionary War. During this period, women were not permitted to be members of the military. To serve, Sampson disguised herself as a man and tended to her own wounds during her 17 months of military service.[41] The DSA included provisions designed to provide an equal level of care and resources with the VA for women veterans. The DSA also addresses sexual harassment and assault in VA facilities and establishes an Office of Women's Health under the Undersecretary of VA for Health.

Current

Today, there are over 400,000 employees at the VA.[42] The VA provides, through the Veterans Health Administration (VHA), lifelong health care services to eligible military

[36] "Women Veterans Issues."
[37] "Women Veterans Issues."
[38] "Women Veterans Issues."
[39] Dana Schultz, Kyleanne M. Hunter, Lauren Skrabala, *et al.*, "Improving Support for Veteran Women: Veterans' Issues in Focus," *Rand Health Quarterly, National Library of Medicine* 10, no. 2 (May 2023): 10, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10187554/.
[40] The Deborah Sampson Act of 2020, Pub. L. 116-315, Title V, § 5001 *et seq*., 134 Stat. 5021.
[41] Cherie Parker, "Women's Equality Day Aug. 26: Remembering Deborah Sampson," *VA News* (Aug. 24, 2022), https://news.va.gov/107424/womens-equality-day-deborah-sampson/, accessed October 24, 2023.
[42] "About the Department."

veterans at its 170 VA medical centers and outpatient clinics located throughout the U.S. The VA is the largest integrated health care system in the U.S., providing care at 1,321 health care facilities including 172 medical centers and 1,138 outpatient sites. All sites and facilities cumulatively serve 9 million enrolled veterans annually.[43]

In addition, the VA provides non-health care benefits that include disability compensation, vocational rehabilitation, education assistance, home loans, and life insurance. The federal government is also responsible for providing burial and memorial benefits to eligible veterans and family members at 150 national cemeteries.[44] Specifically pursuant to federal statute, the purpose of the VA as an executive department of the federal government is to "…administer the laws providing benefits and other services to veterans and the dependents and the beneficiaries of veterans."[45] Currently, the VA is composed of the following:

- The Office of the Secretary.
- The Veterans Health Administration.
- The Veterans Benefits Administration.
- The National Cemetery Administration.
- The Board of Veterans' Appeals.
- The Veterans' Canteen Service.
- The Board of Contract Appeals.
- Such other offices and agencies as are established or designated by law or by the President or the Secretary.[46]

The Secretary of Veteran Affairs is the head of the VA and manages its operations and compliance with all laws governing its administration. The Secretary is appointed by the President of the United States, by and with the advice and consent of the Senate.[47] The VA cites its core values as integrity, commitment, advocacy, respect, and excellence, which spell "I CARE."[48] The aspirational goal of the VA is that all its organizations will be viewed as trustworthy, accessible, high quality, innovative, agile, and integrated.[49] In addition, the VA has continued to execute different initiatives designed to improve the access and quality of benefits and health care to women veterans.

[43] "Veterans Health Administration," *U.S. Department of Veterans Affairs*, accessed August 14, 2023, https://www.va.gov/health/.
[44] "About the Department."
[45] 38 U.S.C. § 301(b).
[46] 38 U.S.C. § 301(c)(1)-(8).
[47] 38 U.S.C. § 303.
[48] 38 C.F.R. § 0.601.
[49] 38 C.F.R. § 0.602.

Advisory Committee on Women Veterans

A key resource within the VA for women veterans is the Advisory Committee on Women Veterans (ACWV).[50] Established and chartered in November 1983 pursuant to 38 U.S.C. § 542 and subject to the requirements of the Federal Advisory Committee Act[51], the ACWV "assesses the needs of women veterans, with respect to VA programs such as compensation, rehabilitation, outreach, health care, etc."[52] The ACWV also reviews VA's programs, activities, research projects, and other initiatives focused on women veterans. The committee makes recommendations to the Secretary on how to improve, modify, and affect programs and services for women veterans.[53]

The ACWV is also required to provide an annual report to the Secretary of Veterans Affairs by July 1 of each year that includes an assessment of the needs of women with respect to compensation, health care, rehabilitation, outreach, and other benefits and programs administered by the VA; a review of VA programs and activities designed to meet women veteran needs; an assessment of the effects of intimate partner violence on women veterans; and such recommendations as deemed appropriate by the committee.[54]

The committee consists of members appointed by the Secretary from the general public, including representatives of women veterans; individuals who are recognized authorities in fields pertinent to the needs of women veterans, including the gender-specific health care needs of women; representatives of both female and male veterans with service-connected disabilities, including at least one female veteran with a service-connected disability and at least one male veteran with a service-connected disability; and women veterans who are recently separated from service in the armed forces.[55] The committee also has ex officio members, which include the Secretary of Labor (or a representative of the Secretary of Labor designated by the Secretary after consultation with the Assistant Secretary of Labor for Veterans' Employment); the Secretary of Defense (or a representative of the Secretary of Defense designated by the Secretary of Defense after consultation with the Defense Advisory Committee on Women in the Services); and the Under Secretary for Health and the Under Secretary for Benefits, or their designees.[56]

Center for Women Veterans

The VA operates a Center for Women Veterans (CWV) with a mission "to monitor and coordinate VA's administration of health care, benefits, services, and programs for women Veterans."[57] The CWV "…serve[s] as an advocate for cultural transformation and to raise awareness of the responsibility to treat women Veterans with dignity and respect…" The CWV is supervised by a director, who can be a career or noncareer appointee in the Senior Executive

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[50] 38 U.S.C. § 542.
[51] The Federal Advisory Committee Act, Pub. L. 92-463, 86 Stat. 770.
[52] "Center for Women Veterans (CWV): Advisory Committee on Women Veterans," *U.S. Department of Veterans Affairs*, accessed October 2, 2023, https://www.va.gov/womenvet/acwv/index.asp.
[53] *Ibid*.
[54] 38 U.S.C. § 542(c)(1)(A)-(D).
[55] 38 U.S.C. § 542(c)(2)(A).
[56] 38 U.S.C. § 542(c)(2)(B)(i)-(iii).
[57] "Center for Women Veterans (CWV)," *U.S. Department of Veteran Affairs*, accessed October 2, 2023, https://www.va.gov/womenvet/.

Service.[58] The director is appointed for a six-year term and reports directly to the Secretary or Deputy Secretary of the VA.[59] While acting on behalf of the CWV, the director performs the following functions with respect to women veterans:

- Serve as principal adviser to the Secretary on policies and programs affecting women veterans.
- Make recommendations to the Secretary, the Under Secretary for Health, the Under Secretary for Benefits, and other Department officials for the establishment or improvement of VA programs.
- Promote the use of benefits by women veterans and the conduct of outreach women veterans.
- Disseminate information and serve as a resource center for the exchange of information regarding innovative and successful programs.
- Conduct and sponsor appropriate social and demographic research on the needs of women veterans.
- Analyze and evaluate complaints made by or on behalf of women veterans.
- Educate officials responsible for administering Federal, State, local, and private programs that assist Veterans, to encourage those officials to adopt policies which promote the use of those programs by women veterans.
- Advise the Secretary when laws or policies have the effect of discouraging the use of benefits by women veterans.
- Publicize the results of medical research related to women veterans.
- Advise the Secretary and other appropriate officials on the goals of section 492B of the Public Health Service Act regarding the inclusion of women in clinical research and on health conditions affecting women's health.
- Provide support and administrative services to the Advisory Committee on Women Veterans.
- Perform other duties the Secretary shall prescribe.[60]

The CWV also promotes the recognition of women veterans' military service and contributions by sponsoring activities and special events.[61]

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[58] Senior Executive Service are members who serve in key positions below Presidential nominees. They are the primary link between the appointees and the rest of the federal workforce. "Senior Executive Service," *U.S. Office of Personal Management*, accessed October 2, 2023, https://www.opm.gov/policy-data-oversight/senior-executive-service/.
[59] 38 U.S.C. § 318(a)-(c).
[60] 38 U.S.C. § 318(d)(1)-(12).
[61] "Center for Women Veterans."

Pennsylvania

State departments and agencies concerning veterans' services, while independent of VA, act as key partners with the federal government. State agencies primarily assist veterans with accessing and applying for federal VA care and benefits. In addition to connecting veterans to federal resources, each state government offers additional benefits or services to their veterans. For example, some states provide reduced or exempted state taxes, education benefits, and direct bonuses for war time veterans (these programs represent significant investments and expenditures on behalf of state governments).[62]

History

Pennsylvania's main veterans affairs department is the Pennsylvania Department of Military and Veterans Affairs (DMVA). The DMVA was originally created by the Act of April 11, 1793, but was later renamed the Department of Military Affairs by the Administrative Code of 1923[63] and then changed again to its current name in March of 1996.[64] The DMVA's mission is to provide a diverse team of professionals who strengthen the Commonwealth by serving its service members, veterans, and their families (SMVF) while preparing military personnel to protect Americans' way of life.[65]

Current

The DMVA employs approximately 22,000 military and civilian personnel and has a presence within 90 communities across the Commonwealth. The department is supervised by the Adjutant General of Veterans Affairs, a Governor-appointed cabinet-level position.[66]

Within the DMVA is the Office of Veterans Affairs. This office is composed of a headquarters element and two bureaus charged with strategic planning to meet the emerging needs of service members, veterans, and their families, as well as the daily operations of the office to deliver federal, state, and local benefits, services, and programs that have been earned by military service to the U.S. The strategic plan is essentially the roadmap to accomplish a coordinated set of initiatives intended to achieve goals and manage change to ensure that they are focused on the needs of veterans and their families. According to the Joint State Government Commission's 2021 report entitled *Coordination of Veterans Services in Pennsylvania: A Task Force and Advisory Committee Report*, these goals are as follows:

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[62] "State Level Veterans Affairs Departments Work Hand-in-Hand with VA to Deliver Crucial Benefits and Services," *VA News*, last modified March 14, 2017, https://news.va.gov/35871/state-level-veterans-affairs-departments-work-hand-in-hand-with-va-to-delivery-crucial-benefits-and-services/#:~:text=State%20Veterans%20affairs%20agencies%20are%20second%20only%20to,for%20those%20%E2%80%9Cwho%20shall%20have%20borne%20the%20battle.%E2%80%9D.

[63] Act of March 21, 1996 (P.L. 39, No. 12), § 1; 51 Pa. C.S. § 701.

[64] Act of June 7, 1923 (P.L. 498, No. 274) known as the Administrative Code of 1923.

[65] "Mission," *Department of Military and Veteran Affairs*, accessed August 21, 2023, https://www.dmva.pa.gov/Pages/Mission.aspx.

[66] *Ibid*.

- **EDUCATION** - To continue to educate veterans, their families, and those that serve them; on the various federal, state, and local benefits for which they are eligible. To educate community leaders and fellow citizens about both the military culture and the value veterans bring back into community. To continue to maintain high levels of competency and accreditation for Veteran Service Officers (VSO) and Veteran advocates who are charged with assisting veterans and their families.

- **AWARENESS** - To increase awareness of veterans throughout the Commonwealth. Veterans are a strong presence in nearly every community of the Commonwealth, and advocacy must include a strong voice that highlights the value and challenges that veterans bring into the community. Federal, state, and local partners have made a significant investment in infrastructure that supports veterans, and those investments also translate into significant economic contributions and employment opportunities within the community. Veterans cannot accept mediocrity from the Commonwealth and communities cannot be allowed to lose sight of the fact that one in twelve community members is a veteran.

- **ACCESS** - To continue aggressive action to increase access for veterans to competent, professional, and well-trained VSOs and veteran advocates who are dedicated to helping veterans and their family members to obtain the full measure of veterans benefits to which they are entitled. Provide trained VSOs with access to state-of-the-art automation that meets DoD and VA compatibility requirements to facilitate the "Fully Developed Claims" (FDC) initiative. Facilitated access also includes the ability to refer veterans to sister departments and agencies, community partners, and non-profit organizations when gaps are found in services that are not covered by the OVA's veterans benefits, services, or programs.[67]

The DMVA also has the authority to arrange for burial details for veteran soldiers who are to be interred at any of the following national cemeteries:

- Indiantown Gap National Cemetery
- National Cemetery of the Alleghenies
- Washington Crossing National Cemetery

In addition, Pennsylvania has established a separate fund in the State Treasury known as the Pennsylvania Veterans' Monuments and Memorial Trust Fund. The fund is administered by the DMVA. The funds in the trust are used for the "promotion, administration, operation, maintenance and completion of the monuments and memorials dedicated to Pennsylvania veterans and military units and other costs incidental thereto…"[68]

[67] Joint State Government Commission, *Coordination of Veterans Services in Pennsylvania: A Task Force and Advisory Committee Report*, (Mar. 2021), p. 33-34.
[68] 51 Pa.C.S. § 710(a)-(b).

Pennsylvania also operates other veteran-related offices such as the Bureau of Veterans Homes (BVH) and the Bureau of Programs, Initiatives, Reintegration, and Outreach (BPIRO).[69]

Recently, the DMVA hired Marilyn Kelly-Cavotta, a veteran with six years of experience in veteran advocacy and a Master of Social Work (MSW) to serve as Special Advisor for Women & Minority Veterans. In January 2024, she began providing a voice for women and minorities within DMVA. DMVA, in collaboration with the Women Veteran Alliance, launched a statewide magazine known as *Women Veterans Pennsylvania*. The purpose of the magazine is to connect over two million women veterans, veterans in general, and supporters, with their statewide resources. The magazine debuted in June 2024, the month in which women veterans initially received recognition. It is available in a print edition or an online edition.[70] In addition, the Governor has designated June as Women Veterans' Recognition Month, which was previously recognized in March.[71]

County governments include county directors of veterans affairs. The county directors provide aid to veterans and their dependents residing in their jurisdictions to identify, determine eligibility, and assist with the preparation of applications for county, state, and federal veterans benefits and programs. The role of county veterans service officers (VSOs) is to serve as advocates and liaisons for everything related to veterans affairs. Some county directors also assist Reservists and National Guard members with health care issues and claims, helping members understand their health care benefits. All 67 of the Commonwealth's counties have a county director ensuring grave markers and headstones are properly requested and placed for each deceased county veteran. In addition, they provide direct application for state programs, such as:

- Real Estate Tax Exemption;
- Veterans Emergency Assistance;
- Blind and Paralyzed Pensions; and
- Education gratuity for veterans who are currently rated a 100 percent permanent and total disability by the federal Veterans Administration.[72]

A county director has up to one year from the date of appointment to become accredited as a Veterans Services Officer (VSO), which is essentially a license to represent claimants to the VA.

[69] Joint State Government Commission, *Coordination of Veterans Services in Pennsylvania*.
[70] "Available Editions," *Women Veterans Magazine*, accessed October 22, 2024, https://womenveteransmagazine.com/editions/.
[71] Discussion by Lisa Kaye, Director of Veterans Affairs of Monroe County at Task Force meeting, January 30, 2024.
[72] 51 Pa.C.S. § 1731(c).

A director of veterans affairs has the following duties:

- Serve as a local contact between the VA, the department and an individual in the armed forces of the United States, an individual who was discharged from the service and a dependent of the individual;
- Advise an individual in the armed forces, a veteran or a dependent of the individual or Veteran of available federal, state, and county veterans' benefits;
- Aid an individual in the armed forces, a veteran, or a dependent of the individual or veteran in completing required federal, state and local veterans' affairs forms in compliance with current regulations and policies;
- Work under the direct supervision of the county commissioners and within the guidelines provided by the department and the VA; and
- Participate in programs provided by the department, including annual training and refresher courses provided by the Office of the Deputy Adjutant General for Veterans' Affairs and five-year recertification as required by the VA for veterans' service officer accreditation.[73]

Pennsylvania State Veterans Commission

The Pennsylvania State Veterans Commission (SVC) was established pursuant to Title 51 of the Pennsylvania Consolidated Statutes. An advisory commission within the DMVA, the SVC is comprised of the representatives of all the major veterans' organizations active throughout the Commonwealth, as well as a representative of the County Directors for Veterans Affairs. By statute the SVC is composed of the Adjutant General of the DMVA or his designee, and the State Commander, Commandant, or head of each of the following named veterans' organizations, or their designee:

- The American Legion
- AMVETS
- Blinded Veterans Association
- Catholic War Veterans of the United States of America
- Disabled American Veterans
- Jewish War Veterans of the United States
- Marine Corps League
- Military Order of the Purple Heart
- State Association of County Directors of Veterans' Affairs
- Veterans of Foreign Wars of the United States
- Italian-American War Veterans of the United States, Inc.
- The Vietnam Veterans of America, Inc.
- American Ex-Prisoners of War
- Keystone Paralyzed Veterans Association

[73] *Ibid*.

- Military Officers Association of America
- The Korean War Veterans Association, Inc.

A further four members are appointed at-large by the Governor, from a list provided by the Adjutant General, each of whom shall be a veteran and a member in good standing of a Pennsylvania branch, lodge, post, or club of a recognized national veterans' organization active in the Commonwealth. At least one member shall be a female veteran and one must be a veteran of the Vietnam era. Members at large serve a four-year term until a successor has been appointed. The State Adjutants of the American Legion, Disabled American Veterans, the VFW, and the Executive Director of AMVETS serve as nonvoting members.

Women Veterans Committee

The Women Veterans Committee of the Governor's Advisory Council for Veterans Services (GAC-VS) is coordinated by the DMVA. The GAC-VS operates with the intent of enhancing the quality of programs and services for the Commonwealth's veterans. The Women Veterans Committee of the GAC-VS operates to identify the needs of women veterans and provide solutions. To do so, the committee utilizes local, statewide, and federal resources, programs, and services. The committee is chaired by a woman veteran who facilitates the committee's initiatives. In addition, the chairwoman must provide a brief to the Council members and/or designees during all quarterly meetings.[74]

[74] "Women Veterans," *Department of Military and Veterans Affairs*, accessed October 21, 2023, https://www.dmva.pa.gov/Veterans/SpecialInitiatives/Pages/WomenVeterans.aspx.

VETERANS ORGANIZATIONS AND RESOURCES IN PENNSYLVANIA

There are many nonprofit and agency-affiliated organizations and resources operating in the Commonwealth and nationally, designed to assist veterans with accessing benefits, health care, and other forms of assistance. Some nonprofits are focused specifically on women veterans; however, most of the organizations provide broad support to veterans in general. According to a 2023 report drawing from the National Resource Directory (NRC), United Way's 211 database, and RAND's MATTR database, regional resources for Veterans are "…either exclusively for veterans and their family members or are programs or organizations that serve broader populations but offer veteran-specific programs…"[75] The report noted that of the 63 resources identified in the NRC and United Way 211 database, twenty-six were providers of referrals and information, rather than providers of direct services.[76] It should be noted that this report focused on the Adagio Health Services Area which is primarily the western portion of the state. The following is a list of both national and local resources and organizations that provide support to women veterans throughout Pennsylvania, some of which have been mentioned previously.

Action Housing: Founded in 1957, Action Housing was created with the intention to provide social services and programs for many individuals who face barriers to affordable, accessible housing. Typically, individuals served by the organization include underserved individuals, individuals with intellectual and physical disabilities, the homeless, veterans, young people who have aged out of the foster care system, and other low-income families. Since 1985, Action Housing has helped develop over 4,500 units of housing, both single- and multifamily. Most of these units were created through joint efforts of community-based partners, such as local development corporations and supportive service providers.[77] Action Housing operates out of southwestern Pennsylvania and its mission is to "…empower people to build more secure and self-sufficient lives through the provision of decent, affordable housing, essential supportive services, asset building programs, and educational and employment opportunities."[78]

Adventures in Training with a Purpose: The Pittsburgh Veterans Program operates Adventures in Training with Purpose (ATP), a Christian nonprofit organization that assists struggling individuals to improve their lives through purposeful, physical training. Specifically, ATP provides "Functional Performance and Wellness Training" that is designed to incorporate strength and aerobic exercise, along with balance elements and movement patterns. The training utilizes a "whole body approach" in improving daily functional performance. In offering such training, the

[75] Dana Schultz, Susan L. Lovejoy, *et. al*., *A Needs Assessment of Women Veterans in Western Pennsylvania: A Final Report to Adagio Health*, RAND Corporation, (2023), 47.
[76] *Ibid*.
[77] "History," *Action Housing*, accessed March 6, 2024, https://actionhousing.org/about/history/.
[78] "Mission & Impact," *Action Housing*, accessed March 6, 2024, https://actionhousing.org/about/mission-impact/.

program seeks to empower veterans to accomplish daily living activities with autonomy. ATP primarily serves Allegheny County.[79]

AMVETS: AMVETS is a national veterans organization that was initially established in 1944 in Kansas City, Missouri as The American Veterans of World War II. Veteran volunteers began assisting World War II Veterans who sought the benefits promised to them by the federal government. In 1947, President Harry S. Truman signed Public Law 216 which recognized AMVETS as the first World War II organization to be chartered by Congress.[80]

Anyone who is currently serving or who has honorably served in the U.S. Armed Forces from World War II to present day (includes National Guard and Reserves) is eligible for membership. AMVETS is run by volunteers, with annual elections for officers at the national, district, department, and post levels. AMVETS holds a national convention each August where representatives from each structural level of the organization attend to make decisions on issues affecting veterans and the organization itself. The organization helps provide aid to veterans in filing for VA benefits and operates donation drives and thrift stores. AMVETS also engages in veteran advocacy at the national level.[81]

The American Legion: The American Legion is one of the largest and most well-known and influential veteran's organizations in the U.S. Chartered by the U.S. Congress in 1919, the American Legion focuses on service to veterans, servicemembers, and communities. Membership nationally has swelled to over two million members, and local posts are in communities all over Pennsylvania and the U.S. It has 13,000 posts worldwide.[82] According to the American Legion "Post Index," there are over 3,000 American Legion posts in Pennsylvania, alone.[83] Globally, the posts are structured into 55 departments (one for each of the 50 states, along with D.C., Puerto Rico, France, Mexico, and the Philippines). The American Legion advocates for benefits for veterans and establishes important programs for children and youth. One example of such youth programs is American Legion youth baseball leagues. Its website has a benefits center, education center, career center, health center, family support center, and a United Services Automobile Association (USAA) center, which provides banking and insurance services.[84]

Alpha Bravo Canine: Alpha Bravo Canine (ABC) is an organization that donates trained service dogs to U.S. military veterans who struggle with combat-related disabilities to improve their quality of life. ABC is an example of a veteran's organization with a more specific purpose outside of assisting veterans navigate the VA system.[85]

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[79] "Welcome to ATP," *Adventures Training Purpose*, accessed December 10, 2024, https://www.adventurestraining.org/.
[80] "History," *AMVETS National Headquarters Official Website*, accessed March 8, 2024, https://www.amvets.org/history.
[81] *Ibid*.
[82] "History," *American Legion*, accessed March 8, 2024, https://www.legion.org/history.
[83] "Post Index: Pennsylvania," *American Legion*, accessed March 8, 2024, https://centennial.legion.org/histories/pennsylvania.
[84] "History," American Legion.
[85] "Providing Service Dogs to U.S. Veterans," *Alpha Bravo Canine*, accessed March 4, 2024, https://alphabravocanine.org/.

Balanced Heart Healing Center: The mission of the Balanced Heart Healing Center is to heal mind, body, and spirit and educate individuals to achieve optimal health and well-being. The Butler County Center is a founding member of Pittsburgh's coordinated network of veteran serving organizations. The center uses a HEAL-TRAIN-HIRE philosophy to strengthen the community of veterans, which focuses on healing the individual, seeking occupational training of a skill for that individual, and assisting the individual in finding gainful employment related to that training. In addition, the center offers services provided by mental health professionals, holistic health coaches and nutritionists, acupuncturists, massage therapists, nurses, and other professionals. Veterans are also offered mental health services for sexual assault, PTSD, depression, relationship struggles, stress, and other mental health challenges.[86]

Balanced Veterans Network: The Balanced Veterans Network (BVN) is a nonprofit organization with an office in Philadelphia that provides education to assist veterans to use alternative therapies to combat veteran issues including suicide, homelessness, and addiction. BVN's website provides useful resources for veterans, and tracks legislation related to veterans affairs.[87]

Compeer CORPS – The Pennsylvania Compeer Coalition: Compeer is an organization that utilizes the traditional peer-to-peer Compeer Model. This model focuses on the unique bond service members often share with each other. Compeer CORPS matches trained veteran volunteers with veterans experiencing mental health challenges. The volunteers spend at least four hours each month with their matched service members and participate in mutually enjoyable activities to create a support system and friendship. The Coalition has locations across the state.[88]

After 1992, the PA Office of Mental Health and Substance Abuse Services (OMHSAS) began providing a forum for Compeer programs across the Commonwealth at the time to communicate on a regular basis, as well as providing funding to host a statewide conference to promote Compeer services to mental health stakeholders statewide. A statewide conference was held for the first time in 1993 in Harrisburg with over 100 people attending. Compeer programs were offered the opportunity to meet for an annual retreat beginning in 1994 and were also given the chance to participate in quarterly conference calls. The group later named itself the PA Compeer Coalition (PCC); a creation of Compeer CORPS. The PCC applied for annual funding from OMHSAS and has been awarded consistent funding every year since the PCC's formation.[89]

Disabled American Veterans: The Disabled American Veterans (DAV) is a national organization, with a Pennsylvania chapter, that works to empower veterans to live with respect and dignity by educating them and assisting them and their families access all benefits available to them. Specifically, the DAV provides the following services to veterans:

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[86] "Balanced Heart Healing Center," *GuideStar*, accessed March 6, 2024, https://www.guidestar.org/profile/06-1783107; Schultz, *A Needs Assessment*, 123.
[87] "About," *BVN*, accessed March 6, 2024, https://balancedveterans.org/about/.
[88] "Helping PA Veterans Connect Through Friendship," *CompeerCORPS*, accessed March 6, 2024, https://pacompeercoalition.org/compeercorps/. The Compeer Model matches community volunteers with individuals with mental illness.
[89] "About Us," *Compeer*, accessed March 6, 2024, https://pacompeercoalition.org/about-us/.

- Free, professional assistance in obtaining benefits and services earned through military service and provided by the VA or other agencies.

- Outreach concerning its program services.

- Representation of disabled veterans and their families before Congress, the White House, and the judicial branch, as well as state and local government.

- Expanding the DAV's objectives into the communities where veterans and their families reside through state agencies and local organizations and chapters.

- Providing a network where disabled veterans can connect with fellow veterans through volunteer programs.[90]

Greater Philadelphia Veterans Network: The Greater Philadelphia Veterans Network (GPVN) focuses on helping veterans procure gainful employment. Specifically, the GPVN helps veterans craft career objectives and job search strategies. In addition, the organization assists the veteran implement networking strategies, connect with industry leaders, prepare resumes, and practice interview skills.[91]

Guitars 4 Vets: Guitars 4 Vets is a nonprofit organization that operates to assist veterans struggling with PTSD "…through the healing power of music and community."[92] Since 2007, the organization has been operating and refining a guitar instruction program for struggling veterans as a unique therapeutic alternative. The organization offers "…free guitar instruction, a new acoustic guitar and a guitar accessory kit in structured programs run by volunteers, primarily through the Department of Veterans Affairs facilities and community-based medical centers."[93]

The Headstrong Project: Founded in 2012 by veterans, the Headstrong Project is a nonprofit mental health organization that provides "…confidential, barrier-free, and stigma-free PTSD treatment to veterans, servicemembers, [their] family..."[94] The Headstrong Project provides a comprehensive treatment program focused on helping veterans get through the psychological aftermath of trauma. The treatment offered is collaborative and evidence based. The project serves veterans, regardless of an individual's service era or discharge status.[95]

Military Order of the Purple Heart: The Military Order of the Purple Heart (MOPH) is a fraternal organization where fellow veterans can meet and share a common bond of being wounded in combat, while being recognized for their sacrifice. While based out of Virginia, the MOPH is a national organization with local chapters that conduct meetings. The national organization holds an annual convention for the purpose of "renewing goals, ideas, and electing national officers."[96]

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[90] "About DAV," *DAV*, accessed March 6, 2024, https://www.dav.org/about-dav/.
[91] "For Veterans," *GPVN*, accessed March 6, 2024, https://gpvn.org/for-veterans/.
[92] "About Us," *Guitars 4 Vets*, accessed March 11, 2024, https://guitars4vets.org/about-us/.
[93] *Ibid*.
[94] "About Headstrong," *The Headstrong Project*, accessed March 12, 2024, https://theheadstrongproject.org/about/.
[95] *Ibid.*
[96] "Benefits of Membership," *Military Order of the Purple Heart*, accessed March 8, 2024, https://www.purpleheart.org/benefits.

The MOPH engages in the advocacy and representation of veterans and their families. It works to help veterans and their families obtain VA benefits and services, as well as services from other agencies. Membership in the organization provides several benefits, one of which includes a scholarship program for MOPH members, spouses, children, and grandchildren. In addition, MOPH publishes its own official magazine which is distributed six times a year to members. The magazine is typically comprised of relevant articles about activities of the organization around the country. The cost of a member's subscription is included in their membership dues.[97]

National Alliance of Women Veterans: The National Alliance of Women Veterans (NAWV) is an example of a national nonprofit organization specifically established to assist women veterans on a varied of issues. Composed of women who have served in wars dating back to World War II, the NAWV provides advocacy and outreach to women veterans to increase awareness of their struggles and promote their causes. Women veterans serve as honorary members and advisors in the organization. The NAWV has offices located in Philadelphia.[98]

National Resource Directory: Though not an organization, the National Resource Directory (NRD) is a resource website connecting wounded warriors, servicemembers, veterans, their families, and caregivers to a collection of programs and services designed to specifically support them. The NRD is hosted, managed, maintained, and developed by the Defense Health Agency's Recovery Coordination Program and is designed to provide access to services and resources at the national, state, and local levels to assist individuals seeking recovery and reintegration into their communities.[99]

PAServes: PAServes provides access to a network of services, resources, and care for service members, veterans, and their families in the greater Pittsburgh area, including Allegheny, Butler, and Westmoreland counties. PAServes is the local AmericaServes network for this region. Specifically, the organization's care coordinators help connect veterans and their families to health, benefit, social, and crisis services. Many veterans are typically referred to the organization by a health provider or the VA. The referrals are tracked by the organization and data on the number of requests, clients, and providers are shared through the IVMF's AmericaServes program.[100]

PA VetConnect: Administered by the Pennsylvania DMVA and implemented by County Directors of Veterans Affairs throughout the state, PA VetConnect is a free database that helps over 700,000 veterans connect with resources for veterans benefits, employment, financial assistance, mental health, substance use, and other needs in its communities. The database contains valuable information and resources that help county directors of veterans affairs and veterans advocates deliver services to veterans and their families.[101]

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[97] *Ibid*.
[98] "National Alliance of Women Veterans," *National Resource Directory*, accessed March 4, 2024, https://nrd.gov/resource/detail/21078031/National+Alliance+of+Women+Veterans.
[99] "About Us," *National Resource Directory*, accessed March 4, 2024, https://nrd.gov/About-Us.
[100] "PASERVES," *National Resource Directory*, accessed March 6, 2024, https://nrd.gov/resource/detail/21077257/PAServes; Schultz, *A Needs Assessment*.
[101] "PA VetConnect," *Department of Military and Veterans Affairs*, accessed March 7, 2024, https://www.dmva.pa.gov/Veterans/HowToGetAssistance/Pages/PA-VETConnect.aspx.

Pennsylvania CareerLink: PA CareerLink is an example of a program that is not specifically focused on veterans, but it serves as a resource to assist them in finding employment. Formed in 2012, PA CareerLink is a component of the Pennsylvania Department of Labor and Industry's initiative to assist jobseekers find family sustaining jobs and help employers find skilled candidates. It is described as "…a user-friendly, premiere job-matching system…created to help bridge the gap that currently exists between jobseekers and employers."[102]

Pennsylvania Veteran Farming Network: The Pennsylvania Veteran Farming Network provides individualized resource referrals and connections between veteran farmers and service providers who are thoroughly vetted. The Network also hosts educational events and promotes veteran agriculture. The Network provides a collaboration of mentor farmers and agriculture resources throughout the Commonwealth, including the Troops to Tractors program, which provides individuals with farm apprenticeships. The organization is led by a board of directors that are volunteers.[103]

PA 211: Though not specifically directed at veterans, PA 211 has served as a resource available to veterans. Supported by United Way, PA 211 provides a call center and web portal designed to help Pennsylvania residents and veterans link up with information about health and human services and other helpful programs. PA 211 is a "…one-stop resource to find information about community services…"[104] Language services are available in more than 170 languages and dialects and at any hour of any day, services specialists can search for services, from substance abuse treatment to care for a child or an aging parent. Trained call specialists assist individuals by answering their questions and connecting them to valuable resources. Calling and utilizing the call center is free.[105]

Pennsylvania Wounded Warriors, Inc: The Pennsylvania Wounded Warriors, Inc. (PAWW), not to be confused with the national Wounded Warriors Project (and with no affiliation) is an independent statewide nonprofit organization that provides support to veterans who are wounded or experiencing crisis. Comprised completely of volunteers, PAWW was established in 2006 with the initial intent to help wounded warriors and their families as soldiers returned from Afghanistan and Iraq deployments. Over the years, the organization has expanded from being purely local to providing statewide assistance to veterans. Specifically, PAWW provides financial support, through donations, to veterans who are recovering physically, mentally, or emotionally at a military hospital, Veterans Administration medical facility, or residing at home with their families and are struggling financially. To support said veterans, the organization pays funds directly to landlords, vendors, and creditors for financially needy veterans.[106]

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[102] "About Us," *Pennsylvania CareerLink*, accessed March 8, 2024, https://www.pacareerlink.pa.gov/jponline/Admin/Common/About.aspx?@shMNt23mBE0_Nfe0ONadokdMO9sCFrFGVnnPN0CUASJjm0A7t@yH6PY_KsX4u9G4l4y5JBs8KfE4Lic47QPIENKyygr170bKLVHb1fkELv25gFbyK5P.

[103] Pennsylvania Veterans Farming Network," accessed March 8, 2024, https://www.pavetfarms.org/thenetwork, Schultz, *A Needs Assessment*, 126.

[104] "FAQs," *211 – United Way*, accessed March 8, 2024, https://www.pa211.org/faqs/.

[105] *Ibid*.

[106] "About PAWW," *Pennsylvania Wounded Warriors, Inc*., accessed March 7, 2024, https://www.pawoundedwarriors.org/about.

Philadelphia Veterans Advisory Commission: The Philadelphia Veterans Advisory Commission serves the veteran community within the City of Philadelphia which accounts for more than 67,000 service members and their families. The commission assists members and their families by connecting them with available resources, such as health and wellness initiatives, education programs and resources, employment opportunities, and financial assistance.[107]

Pittsburgh Hires Veterans: Pittsburgh Hires Veterans (PHV) is an organization that provides one-on-one support and assistance with education, training, and employment to veterans. PHV is overseen by a board of directors largely comprised of veterans with experience in veterans issues. The organization serves Pittsburgh and many of its surrounding counties in western Pennsylvania.[108]

Rise Veterans: Rise Veterans was founded in 2019 on core principles including representation, inclusion, solidarity, and equity in service to veterans. Rise partners with other community organizations to build programming and showcase stories of veterans. According to its website, Rise hosted the first ever veterans award show in Pennsylvania.[109]

Wounded Warrior Project: The Wounded Warrior Project (WWP) was founded in 2003 in Roanoke, Virginia by a group of veterans and friends who sought to help injured service men and women serving in modern armed conflicts such as the military actions in Afghanistan and Iraq. WWP was granted tax-exempt status by the Internal Revenue Service as a charity under 501(c)(3) of the Internal Revenue Code. WWP is a large, widely known national organization with field staff across the U.S. to honor and empower Wounded Warriors with physical or mental injury, illnesses, or wounds related to their military service on or after September 11, 2001. The program also aids and provides services to family members or caregivers of a Wounded Warrior.[110]

While many veterans' organizations such as the ones listed above can be found online, it can be hard to determine whether some of these organizations are currently active. Some organization websites lacked updated contact information and provided very little information helpful to determine the scope of their services and the location of their offices.

[107] "A Listing of Veteran Focused Nonprofits in Philadelphia," *PhillyVetwork*, accessed March 12, 2024, https://www.phillyvetwork.info.
[108] "About," *Pittsburgh Hires Veterans*, accessed March 13, 2024, https://pittsburghhiresveterans.org/about/board-of-directors/.
[109] "About Rise," *Rise Veterans*, accessed March 12, 2024, https://www.riseveterans.com/about-us.
[110] "Wounded Warrior Project FAQs," *Wounded Warrior Project*, accessed March 11, 2024, https://www.woundedwarriorproject.org/general-wwp-faqs.

Demographics of Women Veterans in Pennsylvania

The U.S. Census Bureau's American Community Survey (ACS) reports on demographic status of veterans. It separates information by gender sparingly for veterans, but one subset of the survey collects and presents data by sex, age, and veteran status. In 2023, 8.3 percent of veterans in Pennsylvania were women. The largest proportion of women was found in the 35-54 age range. Even in the 55-64 age range, over 10 percent of veterans were women, a larger proportion than the statewide percentage of women veterans. However, in the two age ranges with the largest totals, 65-74 and 75 years and older, there were fewer women veterans than the state average. See Table 1.

Table 1
Veterans in Pennsylvania by Sex and Age Group
2023

Veterans	Female	Male	Total	Percentage Women
	51,156	562,866	614,022	8.3%
18 to 34 years	4,006	33,498	37,504	10.7
35 to 54 years	19,553	102,724	122,277	16.0
55 to 64 years	12,992	102,842	115,834	11.2
65 to 74 years	9,339	124,497	133,836	7.0
75 years and over	5,266	199,305	204,571	2.6

Source: "2023: ACS 1-Year Estimates Detailed Tables, Sex by Age by Veteran Status for the Civilian Population 18 Years and Over," *United States Census Bureau*, accessed September 27, 2024, https://data.census.gov/table/ACSDT1Y2023.B21001?g=040XX00US42.

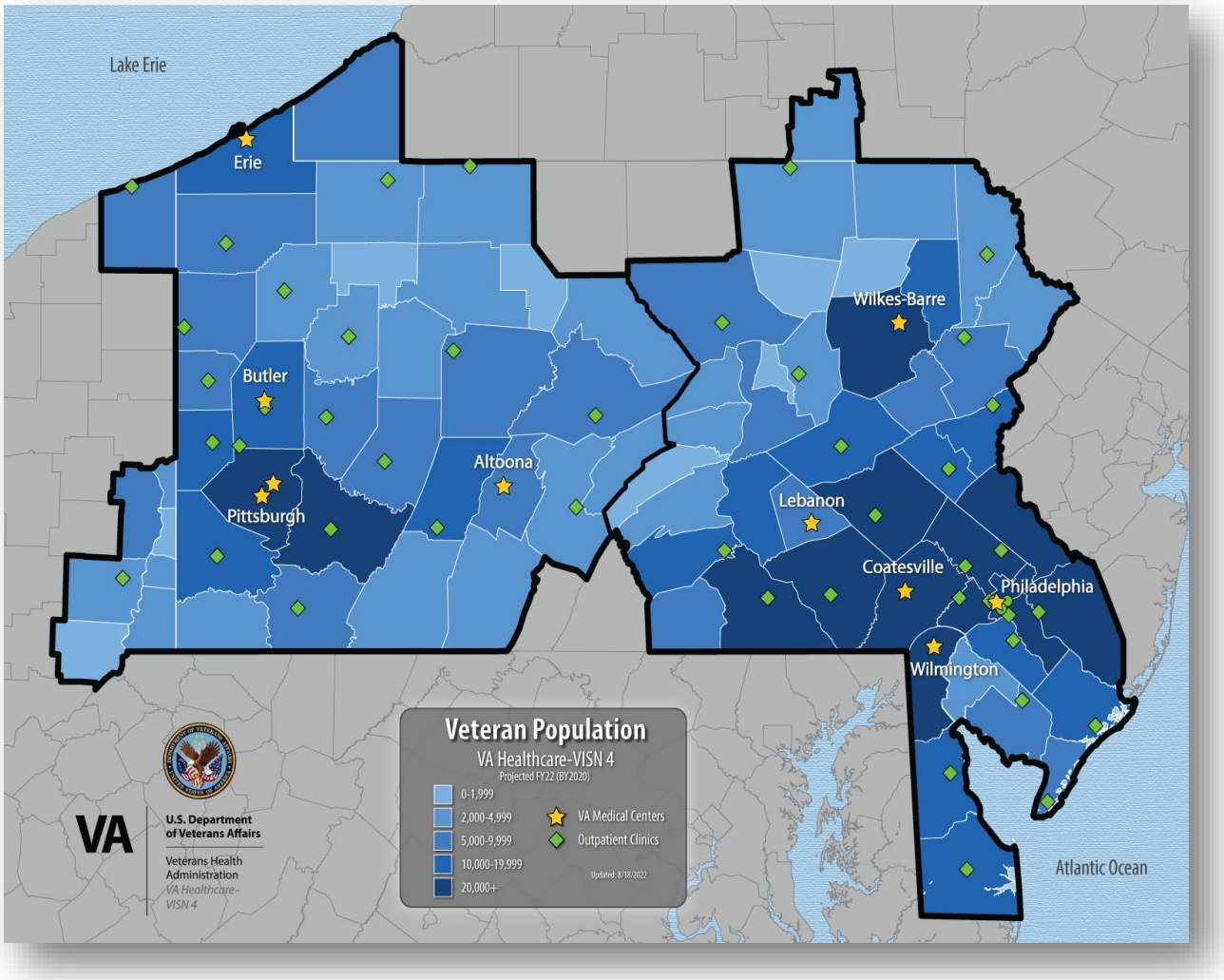
There were 315,699 total veterans utilizing VISN 4 facilities in 2023, with 37,578, or around 12 percent, being women. This leaves 88 percent of the population served, or 278,119 as male veterans.[111] These numbers can be compared to the ACS numbers, though this is an imperfect comparison as VISN 4 also covers parts of Delaware, Ohio, West Virginia, New York, and New Jersey. Comparing these numbers with the totals from the 2023 ACS, veterans in VISN 4 territory had an overall utilization rate of VA health care of around 51 percent. Women veteran utilization rates seem higher, with around 73 percent, while male rates were around 49 percent. The map

[111] *VA Healthcare-VISN 4 Annual Report 2023* (U.S. Department of Veterans Affairs, 2022), https://department.va.gov/integrated-service-networks/wp-content/uploads/sites/24/2024/07/V4-2023-annual-report.pdf, 3.

below demonstrates the concentration of veteran populations in VISN 4 along with the locations of VA clinics and medical centers.

Map 1

Veteran Population, VA Health Care-VISN 4
2024



Source: "Veteran Population, VA Healthcare-VISN 4," *U.S. Department of Veterans Affairs*, accessed March 15, 2024, https://www.visn4.va.gov/VISN4/locations/map.html.

The VISN 4 Annual Report includes a breakdown of the women veterans served at each VA Medical Center. In the most recent annual report, released in early 2024, VISN 4 broke down the number of women veterans served at each of the eight VA hospitals in Pennsylvania in 2023. See Table 2.

Table 2
Number of Women Veterans Served at Pennsylvania VA Hospitals
2023

VA Campus	Women Served	Total Veterans Served	Percentage Women Veterans
James E. Van Zandt VA Medical Center	1,641	23,018	7.1%
Butler VA Health Care System	2,546	25,348	10.0
Coatesville VA Medical Center	1,089	17,004	6.4
Erie VA Medical Center	1,567	21,758	7.2
Lebanon VA Medical Center	4,071	47,729	8.5
Cpl. Michael J. Crescenz VAMC	8,366	64,218	13.0
Pittsburgh VA Healthcare System	10,572	91,202	11.6
Wilkes-Barre VA Medical Center	4,400	38,376	11.5

Source: *VA Healthcare-VISN 4 Annual Report 2023* (U.S. Department of Veterans Affairs, 2023), https://www.visn4.va.gov/VISN4/news/annual-reports/2023/2023-VISN4-annual-report.pdf, 18-19.

VISN 4 reports having 2,014 beds available, with 1,009 of them being in nursing homes, 10 in rehabilitation, 179 in psychiatry, 393 in domiciliary, 117 in surgery, 266 in medicine, and 40 in compensated work therapy and transitional residence.[112] There were 20,935 inpatient admissions, 3,795,791 outpatient visits, 13,471,674 prescriptions filled, and 18,533 surgical procedures.[113] VISN 4 also boasts the highest VA patient trust rating in the country with 94.1 percent.[114] Nationally, in FY 2023, male veterans rated 80.1 percent trust overall and female veterans rated 73.7 percent trust overall.[115]

Health Care Eligibility for Veterans

Confusing Qualifications

Though women veterans have higher utilization rates of VA care than male veterans in Pennsylvania, there are still barriers that women veterans experience when attempting to receive VA care. A variety of factors affect a veteran's eligibility for enrollment in the VA health care system, which can cause confusion for women veterans as they attempt to access services upon discharge. Some veterans are not even aware of their eligibility because of their perception of the term "veteran." In federal regulations, a veteran is defined as "A person who served in the active miliary, naval, air, or space service who was discharged or released under conditions other than dishonorable."[116]

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[112] *VISN 4 Annual Report 2023*, 5.
[113] *VISN 4 Annual Report 2023.*
[114] *VISN 4 Annual Report 2023,* 2.
[115] *VA Trust Report 2023* (Department of Veterans Affairs, 2023), https://department.va.gov/veterans-experience/wp-content/uploads/sites/2/2023/12/veteran-trust-report-fiscal-year-2023.pdf, 3.
[116] *Women Veterans Health Reengagement Training (heaRT)* (U.S. Department of Veterans Affairs), 98.

To be eligible for VA care, one must have served on active duty for 24 consecutive months, though there are some notable exceptions to this rule. Cases are reviewed individually, but two examples of exceptions to eligibility are veterans with service-connected disabilities who did not serve 24 consecutive months, and individuals needing care for Military Sexual Trauma (MST) who did not serve 24 consecutive months. Treatment for MST is also available to most individuals with an Other Than Honorable discharge.

For National Guard members and Reservists, a veteran is defined under federal regulations as having been called to active duty by a federal order—Title 32 Orders or Title 10 Orders—and competed the full period for which they were called.

If a veteran has a VA adjudicated service-connected disability, they would not be required to have completed the full period of active duty for which they were called. The Veterans Benefits Administration (VBA) must determine that the disability was service-connected.[117]

Combat veterans are eligible for five years of VA care starting from the date of their discharge. The veterans included are those who "served on active duty in a theater of combat operations after November 11, 1998 and were discharged or released (under other than dishonorable conditions) from active service on or after January 29, 2003."[118] If a veteran meets "basic service and discharge requirements and were exposed to toxins or other hazards while serving our country—at home or abroad," they are eligible for care.[119] The five years of care will be cost-free for conditions potentially related to combat services. Combat veterans will be in Priority Group 6 (see page 36) and may be moved into a lower group after five years. They can be moved into a higher group at any time that they qualify.[120]

When applying for VA health care, veterans will need their social security number for themselves, their spouse, and qualified dependents, their military discharge papers, insurance information including coverage provided through a spouse, the gross household income from the veteran, their spouse, and any qualified dependents, and deductible expenses from the past year.[121]

Veterans can apply for VA health care:

- By mail: Health Eligibility Center
  PO Box 5207
  Janesville, WI 53547-5207
- By phone: 877-222-8387 Monday to Friday from 8 a.m. to 8 p.m. ET
- Online: https://www.va.gov/health-care/apply-for-health-care-form-10-10ez/introduction, or

[117] *Women Veterans Health Reengagement Training (heaRT)*, 99.
[118] *Women Veterans Health Reengagement Training (heaRT)*, 100.
[119] "Eligibility for VA Health Care," *U.S. Department of Veterans Affairs*, accessed October 15, 2024, https://www.va.gov/health-care/eligibility/.
[120] *Women Veterans Health Reengagement Training (heaRT),* 100.
[121] *Women Veterans Health Reengagement Training (heaRT)*, 101.

- deliver an application in person to a clinic or medical center.[122]

The VA also trains representatives that can assist with the application process that can be reached at https://www.va.gov/disability/get-help-filing-claim/.[123]

Once approved for VA health care, a woman veteran must enroll at the local facility and schedule a Women's Health-Primary Care Provider (WH-PCP) appointment. After this first initial appointment, the WH-PCP can refer the woman veteran to additional services like mental health services, integrative health, and specialty services.[124]

The VA uses eight priority groups to determine how much a veteran will pay for their services. These are the conditions necessary for each of the eight groups, taken straight from the VA website:

Priority Group 1	You may be assigned to priority group 1, if any of the below descriptions are true. You:
✓ Have a service-connected disability that VBA rated as 50% or more disabling, or ✓ Have a service-connected disability that VBA concluded makes you unable to work (also called unemployable), or ✓ Received the Medal of Honor (MOH).	
Priority Group 2	You may be assigned to priority group 2, if you have a service-connected disability that VBA rated as 30% or 40% disabling.
Priority Group 3	You may be assigned to priority group 3, if any of the descriptions below are true. You:
✓ Are a former prisoner of war (POW), or ✓ Received the Purple Heart medal, or ✓ Were discharged for a disability that was caused by—or got worse because of—your active-duty service, or ✓ Have a service-connected disability that VBA rated as 10% or 20% disabling, or ✓ Were awarded special eligibility classification under Title 38, U.S.C § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."	
Priority Group 4	You may be assigned to priority group 4 if either of the below descriptions is true. You:
✓ Are receiving VA aid and attendance or housebound benefits from VBA, or ✓ Have received a VBA determination of being catastrophically disabled	

[122] "Eligibility for VA Health Care," *U.S. Department of Veterans Affairs*.
[123] "Eligibility for VA Health Care," *U.S. Department of Veterans Affairs*, 103.
[124] "Eligibility for VA Health Care," *U.S. Department of Veterans Affairs*, 105-106.

Priority Group 5	You may be assigned to priority group 5, if any of the descriptions below are true. You:
✓ Do not have a service-connected disability, or you have a non-compensable service-connected disability that VBA rated as 0% disabling, and you have an annual income level that's below our adjusted income limits (based on your resident zip code), or ✓ Are receiving VA pension benefits, or are eligible for Medicaid programs	
Priority Group 6	You may be assigned to priority group 6, if any of the below descriptions are true. You:
✓ Have a compensable service-connected disability that VBA rated as 0% disabling, or ✓ Were exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki, or ✓ Participated in Project 112/SHAD, or ✓ Served in the Republic of Vietnam between January 9, 1962, and May 7, 1975, or ✓ Served in the Persian Gulf War between August 2, 1990, and November 11, 1998, or ✓ Served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987	
You may also be assigned to priority group 6, if you meet all of the requirements listed below. You:	
✓ Are currently or newly enrolled in VA health care, and ✓ Served in a theater of combat operations after November 11, 1998, and ✓ Were discharged less than 5 years ago	
Priority Group 7	You may be assigned to priority group 7, if both of the below descriptions are true for you:
✓ Your gross household income is below the geographically adjusted income limits for where you live, and ✓ You agree to pay copays	
Priority Group 8	VA may assign you to priority group 8 if both below descriptions are true for you:
✓ Your gross household income is above VA income limits and geographically adjusted income limits for where you live, and ✓ You agree to pay copays	
If you are assigned to priority group 8, your eligibility for VA health care benefits will depend on [one's] sub-priority group….[125]	

[125] *"Eligibility for VA Health Care," U.S. Department of Veterans Affairs*, 109-110.

The VBA determines each Veteran's disability rating, which is expressed a percentage after a service-connected disability is identified. To be considered a service-connected disability, there are three conditions that must be met:

1. Incurrence, an event during service that could cause the condition;
2. A current diagnosis; and
3. Nexus, a link between the current diagnosis and the incurrence.[126]

The disability claim process is a separate process from the VA health care application process. A veteran without a service-connected disability can still apply for VA health care services, but the disability rating a veteran receives will determine what health services will be covered by the VA.[127]

The VA website details the copay amounts for different services for each of these priority groups for urgent care and outpatient care:

2024 Urgent Care Copay Rates

Priority Group	Copay amount for first 3 visits in each calendar year	Copay amount for each additional visit in the same year
1-5	$0	$30
6	$0 if the condition is covered by a special authority $30 if not related to a condition covered by a special authority	$30
7-8	$30	$30

Source: "Current VA Health Care Copay Rates," *U.S. Department of Veterans Affairs*, accessed October 28, 2024, https://www.va.gov/health-care/copay-rates/.

2024 Outpatient Care Copay Rates

Type of Outpatient Care	Copay amount for each visit or test
Primary care services	$15
Specialty care services	$50
Specialty tests	$50

Source: "Current VA Health Care Copay Rates," *U.S. Department of Veterans Affairs*, accessed October 28, 2024, https://www.va.gov/health-care/copay-rates/.

[126] "Eligibility for VA Health Care," *U.S. Department of Veterans Affairs*, 112.
[127] "Eligibility for VA Health Care," *U.S. Department of Veterans Affairs*, 114.

For inpatient care, if the patient has a service-connected disability rating of 10 percent or higher, there is no copay. Priority Groups 7 and 8 will either pay the full or a reduced copay rate. More details including the specific copay rates for inpatient care, medications, and geriatric care, can be found on the VA website.[128]

Claims Backlog

Veterans are encouraged to apply for benefit status even if they are unsure about their eligibility as their application will be either accepted if they are eligible or denied if they are not eligible. The benefits system has a backlog, however, with benefits decisions taking an average of 149 days, almost five months, to be processed as of December 2023. The rate of claims being granted was 65 percent in 2023, which the VA touts as a "sharp increase from previous years."[129]

Less Than Honorable Discharge and Eligibility

There are various discharge statuses that a person can have when they leave the military. These discharge statuses can be classified as administrative or punitive. Administrative discharges can be voluntary or unvoluntary, and punitive discharges are decided by the courts martial.[130]

There are three types of administrative discharge statuses: honorable discharge, general discharge under honorable conditions, and less than honorable discharge. A person who is honorably discharged receives all benefits that are available to veterans who have met all the other necessary qualifications, including VA benefits. A person who received a general discharge usually received it because "something prevent[ed] the service member from performing their job adequately, or from meeting the standards of conduct."[131] This type of discharge could give the service member some benefits, and they may be eligible for VA health care. A person who receives a less than honorable discharge usually does so because they have violated the Uniform Code of Military Justice (UCMJ) in some way. This can include security violations, arrest conviction by civilian authorities, assault, abuse of power, and drug violations. People with this type of discharge typically receive no veteran benefits.[132]

There are two types of punitive discharge statuses. One is a Bad Conduct Discharge (BCD), the other is a dishonorable discharge. A BCD is usually given to a service member who is found guilty by a court martial of an offense that requires jailtime. These offenses can include being drunk on duty, driving under the influence, committing adultery, or an arrest for disorderly conduct. Potential punishments include forfeiting pay, losing rank, losing military benefits, not being recognized by the federal government as a veteran, and having to disclose their BCD status while applying for a job. A dishonorable discharge is usually given to service members who serve time in military prison. These offenses include murder, fraud, desertion, treason, espionage, and sexual

[128] "Current VA Health Care Copay Rates," *U.S. Department of Veterans Affairs*, accessed October 28, 2024, https://www.va.gov/health-care/copay-rates/.
[129] "Benefit Claims Update 2023," *VA News*, accessed August 27, 2024, https://news.va.gov/127378/2023-end-of-year-veteran-benefits-update/.
[130] "Types of Military Discharge and What they Mean for Veterans," *Law for Veterans*, accessed June 28, 2024, https://lawforveterans.org/work/84-discharge-and-retirement/497-military-discharge.
[131] "Types of Military Discharge," *Law for Veterans*.
[132] "Types of Military Discharge," *Law for Veterans*.

assault. Potential punishments include losing VA benefits, losing civilian rights, being disqualified from federal employment, being barred from owning firearms, and being unable to qualify from civilian benefits like unemployment and federal student loans.[133]

Most people who receive some form of medical discharge can receive VA benefits.[134] Whether or not a person who is not discharged honorably qualifies for VA medical benefits varies on a case-by-case basis. A service member is allowed to apply for an upgraded discharge status that could potentially allow them to receive more VA medical benefits. In April of 2024, the VA posted a final rule that updated regulations surrounding other than honorable discharges, including removing a bar to benefits for "homosexual acts involving aggravating circumstances or other factors affecting the performance of duty,"[135] allowing those previously denied an upgrade to reapply, and creating a "compelling circumstances exception."[136] This exception would allow factors including "the former service member's length and character of service, mental and cognitive impairment, physical health, combat-related hardship, whether the person was the survivor of sexual abuse/assault or discrimination, and more," to be considered when making a determination about an upgrade.[137] Additionally, in October 2024, the Pentagon automatically upgraded the discharge of over 800 service members who were discharged under "don't ask don't tell." With the upgrading of these service members, the Pentagon estimates that 96 percent of those with a less than honorable discharge because of "don't ask don't tell" have had their discharges upgraded.[138] "All branches of the military consider a veteran to have a strong case for a discharge upgrade if they can show your discharge was connected to any of these categories: mental health conditions, including posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault or harassment during military service (at VA, this is referred to as military sexual trauma or MST), or sexual orientation (including under the Don't Ask, Don't Tell policy)."[139] Service members with a less than honorable discharge status may still be able to receive VA medical benefits without upgrading their discharge because they can apply for the Character of Discharge process. The VA will then determine whether someone's service was "honorable for VA purposes."[140] In a 2018 survey of women veterans in Pennsylvania, only about half of respondents were aware that they could apply to have a less than honorable characterization of service upgraded.[141]

Though this population represents a small portion of women veterans, women veterans should be aware that other than honorable discharges that may be impacting their access to services can be upgraded, especially if the veteran experienced MST or other combat-related hardship that affected other realms of their lives, including substance use and mental health. It is also important

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[133] "Types of Military Discharge," *Law for Veterans*.
[134] "How to Apply for a Discharge Upgrade," *Veterans Affairs*, accessed July 24, 2024, https://www.va.gov/discharge-upgrade-instructions/.
[135] VA Expands Access to Care and Benefits for Some Former Service Members Who Did Not Receive an Honorable or General Discharge," *VA News*, April 25, 2024, https://news.va.gov/press-room/va-rule-amending-regulations-discharge-determinations/.
[136] VA Expands Access to Care and Benefits, *VA News*.
[137] VA Expands Access to Care and Benefits, *VA News*.
[138] "Pentagon to Give Honorable Discharges to Some Kicked Out from 'Don't Ask Don't Tell,'" *NPR*, modified October 16, 2024, https://www.npr.org/2024/10/16/g-s1-28468/pentagon-honorable-discharges-dont-ask-dont-tell.
[139] "How to Apply for A Discharge Upgrade," *Veterans Affairs*.
[140] "How to Apply for A Discharge Upgrade," *Veterans Affairs*.
[141] PA Women Veterans Survey, 124.

to note that even with an other than honorable discharge, most women veterans are eligible for MST treatment through the VA.[142]

Women Veteran Health Care Services in Clinics

Women veterans are not always aware of the health care options tailored to women that are available in VA hospitals and may seek these services through private hospitals and insurance. Veterans Administration Hospitals offer many women's health services, including:

Reproductive Health Services

Abortion Services: VA offers abortion services only in specific circumstances, for example, if the life or health of the pregnant veteran is at risk if the pregnancy were carried to term. Other circumstances include when the pregnancy is the result of rape or incest. Abortion counseling is also available to veterans and is tailored to the veteran's needs and situation. VA employees, when working within the scope of their federal employment, may provide authorized services regardless of state restrictions.[143]

Birth Control: The VA offers many forms of birth control to women. These forms include:

- Long Acting Reversible Contraceptives (LARCs): Contraceptive Implant, Intrauterine Devices (IUDs)
- Hormonal Methods: Pill, Patch, Ring, Injection
- Barrier Methods: Condoms, Sponges, Cervical Cap, Spermicides
- Sterilization: Tubal Ligation or Bilateral Salpingectomy (removal of both fallopian tubes)[144]

The VA also offers emergency contraception options to reduce the risk for unplanned pregnancies. If a woman chooses to have an IUD or implant inserted, she may be referred to a gynecologist by the VA. To access birth control services, women need to consult their primary doctor to figure out which form of birth control is right for them. The VA's pharmacy offers prescriptions on-site or by mail order. The VA covers the cost of contraception for many veterans.[145]

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[142] "Military Sexual Trauma, Treatment," *US Department of Veterans Affairs*, accessed August 8, 2024, https://www.mentalhealth.va.gov/msthome/treatment.asp#.
[143] "Abortion Services," *U.S. Department of Veteran Affairs online*, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/abortion-services.asp.
[144] "Birth Control," *U.S. Department of Veterans Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/birth-control.asp.
[145] "Birth Control," *U.S. Department of Veterans Affairs.*

Sexual Health: The VA provides various forms of sexual health care to support women veterans. These include:

- Pelvic floor physical therapy
- Medications to treat specific conditions, such as various hormone therapies for menopause and non-hormonal medications that can improve sexual conditions
- EROS clitoral therapy device (EROS-CTD) (designed to treat female sexual arousal disorder)
- Vaginal dilators, which are recommended for pain during sex or may be necessary after radiation therapy that can damage tissues of the vagina
- Specialty care, such as gynecology, and mental health support and treatment for conditions such as depression, PTSD, or experiences of military sexual trauma[146]

Infertility and IVF

The VA offers a variety of services in regard to infertility treatments and care including:

- Fertility assessments and counseling
- Laboratory tests (including genetic counseling and testing)
- Imaging services (such as ultrasounds and X-rays)
- Hormone therapies
- Surgical correction (e.g., endometriosis, polyps, blockages, or scars)
- Fertility medications
- Intrauterine insemination (artificial insemination)
- Tubal ligation (tube tie) reversal
- Vasectomy reversal
- Oocyte cryopreservation (egg freezing) and sperm cryopreservation
- Sperm retrieval techniques (including sperm washing for intrauterine insemination)[147]

The VA states if a veteran has a condition that causes infertility that is connected to their time in-service then the veteran may be eligible for in vitro fertilization (IVF) or other forms of assisted reproductive technology (ART) services. These veterans are only eligible for IVF or ART if they are legally married, male spouses can produce sperm (or have cryopreserved sperm) and female spouses have an intact uterus and can produce eggs. These veterans may also be eligible for up to $2,000 in reimbursement per adoption. The VA does not cover donor eggs, donor sperm,

[146] "Sexual Health," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/sexual-health.asp.
[147] "Infertility and IVF," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/infertility-and-ivf.asp.

donor embryos, surrogacy (pregnancy in which a woman carries and gives birth to a baby for a person who is not able to have children) or experimental treatments.[148]

Maternity Care

The VA offers a variety of maternity care services nationally. These services include:

- Full physical exams and lab tests
- Prenatal education and screening
- Obstetrical ultrasounds
- Genetic tests and specialty consults
- Prescription drugs
- Labor and delivery
- Newborn care on the date of birth plus seven days immediately after birth
- Lactation support
- Support and services in case of miscarriage or stillbirth
- Social work and mental health services[149]
- Maternity care coordination[150]

Some of these services may not be available in VA clinics and hospitals in every state.

Maternity Care Coordinator: VA Maternity Care Coordinators can answer questions about services and coverage. Maternity Care Coordinators can also help veterans navigate health care services both inside and outside of VA, access care for other physical and mental health needs, connect to community resources, cope with pregnancy loss, connect to care after delivery, and answer questions about billing.[151]

Breastfeeding and Lactation: The VA states that it is very inclusive to all parents regardless of whether they adopt, have a child via surrogate, are same-sex couples, are heterosexual couples or are transgender. They use the term "chestfeeding" because it is a more neutral and inclusive term.

Many VA facilities, but not all, offer lactation services and programs. These programs can include:

- Chestfeeding classes
- Lactation counseling and education
- Support groups[152]

[148] "Infertility and IVF," *U.S. Department of Veteran Affairs.*
[149] "Maternity Care," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/maternity-care.asp.
[150] "Maternity Care," *U.S. Department of Veteran Affairs.*
[151] "Maternity Care Coordinator," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/maternity-care.asp.
[152] "Breastfeeding and Lactation," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/breastfeeding-and-lactation.asp.

The VA can also offer resources that include:

- Breast pumps/chest pumps
- Nursing bras
- Pumping bras
- Breast/chest pads
- Nipple cream
- Nipple shields
- Milk storage bags
- Postpartum support belts[153]

The VA will also help to connect women who have difficulties breastfeeding to human milk banks and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Women can access these services through their Maternity Care Coordinator. [154]

Menopause

The VA offers medical treatments for menopausal symptoms including:

- Hormone patch that is worn on skin
- Hormone pills
- Vaginal estrogen therapy[155]

Doctors can also provide non-medical treatment suggestions.[156]

The VA Move program can help veterans who need help exercising and Healthy Teaching Kitchen can help veterans eat a healthy, balanced diet. Menopause care can be accessed by contacting the Women Veterans Program Manager.[157]

Vaginal Care

Pap Test/Gynecologic Cancer: The VA provides women veterans with Pap tests and HPV vaccines via their primary care provider. If the veteran's Pap test comes back abnormal, their primary care provider will let them know the next steps for potential additional screening. If the provider determines that the veteran will need to see a gynecologic specialist or an oncologist (cancer specialist), they can refer the veteran to one at their VA medical center or at a health care facility in their community. These specialists will work with the veteran's primary care provider to develop a treatment and care plan for gynecologic cancer. Veterans are also always allowed to request a

[153] "Breastfeeding and Lactation," *U.S. Department of Veteran Affairs.*
[154] "Breastfeeding and Lactation," *U.S. Department of Veteran Affairs.*
[155] "Menopause," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/menopause.asp.
[156] "Menopause," *U.S. Department of Veteran Affairs.*
[157] "Menopause," *U.S. Department of Veteran Affairs.*

specific gender of health care provider to examine and treat them, both at VA and if VA refers the veteran to community care.[158]

Polycystic Ovary Syndrome (PCOS): The VA can test women veterans for PCOS through a variety means including:

- Physical exam
- Blood test
- Ultrasound[159]

If a veteran has PCOS, the VA offers a variety of medical and nonmedical services. These include:

- Medications
- Infertility treatments
- Pre-conception care
- Healthy eating assistance
- Weight management programs
- Assessment and treatment for metabolic disorders like heart disease, diabetes, pre-diabetes, elevated cholesterol levels, and high blood pressure
- Mental health treatments for associated depression

VA states that VA primary care providers are specifically trained on understanding and speaking about PCOS.[160]

Pregnancy Care

Pregnancy and Mental Health: The VA states they will help women who struggle with mental health issues throughout and after pregnancy. The VA heavily relies on the maternity care coordinators to help women veterans struggling with these issues.[161]

The VA also offers resources to support pregnancy loss including access to a maternity care coordinator. The VA's mental health resources include care for women who suffer from postpartum depression. The VA offers women health care after pregnancy including in cases of miscarriage or stillbirth. [162]

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[158] "Pap test/Gynecological Cancer," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/pap-test-and-gynecologic-cancer.asp.
[159] "Pap test/Gynecological Cancer," *U.S. Department of Veteran Affairs.*
[160] "Polycystic Ovary Syndrome (PCOS)," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/pcos.asp.
[161] "Pregnancy and Mental Health," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/pregnancy-and-mental-health.asp.
[162] "Pregnancy and Mental Health," *U.S. Department of Veteran Affairs.*

Pre-pregnancy Health Care: The VA offers a variety of pre-pregnancy and early pregnancy options. Pre-pregnancy care can help women prepare for pregnancy through means of:

- Mental health services
- Housing
- Food
- Support[163]

The VA's pre-pregnancy services include:

- Mental health resources
- Maternity care
- Homeless veteran programs
- Intimate partner violence programs
- Substance use information and resources
- Infertility services[164]

Post-pregnancy Health Care: The VA offers women veterans a variety of post-pregnancy services. These services include:

- Connection to primary care and physical recovery from birth
- Mental health check-ins and counseling
- Pregnancy/infant loss resources
- Connection to support groups and community resources
- Substance use support
- Pelvic floor physical therapy
- Sexual health services[165]

In early pregnancy stages, the VA will flag a veteran's medical records to alert providers when ordering risky medications or X-rays. They will also screen veteran prescription medications in the VA's electronic health record system to alert providers who prescribe any potentially risky medications to women of reproductive age, even before pregnancy or chestfeeding.[166]

Pregnancy Loss: The VA states that it will support and create plans to help veterans after a pregnancy loss. Some veterans may be eligible for burial benefits for their dependents. The VA relies heavily on the Women Veteran's Program Manager and Maternity Care Coordinators to help veterans gain access to mental health care, coverage and options, billing needs, and essentially all related pregnancy loss care.[167]

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[163] "Pre-Pregnancy Health Care," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/pre-pregnancy-health.asp.
[164] "Pre-Pregnancy Health Care," *U.S. Department of Veteran Affairs.*
[165] "Post-Pregnancy Health Care," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/post-pregnancy-health-care.asp.
[166] "Post-Pregnancy Health Care," *U.S. Department of Veteran Affairs.*
[167] "Pregnancy Loss," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/pregnancy-loss.asp.

Non-VA Women's Health Care

Some types of women's health services are usually handled outside of the VA. In 2019, only 35 percent of all VHA facilities offered mammograms, and 34 percent offered breast biopsies. Thirty-nine percent offered on-site availability of breast surgery.[168] Pennsylvania VAs also do not offer maternity care; their OB-GYNs perform surgical functions, but the VA hospitals do not have delivery wings. Maternity care from an approved provider will be covered by the VA. The VA-provided maternity care coordinator will ensure continuity of care for the woman veteran and follows up on the parent for a year following the birth of their child.[169]

Mental Health Care

The VA has various options for veterans with suicidal thoughts or actions. The VA has a Veterans Crisis Line for veterans to call if they are having suicidal thoughts. The VA website also has a phone number, a number to text, and website for the line on their website. There is also a number provided for veterans having suicidal thoughts who have hearing loss. The VA website states that if veterans are having a suicidal emergency, they can call 9-11, go to an emergency room, or go to their nearest VA center. All veterans are entitled to mental health care for one year regardless of discharge status. Even if veterans are not eligible for VA health care, they might still be eligible for services related to MST. The VA website also urges veterans to go to a Vet Care center because veterans who served in a combat zone can use Vet Care even if they are not eligible for VA health care. All service members and veterans can also use crisis resources regardless of discharge status or if they are enrolled in VA health care.[170]

Veterans receive mental health care through the VA. This includes evidence-based therapies and medication for anxiety, depression, bipolar, TBIs, military sexual trauma, PTSD, schizophrenia, and substance use, as well as other supportive treatment options like talk therapy, supported work settings, and residential programs.[171] Veterans can receive care in-person and through telehealth. They can be referred to mental health services after an appointment with their VA primary care physician.[172]

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[168] *State of Reproductive Health Report: Volume II* (VHA Office of Women's Health, January 2023), https://www.womenshealth.va.gov/WOMENSHEALTH/docs/VHA-WH-Reproductive-Health-Report-2023.pdf, 42.
[169] "Women Veterans Health Care, Maternity Care," *US Department of Veterans Affairs*, accessed August 9, 2024, https://www.womenshealth.va.gov/topics/maternity-care.asp.
[170] "Suicide Prevention," *U.S. Department of Veteran Affairs* online, accessed July 2, 2024, https://www.womenshealth.va.gov/WOMENSHEALTH/topics/suicide-prevention.asp.
[171] "Mental Health, Learn about Treatment," *U.S. Department of Veterans Affairs*, accessed October 15, 2024, https://www.mentalhealth.va.gov/get-help/treatment.asp.
[172] "Mental Health, Learn about Treatment," *U.S. Department of Veterans Affairs.*

VA facilities in Pennsylvania have mental health residential rehabilitation treatment available in seven locations across the state with the following programs available:

Location	Programs
Butler VA Medical Center	Compensated Work Therapy-Transitional Residence Substance use disorder
Coatesville VA Medical Center	General mental health Homelessness PTSD Substance use disorder
Corporal Michael J. Crescenz VA Medical Center-Philadelphia	Homelessness
Erie VA Medical Center	General mental health
H. John Heinz III VA Medical Center-Pittsburgh	Compensated Work Therapy-Transitional Residence General mental health Homelessness Substance use disorder
Lebanon VA Medical Center	Compensated Work Therapy-Transitional Residence General mental health
Wilkes-Barre VA Medical Center	PTSD Substance use disorder

Source: "Mental Health, VA Mental Health Residential Rehabilitation Treatment," *U.S. Department of Veterans Affairs*, accessed October 15, 2024, https://www.mentalhealth.va.gov/get-help/va-residential-rehabilitation/locator.asp?topic=Pennsylvania.

As of July 2024,[173] integrated mental health care was available at 28 clinics and eight VA hospitals across the state. Group mental health services were available at 12 clinics and seven hospitals. Individual mental health services were available at 35 clinics and nine hospitals. For PTSD programs, only two locations offered group services, and five clinics and six hospitals offered individual PTSD programs.[174]

[173] A previous iteration of the VA Access to Care website allowed veterans to filter searches by type of care needed. This search was used in July to assess availability of mental health care. This iteration of the search engine appears to have been changed and the results can no longer be accessed this way.
[174] Average Wait Times at Individual Facilities Search," *VA Access to Care*, accessed April 9, 2024, https://www.accesstocare.va.gov/PWT/SearchWaitTimes.

SUD Treatment

SUD Treatment is offered at eight locations in Pennsylvania in VA Medical Centers:

Location	Programs
James E. Van Zandt VA Medical Center	Intensive outpatient Standard outpatient care
Butler VA Health Care System	Standard inpatient 24-Hour residential care
Coatesville VA Medical Center	24-Hour residential Intensive outpatient Standard outpatient
Wilkes-Barre VA Medical Center	24-Hour residential Intensive outpatient Standard outpatient
Erie VA Medical Center	24-Hour residential Intensive outpatient Standard outpatient
Corporal Michael J. Crescenz VA Medical Center	Opioid treatment Standard outpatient
Lebanon VA Medical Center	Intensive outpatient 24-Hour residential care
VA Pittsburgh Healthcare System	Opioid treatment program 24-Hour residential care Intensive outpatient Standard outpatient treatment

Source: "Location, Pennsylvania, Substance Use Disorder (SUD) Program," *US Department of Veterans Affairs*, accessed December 10, 2024, https://www.va.gov/directory/guide/state_SUD.cfm?STATE=PA.

SUD treatment is also available at many Vet Centers and Community Based Outpatient Clinics. As of July 2024, eight clinics had group SUD services and 17 clinics had individual SUD services.[175]

Wait Times

One way to evaluate access to health care is the wait times that patients experience. Studies commissioned by the VA demonstrate that their medical center wait times are often either shorter or comparable to private health care. VA hospitals are not the only ways veterans receive care. Pennsylvania also has many outpatient clinics that veterans utilize for care. However, whereas VA hospitals advertise tremendous resources and services for women veterans, specialty care is sometimes not available in clinics, which are much more conveniently located for many women.

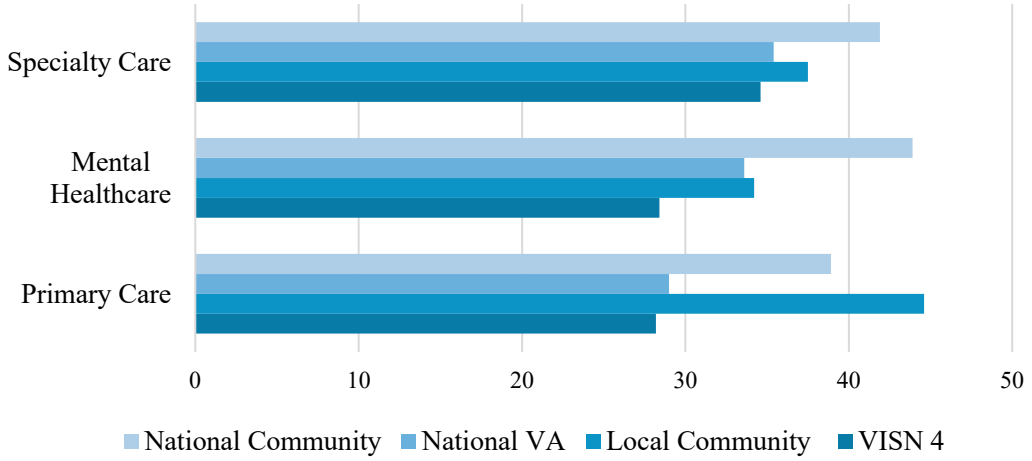
[175] Average Wait Times at Individual Facilities Search," *VA Access to Care*, accessed April 9, 2024, https://www.accesstocare.va.gov/PWT/SearchWaitTimes.

Due to expansions to the CHOICE Act,[176] veterans that are eligible can be referred to a private doctor if the wait for service is "20 days for primary care, mental health care, and non-institutional extended care services…"[177] or 28 days for specialty care from the date of request…."[178] They can also be referred to private care if the drive time to a primary care, mental health, or non-institutional extended care service is over half an hour, and if drive time to a specialty care appointment is over an hour.[179]

An independent study published in August 2022 analyzed wait times in primary care, mental health, and all other specialties at VA facilities compared to VHA qualified community care as allowed by the CHOICE Act. Almost five million veterans' appointment times were analyzed and the results were organized by region. Women veterans made up about 618,000 respondents of the study sample. In the VISN 4 network, VA average wait times were lower than community care in each of the three categories. For primary care appointments in VISN 4, the average wait time for community care was 44.6 days and the VA wait time was 28.2 days. The national average was 38.9 days in community care and 29 days in VA care. For mental health care in VISN 4, community care average wait time was 34.2 days and the VA wait time was 28.4 days. The national average was 43.9 days in community care and 33.6 days in VA care. Lastly, for other specialty care in VISN 4, the average wait time for community care was 37.5, and VA wait time was 34.6 days. The national average was 41.9 days for community care and 35.4 days in VA care. The study noted that the VA standard of wait time access is 20 days. As an overall average, none of the VISNs are meeting this standard; however, when analyzed by individual appointments, those who received community care were less likely to meet those access standards.[180]

Chart 1

Comparing Wait Times in Selected Settings
2024



[176] Congress.gov, "H.R.3230 - 113th Congress (2013-2014): Veterans Access, Choice, and Accountability Act of 2014," August 7, 2014. https://www.congress.gov/bill/113th-congress/house-bill/3230.
[177] *Veteran Community Care Eligibility Fact Sheet* (U.S. Department of Veterans Affairs, August 30, 2019), https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/VA-FS_CC-Eligibility.pdf.
[178] *Veteran Community Care Eligibility Fact Sheet* (U.S. Department of Veterans Affairs).
[179] *Veteran Community Care Eligibility Fact Sheet* (U.S. Department of Veterans Affairs).
[180] "Geographic Variation in Appointment Wait Times for US Military Veterans," *JAMA Network Open* 5, No. 8(2022), DOI: 10.1001/jamanetworkopen.2022.28783.

VISN 4 provided the Joint State Government Commission with a chart of average wait times for appointments in VISN 4 compared to the national average. For new women veteran patients in VISN 4, the average wait time was around 17 days, while the national average was just under 25 days. For returning women veterans, in VISN 4 and nationally the average wait times were the same at five days.[181]

The VA uses Consumer Assessment of Healthcare Providers and Systems (CAHPS®) to measure veteran-centered care. Using these surveys, the VA clinics and hospitals record the percentage of veterans who reported they were always or usually able to get an appointment as soon as needed, for routine primary care, urgent needs at primary care, routine specialty care, and urgent specialty care. The survey also evaluates the percent of veterans who strongly agree or agree that they trust the facility for their health care needs. Not all locations have all data available, but most record perception of wait times for routine primary care. This information is not broken down by gender.[182] See Table 3.

Table 3

Percent of Veterans who agree or strongly agree are able to make appointments as soon as needed at Pennsylvania VA Clinics and Hospitals 2024

Clinics/Hospitals	Primary Care Urgent	Primary Care Routine	Specialty Care Routine	Specialty Care Urgent	Trust Score
Abie Abraham VA Clinic	95	97	97	90	96.4
Allentown VA Clinic	79	95	-	-	-
Armstrong County VA Clinic	-	96	-	-	-
Beaver County VA Clinic	-	87	-	-	-
Berks County VA Clinic	-	95	-	-	-
Clarion County VA Clinic	-	100	-	-	-
Coatesville VA Medical Center	93	92	88	90	94.2
Columbia County VA Clinic	-	80	-	-	-
Corporal Michael J. Crescenz VA Medical Center	68	82	85	69	92.6
Cranberry Township VA Clinic	-	100	-	-	-
Crawford County VA Clinic	-	96	-	-	-
Cumberland County VA Clinic	86	93	-	-	-
Delaware County VA Clinic	-	97	-	-	-
DuBois VA Clinic	-	99	-	-	-
Fayette County VA Clinic	-	96	-	-	-
H. John Heinz III VA Medical Center	-	89	-	-	-

[181] VISN 4 IAD Full Grant Letter, August 7, 2024.

[182] "DuBois VAClinic," *VA Access to Care*, accessed September 10, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=Coudersport,%20Pennsylvania,%20United%20States&Radius=100&UserLatitude=-1&UserLongitude=-1&f=503GB&sd=3.

Table 3

Percent of Veterans who agree or strongly agree are able to make appointments as soon as needed at Pennsylvania VA Clinics and Hospitals 2024

Clinics/Hospitals	Primary Care Urgent	Primary Care Routine	Specialty Care Routine	Specialty Care Urgent	Trust Score
Huntingdon County VA Clinic	-	100	-	-	-
Indiana County VA Clinic	-	100	-	-	-
James E. Van Zandt Veterans' Administration Medical Center	93	95	95	85	96.7
Johnstown VA Clinic	-	100	-	-	-
Lancaster County VA Clinic	-	94	-	-	-
Lawrence County VA Clinic	-	100	-	-	-
Lebanon VA Medical Center	89	97	87	82	95.7
Michael A. Marzano VA Outpatient Clinic	-	99	-	-	-
Northampton County VA Clinic	-	96	-	-	-
Pittsburgh VA Medical Center	85	86	91	84	94.1
Schuylkill County VA Clinic	-	100	-	-	-
State College VA Clinic	-	99	-	-	-
Venango County VA Clinic	100	100	-	-	-
Victor J. Saracini VA Outpatient Clinic	84	93	-	-	-
Washington County VA Clinic	-	88	-	-	-
West Norriton VA Clinic	-	97	-	-	-
Westmoreland County VA Clinic	62	92	-	-	-
Wilkes-Barre VA Medical Center	93	97	91	66	94.7
Williamsport VA Clinic	-	67	-	-	-
York VA Clinic	82	89	-	-	-

Source: "VHA Facility Search," *VA Access to Care*, accessed September 10, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/.

Veterans at most hospitals and clinics were able to get routine primary care appointments when needed. The Williamsport VA Clinic was an outlier with only 67 percent of veterans saying they were able to get appointments when needed. Veterans needing urgent primary care appointments had some lower rates of being able to get appointments, notably at Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center and Westmoreland County VA Clinic. Routine specialty care appointments seemed fairly easy to obtain for those clinics and hospitals that recorded this information, but urgent specialty care was slightly more difficult to obtain, with Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center and Wilkes-Barre VA Medical Center having the lowest percentage of veterans receiving urgent appointments when needed. For trust scores, all medical centers with recorded trust scores showed over 92 percent of patients trusting their facilities for their health care needs.

In mid-November, the VA announced a proposed rule that would establish and fund access points at non-VA medical facilities for veterans to take telehealth appointments. These access points would be a private location where patients could use a secure video application to connect with a health care provider. This effort would target rural areas and areas that are medically underserved, as well as be a tremendous service for veterans who do not have internet connectivity at home. Additionally, the proposed rule would eliminate copays for all telehealth services. Access to these services will improve wait times for some in-person services.[183]

Military Sexual Trauma

A topic often noted by the Task Force for consideration in conversations about access to VA health care is Military Sexual Trauma (MST), which can cause comorbidities such as PTSD and substance use disorders and can leave women feeling isolated and abandoned by the authorities meant to protect them. As the military continues to improve its handling of sexual assault through regular reviews by the Department of Defense, VA hospitals and doctors must contend with the damage done by institutional betrayal committed in years prior. Doctors must handle MST diagnoses with compassion and non-judgment and be mindful of the ways in which male-dominated veteran spaces may be intimidating for some women veterans. Though concerted efforts to improve care options are underway, the VA continues to face pressure to improve access to and knowledge of helpful resources.

Prevalence of MST in Women Veterans

The VA's definition of MST includes both sexual assault and sexual harassment, consisting of any sexual activity the victim is involved in against their will. A few examples given by the VA include:

- Being pressured into sexual activities (such as with threats of negative treatment if [the victim] refuse[s] to cooperate or promises of better treatment in exchange for sex).
- Sexual contact or activities without [the victim's] consent, including when [they] were asleep or intoxicated.
- Being overpowered or physically forced to have sex.
- Being touched or grabbed in a sexual way that made [the victim] uncomfortable, including during hazing experiences.
- Comments about [their] body or sexual activities that [they] found threatening.

[183] Edward Graham, "VA Proposes Funding Telehealth Access Points at Non-VA Facilities," *Next Gov FCW*, modified November 14, 2024, https://www.nextgov.com/digital-government/2024/11/va-proposes-funding-telehealth-access-points-non-va-facilities/400983/.

- Unwanted sexual advances that [they] found threatening.[184]

Because of the broad range of experiences that would fall under this definition, treatment and care for each individual with MST will differ based on their experience and symptoms.[185] Some of the studies mentioned below separate instances of sexual harassment and sexual assault, and some include all instances under the single heading of MST.

A 2016 national study of 52 women veterans found that 50 percent of the sample reported at least one instance of sexual coercion. From 1979 to 1992, this percentage was higher at 75 percent, and lower after 1992 at 20 percent. Thirty-one percent of the women experienced sexual assault by one or more individuals. The most common characteristic of a perpetrator of sexual coercion was direct supervisor, followed by unknown/undisclosed and command position. Fifteen percent of the women interviewed reported their instance of unwanted sexual contact (USC). Sixty-two percent of those who reported their USC experienced a negative outcome, 25 percent reported a positive outcome, and 12 percent had a mixed outcome. Women stated that military culture discouraged reporting and lacked accountability for perpetrators. Some women did not report USC for fear of retribution.[186]

A 2018 study reviewed data on only women veterans 55 years of age and older who had been enrolled in the VA since 2005. Overall, 13 percent of these women reported MST. Broken down by age, 18 percent of women 55-64, 10 percent of women 65-74, three percent of women 75-84, and two percent of women 85 and older screened positive for MST.[187] The authors of this study also noted an alarming propensity toward opioid use disorder in women who screened positive for MST. There were also less statistically significant links to increased substance use and alcohol use disorders.[188]

A meta-analysis[189] published in 2018 of studies on the prevalence of MST found that 38.4 percent of women report MST when the definition includes harassment and assault. When including only assault, 23.6 percent of women report MST and when including only harassment, 52.5 percent of women report MST.[190]

The Department of Defense (DoD) conducts an annual survey on sexual assault in the military. Sexual assault prevalence data was collected in Fiscal Year (FY) 2023. The FY 2023 Annual Report on Sexual Assault in the Military found that around 8.4 percent of active-duty

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[184] "Military Sexual Trauma," *Mental Health, Department of Veterans Affairs*, accessed October 1, 2024, https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf.
[185] "Military Sexual Trauma," *Mental Health, Department of Veterans Affairs.*
[186] Kristina B. Wolff and Peter D. Mills, "Reporting Military Sexual Trauma: A Mixed-Methods Study of Women Veteran's Experiences Who Served From World War II to the War in Afghanistan," *Military Medicine* 181, No. 8 (August 2016): 840.
[187] Carolyn J. Gibson, Shira Maguen, Feng Xia, *et. al.*, "Military Sexual Trauma in Older Women Veterans: Prevalence and Comorbidities," *Journal of General Internal Medicine* 35(2020): 210, DOI: 10.1007/s11606-019-05342-7.
[188] Gibson, "Military Sexual Trauma in Older Women Veterans," *Journal of General Internal Medicine*, 210.
[189] Meta-analysis is "the statistical combination of results from two or more separate studies," as defined in "Chapter 10: Analyzing Data and Undertaking Meta-Analyses," *Cochrane Training*, accessed May 3, 2024, https://training.cochrane.org/handbook/current/chapter-10.
[190] Laura C. Wilson, "The Prevalence of Military Sexual Trauma: A Meta-Analysis," *Trauma, Violence, & Abuse* 19, No. 5 (2018): 584-597, DOI: 10.1177/1524838016683459.

women and 1.3 percent of active-duty men reported USC.[191] These rates decreased for both men and women since the 2021 report, however only the decrease in women's rates was statistically significant. The report estimated that around 25 percent of service members who experienced USC reported it to a DoD authority.[192] The members at highest risk for USC were women under the age of 25. Ninety-one percent of women stated that the alleged offender was male.[193]

Just under 25 percent of women surveyed by DoD experienced sexual harassment along with 5.8 percent of men surveyed.[194] Most stated that their offenders were of their same rank, but 44 percent of women "identified at least one alleged offender as someone in their chain of command."[195] Forty percent of women experienced sexual harassment from the same alleged offender they eventually experienced USC from.[196] The survey asked service members for possible reasons they would not report sexual assault. The top responses were that the offense was not serious enough to report or that nothing would be done about it.[197]

Victims in the military can choose to make restricted or unrestricted reports of sexual assault. A restricted report allows the victim to access supports such as health care and legal advice without reporting the assault to command or law enforcement. A victim can then choose to change their report to unrestricted and follow military justice channels if they desire.[198] In FY 23, there were 5,536 unrestricted reports of assaults that occurred during military service, and 2,979 restricted reports at the end of the year. Around one-fifth of service members that initially made restricted reports converted to unrestricted and followed the military justice process. Commanders believed they had sufficient evidence to take action in 63 percent of cases reported.[199]

The Catch a Serial Offender (CATCH) Program allows a victim to submit a report of an assault into a database and find out if another victim in the armed forces has reported an assault by the same offender. The victim is then given the option to unrestrict their report, although this is entirely voluntary even after being notified of a match. In FY 2023, this program received 695 reports and 46 matches. The cumulative amount of submissions and matches since the origin of the program in August 2019 was 2,309 submissions and 109 matches.[200]

In 2023, the Offices of Special Trial Counsel were created to prosecute special cases, including "murder, manslaughter, kidnapping, domestic violence, stalking, child pornography and most sexual assault and sexual misconduct."[201] Sexual harassment will be added to this list in

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[191] *Department of Defense Annual Report on Sexual Assault in the Military: Fiscal Year 2023* (Department of Defense, 2023), https://www.sapr.mil/sites/default/files/public/docs/reports/AR/FY23/FY23_Annual_Report.pdf, 3.
[192] *Annual Report on Sexual Assault in the Military*, (DoD), 3.
[193] *Annual Report on Sexual Assault in the Military*, (DoD), 10.
[194] *Annual Report on Sexual Assault in the Military*, (DoD), 10.
[195] *Annual Report on Sexual Assault in the Military*, (DoD), 11.
[196] *Annual Report on Sexual Assault in the Military*, (DoD), 11.
[197] *Annual Report on Sexual Assault in the Military*, (DoD), 21.
[198] "Restricted Reporting," *United States Department of Defense Sexual Assault Prevention and Response*, accessed April 16, 2024, https://sapr.mil/restricted-reporting.
[199] *Annual Report on Sexual Assault in the Military*, (DoD), 18.
[200] *Annual Report on Sexual Assault in the Military*, (DoD), 24.
[201] "Sexual Assault Now Tried Outside Military Chain of Command," *Department of Defense*, Press Release, December 28, 2023, https://www.defense.gov/News/News-Stories/Article/Article/3627107/sexual-assault-now-tried-outside-military-chain-of-command/.

January 2025. This means that an unrestricted report of sexual assault will involve a criminal investigation and remove it from the chain of command to independent military prosecutors.[202]

MST and Barriers to Treatment at VA Hospitals

One 2020 study focused on the barriers to seeking PTSD treatment for women who had been in the military for decades. MST is a strong predictor for PTSD for women veterans. The study set out to determine if there were specific barriers due to institutional betrayal before the DoD Sexual Assault Prevention and Response Policy (SAPRA) changes in 2005 and the #metoo movement. In one previous study, 100 percent of women surveyed who joined the military between 1979 and 1992 reported some kind of sexual misconduct, either harassment, coercion, attempted assault, or assault. In younger cohorts, these rates decreased.[203]

The women in this study served between the mid-1970s and mid-2000s. These women reported that gender-based violence was pervasive in the military and ignored or overlooked by servicemembers. Women remembered "clear institutional expectation and pressure to maintain silence about their MST, from perpetrators, peers, superior officers, and commanders."[204] Even when they did summon the courage to report their MST, women were retraumatized as they were blamed for the abuse, for not reporting it sooner, or for reporting it at all.[205]

When seeking care at a VA facility with no women's clinic, the women in this study reported the same "boys club" mentality, finding that they were not understood or taken seriously as they shared their experiences. Some of the women described their experience with VA doctors as "uncomfortable and insensitive."[206] Those women who were able to receive care specifically in a women's clinic spoke positively of those experiences and found them to be "validating."[207] The authors of this study posited that institutional failure to protect women in the military from sexual violence led to a feeling of institutional betrayal. The betrayal by this institution led women to avoid seeking care from the VA for PTSD that may have stemmed from their MST.[208]

Other studies indicate reasons for optimism in the handling of MST. A 2018 study examining MST survivors' perception of VA care found that most men and women with MST had a neutral or positive perception of VA care. A smaller portion of men and women noted their negative association with the military because of MST as a reason for not seeking VA care.[209]

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[202] C. Todd Lopez, "Executive Order Changes How Military Handles Sexual Assaults," *DOD News*, modified August 1, 2023, https://www.defense.gov/News/News-Stories/Article/Article/3479106/executive-order-changes-how-military-handles-sexual-assaults/.
[203] Kelly A. Ursula, "Barriers to PTSD Treatment-Seeking by Women Veterans Who Experienced Military Sexual Trauma Decades Ago: The Role of Institutional Betrayal," *Nursing Outlook* 69, No. 3 (2021): 458-46; DOI: 10.1016/j.outlook.2021.02.002.
[204] Ursula, "Barriers to PTSD Treatment-Seeking," *Nursing Outlook*, 465.
[205] Ursula, "Barriers to PTSD Treatment-Seeking," *Nursing Outlook*, 465.
[206] Ursula, "Barriers to PTSD Treatment-Seeking," *Nursing Outlook*, 466.
[207] Ursula, "Barriers to PTSD Treatment-Seeking," *Nursing Outlook*, 466.
[208] Ursula, "Barriers to PTSD Treatment-Seeking," *Nursing Outlook*, 466.
[209] Lindsey L. Monteith, Nazanin H. Bahraini, Holly R. Gerby, *et. al.*, "Military Sexual Trauma Survivors' Perceptions of Veterans Health Administration Care: A Qualitative Examination," *Psychological Services* 17, No. 2 (2020): 181, DOI: 10.1037/ser0000290.

For those who did have negative perceptions of VA care, a common reason for this was the view of the VA as an extension of the military that had failed them in their experience with MST. Some also indicated a lack of trust in providers because of previous negative experiences with VA care. Some of this distrust seemed to stem from veterans not feeling that their providers responded compassionately to their disclosure of MST. Some veterans were concerned that their confidential information would be shared inappropriately. Others feared the stigma and shame that could come along with disclosing MST. Some veterans mentioned continuity of care as an issue; just when patients found a provider they trusted and appreciated, their doctor would be changed, and they would have to begin the process all over again. The last concern expressed by those with negative perceptions was gender-related distress; women were concerned about being in male-dominated spaces like waiting rooms at VA facilities.[210]

VA Provider Communication and MST

A 2019 study examined the quality of VA MST-related communication reported by 55 veterans in the New England health care region: 18 women who had experienced MST, 10 who had not, 20 men who had experienced MST, and 7 who had not. The interviewers asked several information-gathering questions about the MST-related communication, a few questions about patient satisfaction with the communication, and a few questions about how comfortable they felt disclosing their MST. The patients with MST indicated satisfaction with brief interactions that screened for their status without asking them to give an extensive history. Patients also indicated satisfaction with providers who gave full definitions of what MST consists of. Patients had high satisfaction with providers who pointed them to resources as soon as they had confirmation of MST.[211]

Patients also noted that compassionate, nonjudgmental attitudes from providers enhanced their experience and made them feel more comfortable talking about their MST. They appreciated feeling like they had control in disclosing details about their experiences, not feeling like they were backed into a corner. Some of the veterans interviewed stated that they felt more comfortable talking about their MST because they had a longstanding relationship with their provider, and this contributed to their high satisfaction.[212]

Overall, veterans with a history of MST who disclosed their MST in a provider-initiated interaction were asked to rate their satisfaction with MST-specific conversations from 1 to 10. The lowest rating women gave was an eight, and the highest was a 10. The median and mode were both 10. For women veterans who disclosed their MST in a veteran-initiated interaction, the low was also eight, the high was 10, the mode was eight, and the median was nine.[213] The authors of this study noted that some men reported lower satisfaction with MST-related communication than any women. In qualitative answers, the most common theme leading to dissatisfaction for men

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[210] Monteith, "Military Sexual Trauma Survivors' Perceptions," *Psychological Services,* 182-183.
[211] Amy E. Street, Marlena H. Shin, Katelyn E. Marchany, *et. al.*, "Veterans' Perspectives on Military Sexual Trauma-Related Communication with VHA Providers," *Psychological Services* 18, No. 2, (2021): 253-255, DOI: 10.1037/ser0000395.
[212] Street, "Veterans' Perspectives," *Psychological Services,* 255-256.
[213] Street, "Veterans' Perspectives," *Psychological Services,* 253.

was inherent discomfort discussing MST. This may be due to the stigma that male survivors of sexual trauma face.[214]

Pennsylvania Veterans and MST

The information found in these studies and many others indicates why some women veterans, especially those from the older veteran cohorts, may not trust the VA to provide support and proper care for their MST and other comorbidities. A Pennsylvania survey, spearheaded by the Governor's Advisory Council Women's Committee and approved by the DMVA and Governor's office, asked women veterans about their experiences in Pennsylvania. It was launched in 2018 and distributed through all military and veterans social media (Facebook, Instagram), newsletters, DMVA digest, etc.); DMVA reviewed the results. The responses to this survey documented similar reports of sexual harassment and gender discrimination during their military service as the aforementioned studies.

When asked why they left the service, around four percent of respondents indicated some form of sexual harassment as their reason for leaving. One shared:

> I was raped by senior leadership while in basic training. I was devastated… it had a lasting impact-obviously. I sought to separate from the military as soon as possible. This was in the days before Sexual Assault Awareness. While I'm a proud American and proud to be a veteran… I'm devastated.[215]

One respondent stated, "Due to the MST I experienced, I lost faith and trust in the army."[216] This reason highlights the concept of institutional betrayal as supported by previously mentioned studies. Another veteran shared, "I was raped twice and told if I kept my mouth shut, they would let me out. If I pursued the matter, they threatened to make my life a living hell."[217] Another respondent stated that they were "pushed out after speaking up about sexual trauma."[218] This feedback is consistent with the previously mentioned institutional pressure to not report sexual misconduct.

It is important to note that these responses were in the minority. The percentage who mentioned experiencing MST in this Pennsylvania survey was less than the percentages mentioned in previous prevalence studies. Most women noted either retirement, medical retirement, or starting a family as their reasons for leaving the service.[219]

Respondents were also asked if they felt as if they were treated differently as a female veteran from their male counterparts. For the 320 that responded affirmatively, around 4.3 percent noted sexual harassment as the reason for this difference. As one respondent put it: "Few men are

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[214] Street, "Veterans' Perspectives," *Psychological Services*, 257.
[215] PA Women Veterans Survey, 97.
[216] PA Women Veterans Survey, 102.
[217] PA Women Veterans Survey, 104.
[218] PA Women Veterans Survey, 109.
[219] PA Women Veterans Survey, 97-113.

sexually harassed daily as they simply try to go about THEIR jobs."[220] Another similar response stated: "How many men are raped in boot camp… subjected to humiliating sexual harassment throughout boot camp?"[221]

A few respondents specifically mentioned reporting their abuse only to have it disregarded or mishandled by officials responsible for reporting an incident: "I reported cases of sexual abuse and was told that I misunderstood the incident."[222] Another respondent stated, "…Sexual harassment. When I reported it, I was told I was lying. There was no support."[223] One respondent said, "It took me over a year of being sexually assaulted to come forward while active duty due to my chiefs telling me they would wipe it under the rug."[224] And lastly, another respondent opined: "I do believe that as a service member who was sexually assaulted and the court martial found the other service member guilty and only to have it overturned by the Admiral… it is ok to treat women differently and get away with it."[225]

Respondents were asked if there were any issues that were specific to women veterans that had not been addressed in the survey. MST was mentioned in 8.6 percent of responses. One respondent shared: "MST should not be a secret. Why, when a sexual assault happens in the military it is not handled like the civilian sector? Why are so many females waiting for rape kits to be done? Why are so many female veterans still waiting for justice from assaults that occurred in the 80's and 90's?"[226] Another thought an improvement would be to: "Provide less [hoops] for former victims o[f] sexual assault, harassment and discrimination to jump through. Getting help should not be so difficult. I gave up because I needed a safer place than a table at a community fair to talk."[227] Similarly, another respondent noted, "If a woman has been sexually traumatized as a result of her service, it is very difficult to come to a veterans group for help. It is even worse to come for help and be turned away or have concerns minimized or ridiculed."[228] Several women believed there should be more MST support groups and outreach related to MST.[229]

Women were asked to rank the top five issues, needs, and challenges facing women veterans in Pennsylvania. Seventy respondents used the "Other" option to share issues additional to the options provided. One in seven of those who selected "Other" mentioned MST in their responses, amounting to a little over 14 percent of responses. One respondent stated:

> Sexual harassment. It may no longer be an issue – I don't know, but during my time, there was obvious sexual harassment. As a naïve young girl, you don't necessarily know what to say or do at the time. It's not anything you expect to have to deal with, so when it does happen it's very difficult to deal with. At this point, even bringing it up is pointless – I wouldn't even consider trying to do anything about it, and at the time, I didn't want anyone

[220] PA Women Veterans Survey, 167.
[221] PA Women Veterans Survey, 167.
[222] PA Women Veterans Survey, 169.
[223] PA Women Veterans Survey, 167.
[224] PA Women Veterans Survey, 172.
[225] PA Women Veterans Survey, 173.
[226] PA Women Veterans Survey, 211.
[227] PA Women Veterans Survey, 216.
[228] PA Women Veterans Survey, 214.
[229] PA Women Veterans Survey, 210-217.

else to know, so I never would have said anything then, either. With God's grace, I'm a strong enough woman to not let it affect me. I'm sure others are not so blessed.[230]

Another noted "the #MeToo issues in the military that women faced. It could be an extremely difficult environment to work in."[231]

The survey also asked women what additional services could support their transition to civilian life. Around 3.6 percent of women mentioned support groups or outreach for MST in their responses. When asked to rank things a VSO should provide to be responsive to the needs of women veterans, 103 women responded "Other." Of these responses, about 5.8 percent of women mentioned working against sexual harassment within VSOs, or MST support groups and outreach. Around 3.9 percent of respondents targeted the "good ole boys network" atmosphere of VSOs.[232]

VA Hospitals' Response to MST

Eligibility for MST related care is expanded past conventional VA eligibility requirements. Those with veteran status as well as most former service members and current service members can receive MST treatment services. Most former service members with an other than honorable or uncharacterized discharge can also access services. Services are also available for former National Guard and Reserve members "with federal active duty service or a service-connected disability who were discharged under honorable conditions or with an Other Than Honorable discharge. The service-connected disability does not need to be related to their experiences of MST."[233] The MST treatment is provided without the patient being required to have reported the incident at the time or have documentation that the incident occurred.

The VA website lists the MST resources available to veterans, which include an MST coordinator at each VA health care facility, outpatient MST services at every VA medical center and many community-based clinics, peer specialists, inpatient treatment sometimes separated by gender, and the ability to choose the gender of their clinician.[234] The website links veterans seeking treatment to VA MST coordinators and telehealth options and has a page connecting veterans to resources including an app called "Beyond MST" and several fact sheets, recovery stories, and podcasts.[235]

The VA website also provides resources for health care providers to learn about the impact of MST and how to properly assist patients who are experiencing MST. Made readily available on the website are MISSION Act 133 training for both medical professionals and mental health professionals, MST overview for civilian providers, a course by the National Center for PTSD on

[230] PA Women Veterans Survey, 188.
[231] PA Women Veterans Survey, 188.
[232] PA Women Veterans Survey, 159-163.
[233] "Military Sexual Trauma, Treatment," *US Department of Veterans Affairs*, accessed May 2, 2024, https://www.mentalhealth.va.gov/msthome/treatment.asp.
[234] "Military Sexual Trauma, Treatment," *US Department of Veterans Affairs.*
[235] "Military Sexual Trauma, Resources," *US Department of Veterans Affairs*, accessed May 7, 2024, https://www.mentalhealth.va.gov/msthome/resources.asp.

PTSD and experiences of sexual assault during military service, an online MST course provided by PsychArmor Institute, and a PTSD consultation program.[236]

In March of 2024, a bipartisan collection of United States senators signed a letter to Secretary Denis R. McDonough of the Department of Veterans Affairs, asking the VA to "increase engagement with women veterans and build trust by enforcing accountability."[237] The letter noted that though the VA does offer free counseling and evidence-based treatment, only around half of women veterans utilize VA care and thus are not aware of these resources. The letter suggested using the Women Veterans Call Center (WVCC) to make more women veterans aware of these options. It also recommended training providers in trauma-informed care, providing separate waiting rooms for women, and expanded telehealth opportunities.[238]

Veterans and Private Health Care

Women veterans have become the fastest growing population of new participants receiving Veterans Health Administration provided health care. The number of women accessing VA primary care nearly tripled to approximately 450,000 between 2000 and 2015, which represents a three percent increase to eight percent of all veterans receiving VA health care in 2015. It was predicted that by 2024 this percentage would increase to 11 percent.[239] According to the VA, the number of women utilizing VA-provided health care is much larger than the prediction. The VA claims that in 2024, there are over 600,000 women veterans using VA-provided services and that women make up 30 percent of all new VA patients.[240] In fact, while the veteran population in the U.S. has decreased, the number of veterans using VA health care facilities has increased, in general.[241]

However, while veteran use of the VA has increased, many wrongfully assume that much, if not all the military population receives its treatment through the VA. There is still a significant number of veterans, women and men alike, who choose to utilize private community health care providers. Despite being the largest integrated health care system in the U.S., the VA and all its medical centers and outpatient sites is not the primary health care provider for most veterans.[242]

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[236] "Health Care Provider, MST," *US Department of Veterans Affairs*, accessed May 7, 2024, https://www.mentalhealth.va.gov/healthcare-providers/mst.asp.
[237] Letter to Secretary Denis R. McDonough, from United States Senate Signatories, March 19 ,2024, accessed May 7, 2024, https://www.murray.senate.gov/wp-content/uploads/2024/03/military_sexual_trauma_-_veterans_letter.pdf.
[238] Letter to Secretary Denis R. McDonough, from United States Senate Signatories, March 19 ,2024, accessed May 7, 2024, https://www.murray.senate.gov/wp-content/uploads/2024/03/military_sexual_trauma_-_veterans_letter.pdf.
[239] Kate L. Sheahan, Karen M. Goldstein, *et. al*., "Women Veterans' Healthcare Needs, Utilization, and Preferences in Veterans Affairs Primary Care Settings," *Journal of General Internal Medicine*, (Sept. 2022), 37 (Suppl 3): 791-798, DOI: 10.1007/s11606-022-07585-3.
[240] "Women Veterans Health Care: About Us," *U.S. Department of Veterans Affairs*, accessed March 20, 2024, https://www.womenshealth.va.gov/about-us.asp#:~:text=Women%20are%20the%20fastest%20growing, Health%20Administration%20(VHA)%20patients.
[241] Petra Rasmussen and Carrie M. Farmer, "The Promise and Challenges of VA Community Care: Veterans' Issues in Focus," *Rand Health Quarterly* 10, no. 3 (June 2023): 9, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10273892/?report=printable.
[242] *Ibid*.

In fact, "…it is widely known that veterans often choose to receive care in community-based settings, many times in conjunction with VA services."[243] Less than 50 percent of eligible veterans receive health care through VA facilities, with 25 to 45 percent of veterans who utilize the VA, simultaneously receiving health care from other providers, especially in rural areas.[244]

While there is no singular reason that veterans in large numbers still choose private health care providers over VA providers, it has been reported that long wait times, as well as long distances to VA medical facilities have impacted these choices. While a 2015 study found that 93 percent of veterans lived within 40 miles' driving distance of a VA facility, the study also found that only 55 percent were within the same driving distance of a VA medical center. This is an important distinction because VA medical centers typically provide a wider range of services than other VA facilities. According to the same study, only 26 percent were within 40 miles of a VA medical center that offered full specialty care.[245]

Recognizing some of these existing barriers to VA-provided care, Congress enacted the Veterans Access, Choice, and Accountability Act in 2014, commonly referred to as the Veterans Choice Act.[246] The purpose of the act was to expand the eligibility criteria for veterans interested in accessing community health services. Community health services were to be paid for by VA but delivered by providers not affiliated with VA. Veterans' use of community care services significantly increased after the passing of the Veterans Choice Act. It was the hope of Congress that the expansion of eligibility for community care under the act would mitigate the level of barriers veterans faced when attempting to access care at VA facilities. In other words, community care providers would serve as a viable alternative resource for health care to veterans.[247]

Veteran Status Inquiry

Much attention has been drawn to veterans' continued use of private health care providers. Consequently, there has been significant clamor for civilian health care practitioners to screen their patients for veteran status. It has been argued that "[t]he most important action a provider can take to ensure that a veteran receive optimal health care is perhaps the easiest and, ironically, the most neglected: asking if a patient served in the military and taking a basic military history."[248] Veterans are at high risk for a plethora of negative health consequences stemming directly from their deployment, time in combat, and the common hurdles they face attempting to reintegrate into civilian life. Veterans also have higher rates of substance use disorders, smoking, and suicide.[249]

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[243] M. Bryant Howren, Debra Kazmerzak, *et. al.*, "Identification of Military Veterans Upon Implementation of a Standardized Screening Process in a Federally Qualified Health Center," *Journal of Community Health* 45, no. 3 (June 2020):465-468, https://doi.org/10.1007/s10900-019-00761-3.

[244] Bonnie M. Vest, Jessica Kulak, *et. al.*, "Addressing Patients' Veteran Status: Primary Care Providers' Knowledge, Comfort, and Educational Needs," *Family Medicine* 50, no.6 (June 2018):455, DOI: 10.22454/FamMed.2018.795504.

[245] Vest, "Addressing Patients' Veteran Status," *Family Medicine*.

[246] The Veterans Access, Choice, and Accountability Act of 2014, (Pub. L. 113-146), 128 Stat. 1754.

[247] Rasmussen, "The Promise and Challenges of VA Community Care: Veterans' Issues in Focus," *Rand Health Quarterly*.

[248] Lucile Burgo-Black, "Proper Medical Care for Veterans Starts with Asking Who Served," *Healio*, last modified November 12, 2018, https://www.healio.com/news/primary-care/20181112/proper-medical-care-for-veterans-starts-with-asking-who-has-served.

[249] Vest, "Addressing Patients' Veteran Status," *Family Medicine*.

Women veterans also tend to fare worse than veteran men and nonveteran women regarding physical health, mental health, trauma and violence exposure, alcohol or substance use, and social support. Women veterans also experience higher levels of military sexual trauma than veteran men.[250] These uniquely higher risks underscore the importance of such screenings.

While many argue veteran status is relevant to determine appropriate consultation and treatment for the complex and unique risks veterans face, the push for practitioners to screen for it has had little to no impact on spurring the practice, with veteran status continuing to be labeled "the unasked question" in health care. One report conducted a survey in Western New York with questions to private health care providers asking about their assessment of military status regarding their patients. According to the survey, 56 percent of respondents indicated they never or rarely ask their patients about military service. Conversely, only 19 percent of respondents indicated they often or always ask. The survey found that 71 percent of responding providers agreed or strongly agreed that it was important to know if their patient was a veteran. The survey also found that many providers participating in the survey had "…limited knowledge about military stressors, resources available for military populations, and common medical conditions impacting veterans."[251] This limited knowledge is especially true when treating women veterans. For many women service members "…it can be difficult to find community-based providers who are versed in veteran culture and understand the unique challenges that veterans face during and after their transition from military to civilian life."[252] This study is one of several studies that have found that most community health care providers do not ask patients about military service.

The identification of veterans receiving health care in community settings has important implications not only for delivery of care but for much needed workforce training and development of the providers who will likely treat them.[253] Greater exposure for community-based providers and more frequent training on treating patients with military service can help improve the quality of care in those settings. Previous surveys of community-based providers have found that as much as 84 percent of providers had no direct military experience themselves, with only 13 percent reporting a basic understanding of military culture and norms. Acknowledging its importance, many such providers have indicated a desire to undergo training related to military culture, military family issues, PTSD, mental health, and substance abuse among military populations.[254]

[250] Adagio Health Report, v.
[251] Vest, "Addressing Patients' Veteran Status," *Family Medicine*.
[252] Adagio Health Report, v-vi.
[253] Howren, Identification of Military Veterans Upon Implementation of a Standardized Screening Process in a Federally Qualified Health Center," *Journal of Community Health.*
[254] *Ibid*.

Some non-veteran health care providers in Pennsylvania screen patients for veteran status; Joint State staff, however, could not locate any statutory or regulatory requirement mandating them to do so. Consequently, many health care providers in the Commonwealth do not ask patients about military service, a decision that may negatively impact the quality of care for veterans who do not volunteer the information.[255] The Hospital and Healthsystem Association of Pennsylvania (HAP) surveyed some of its member hospitals and healthsystems as to whether registering patients are asked the question of veteran status during intake procedures. According to HAP, around half of the respondent members indicated they did, while the other half did not. Specific numerical breakdowns of this informal survey were not provided to Joint State staff.[256] There has been a national effort to make private community-based health care providers aware that they are treating veterans. For the past decade, the American Medical Association has been urging health care providers to screen their patients for veteran status and to record their findings.[257]

In 2013, the American Academy of Nursing (AAN) launched a campaign highlighting the importance of health care professionals asking their patients if they are veterans or family members of veterans. The campaign, "Have you Ever Served in the Military?" provides sample screening and intake questions and information on common veteran health-related issues, such as posttraumatic stress, military sexual trauma, and blast concussions/traumatic brain injury (TBI). The information is provided to nurses and other health care providers in a pocket card. The idea is that this will help practitioners obtain a more comprehensive military medical history of their patients. The campaign aims to make sure military service members have access to appropriate services, while promoting awareness of service-related health care issues. The initiative is managed and designed by the AAN.[258]

Some states are passing legislation requiring all hospital and health care facilities to screen their patients for veteran status. For example, Connecticut enacted a state law in 2014 requiring all hospitals within the state to ask all patients if they are veterans. Specifically, the law stated that all hospitals and nursing homes must include on their admission forms a question as to whether a person is a veteran or the spouse of a veteran.[259] According to the Connecticut Hospital Association, the hospitals within the state largely supported the law, believing it would help veterans receive timely, appropriate, and higher quality care.[260]

Similarly, the state of Washington requires hospitals, health facilities, and emergency rooms to inquire as to veteran status of a person who is subject to an emergency detention for a behavioral health disorder. The law requires that within three hours after arrival at an emergency department, the individual must be examined by a mental health professional or substance use disorder professional. Moreover, the law requires that within 12 hours of notice of the need for

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[255] Discussion with Task Force at meeting held on January 30, 2024.
[256] Email with Kate McCale, Hospital and Healthsystem Association of Pennsylvania, September 4, 2024.
[257] "Screening for Military Service," *ATrain Education Continuing Education for Healthcare Professionals*, accessed March 22, 2024, https://www.atrainceu.com/content/3-screening-military-service-1.
[258] "About Have You Ever Served in the Military," accessed March 22, 2024, https://www.haveyoueverserved.com/about.html.
[259] C.G.S. § 19a-509(a).
[260] Peggy McCarthy, Connecticut Health I-Team, "To Improve Patient Care, CT Hospitals Will Ask: Are You a Veteran?" *Veterans' Health*, last modified June 19, 2014, https://c-hit.org/2014/06/19/to-improve-patient-care-ct-hospitals-will-ask-are-you-a-veteran/.

evaluation, the designated crisis responder must determine whether the individual meets the detention criteria, and the facility must inquire as to the individual's veteran status. The responder must inquire as to whether the patient would be amenable to receiving treatment from the VA. If the person is an eligible veteran and is amenable to VA treatment, they must be referred to a VA facility.[261] Some health care experts have argued there should be a national standardizing of the questions asked to patients to determine veteran status and appropriate care.

Many proponents of mandated veteran status screening have candidly acknowledged the inquiry may not always result in accurate responses. For instance, there is the possibility that some patients who are veterans may be unwilling to disclose it to their provider. In fact, there is evidence that many veterans may not identify themselves when asked because of perceived stigma against military veterans, lack of deployment, the belief that serving in the National Guard or Reserve active duty "does not count," or other misunderstandings about the complexity of the question.[262] To mitigate the latter concern, the National Association of Community Health Centers (NACHC) recommended specific wording to be used for veteran patient screenings. Specifically, the NACHC recommends that providers start by asking with a short version question, worded as follows:

Q: Have you ever served in the United States military, armed forces, or uniformed services? (Yes/No)

Then the NACHC recommends providers follow up with an add on to the first question, worded as follows:

Q: This includes Air Force, Army, Coast Guard, Marines, Navy, Space Force, National Guard, Reserves, or the U.S. Public Health Service and National Oceanic and Atmospheric Association. (Yes/No)[263]

To improve the quality of care for veteran patients in Pennsylvania, the Commonwealth may want to consider a statutory amendment to The Health Care Facilities Act. The act provides the Department of Health with authority to exercise exclusive jurisdiction over health care providers and to "…foster a sound health care system which provides for quality care at appropriate health care facilities throughout the Commonwealth."[264] The statutory amendment would include a requirement that all health care facilities as defined by § 448.103 of the Act must screen patients for veteran status upon patient registration intake procedures. This could help alleviate the inconsistency among health practitioners in Pennsylvania who do inquire and those that do not. A statutory requirement would require all health care facilities to include this practice in their registration or intake protocols. The amendment could also require the use of the above recommended language by the NACHC.

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[261] RCW 71.05.153.

[262] Howren, Identification of Military Veterans Upon Implementation of a Standardized Screening Process in a Federally Qualified Health Center," *Journal of Community Health.*

[263] Gina Capra, "Recommended Wording for Veteran Status Screening Question," National Association of Community Health Centers Veterans Interest Group Lead, accessed March 22, 2024, https://www.nachc.org/wp-content/uploads/2023/11/Recommended-Language-for-Veteran-Status-Screening-Question-in-Health-Centers.pdf, 4.

[264] The Health Care Facilities Act, the Act of July 19, 1979 (P.L. 130, No. 48); 35 P.S. §§ 448.102, 201(1).

Training on Treatment of Veterans

The adoption of such a statutory amendment would need to be coupled with adequate training of private doctors on the unique health care needs of veterans. An article in the *Journal of the American Academy of Physician Assistants* about treating veterans in the private sector highlights the mental health needs that veterans may have. Primary care providers who are treating veterans should most importantly be aware of their patient's veteran status. With this knowledge, PCPs and nurses should be cognizant of the possible conditions veterans may be facing, both physical and mental. The three major mental health concerns for veterans are suicide, Posttraumatic Stress Disorder (PTSD), and Traumatic Brain Injuries (TBIs).[265]

PCPs should evaluate patients who are at increased risk for suicide and respond with early intervention when possible. Patients with higher risk would include those with PTSD and depression, those struggling with combat-related guilt, and those with multiple exposures to trauma. PCPs should also be educated on the difference between suicidal thoughts and suicidal intent; one is a feeling and the other is a plan to commit suicide, which requires more immediate intervention. When providers find a patient is dealing with suicidal ideation, they should recommend that firearms be removed from the patient's home and access. PCPs can also utilize the resource made available by the VA, like the Veteran Crisis Line.[266]

PCPs should educate themselves on treating PTSD in combat veterans, but PCPs can also utilize resources for this treatment including Vet Centers and Soldier's Best Friend, a service dog program. PCPs should be aware of the prevalence of MST in men and women veterans and know the possible symptoms, including mental health struggles more strongly linked to male MST survivors, difficulty processing feelings, difficulty sleeping, difficulty maintaining healthy relationships, and PTSD, depression, and substance use.[267]

If a woman presents with symptoms including "pelvic pain, gastrointestinal symptoms, chronic fatigue, insomnia, anxiety, dyspareunia, and chronic back pain,"[268] providers should screen for MST with the questions the VA uses to screen for MST: "While you were in the military, did you receive uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks? Did someone ever use force or threat of force to have sexual contact with you against your will?"[269] With a positive diagnosis, PCPs can refer patients to VA MST services or refer to other PTSD treatments and medications.

Another health risk that veterans can face is TBIs. TBIs can be mild, moderate, or severe. Mild TBIs are concussions and moderate TBIs can cause loss of consciousness for up to 24 hours and loss of memory for up to a week. Severe TBIs can cause loss of consciousness for more than 24 hours and severe comas. Severe TBIs should be treated outside of the scope of PCPs, but mild and moderate TBIs can be treated by PCPs. If concussion symptoms last longer than three months,

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[265] Maggie Leonard Rivera and Bettie Coplan, "Caring for Veterans in the Private Sector," *Journal of the American Academy of Physician Assistants* 28, No. 11(November 2015); 23-27, DOI: 10.1097/01.JAA.0000471614.84655.48.
[266] Rivera, "Caring for Veterans in the Private Sector," *Journal of the American Academy of Physician Assistants.*
[267] Rivera, "Caring for Veterans in the Private Sector," *Journal of the American Academy of Physician Assistants.*
[268] Rivera, "Caring for Veterans in the Private Sector," *Journal of the American Academy of Physician Assistants.*
[269] Rivera, "Caring for Veterans in the Private Sector," *Journal of the American Academy of Physician Assistants.*

PCPs can evaluate for postconcussion syndrome. This can be treated with "agents such as nonsteroidal anti-inflammatory drugs, SSRIs, and muscle relaxants."[270] If the symptoms do not resolve, behavioral health interventions such as "sleep hygiene, relaxation techniques, and symptom tracking."[271] For lasting cognitive deficits, patients should be referred for neuropsychologic and cognitive rehabilitation.[272]

A study evaluating the effectiveness of military cultural competence training, or military informed care (MIC), found that a two-hour MIC training session improved knowledge, attitudes, and skills regarding patients with a military background. MIC trainings can equip providers to understand their veteran patients and encourage a more positive and open relationship between veterans and their providers in the private sector.[273]

Many providers did not screen for military service, with some stating that they feel uncomfortable inquiring about veteran status because they did not feel confident in their knowledge of military culture or medical concerns that can stem from military service.[274] The two-hour training session sought to educate participants on how to screen and treat veteran patients.

Some major themes for training were identified through focus groups with veterans. First, providers should ask about a veteran's service without being dismissive and ensure that the questioning is relevant to the visit. One way to do this is to say, "I see you served in the military. Is there anything about your military experience that you would like to share in relation to the medical issue you are here to address today?"[275] Veterans should also receive patient-centered care and be involved in their health care choices. Because of military culture, veterans can sometimes respect authority in a doctor's office and agree to certain treatment, but not follow through if they do not feel heard or understand the need for the treatment. Because of the lack of control veterans experience in military culture, they can appreciate having control in their health care decisions.[276] Additionally, some veterans may underreport pain or other symptoms because of military culture. Useful tools in this situation include a spouse who is able to advocate for their partner, or providers asking questions with concrete examples of activities they can and cannot do. Lastly, veterans want to be treated as individuals. Providers should not assume that every veteran struggles with PTSD or depression or substance use disorders. Providers should also not assume that every veteran appreciates being thanked for their service. For some veterans, this triggers PTSD or survivor's guilt.[277]

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[270] Rivera, "Caring for Veterans in the Private Sector," *Journal of the American Academy of Physician Assistants.*
[271] Rivera, "Caring for Veterans in the Private Sector," *Journal of the American Academy of Physician Assistants.*
[272] Rivera, "Caring for Veterans in the Private Sector," *Journal of the American Academy of Physician Assistants.*
[273] Elisa Borah, Valerie Rosen, Jessica Fink, *et. al.*, "Evaluation of a Military Informed Care Training with Private Sector Healthcare Providers," *Military Behavioral Health* 10, no. 3 (2022); 249-260, DOI: 10.1080/21635781.2021.2000904.
[274] Borah, "Evaluation of a Military Informed Care Training," *Military Behavioral Health.*
[275] Borah, "Evaluation of a Military Informed Care Training," *Military Behavioral Health.*
[276] Borah, "Evaluation of a Military Informed Care Training," *Military Behavioral Health.*
[277] Borah, "Evaluation of a Military Informed Care Training," *Military Behavioral Health.*

After the training, participants demonstrated enhanced knowledge in most of the criteria for military cultural competence. Attitudes shifted about the fact that the military is a culture, and the culture can impact the way patients perceive care. Participants showed statistically significant improvements in saying they would look up military terms they were unfamiliar with and screen for disorders that were more prevalent in the veteran population. However, the training did not generate statistically significant improvement in whether participants would screen for veteran status.[278]

The passage of the Choice Act in 2014 raised concerns about the capacity of the private behavioral health care system to handle an influx of veteran patients. One article on the topic from 2016 noted that a RAND Corporation study found that those veterans living beyond 40 miles from a VA center often also lived 40 miles or further from a civilian psychiatrist or psychologist. Civilian psychiatrists and psychologists may not be equipped with the proper training to adequately treat the unique needs of veterans, whereas VA behavioral health care is trauma-informed, veteran-centered, and culturally competent.[279] The 2016 article recommended the VA focus on creating more positions for behavioral health care and expanding the scope of practice for nurse practitioners.[280]

In a 2020 study of civilian nurses' knowledge of military culture, nurses demonstrated modest levels of knowledge and awareness about military culture and modest confidence in their skills and abilities. However, many did not feel equipped to refer veterans to the appropriate resources. The study recommended that referrals would be an area for future growth in private health care treatment of veterans.[281]

Adagio Health Veteran Screening and SBIRT Model

Adagio Health is a nonprofit 501(c)(3) that provides reproductive health care services to those within its service area. Adagio Health emphasizes its effort to be inclusive and accessible to many populations, including veterans and LBGTQIA+ patients.[282] Adagio Health conducted a needs assessment of women veterans who use its services, which are located in 23 counties primarily in Western Pennsylvania. The services area contains around 15,000 women veterans, who demographically tend to be "middle aged (35-54 years old)… more likely to be White, divorced, and living without a spouse or partner."[283] When compared to non-veteran women counterparts, young veteran women had more vision, ambulatory, and self-care challenges, while older veteran women had cognitive difficulties and problems with independent living.[284] The service-connected disability rating of women veterans in the Adagio service area was lower than

[278] Borah, "Evaluation of a Military Informed Care Training," *Military Behavioral Health.*
[279] Grant R. Martsolf, Andrada Tomoaia-Cotisel, and Terri Tanielian, "Behavioral Health Workforce and Private Sector Solutions to Addressing Veterans' Access to Care Issues," *JAMA Psychiatry* 73, no. 12 (December 2016); 1213-1214.
[280] Martsolf, "Behavioral Health Workforce and Private Sector Solutions," *JAMA Psychiatry.*
[281] Augustina Mushale and Debra Bakerjian, "An Exploration of Civilian Nurses' Knowledge of the Military Culture," *The Journal of Continuing Education in Nursing* 52, no. 4 (2021); 176-183.
[282] "About Adagio Health," *Adagio Health*, accessed March 5, 2024, https://www.adagiohealth.org/about-us.
[283] Dana Schultz, Susan L. Lovejoy, Kayla M. Williams, *et. al., A Needs Assessment of Women Veterans in Western Pennsylvania* (Rand Corporation, 2023), vi.
[284] Schultz, *A Needs Assessment of Women Veterans* (Rand Corporation), vi.

the national average.[285] Of these women veterans in the service area, 890 received care through Adagio Health between January 2018 and April 2022. The most common areas of care were reproductive health and family planning. Older women veterans were more likely than non-veteran women to participate in the Adagio Health's Breast and Cervical Cancer Early Detection Program.

Veteran women were more likely than non-veteran women to have a positive prescreen for any behavioral health issue; however, in follow-up screenings, the positive scores were similar between veteran and non-veteran women.[286] Women veterans named lack of transportation and lack of childcare/caregivers as barriers to them receiving care.[287]

Adagio Health began screening for veteran status in 2018. Also in 2018, it began a plan to integrate behavioral health care into physical health care by using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model, which would allow individuals with behavioral health concerns to access appropriate care more quickly. The questions included in this screener are:

- Are you feeling down or anxious more than 50 percent of the time?
- Have you ever been recommended for or attended psychiatric/mental health treatment?
- Do you use illegal drugs or misuse prescribed narcotics?
- Have you ever felt, or has anyone ever expressed to you, concern about your use of alcohol?
- Do you have any thoughts of harming yourself or others today?
- Do you feel safe at home?[288]

Adagio also trained at least 80 percent of its staff in "effectively engaging and supporting veteran patients," receiving "Veteran Ready" Status in 2021.[289] Adagio also employs a "veteran care navigator" to assist veterans across the service area in accessing care.[290]

Women veterans interviewed indicated that providers needed to be more knowledgeable about trauma informed care and possible health complications that veterans were more prone to because of their service. Some women suggested that the providers ask questions about the veteran's experience serving to learn more about what kind of health complications they could face.[291]

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[285] Schultz, *A Needs Assessment of Women Veterans* (Rand Corporation), vi.
[286] Schultz, *A Needs Assessment of Women Veterans* (Rand Corporation), viii, ix.
[287] Schultz, *A Needs Assessment of Women Veterans* (Rand Corporation), xii.
[288] Schultz, *A Needs Assessment of Women Veterans* (Rand Corporation), 42.
[289] Schultz, *A Needs Assessment of Women Veterans* (Rand Corporation), 16.
[290] Schultz, *A Needs Assessment of Women Veterans* (Rand Corporation), 16.
[291] Schultz, *A Needs Assessment of Women Veterans* (Rand Corporation), 58.

New York State Report on Readiness to Handle Veterans

A RAND report assessing the readiness of New York State's private health care system to handle veteran patients pinpointed seven factors to determine readiness. The measures were:

- Accepting new patients
- Prepared to treat conditions common among veterans
- Uses clinical practice guidelines
- Screens for conditions common to veterans
- Accommodates patients with disabilities
- Familiar with military culture
- Screens patients for military/veteran affiliation[292]

As providers were narrowed down using these criteria, while 92 percent of providers were accepting new patients, only 2.3 percent met all the above criteria. The recommendations provided by the study would improve Pennsylvania providers' care of veterans as well. They were as follows:

- Increase familiarity with and preparedness related to military culture and service-connected health conditions
- Improve screening
- Improve engagement with VA and available resources for veterans
- Institute quality monitoring[293]

OMHSAS offers free Military Cultural Competence Training for those who provide services to veterans and service members. The trainings are available on TRAIN PA.[294] Star Behavioral Health Providers (SBHP) offers some free training and some certificated training with fees attached to educate civilian providers on treating service members, veterans, and their families.[295]

Involvement in Community Support Systems

Another challenge often noted by veteran advocates is the difficulty of reaching women veterans and involving them in veteran communities. In the 2018 survey of women veterans in Pennsylvania, around 60 percent of respondents were aware that VSOs like American Legion and

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[292] Terri Tanielian, Carrie M. Farmer, Rachel M. Burns, *et al*., *Are Private Health Care Providers Ready to Treat Veterans* (RAND Corporation, March 1, 2018), https://www.rand.org/pubs/research_briefs/RB10006.html.
[293] Tanielian, *Are Private Health Care Providers Ready to Treat Veterans* (RAND Corporation).
[294] "Military Cultural Competence Training," *Commonwealth of Pennsylvania*, accessed October 15, 2024, https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/Military-Cultural-Competence-Training.aspx.
[295] "Welcome to Star Behavioral Health Providers!" *Uniformed Services University Center for Deployment Psychology*, accessed October 15, 2024, https://deploymentpsych.org/SBHP-Main.

VFW could assist them in filing claims with the DMVA and could provide advice and assistance to veterans.[296] Around 36 percent of respondents stated that they were members of a VSO in Pennsylvania. For those that were not, when asked why they did not participate, some mentioned the lack of time once starting a family and the fact that some VSOs are mostly bars, and some women were not interested in smoking or drinking, either because of substance use disorders or personal preference. Some women mentioned being told they could only join as auxiliary members because they were women, even though they were veterans.[297] A few women also mentioned a financial barrier; they could not afford the membership fee.[298] A few women believed the culture of VSOs was similar to the culture within the military that was described elsewhere in survey responses; it upheld a gender bias. When asked if VSOs were responsive to the needs of women veterans; 14 percent said, "almost never," 29 percent responded "seldom," and 37 percent said "occasionally." Only 5 percent said, "almost always," and 13 percent responded "frequently."[299] When asked if there should be a VSO specifically dedicated to supporting women veterans, 86 percent of respondents said yes.[300]

Gender Bias in Veteran Support Systems

Many women veterans experienced gender bias during their time in the military, which affects their interest in connecting with veteran communities after coming home. Women did not always feel welcomed in spaces heavily dominated by men. In the 2018 Pennsylvania survey of women veterans, in response to the question about why they left the service, around 1.6 percent of women mentioned gender bias. Respondents mentioned the "good ole boy system"[301] and the "Men's Club"[302] and male-centered culture in the military. Another said, "females are treated like trash."[303] A few women referenced being passed over for promotions because of their gender.[304]

When asked if they felt they were treated differently as a female veteran than their male counterparts, around 1.8 percent specifically mentioned gender bias and discrimination, again bringing up the "old boys club" element.[305] The more common responses of differing treatment mentioned how women are often assumed to be the spouses of veterans; the default assumption is that they would not be a veteran. When they insisted that they were, some women encountered demeaning and sexist attitudes and responses belittling the value of their service.[306] These findings mean that traditional veteran outreach that is geared toward male veterans will not always be perceived as a welcoming space by women veterans.

[296] PA Women Veterans Survey, 125, 126.
[297] PA Women Veterans Survey, 144-151.
[298] PA Women Veterans Survey, 144-151.
[299] PA Women Veterans Survey, 152.
[300] PA Women Veterans Survey, 165.
[301] PA Women Veterans Survey, 98.
[302] PA Women Veterans Survey, 98.
[303] PA Women Veterans Survey, 102.
[304] PA Women Veterans Survey, 106, 107.
[305] PA Women Veterans Survey, 169.
[306] PA Women Veterans Survey, 167-181.

2024 PA Veterans Conference

A workgroup of women veterans at the 2024 PA Veterans Conference spoke about the challenges of reaching women veterans and possible solutions they had employed in their own organizations. One veteran who was a mother spoke about not realizing that she was missing community with other women veterans until she got involved with women veteran's advocacy. Other women spoke of the competitive nature of their military experience; because of the need to outperform their fellow male veterans to be respected, it was difficult to shift into a collaborative mindset coming home. Veteran organizations that included both men and women reminded women of their time in the military needing to fight for every ounce of the respect they deserved. As one woman veteran put it, "we are exhausted with having to prove ourselves and don't want to fight anymore."[307] Women veterans are more likely to distrust the VA because of negative experiences in the military. Outreach must be more personalized and less transactional. Initial outreaches with women are more likely to be successful in an informal environment, talking over a cup of coffee or around a table of peers. Once women veterans make personal connections with other women veterans, they will be more likely to return to future events. Participants also spoke of the importance of giving women veterans a sense of purpose or a goal after coming home. In their experience, many women veterans struggled with this adjustment after returning home.[308]

In 2023, women veterans had a suicide rate of 24 percent, much higher than any other demographic, veteran or non-veteran. Government agencies and nonprofits alike must be increasingly vocal in their support of women veterans. Women veteran participants mentioned that there are some groups that they had found to be helpful in their journey, including the Never Alone Advocacy Group and WoVeN, or the Women Veterans Network. Never Alone is a nonprofit that is committed to standing up for sexual assault victims made up of advocates that are "survivors, victim advocates, attorneys, health care professionals, family members, service-members, and Gold Star Families."[309] WoVeN is a national social network for women veterans and provides a variety of avenues to make meaningful connections with other women veterans. One such avenue is WoVeN groups, which are made up of 6-10 women veterans and led by two women veteran peer leaders. The groups meet eight times, and have discussions on the following topics: introductions, transitions, balance, stress relief, connections, healthy living, esteem, and celebration.[310] Women veterans can also join a private Facebook community group to connect with other women veterans. WoVeN's website also has a resource page that has compiled resources for women veterans in advocacy, career and employment, civilian transition, education, housing and homelessness, legal aid and advice, recreation, and relationships.[311]

Women veterans also often have dependent children that they are responsible for. Multiple participants mentioned that they experienced success by holding family friendly events for women veterans. A Vet Center held a "Galentine's Day" event, which celebrates women friendships the day before Valentine's Day. The event was informal and allowed women veterans to commune

[307] PA Veterans Conference Workgroup, September 5-6, 2024.
[308] PA Veterans Conference Workgroup, September 5-6, 2024.
[309] "Never Alone Advocacy Brief," *Never Alone Advocacy*, accessed September 9, 2024, https://neveraloneadvocacy.org/Never_Alone_Advocacy_Brief.pdf.
[310] "Join WoVeN," *WoVeN*, accessed September 9, 2024, https://www.wovenwomenvets.org/join/.
[311] "Resources for Women Veterans," *WoVeN*, accessed September 9, 2024, https://www.wovenwomenvets.org/national-resources/.

with each other in a carefree setting and was a great success. A representative from a county VA office stated that they held a picnic at an animal sanctuary and invited women veterans and their families to join. These events also need to be scheduled intentionally for times that working mothers can attend, like evening or nighttime events. Another participant recommended setting up booths at family-friendly events like carnivals and possibly providing some incentive like ride tickets for visiting the booth. One participant recommended setting up a scholarship that would allow women veterans to attend events or outreaches that they could not afford to attend on their own.[312]Additionally, women who are homeless are less likely to use shelters because they do not want to be separated from their children. This will disincentivize them from using conventional veteran resources. However, agencies and nonprofits that provide these services are attempting to update their approaches to ensure that a mother would not be separated from her minor children. Women participating in the roundtable were not aware of this, once again highlighting the lack of advertising of resources available. One woman veteran participating stated that if she could ask the legislature for anything, it would be a marketing budget to run an awareness campaign for women veterans to let them know that they are not alone and there are resources available to them. One participant lamented the difficulty of finding and uniting women veterans in rural areas. They are even less likely to attend veteran events that are heavily populated by men.[313]

Veterans' Trust Fund

The Veterans' Trust Fund rewards competitive grant funding to "Veterans' Service Organizations (VSOs) with 501(c)(19) status under the Internal Revenue Code and nonprofit organizations with 501(c)(3) status under the Internal Revenue Code"[314] to organizations that serve veterans in Pennsylvania. Each year the funding priorities are announced, with the priorities for 2023-2024 fiscal year being "transportation services, food insecurity, housing insecurity, behavior health/mental health or suicide prevention, and legal assistance."[315] VSO's and nonprofits have a maximum grant amount of $40,000. Counties and County Directors of Veterans Affairs can also receive VTF funding, though their maximum grant amount is $15,000. The 2023-2024 fiscal year priority is veterans outreach.[316] DMVA could expand next fiscal year's funding priorities to include outreach to women veterans specifically to encourage more use of creative solutions by VSOs, nonprofits, and counties.

Vet Centers

Vet Centers are another avenue for directing women veterans toward relevant services. They offer psychological and social services to supplement veterans' readjustment to civilian life. The services offered include readjustment counseling, individual, group, marriage and family counseling, and referral to other veteran services and benefits.[317] Vet Centers also have expanded

[312] PA Veterans Conference Workgroup, September 5-6, 2024.
[313] PA Veterans Conference Workgroup, September 5-6, 2024.
[314] "Veterans' Trust Fund Grant Program," *Department of Military and Veterans Affairs*, accessed October 1, 2024, https://www.dmva.pa.gov/Veterans/Grants/Pages/VeteransTrustFundGrantProgram.aspx.
[315] "Veterans' Trust Fund Grant Program," *Department of Military and Veterans Affairs.*
[316] "Veterans' Trust Fund Grant Program," *Department of Military and Veterans Affairs.*
[317] "Vet Center Services," *US Department of Veterans Affairs*, accessed August 28, 2024, https://www.vetcenter.va.gov/Vet_Center_Services.asp.

eligibility options, working with a veteran or service member (including National Guard and Reserves) if they meet any of the following criteria:

	Criteria
If you're a veteran or service member (including national guard and reserves), you're eligible if you meet any of these service requirements:	You served on active duty in any combat theater or area of hostility, **or**
	You provided mortuary services or direct emergency medical care to treat the casualties of war while on active duty, **or**
	You were a member of an unmanned aerial vehicle crew that provided direct support to operations in a combat theater or area of hostility, **or**
	You served on active duty in response to a national emergency or major disaster declared by the president, or under orders of the governor or chief executive of a state in response to a disaster or civil disorder, **or**
	You're a current or former member of the Coast Guard who participated in a drug interdiction operation, **or**
	You're a current member of the Reserve Component assigned to a military command in a drill status, including active Reserves, and you need to address a behavioral health condition or psychological trauma that is related to your military service.
If you're a veteran or service member (including national guard and reserves), **you're also eligible for vet center services if any of these descriptions are true for you**:	You're a Vietnam Era Veteran who used Vet Center services before January 2, 2013, **or**
	You experienced military sexual trauma (no matter what your gender or service era), **or**
	You currently use any covered VA educational assistance benefits.[318]

Services are also available to family members of veterans if "participation would support the growth and goals of the Veteran or service member in your family."[319] Pennsylvania has 12 Vet Centers:

- Bristol: Bucks County Vet Center
- DuBois: DuBois Vet Center
- Erie: Erie Vet Center
- Harrisburg: Harrisburg Vet Center
- Lancaster: Lancaster Vet Center
- Norristown: Norristown Vet Center
- Philadelphia: Center City Philadelphia Vet Center
- Philadelphia: Northeast Philadelphia Vet Center
- Pittsburgh: Pittsburgh Vet Center
- Scranton: Scranton Vet Center
- White Oak: White Oak Vet Center
- Williamsport: Williamsport Vet Center[320]

[318] "Bucks County Vet Center," *US Department of Veterans Affairs*, accessed May 21, 2024, https://www.va.gov/bucks-county-vet-center/.
[319] "Bucks County Vet Center," *US Department of Veterans Affairs.*
[320] "Vet Centers, Locations," *US Department of Veterans Affairs*, accessed May 21, 2024, https://www.va.gov/directory/guide/state.asp?State=PA&dnum=ALL&v=1.

Veterans Treatment Court

Another service offered in Pennsylvania that can direct veterans to resources is Veterans Treatment Court. This court, which emulates the drug court model, allows veterans who have been charged with crimes and struggle with addiction, mental illness, or other co-occurring disorders to appear before a judge regularly, be mentored by peers, and get connected with resources to mitigate their underlying barriers. In 2021, there were 25 veterans courts that received 202 admissions. The program has a graduation rate of 81 percent. Most of the participants in this program are men, with only around seven percent being women veterans in 2021.[321]

Prominent Programs Assisting Veterans

While there are many programs available in the Commonwealth to assist veterans, many veterans in need struggle to sift through the lengthy list to determine which may be beneficial to their specific needs. Oftentimes, there is little information online or otherwise about these programs. Programs' websites, if they have one, are sometimes threadbare, dated or no longer supported by the organization. The dearth of substantiated information for a particular organization can make it challenging to determine whether they have a legitimate purpose to assist veterans or if they operate for other misleading or even nefarious reasons. That is why it is important to highlight and briefly discuss some of the more widely recognized programs with a proven track record with veterans.

PA VETConnect

PA VETConnect is a statewide outreach initiative specifically designed to serve Pennsylvania's more than 700,000 veterans. It was initially launched in 2019, with the intent of being executed in multiple phases, with the first phase having a three-year implementation plan.[322] To date, the program has helped over 10,000 veterans throughout its short existence. The initiative is essentially a free information and referral database administered by the Pennsylvania Department of Military and Veterans Affairs (DMVA).[323]

The database contains a multitude of information and resources that help County Directors of Veterans Affairs and other veteran advocates and organizations determine the needs of veterans and their families and assist them in finding viable resources most suitable to meet those needs. Once those needs are pinpointed, network liaisons work to connect those veterans and their families to those resources. Many of these resources are available to assist veterans and their families with homelessness, employment, financial assistance, mental health treatment, challenges unique to women veterans, addiction, and many other important areas of assistance.[324] PA

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[321] *A Look at Pennsylvania's Veteran Courts* (InfoShare, PA Courts, AOPC, 2022), https://www.pacourts.us/Storage/media/pdfs/20221115/204034-infoshare_veterans_22.pdf.
[322] Pennsylvania Department of Military and Veterans Affairs Publication Update, accessed June 3, 2024, http://aliquippapa.gov/wp-content/uploads/2020/09/PA-VETCONNECT-Update.pdf.
[323] "PA VETConnect," *Department of Military and Veterans Affairs*, accessed June 3, 2024, https://www.dmva.pa.gov/Veterans/HowToGetAssistance/Pages/PA-VETConnect.aspx.
[324] "PA VETConnect," *Department of Military and Veterans Affairs*.

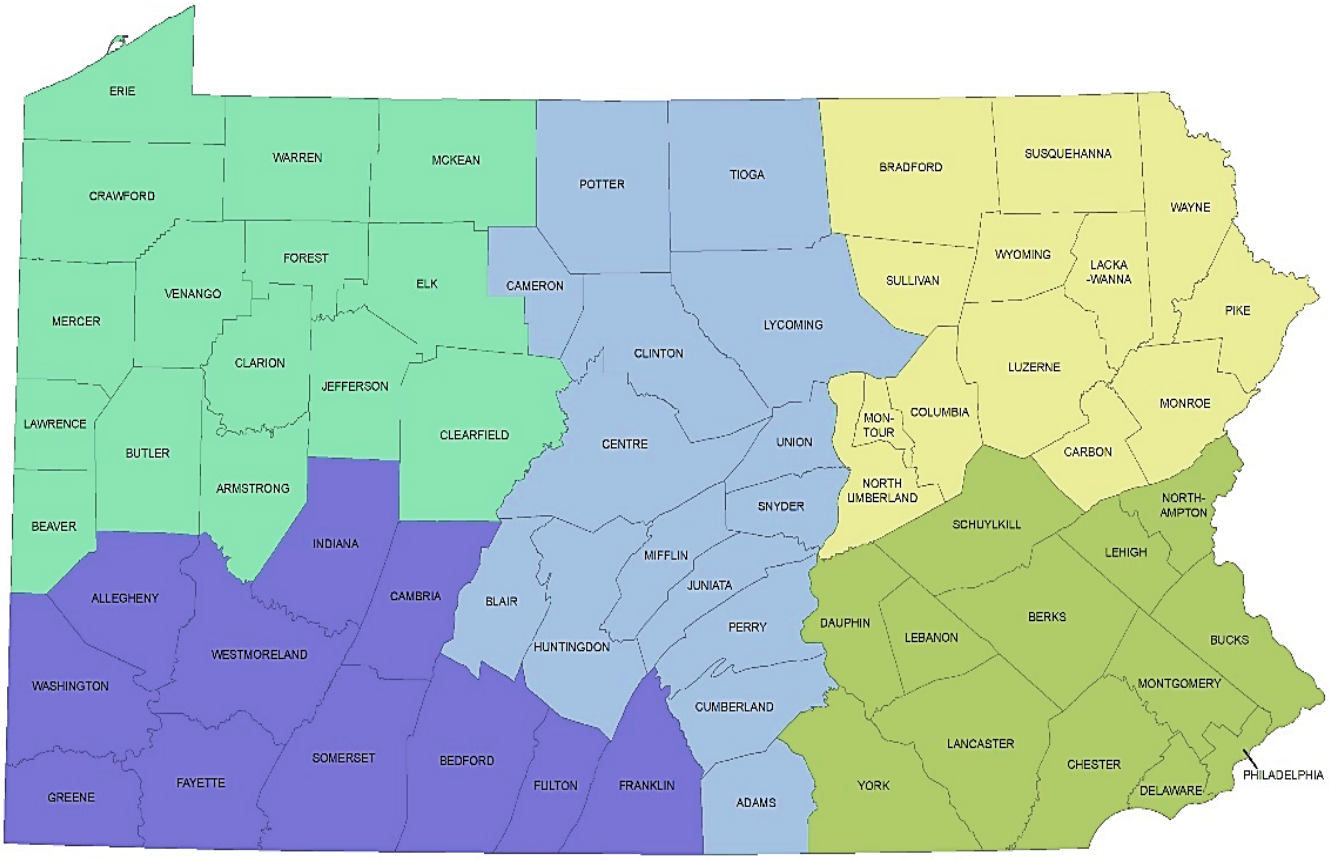
VETConnect's resource network has grown to over 2,000 resources.[325] The program has also helped the DMVA accomplish more than 16,000 connections with federal, state, and local government officials, nonprofit organizations, and community leaders.[326]

A key component behind the initiative is a 15-member outreach team, referred to as Regional Program Outreach Coordinators (RPOCs) spread throughout the Commonwealth. Each member of the team works to serve as liaisons, establishing relationships with veteran advocates, community leaders, local and regional organizations, and the DMVA. In addition, team members seek out new resources beneficial to assisting veterans across the Commonwealth.[327] The members' work is a critical feature of the program because it "…enables the DMVA to concentrate services from within communities where Pennsylvania veterans live and allows the DMVA to utilize community-based providers to fill gaps in services."[328] Through the program, the Commonwealth is divided into five different regions which enable the DMVA to more effectively determine the regional needs of veterans and identify and craft partnerships with local communities and providers.[329] The five regions are shown in Map 2.

[325] Pennsylvania Pressroom, "PA VETConnect Network Grows in 2023, Helping Veterans and Their Families in Need Find the Best Possible Resources," (January 1, 2024), https://www.media.pa.gov/pages/military-and-veteran-affairs-details.aspx?newsid=671.
[326] Paul Vigna, "PA VETConnect Outreach Program Earns Pillars of Excellence Award," *PennLive*, last modified February 23, 2022, https://www.pennlive.com/news/2022/02/pa-vetconnect-outreach-program-earns-pillars-of-excellence-award.html.
[327] Pennsylvania Pressroom, "PA VETConnect."
[328] Vigna, "PA VETConnect."
[329] Pennsylvania Department of Military and Veterans Affairs Publication Update.

Map 2

5 PA VETConnect Regions
2024



Source: Pennsylvania Department of Military and Veterans Affairs Publication Update, http://aliquippapa.gov/wp-content/uploads/2020/09/PA-VETCONNECT-Update.pdf, accessed June 3, 2024.

The success of the PA VETConnect program led to the DMVA receiving an Abraham Lincoln Pillars of Excellence Award[330] from the U.S. Department of Veterans Affairs (VA). The award was received in 2022 during the National Association of State Directors of Veterans Affairs Mid-Winter Conference. In receiving the award, Brigadier General Maureen Weigl, Deputy Adjutant General for the DMVA recognized the initiative as "…a trusted channel among veteran advocates for gaining increased awareness of and connection to veteran-centric and mainstream resources that can assist veterans who are in crisis."[331]

On July 17, 2024, the General Assembly statutorily enacted the PA VETConnect Program into law within the Pennsylvania Department of Military Affairs in an amendment to the Military and Veterans Code (51 Pa.C.S.). Specifically, the amendment provides that the program may include the following participants:

- Federal agencies
- State agencies
- County Directors of Veterans' Affairs
- Veterans' service organizations
- Accredited postsecondary educational and technical institutions
- The health care provider community
- Businesses
- Nonprofit organizations[332]

The amendment expressly recognizes that the purpose of the program is to:

- Improve the health and well-being of veterans and the families of veterans through referrals, community engagement and consistent network communication.
- Organize participants to cooperate with network partners to provide for proactive solutions to address the problems faced by veterans.[333]

In addition, the amendment statutorily lays out program requirements, as well as the duty of the DMVA as it relates to the program. For example, the department is responsible for developing and administering the program, complete with a mission statement clearly communicated to network advocates, partners and participants. The department is also responsible for:

- Coordinating with Federal agencies, State agencies, county directors of veterans' affairs, veterans' service organizations, accredited postsecondary educational and technical institutions, the health care provider community, businesses and nonprofit

[330] The U.S. Department of Veterans Affairs established the Abraham Lincoln Pillars of Excellence Award in 2012 to evaluate state programs, establish best practices for greater success and efficiency, and highlight successful programs being administered at the state level. *Ibid*.
[331] Vigna, "PA VETConnect."
[332] Act of July 17, 2024 (P.L. 833, No. 70); 51 Pa.C.S. § 714(b).
[333] 51 Pa.C.S. § 714(c).

organizations, identified by the department, that provide programs, initiatives, reintegration outreach and related services to veterans and the families of veterans.

- Providing Pennsylvania Salutes You for Your Service information to recently separated service members.

- Providing information regarding program initiatives, resources, training opportunities, veterans' service organizations and services available to be utilized by individuals or groups who support veterans and their families as volunteers and offer outreach and support for veterans.

- Coordinating with county directors of veterans affairs by providing information of veterans who request support for Federal and State benefits and programs.

- Coordinating with veterans service officers from veterans service officer grant programs or other veterans service officers to assist veterans in applying for Federal veterans benefits.[334]

Despite its recent codification into law, some have argued that the program is not altogether helpful to veterans. Critics have argued it serves more as a resource directory than a referral platform. Some veterans struggle to contact county directors or other resources to obtain a phone number to call for services. Unlike two other referral platforms discussed later, PAServes and PA Navigate, veterans typically do not receive a lot of assistance to ensure they have accessed the service through VETConnect. For example, after the contact is provided to the requesting veteran, there is often little follow-up after the referral to ensure the veteran was able to make contact with the resource. Consequently, some believe that structural and functional changes are needed in order for VETConnect to be an effective tool to help veterans.[335]

PAServes

PAServes has been described as a "hub-and-spoke" program that assists veterans and their families to navigate a system of overlapping community and government programs and agencies designed to help veterans with housing assistance, transportation, mental health care, and a plethora of other services. The program was established in 2014 and has provided support to nearly 9,000 veterans as of late 2022. PAServes started under the administrative leadership of the Heinz Endowments and community health and wellness provider Pittsburgh Mercy. In 2020, the Veterans Leadership Program (VLP) took the helm of the program. Currently, the VA is the program's largest partner.

During its infancy, few in veterans health ever discussed the kind of coordinated care offered by PAServes. However, the program has grown significantly. It is one of 18 coordinated care locations operating under the umbrella of the AmericaServes program, which is administered by the D'Aniello Institute for Veterans and Military Families at Syracuse University in New York

[334] 51 Pa.C.S. § 714(e).
[335] Discussion in Task Force meetings held on March 26, 2024, and July 30, 2024.

(IVMF).[336] The IVMF works to "empower service members, veterans, and their families through actionable research, innovative programs, and insightful analytics" and has assisted over 190,000 such individuals spanning back to 2011.[337] PAServes covers the western half of Pennsylvania with 50 percent of its referrals going to the VA. The goal of the network's referral process is to guide veterans to the appropriate care resource, regardless of whether this resource is the VA or a community-health care facility or provider.[338] According to VLP data, 4,100 referrals have been sent to PAServes from the VA and 4,900 referrals have been sent from PAServes to the VA between 2015 and 2023. Of the 4,100 referrals sent to PAServes from the VA, 3,800 were sent from VA medical services, whereas 278 of the 4,900 referrals sent from PAServes were sent to VA medical services. The 2023 VLP review also reported that 19 of the referrals sent to PAServes were sent from VA benefits entities, whereas 2,800 of the referrals sent from PAServes were sent to VA benefits entities.[339]

PAServes works directly with veterans to assist them in accessing programs that meet their needs.[340] For instance, the program reaches out to veterans directly through different weekly phone calls and targeted emails. In addition, the program also advises service providers on how to align their programs to meet the immediate needs of veterans more adequately.[341] Much of the population that PAServes assists are younger individuals, who are often minorities and in need of housing, food, or employment.[342] In 2023, PA Serves was able to resolve 82 percent of the clients' service requests.[343] According to a year-end review of the program by the VLP, PAServes assisted 2,296 clients with a service request in 2023. In addition, the program took on 1,416 new clients and processed a total of 4,692 service requests with an average of two requests per client for the same year. The VLP further reported that 65 percent of the requests were transmitted via client self-referral, while 35 percent were generated through referrals from network organizations. There were 21 different providers sending referrals, with the top 10 providers sending referrals as shown in Table 4:

[336] Mark Kramer, "Top-Tier Service," accessed June 5, 2024, https://www.heinz.org/UserFiles/Library/2022_h_issue_2_Top-Tier_Service.pdf, 22.
[337] AmericaServes, "A Model of Coordinated Networks of Cross-Sector Organizations Addressing Social Detriments of Health for the Military-Connected Population," SBM Annual Meeting, *Syracuse University D'Aniello Institute for Veterans & Military Families*, 2.
[338] Discussion in Task Force meeting, March 26, 2024, and July 30, 2024.
[339] PAServes VLP Advisory Board Presentation, provided by Megan Andros, Director of Veterans Affairs, The Heinz Endowments.
[340] Discussion in Task Force meeting, March 26, 2024, and July 30, 2024.
[341] *Ibid*.
[342] *Ibid*.
[343] PAServes VLP Advisory Board Presentation, provided by Megan Andros, Director of Veterans Affairs, The Heinz Endowments.

Table 4

Top 10 Providers Sending Referrals to PAServes
2023

Rank	Providers	# of Referrals
1	Pittsburgh VA Healthcare System (VAPHS)	569
2	Veterans Place of Washington Boulevard	180
3	Soldier On	97
4	Operation Troop Appreciation	74
5	SCI Mercer VSU	59
6	Allegheny County Veterans Services	43
7	Center for Community Resources	38
8	Erie VA Medical Center	33
9	Butler VA Health System	12
10	Community College of Allegheny County	11

Source: PAServes VLP Advisory Board Presentation, provided by Megan Andros, Director of Veterans Affairs, The Heinz Endowments.

According to the Veterans Leadership Program, these top service requests as of 2023 are as shown in Table 5:

Table 5

Top Service Requests to PAServes
(2015-2023)

Rank	Service Request	Percentage
1	Benefits Navigation	18%
2	Income Support	15
3	Clothing and Household Goods	15
4	Housing and Shelter	9
5	Transportation	8

Source: PAServes VLP Advisory Board Presentation, provided by Megan Andros, Director of Veterans Affairs, The Heinz Endowments.

PA Navigate

Another important resource for women veterans, and veterans in general, is PA Navigate, which was launched in January 2024. PA Navigate is a statewide online program administered by the Department of Human Services (DHS) that connects Pennsylvanians to community-based organizations, county and state agencies, and health care providers, and provides referrals to a wide variety of community resources to help them address issues such as food shortages, a need for shelter, childcare, clothing, employment, financial strain, and transportation, to name a few. In essence, PA Navigate creates a bridge between community organizations, health care providers, and individuals in need of assistance. Many health information organizations (HIOs) and agencies, counties, local nonprofits and community organizations, health care entities, and social service providers collaborate with the program. Some HIOs that participate in the program include ClinicalConnect Health Information Exchange, Central PA Connect Health Information Exchange, HealthShare Exchange, and the Keystone Health Information Exchange. The online tool also makes it possible for individuals to refer themselves for services and allows health care and service providers to assess an individual's needs during a physician's office or emergency department visit.[344]

While PA Navigate is not a resource specifically geared toward veterans alone, it is another example of a resource that can be beneficial to veterans in need of assistance. To use PA Navigate, an individual can visit the program's website and click a toolbar option to find all resources available in their community. One can also type in their zip code to find available resources in their location.[345]

DHS Secretary Dr. Val Arkoosh has described PA Navigate as "…a groundbreaking resource that will enable greater collaboration between health care and social services organizations by allowing them to more easily and effectively work together to treat and support the whole person."[346] While the program has some success in assisting individuals in need, many believe there is still room for improvement. For instance, it has been pointed out that PA Navigate was launched without providing incentives for providers to join the network. This differs from North Carolina's model, explained below, which provides reimbursements through its technology platform. In addition, the network does not have a centralized coordination center, a strong feature within the PAServes network. Moreover, it is believed by some that to be a highly useful resource for veterans, PA Navigate needs a central coordination hub, with multiple sub-centers operating throughout the state as coordination centers. Given the veteran population and demographic differences throughout Pennsylvania, it has been opined that the program needs anywhere from 50 to 100 coordinators to make it function and successfully connect veterans to care.[347]

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[344] "PA Navigate," *Commonwealth of Pennsylvania*, accessed June 5, 2024, https://www.pa.gov/en/agencies/dhs/resources/for-residents/pa-navigate.html; Pennsylvania Pressroom, "Shapiro Administration Launches PA Navigate, A New Online Tool to Better Connect Pennsylvanians with Food, Housing, Childcare and More," (Jan. 23. 2024), https://www.media.pa.gov/Pages/DHS_details.aspx?newsid=987.

[345] "PA Navigate," *Commonwealth of Pennsylvania*, accessed June 5, 2024, https://www.pa.gov/en/agencies/dhs/resources/for-residents/pa-navigate.html.

[346] Pennsylvania Pressroom, "Shapiro Administration Launches PA Navigate, A New Online Tool to Better Connect Pennsylvanians with Food, Housing, Childcare and More," (Jan. 23. 2024), https://www.media.pa.gov/Pages/DHS_details.aspx?newsid=987.

[347] Discussion of the Task Force meeting, March 26, 2024.

NCCARE360

North Carolina launched a referral platform in 2015 that can act as an example for future changes to referral programs available in Pennsylvania. To serve the nation's fourth largest active-duty military population and a large veteran population,[348] North Carolina launched NCServes in 2015: "…the nation's first statewide coordinated network of public, private, and nonprofit organizations working together to connect military service members, veterans, and military families with providers and resources for when they are eligible."[349] In July 2021, NCServes joined NCCARE360 (serving all 100 counties of North Carolina) as "the first statewide coordinated network that unites health care and human services organizations with a shared technology platform that allows providers to electronically connect those with identified needs to community resources and allow[s] for a feedback loop on the outcome of that connection."[350]

NCCARE360 creates a connected and collaborative network of health care and human services organizations with a shared technology platform allowing for a "coordinated, community-oriented, person-centered approach to delivering care in North Carolina."[351] Acknowledging access to high-quality medical care is critical for a healthy community: "research shows up to 80% of a person's health is determined by social and environmental factors, like housing and transportation, and the behaviors that emerge as a result of them."[352]

Accessing social services may prove to be difficult for Veterans due to the siloed nature of social services; consequently, navigating services such as health, housing, employment, and transportation may be challenging for Veterans. The goal of NCCARE360 is to improve health outcomes in North Carolina through four functionalities:

1. A robust statewide resource directory supported by a dedicated resource team who regularly verifies and updates programs and services in the NCCARE360 platform.

2. A team of dedicated navigators with the expertise to support complex NCCARE360 referrals and community-based organizations that are not able to stay with the client through the referral process.

3. A shared technology platform that enables providers to assess for and identify unmet social needs, and then send and receive secure electronic referrals and track outcomes.

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[348] "4th Largest Military Population in the U.S.," North Carolina Military Affairs Commission, modified April 27, 2023, https://ourncmilitary.nc.gov/blog/2023/04/27/4th-largest-military-population-us#:~:text=According%20to%20the%20Defense%20Manpower%20Data%20Center%2C%20North,National%20Guard%2C%20and%20Reserve%20members.Learn%20more%20at%20OurNCMilitary.com.
[349] NCCARE360 Quarterly Report, September 2021, pg.3, accessed February 14, 2024, https://nccare360.org/wp-content/uploads/2024/01/NCCARE360-Quarterly-Report-September-2021_Q1_V2a.pdf.
[350] "NCCARE360 FAQs," *NCCARE360*, accessed February 14, 2024, https://nccare360.org/wp-content/uploads/2024/01/NCCARE360-FAQs.pdf.
[351] NCCARE360 Quarterly Report, April-June 2019, pg. 1, accessed February 14, 2024, https://cdn2.hubspot.net/hubfs/1945678/NCCARE360/April%20-%20June%20Quarterly%20Report.pdf.
[352] NCCARE360 Quarterly Report, September 2021, pg.1, accessed February 14, 2024, https://nccare360.org/wp-content/uploads/2024/01/NCCARE360-Quarterly-Report-September-2021_Q1_V2a.pdf.

4. A community engagement team working with community-based organizations, social service agencies, health systems, independent providers, and more to create a statewide, coordinated care network.[353]

Network partners are trained to use NCCARE360 to utilize the system to serve their patients/clients. NCCARE360's community engagement team directly supports the community in joining the network through continuing to collaborate with partners to regularly review data and network performance. Plus, the community engagement team solicits partners for feedback and input on processes as well as provides ongoing technical assistance.[354]

To participate in NCCARE360, patients/clients are required to consent both to participate and to have their information shared through the network. Consent to participate in NCCARE360 is separate from the consent an organization may request from patients/clients.[355]

NCCARE360 Structure

Launched in 2019, NCCARE360 supports a critical infrastructure and is a public-private partnership between the North Carolina Department of Health & Human Services and the Foundation for Health Leadership & Innovation.[356] The NCCARE360 contributors include:

- *North Carolina Department of Health & Human Services* relies upon NCCARE360 as an important component in its Healthy Opportunities strategy and its overall mission to improve the health, safety, and well-being of all North Carolinians.

- *The Foundation for Health Leadership & Innovation* serves as the administrators of NCCARE360, ensuring the program runs smoothly. Guided by almost 40 years of experience, the Foundation has developed and supported innovative community-driven programs and partnerships that "build a healthier North Carolina through collaboration and respect."[357]

The vendor partners include:

United Way of North Carolina/North Carolina 211 Navigators and Resource Team: United Way of North Carolina, the state association for 50 United Ways serving the citizens, also administers the statewide NC211 health and human services information and referral system. "[United Way of North Carolina]'s leadership team works collectively to build upon the existing NC211

[353] NCCARE360 Quarterly Report, September 2021, pg.1, accessed February 14, 2024, https://nccare360.org/wp-content/uploads/2024/01/NCCARE360-Quarterly-Report-September-2021_Q1_V2a.pdf.
[354] "NCCARE360 has multiple functionalities including," *NCCARE360*, accessed February 14, 2024, https://nccare360.org/about/.
[355] "NCCARE360 FAQs," NCCARE360, accessed February 14, 2024, https://cdn2.hubspot.net/hubfs/1945678/NCCARE360/NCCARE360%20FAQs.pdf.
[356] NCCARE360 Quarterly Report, January-March 2019, pg.1, accessed February 14, 2024, https://cdn2.hubspot.net/hubfs/1945678/NCCARE360-Quarterly-Report-January-March-2019.pdf.
[357] "The NCCARE360 Team," *NCCARE360*, accessed February 14, 2024, https://nccare360.org/team/.

infrastructure while also engaging the network of local United Ways as champions of NCCARE360."[358]

NCCARE360's statewide resource directory of more than 13,000 programs and services is supported by a NC211 resource team dedicated to regularly verifying and updating the directory. Based in the NC211 call centers, NCCARE360 Navigators provide the expertise to support complex NCCARE360 referrals and respond to assistance requests received via the website. In addition, the NCCARE360 Navigators "are equipped to support health care providers and community organizations who need additional help making the best referral to meet their patient's social needs."[359] NC211's resource database includes thousands of verified health and human resources across North Carolina.

Expound Decision Systems: Expound Decision Systems provides connections between the NC211 resource database and the NCCARE360 out-of-network resources.[360]

Unite Us: Unite Us powers the shared technology platform that enables health and human service providers to send and receive electronic referrals, communicate in real-time, securely share client information, and track outcomes.[361] This social care infrastructure aids communities to address healthier social determinants and to advance health equity.

Supported by Unite Us, the NCCARE360 users network includes case management agencies, shelters, counseling and mental health clinics, public school systems, medical clinics, older adult support agencies, transportation providers, regional and local food pantries, churches, community colleges, veterans groups, housing supports, and parks and recreation departments.[362]

Each profile within Unite Us platform and the NC 211 Resource Directory will include the following information:

- Name of organization
- Services provided with descriptions
- Street and mailing address (unless restricted due to client confidentiality and safety)
- Targeted age groups, communities, and populations served
- Eligibility requirements
- Accepted payments and insurance, if applicable
- Phone, fax, email, and website, if applicable
- Hours of operation and appointment information, if applicable
- Documentation required to receive services
- Geographical area served
- Languages spoken (and other accessibility information, if applicable)

[358] "The NCCARE360 Team," *NCCARE360.*
[359] "The NCCARE360 Team," *NCCARE360*.
[360] "The NCCARE360 Team," *NCCARE360.*
[361] "The NCCARE360 Team," *NCCARE360.*
[362] "The NCCARE360 Team," *NCCARE360.*

- Transportation information
- Organization point of contact[363]

To be included, organizations need to offer community services that can fit under the 211 and Unite Us taxonomy, and provide services to any community member, not simply members. They also must either be a tax-exempt nonprofit 501(c)(3) organization or a government agency or organization.[364]

To assure quality control of NCCARE360, an In-Progress Review is performed bi-annually to ensure both the organizations and its information are up to date and consistent with the Inclusion Policy, which is reviewed annually by NCCARE360 leadership. Agencies that no longer meet the policy will be removed. If an organization fails to respond to the In-Progress Review after three attempts, the organization will be excluded from NCCARE360. In addition, NCCARE360 has the right to exclude organizations that have received client or user complaints or do not fulfill other policies. If removed from NCCARE360, an organization is required to wait three months to resubmit a partner registration form.[365]

Initially, the NCCARE360 platform was funded by private and philanthropic partners who recognized the need for this service. NCCARE360 is free for community-based organizations, social service agencies, local health departments, and other local partners. Major health systems and payors participate through subsidies.[366]

To promote NCCARE360, a plethora of informational materials are available on the website. A Closing the Loop flyers series address general information about coordinated care,[367] early care and education, and education (k-12 schools). In addition to stressing the security of this referral system, each informational flyer outlines the four-step system process: intake, referral, resolution, and feedback. Another informational flyer outlines the dos and don'ts of a navigator's best practices. Lastly, these informational flyers are available on the website in the following languages: Arabic, English, French, German, simplified Chinese, Spanish, Swahili, and Vietnamese.[368]

To advance the public's health and to maximize the NCCARE360 network, a comprehensive, user-friendly guide for NC Local Health Departments outlining the following has been developed:

- What is NCCARE360?

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[363] "NCCARE360 Inclusion Criteria," *NCCARE360*, accessed February 14, 2024, https://cdn2.hubspot.net/hubfs/1945678/NCCARE360/NCCARE360%20INCLUSION%20EXCLUSION%20CRITERIA%2011.27.19.pdf.
[364] "NCCARE360 Inclusion Criteria," *NCCARE360.*
[365] "NCCARE360 Inclusion Criteria," *NCCARE360.*
[366] "NCCARE360 FAQs," *NCCARE360*, accessed February 14, 2024, https://cdn2.hubspot.net/hubfs/1945678/NCCARE360/NCCARE360%20FAQs.pdf.
[367] "Content Library & Resources," *NCCARE360*, accessed February 14, 2024, https://nccare360.org/content-library/.
[368] "Content Library & Resources," *NCCARE360.*

- NCCARE360 Referral Process (Self-Referrals; In-Network Referrals; and Out-of-Network Referrals)
- Hardwire Local Health Department Processes
- Engage Staff
- Adapt Workflows
- Expect Results
- Be a Community Champion.[369]

Childcare

Another possible barrier mentioned by the Task Force was a lack of childcare during appointment times. Women are often primary caregivers and may experience more difficulty scheduling and maintaining appointments because of their children's schedules and needs. Some children end up accompanying parents to appointments and sitting in the appointment room or just outside. In a 2015 study by the VA on barriers to women's health, around 55 percent of mothers with children under the age of 17 did not experience difficulty finding childcare. For those who did, those who lived in urban areas had a slightly more difficult time finding childcare than those in rural areas. Those between the ages of 18 and 34, and 34 and 44, also had a slightly more difficult time finding childcare than those above age 45. Thirty-nine percent of those that were not married responded that it was either somewhat hard or very hard to find childcare, while only 29 percent of married respondents said the same.[370]

A 2024 study of 2,000 veterans, 75 percent of whom were women, found that most veterans requiring childcare scheduled appointments during school hours or left their child with family or a friend. Around 10 percent of respondents took their child with them to the medical appointment. Only around six percent took their child to a childcare center. Over 75 percent of the respondents indicated that they needed childcare during appointments. For many of these respondents, one of the major challenges was being able to schedule an appointment at a time where they would have childcare available. Fifty-eight percent of respondents missed or canceled an appointment because of their inability to find childcare for the appointment. High cost of childcare was another barrier mentioned by respondents. The average cost for childcare to attend a health appointment was $60.40. Bringing children along to appointments reduces women's engagement in their appointment and distracts them from fully engaging with their doctors.[371] Legislation has been enacted to increase access to childcare for women veterans.

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[369] "Maximizing the NCCARE360 Network to Advance the Public's Health: A guide for NC Local Health Department", *NCCARE360*, accessed February 14, 2024, https://www.ncdhhs.gov/local-public-health-nccare360-final-branded/download.

[370] *Study of the Barriers for Women Veterans to VA Health Care* (US Department of Veterans Affairs, April 2015), https://www.womenshealth.va.gov/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf, 60.

[371] "Veteran Caretaker Perspectives of the Need for Childcare Assistance During Health Care Appointments," *Women's Health Issues* 34, No. 1 (2024): 98-106, DOI: 10.1016/j.whi.2023.08.005.

The Veterans Child Care Assistance Program (VCAP)

Federal Authority

The Johnny Isakson and David P. Roe, MD Veterans Health Care and Benefits Improvement Act of 2020[372] established the Veterans Child Care Assistance Program (VCAP). Specifically, § 5107a of the act granted authority in 38 U.S.C. § 1709C to the VA to provide childcare assistance to certain veterans receiving health care at VA medical centers. Federal law requires the program to become operational at all VA medical centers throughout the U.S. no later than five years after the enactment date of the Deborah Sampson Act of 2020, which was signed into law on January 5, 2021.[373] The program's initiation deadline has not yet expired and the VA is still currently promulgating regulations to administer the program, indicating that the program has not officially become active yet.

Eligibility

Importantly, the childcare assistance offered under VCAP is provided only for the duration of the veteran's health care appointment. This includes the travel time to and from the appointment. In order to be a qualified veteran, eligible for this assistance, a veteran must be the primary caretaker of a child or children; and receive care from the VA. The care may be regular mental health care services, intensive mental health care services, or other intensive health care services. The Secretary of the VA must determine that provision of assistance to the veteran to obtain childcare would improve access to health care services by the veteran. Another way a veteran can qualify is if he or she is the primary caretaker of a child or children, and he or she needs regular or intensive mental health care services from the VA, and but for the inability to procure childcare services, said veteran would receive such services from the VA.[374]

Forms of Child Care Assistance

The forms of childcare assistance offered under the VCAP program include the following:

- Stipends for the payment of childcare offered by a licensed childcare center (either directly or through a voucher program).
- Direct provision of childcare at an on-site facility of the VA.
- Payments to private childcare agencies.
- Collaboration with facilities or programs of other federal agencies.
- Other forms of assistance as the Secretary of the VA considers appropriate.[375]

[372] The Johnny Isakson and David P. Rose, M.D. Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. 116-315, 134 STAT. 4932.
[373] 38 U.S.C. § 1709C(d).
[374] 38 U.S.C. § 1709C(c).
[375] 38 U.S.C. § 1709C(e)(1)(A)-(E).

The stipend option is required by law to cover the full costs of the eligible childcare.[376]

Proposed Verification and Auditing Regulation

According to a VA notice for public comment in the Federal Register posted on August 6, 2024, the VA is intending to collect all appropriate information from veterans to determine eligibility and intent to utilize VCAP. The notice further details that VA facilities with onsite drop-in childcare centers will be able to access the current VA systems to verify veteran name and SSN for eligibility, but must maintain their contact information and the child's information for use in the childcare setting for emergency and safety reasons.[377]

The VA intends to also use this information to audit and validate specific instances within the reimbursement system for reimbursement claims submitted by veterans for childcare services. The promulgation of such verification protocol is deemed necessary by the VA to pay allowable claims, as well as monitor and prevent fraud.[378]

VA Program Forms

There will be three different VA forms that a program-eligible veteran intending to participate in the program's assistance may need to complete, depending on the form of assistance he or she chooses to utilize. They are as follows:

- **VA Form 10-380**—VCAP Child Registration Intake Form: Eligible veterans will be required to complete this form to register the child or children who will be cared for on VA premises for the duration of the veteran's health care appointment.[379]

- **VA Form 10-381**—VCAP Appointment Certification Form: The participating veteran will have to complete this form to attest they are attending a certified appointment and have a qualifying veteran-child relationship establishing eligibility for childcare assistance.[380]

- **VA Form10-382**—VCAP Reimbursement Claim Form: This form will be used by the veteran specifically to request reimbursement for the cost of childcare at licensed non-VA childcare facilities. Reimbursement for childcare services is limited to the time required for the veteran's health care appointment.[381]

[376] 38 U.S.C. § 1709C(e)(2).
[377] Federal Register, Veterans Affairs Department Notice, *Agency Information Collection Activity: Veterans Child Care Assistance Program (VCAP)*, Aug. 6, 2024.
[378] *Ibid*.
[379] *Ibid.*
[380] *Ibid*.
[381] *Ibid*.

VISN 4 Metrics

Veterans Integrated Service Networks (VISN) 4, the network of VA campuses that covers Pennsylvania and Delaware and parts of Ohio, West Viriginia, New York, and New Jersey, provided several metrics requested by Joint State staff. These included patient trust scores broken down by gender and compared to the VA national averages. For women in VISN 4, the female trust rating was 92.1, compared to 88.6 nationally. Men in VISN 4 had a trust rating of 94.7, with a national rating of 92. The women veterans' provider rating was 77.1 compared to 67.6 nationally. Veteran men's provider rating was similar to women's at 77.4, compared to 76 nationally. In overall satisfaction, veteran women in VISN 4 had a higher rating than men, at 90.4, compared to men's 87.8. The women veteran's national average was 78.7, while the men's was 85.4. VISN 4 could not provide data on outcomes in clinics or data on the prevalence of referrals to community care from the VA.[382]

Department of Veterans Affairs
2021 Survey of Veteran Enrollees' Health and Use of Health Care

The 2021 Survey of Veteran Enrollees' Health and Use of Health Care, prepared for the Strategic Analysis Service, Office of Strategic Planning and Analysis, VHA Chief Strategic Office, Veterans Health Administration, and the Department of Veterans Affairs, provides an overall snapshot of veterans that utilized veterans health care services in 2021. 42,351 veterans completed this survey.[383] Women enrollees made up 9.3 percent of enrollees in 2021 and made up 15.4 percent of enrollees that reported active duty since 2001.[384] Women made up 11.9 percent of enrollees who served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND).[385]

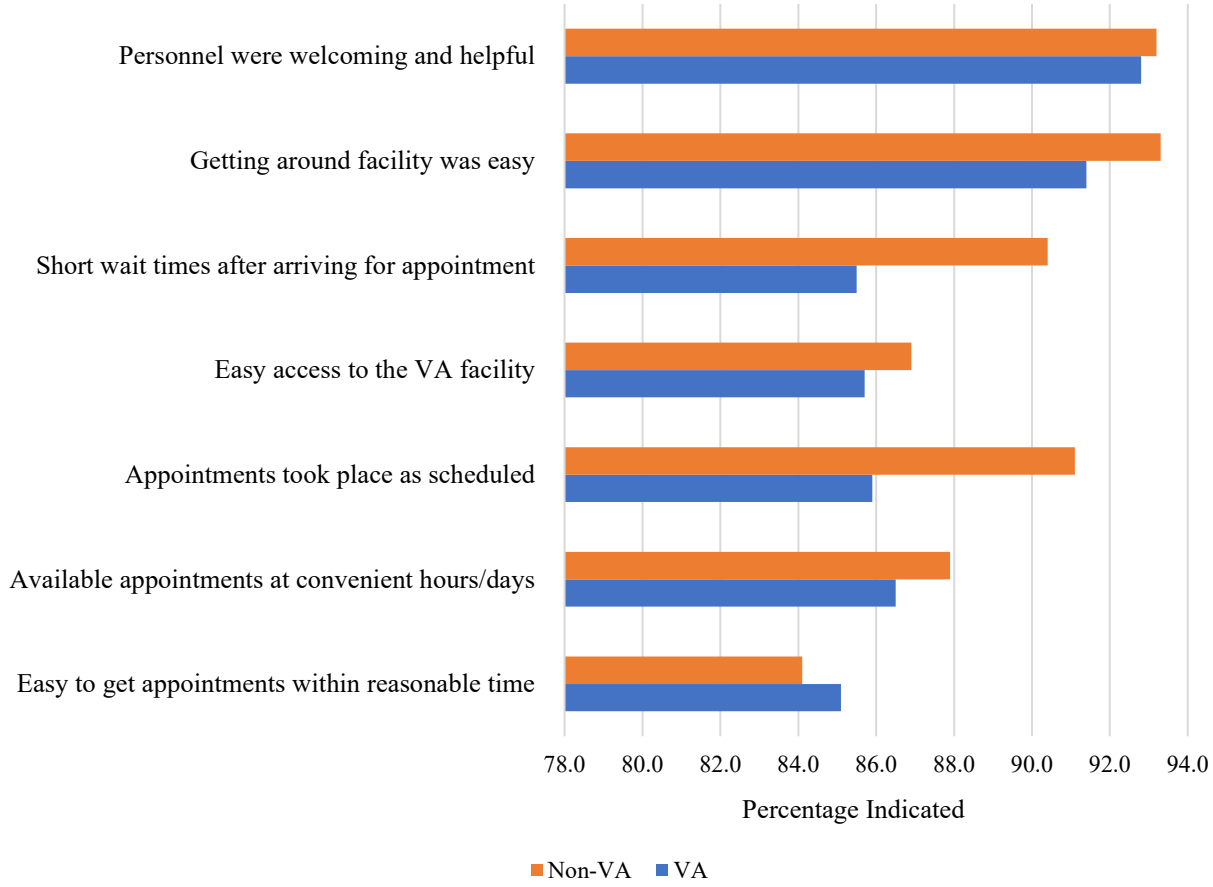
The survey asked enrollees about their perception of VA and non-VA services. The data are not separated by gender. Though satisfaction was relatively high with both VA and non-VA health care facilities, non-VA facilities scored slightly higher in most metrics. VA health care facilities scored higher on the ability to get appointments in a reasonable amount of time. Non-VA facilities

[382] VISN 4 IAD Full Grant Letter, August 7, 2024.
[383] Z. Joan Wang, Pavan Dhanireddy, Cynthia Prince, *et. al*, *2021 Survey of Veteran Enrollees' Health and Use of Health Care* (Advanced Survey Design, LLC, September 24, 2021), xi.
[384] Wang, *2021 Survey of Veteran Enrollees' Health,* 8.
[385] Wang, *2021 Survey of Veteran Enrollees' Health,* 28.

scored higher by several percentage points in short wait times after arriving for appointments, and appointments taking place as scheduled.[386]

Chart 2

VISN 4 Enrollee Perception of VA and Non-VA Health Care Services 2021



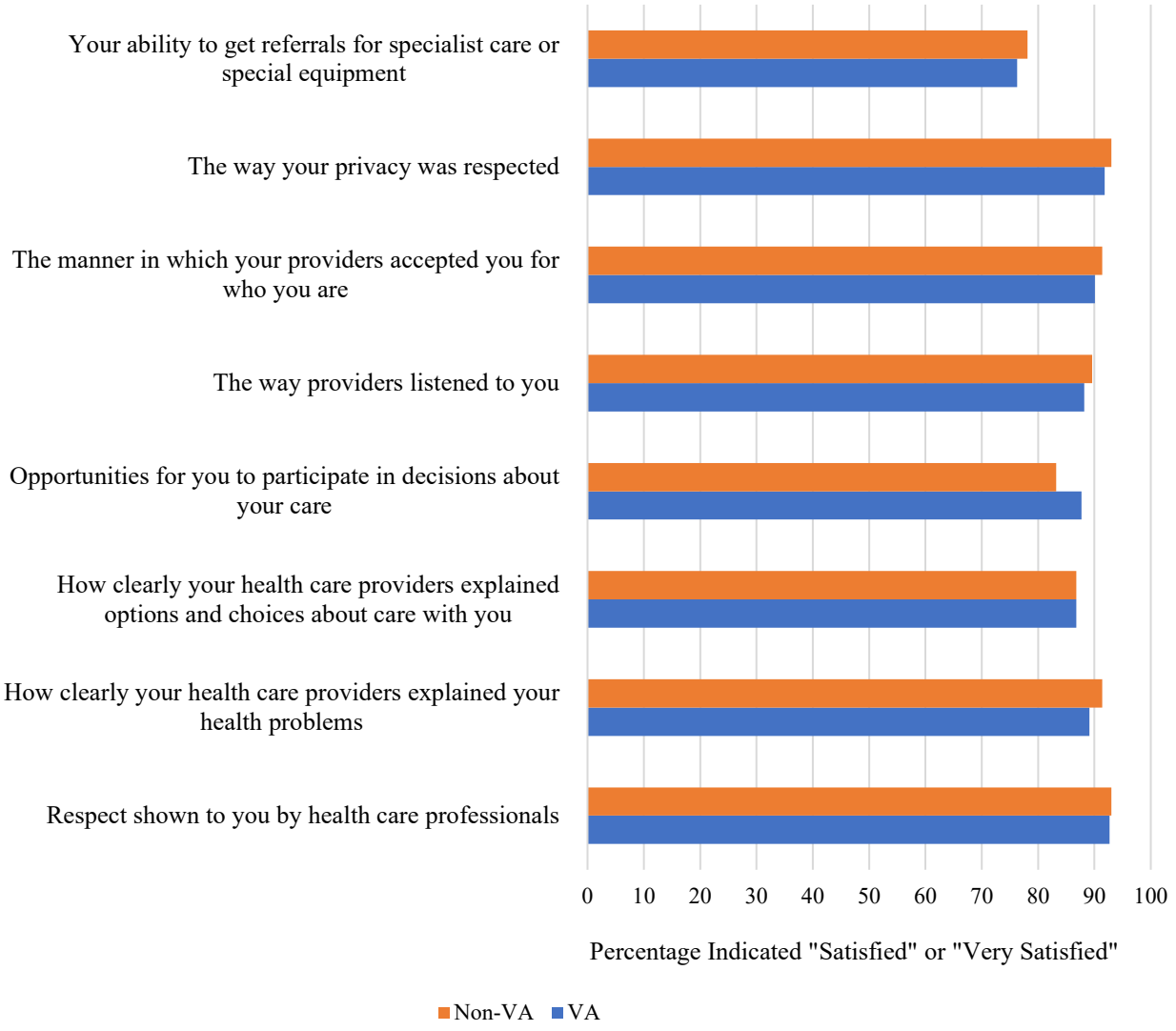
Source: Z. Joan Wang, Pavan Dhanireddy, Cynthia Prince, *et. al*, 2021 Survey of Veteran Enrollees' Health and Use of Health Care (Advanced Survey Design, LLC, September 24, 2021), A-56-A-59.

Enrollees ranked their satisfaction with several metrics relating to quality of care. Recorded below are the percentage of enrollees who answered "satisfied" or "very satisfied" in these metrics. Non-VA and VA facilities received very similar scores in these categories, though non-VA facilities scored slightly higher on most metrics. The percentages were the same for how clearly health care providers explained care and choices or options, and VA facilities scored slightly higher on giving patients opportunities to make decisions about their care.[387]

[386] Wang, *2021 Survey of Veteran Enrollees' Health*, A-56-A-59.
[387] Wang, *2021 Survey of Veteran Enrollees' Health*, A-60-A-63.

Chart 3

**VISN 4 Enrollees Who Indicated "Satisfied" or "Very Satisfied"
About the Health Care Services Received at a VA and Non-VA Facility
2021**



Source: Z. Joan Wang, Pavan Dhanireddy, Cynthia Prince, *et. al, 2021 Survey of Veteran Enrollees' Health and Use of Health Care* (Advanced Survey Design, LLC, September 24, 2021), A-60-A-63.

2018 Women Veterans Survey

The 2018 Pennsylvania survey of women veterans asked about women veteran's experience with health care services received at a U.S. Department of Veterans Affairs (VA) Medical Center. Almost 39 percent of respondents who used VA care stated that they were very

satisfied with their care. Around 31 percent said they were somewhat satisfied. Around 10 percent respondent neutrally, and about 12 percent were somewhat dissatisfied. Almost eight percent of respondents were very dissatisfied with their experience.[388]

Respondents were given an opportunity to provide comment on their answer to this question. Around 30 percent of respondents, or 103 people, did so. Of these 103 responses, 31 detailed positive feedback on their care. Multiple respondents said that their women's clinic had excellent care. The Philadelphia VA and the Lebanon VA were specifically named and praised by respondents. Respondents reported being treated with respect and receiving quality care, with some even naming their physician and recounting a good experience. However, eight of these positive responses contained some nuance; certain doctors or types of care were excellent, but other doctors or nursing or aftercare staff failed to care for some respondents properly. Other respondents stated that they were very satisfied with their treatment, but the billing or scheduling departments made the services difficult to use. One stated, "If their billing was as good as the treatment I could be very happy at the VA."[389]

Thirty-nine respondents detailed negative health care experiences at VA facilities. A few women reported not being accommodated for their MST and being treated by male doctors and male gynecologists. A few women perceived women's care as being unequal to men's care; they were not treated with respect or taken as seriously as they believed their male counterparts were. Some women stated that they were addressed as "Mr." or "sir" at first or assumed to be a spouse rather than a veteran until corrected. Several women reported struggling with chronic pain and being unable to receive the care that they believed was necessary because the doctors would not take their concerns seriously. A few women stated that their x-rays or charts were misread or other medical mistakes were made and they therefore no longer seek VA care. Similarly to those who responded positively to this question, seven of these respondents noted that there was nuance to their experience, and they had a bad experience with one specific type of care but not another. As one respondent summed it up: "I am very satisfied with some departments and staff. Other departments and staff very dissatisfied. Would not be fair to rate as one."[390]

VA Health Care Quality
Comparison to Community Care

The VA is intentional about comparing the quality of its care to non-VA care. The VA website provides several metrics by which patients can compare the care they could receive, including wait times, and quality standards set by the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act. Another useful metric is the overall star rating for hospitals available on the Medicare website. These measures allowed Joint State staff to assess quality of health care services for veterans in Pennsylvania, though it is not broken down specifically by gender.

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[388] Women Veterans Survey, 137.
[389] Women Veterans Survey, 142.
[390] Women Veterans Survey, 141.

MISSION Act Quality Standards

The MISSION Act Quality Standards data allow veterans and other interested parties to compare VA hospital quality measures to community benchmarks. The measures include different aspects of effective care, safe care, and veteran-centered care, show the VA hospital rating in that measure, the community rating, and then specify whether the VA hospital has a better or worse rating than the community benchmark. Some of these benchmarks may be more applicable to women veterans, including screening for breast cancer and screening for cervical cancer. The MISSION Act Quality Standards data for Pennsylvania include seven medical centers, with data for the Butler VA Medical Center not available.[391]

The MISSION Act data comparisons are published on the VA website through the VHA Facility Search. The benchmark data are mostly sourced from the Centers for Medicare & Medicaid Services (CMS) Care Compare and the National Committee for Quality Assurance.[392] The information is broken into three categories:

- Effective Care: Is based on scientific knowledge of what is likely to provide benefit to Veterans
- Safe Care: Avoids harm from care that is intended to help Veterans
- Veteran-Centered Care: guided by veteran and caregiver preferences, needs, and values.[393]

Tables 6-12 are the MISSION Act Quality Standards for the medical centers as of November 2024.

Table 6
James E. Van Zandt
VA Medical Center Quality Standards
November 2024

Measure	Measure Direction	VA Hospital Results	Community Benchmark	VA vs. Community
Effective Care				
Comprehensive Diabetes Care - Blood Pressure Control	Higher is better	78.2 %	69.1%	Better

[391] "VHA Facility Search," *VA Access to Care*, accessed November 12, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData.
[392] "Lebanon VA Medical Center," *VA Access to Care*, accessed October 15, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=17055%20Conodoguinet%20Pkwy,%20Mechanicsburg,%20Pennsylvania%2017050,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=595.
[393] "Lebanon VA Medical Center," *VA Access to Care*.

Table 6
James E. Van Zandt
VA Medical Center Quality Standards
November 2024

Measure	Measure Direction	VA Hospital Results	Community Benchmark	VA vs. Community
Poor Blood Glucose Control Among Diabetics	Lower is better	16.9%	26.3%	Better
Flu Shots for Adults Ages 19-65	Higher is better	28.1	24.1	Better
Smoking and Tobacco Cessation - Advise Smokers to Quit	Higher is better	100	78.6	Better
Adequate Control of High Blood Pressure	Higher is better	74.8	66.1	Better
Death rate for Chronic Obstructive Pulmonary Disease	Lower is better	8.9	9.4	Same
Death rate for Congestive Heart Failure	Lower is better	13.8	11.9	Same
Death rate for Heart Attack	Lower is better	N/A	12.6	N/A
Death rate for Pneumonia	Lower is better	17.9	17.9	Same
Follow-Up After Hospitalization for Mental Illness 30 days (Total)	Higher is better	95.2	72.8	Better
Follow-Up After Hospitalization for Mental Illness 7 days (Total)	Higher is better	78.7	50	Better
Screening for Breast Cancer	Higher is better	82.4	73.9	Better
Screening for Cervical Cancer	Higher is better	86.6	72.9	Better
Safe Care				
Catheter-associated urinary tract infection	Lower is better	0	1.786	Better
Central line-associated bloodstream infection	Lower is better	0	1.986	Better
Death rate among surgical patients with serious treatable complications	Lower is better	N/A	176.55	N/A
Veteran-Centered Care				
Care Coordination	Higher is better	71	60	Better
Care Transition	Higher is better	68	51	Better
Overall Rating of Hospital	Higher is better	88	70	Better
Overall Rating of Provider	Higher is better	84	73	Better

Source: "James E. Van Zandt Veterans' Administration Medical Center," VA Access to Care, accessed November 12, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=James%20E%20Van%20Zandt%20VA%20Medical%20Center,%20Blair%20County,%20Pennsylvania,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=503.

The James E. Van Zandt Veterans' Administration Medical Center performed better than the community benchmark in 15 measures, the same in three measures, and did not have results for two measures. In the two women's health measures, screening for breast cancer and cervical cancer, the VA Medical Center had higher percentages.

Table 7
Coatesville
VA Medical Center Quality Standards
November 2024

Measure	Measure Direction	VA Hospital Results	Community Benchmark	VA vs. Community
Effective Care				
Comprehensive Diabetes Care - Blood Pressure Control	Higher is better	78.7%	69.1%	Better
Poor Blood Glucose Control Among Diabetics	Lower is better	18.1	26.3	Better
Flu Shots for Adults Ages 19-65	Higher is better	29.5	24.1	Better
Smoking and Tobacco Cessation - Advise Smokers to Quit	Higher is better	100	78.6	Better
Adequate Control of High Blood Pressure	Higher is better	80.6	66.1	Better
Death rate for Chronic Obstructive Pulmonary Disease	Lower is better	N/A	9.4	N/A
Death rate for Congestive Heart Failure	Lower is better	N/A	11.9	N/A
Death rate for Heart Attack	Lower is better	N/A	12.6	N/A
Death rate for Pneumonia	Lower is better	N/A	17.9	N/A
Follow-Up After Hospitalization for Mental Illness 30 days (Total)	Higher is better	85.7	72.8	Better
Follow-Up After Hospitalization for Mental Illness 7 days (Total)	Higher is better	80	50	Better
Screening for Breast Cancer	Higher is better	73.7	73.9	Worse
Screening for Cervical Cancer	Higher is better	83.3	72.9	Better
Safe Care				
Death rate among surgical patients with serious treatable complications	Lower is better	N/A	176.55	N/A
Veteran-Centered Care				
Care Coordination	Higher is better	65	60	Same
Overall Rating of Provider	Higher is better	81	73	Better

Source: "Coatesville VA Medical Center," *VA Access to Care*, accessed November 12, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=Coatesville,%20Pennsylvania,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=542.

The Coatesville VA Medical Center performed better than the community benchmark in nine measures, the same in one measure, and did not have data available on five measures. Coatesville VA Medical Center performed worse than the community benchmark in screening for breast cancer, a significant drop from the previous Coatesville PA VA Healthcare System VA report, found in May of 2024. This discrepancy is worth investigating. Screening rates for cervical cancer were better than the community benchmark.

Table 8
Erie
VA Medical Center Quality Standards
November 2024

Measure	Measure Direction	VA Hospital Results	Community Benchmark	VA vs. Community
Effective Care				
Comprehensive Diabetes Care - Blood Pressure Control	Higher is better	71.6%	69.1%	Same
Poor Blood Glucose Control Among Diabetics	Lower is better	17.2	26.3	Better
Flu Shots for Adults Ages 19-65	Higher is better	30.4	24.1	Better
Smoking and Tobacco Cessation - Advise Smokers to Quit	Higher is better	100	78.6	Better
Adequate Control of High Blood Pressure	Higher is better	69.2	66.1	Same
Death rate for Chronic Obstructive Pulmonary Disease	Lower is better	9.1	9.4	N/A
Death rate for Congestive Heart Failure	Lower is better	N/A	11.9	N/A
Death rate for Heart Attack	Lower is better	N/A	12.6	N/A
Death rate for Pneumonia	Lower is better	N/A	17.9	N/A
Follow-Up After Hospitalization for Mental Illness 30 days (Total)	Higher is better	96.7	72.8	Better
Follow-Up After Hospitalization for Mental Illness 7 days (Total)	Higher is better	90.6	50	Better
Screening for Breast Cancer	Higher is better	92.5	73.9	Better
Screening for Cervical Cancer	Higher is better	92.9	72.9	Better
Safe Care				
Catheter-associated urinary tract infection	Lower is better	0	1.786	Better
Central line-associated bloodstream infection	Lower is better	N/A	1.986	N/A
Death rate among surgical patients with serious treatable complications	Lower is better	N/A	176.55	N/A
Veteran-Centered Care				
Care Coordination	Higher is better	69	60	Better
Care Transition	Higher is better	N/A	51	N/A
Overall Rating of Hospital	Higher is better	N/A	70	N/A
Overall Rating of Provider	Higher is better	84	73	Better

Source: "Erie VA Medical Center," VA Access to Care, accessed November 12, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=Erie,%20Pennsylvania,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=562.

The Erie VA Medical Center performed better than the community benchmark in 10 measures, the same in two measures, and eight measures did not have data available. Screening rates for breast and cervical cancer were significantly better at the VA medical center, with around 20 percentage points between the compared scores for each measure. No measures were worse than the community benchmark.

Table 9
Lebanon
VA Medical Center Quality Standards
November 2024

Measure	Measure Direction	VA Hospital Results	Community Benchmark	VA vs. Community
Effective Care				
Comprehensive Diabetes Care - Blood Pressure Control	Higher is better	74.2%	69.1%	Same
Poor Blood Glucose Control Among Diabetics	Lower is better	20.3	26.3	Better
Flu Shots for Adults Ages 19-65	Higher is better	23.4	24.1	Same
Smoking and Tobacco Cessation - Advise Smokers to Quit	Higher is better	100	78.6	Better
Adequate Control of High Blood Pressure	Higher is better	72.3	66.1	Better
Death rate for Chronic Obstructive Pulmonary Disease	Lower is better	8.1	9.4	Same
Death rate for Congestive Heart Failure	Lower is better	9.5	11.9	Same
Death rate for Heart Attack	Lower is better	N/A	12.6	N/A
Death rate for Pneumonia	Lower is better	12.7	17.9	Better
Follow-Up After Hospitalization for Mental Illness 30 days (Total)	Higher is better	97.4	72.8	Better
Follow-Up After Hospitalization for Mental Illness 7 days (Total)	Higher is better	85.5	50	Better
Screening for Breast Cancer	Higher is better	86.2	73.9	Better
Screening for Cervical Cancer	Higher is better	81.2	72.9	Better
Safe Care				
Catheter-associated urinary tract infection	Lower is better	0.96	1.786	Better
Central line-associated bloodstream infection	Lower is better	0	1.986	Better
Death rate among surgical patients with serious treatable complications	Lower is better	N/A	176.55	N/A
Veteran-Centered Care				
Care Coordination	Higher is better	65	60	Same
Care Transition	Higher is better	65	51	Better
Overall Rating of Hospital	Higher is better	86	70	Better
Overall Rating of Provider	Higher is better	79	73	Better

Source: "Lebanon VA Medical Center," VA Access to Care, accessed November 12, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=Lebanon,%20Pennsylvania,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=595.

The Lebanon VA Medical Center performed better than the community benchmark in 13 measures, the same in five measures, and did not have data available for two categories. Screening rates for breast and cervical cancer were higher than the community benchmark. No measures were worse than the community benchmark.

Table 10
Corporal Michael J. Crescenz
VA Medical Center Quality Standards
November 2024

Measure	Measure Direction	VA Hospital Results	Community Benchmark	VA vs. Community
Effective Care				
Comprehensive Diabetes Care - Blood Pressure Control	Higher is better	68.5%	69.1%	Same
Poor Blood Glucose Control Among Diabetics	Lower is better	24.2	26.3	Better
Flu Shots for Adults Ages 19-65	Higher is better	27.2	24.1	Better
Smoking and Tobacco Cessation - Advise Smokers to Quit	Higher is better	100	78.6	Better
Adequate Control of High Blood Pressure	Higher is better	68.4	66.1	Same
Death rate for Chronic Obstructive Pulmonary Disease	Lower is better	6.1	9.4	Better
Death rate for Congestive Heart Failure	Lower is better	6.4	11.9	Better
Death rate for Heart Attack	Lower is better	10.9	12.6	Same
Death rate for Pneumonia	Lower is better	12.8	17.9	Better
Follow-Up After Hospitalization for Mental Illness 30 days (Total)	Higher is better	96.7	72.8	Better
Follow-Up After Hospitalization for Mental Illness 7 days (Total)	Higher is better	70	50	Better
Screening for Breast Cancer	Higher is better	84	73.9	Better
Screening for Cervical Cancer	Higher is better	87.4	72.9	Better
Safe Care				
Catheter-associated urinary tract infection	Lower is better	0.32	1.786	Better
Central line-associated bloodstream infection	Lower is better	1.45	1.986	Better
Death rate among surgical patients with serious treatable complications	Lower is better	191.98	176.55	Same
Veteran-Centered Care				
Care Coordination	Higher is better	65	60	Same
Care Transition	Higher is better	54	51	Same
Overall Rating of Hospital	Higher is better	66	70	Same
Overall Rating of Provider	Higher is better	80	73	Better

Source: "Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center," VA Access to Care, accessed November 12, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=Philadelphia,%20Pennsylvania,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=642.

The Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center performed better than the community benchmark in 13 measures and the same in seven measures. No measures were worse than the community benchmark. Screening rates for breast and cervical cancer were higher than the community benchmark.

Table 11
Pittsburgh
VA Medical Center - University Drive Quality Standards
November 2024

Measure	Measure Direction	VA Hospital Results	Community Benchmark	VA vs. Community
Effective Care				
Comprehensive Diabetes Care - Blood Pressure Control	Higher is better	77.3%	69.1%	Better
Poor Blood Glucose Control Among Diabetics	Lower is better	18.7	26.3	Better
Flu Shots for Adults Ages 19-65	Higher is better	25.6	24.1	Better
Smoking and Tobacco Cessation - Advise Smokers to Quit	Higher is better	100	78.6	Better
Adequate Control of High Blood Pressure	Higher is better	77.8	66.1	Better
Death rate for Chronic Obstructive Pulmonary Disease	Lower is better	8.2	9.4	Same
Death rate for Congestive Heart Failure	Lower is better	11.1	11.9	Same
Death rate for Heart Attack	Lower is better	11	12.6	Same
Death rate for Pneumonia	Lower is better	15	17.9	Same
Follow-Up After Hospitalization for Mental Illness 30 days (Total)	Higher is better	90.8	72.8	Better
Follow-Up After Hospitalization for Mental Illness 7 days (Total)	Higher is better	82.1	50	Better
Screening for Breast Cancer	Higher is better	78	73.9	Better
Screening for Cervical Cancer	Higher is better	87	72.9	Better
Safe Care				
Catheter-associated urinary tract infection	Lower is better	0.8	1.786	Better
Central line-associated bloodstream infection	Lower is better	0.14	1.986	Better
Death rate among surgical patients with serious treatable complications	Lower is better	197.39	176.55	Same
Veteran-Centered Care				
Care Coordination	Higher is better	67	60	Better
Care Transition	Higher is better	58	51	Same
Overall Rating of Hospital	Higher is better	73	70	Same
Overall Rating of Provider	Higher is better	79	73	Better

Source: Pittsburgh VA Medical Center-University Drive," *VA Access to Care*, accessed November 12, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=Pittsburgh,%20Pennsylvania,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=646.

The Pittsburgh VA Medical Center on University Drive performed better than the community benchmark in 13 measures and the same in seven measures. Screening rates for breast and cervical cancer were better than the community benchmark. No measures were worse than the community benchmark.

Table 12
Wilkes-Barre
VA Medical Center Quality Standards
November 2024

Measure	Measure Direction	VA Hospital Results	Community Benchmark	VA vs. Community
Effective Care				
Comprehensive Diabetes Care - Blood Pressure Control	Higher is better	80.6%	69.1%	Better
Poor Blood Glucose Control Among Diabetics	Lower is better	15.5	26.3	Better
Flu Shots for Adults Ages 19-65	Higher is better	26.6	24.1	Better
Smoking and Tobacco Cessation - Advise Smokers to Quit	Higher is better	100	78.6	Better
Adequate Control of High Blood Pressure	Higher is better	79.9	66.1	Better
Proper Therapy After Heart Attack - Beta Blockers	Higher is better	92.2	89.9	Same
Death rate for Chronic Obstructive Pulmonary Disease	Lower is better	9.4	9.4	Same
Death rate for Congestive Heart Failure	Lower is better	8.7	11.9	Same
Death rate for Heart Attack	Lower is better	14.5	12.6	Same
Death rate for Pneumonia	Lower is better	16.3	17.9	Same
Follow-Up After Hospitalization for Mental Illness 30 days (Total)	Higher is better	92.7	72.8	Better
Follow-Up After Hospitalization for Mental Illness 7 days (Total)	Higher is better	75.5	50	Better
Screening for Breast Cancer	Higher is better	86.4	73.9	Better
Screening for Cervical Cancer	Higher is better	83	72.9	Better
Safe Care				
Catheter-associated urinary tract infection	Lower is better	0.62	1.786	Better
Central line-associated bloodstream infection	Lower is better	0	1.986	Better
Death rate among surgical patients with serious treatable complications	Lower is better	N/A	176.55	N/A
Veteran-Centered Care				
Care Coordination	Higher is better	67	60	Better
Care Transition	Higher is better	59	51	Same
Overall Rating of Hospital	Higher is better	82	70	Better
Overall Rating of Provider	Higher is better	80	73	Better

Source: "Wilkes-Barre VA Medical Center," *VA Access to Care*, accessed November 12, 2024, https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=Wilkes-Barre,%20Pennsylvania,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=693.

The Wilkes-Barre VA Medical Center performed better than the community benchmark in 14 measures and the same in six measures. There was no data available for one measure. Screening rates for breast and cervical cancer were better than the community benchmark. No measures were worse than the community benchmark.

CMS Overall Star Rating

Another hospital quality metric is the overall star rating. This rating is calculated by CMS for hospitals. In 2023, VA hospitals became eligible for this rating. The rating goes from one to five stars, taking into account five measures with the corresponding weights: mortality (22 percent), safety of care (22 percent), readmission (22 percent), patient experience (22 percent), and timely and effective care (12 percent).[394] Medicare patients, and now veterans, can use the measures to compare hospitals on the Care Compare platform. Additionally, a patient survey rating is listed on the Care Compare platform. The Care Compare platform provides the national distribution of ratings:

Table 13

CMS Star Rating Distribution
July 2024

Overall Star Rating	Percentage of Hospitals
1 Star	5.9%
2 Stars	12.8
3 Stars	17.8
4 Stars	16.4
5 Stars	8.2
N/A	38.9

Source: "Overall Hospital Quality Star Rating," *Data.CMS.gov*, accessed October 8, 2024, https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating/.

For the VA hospitals that did have ratings available, most ratings were comparable to or exceeded the overall average for hospitals. VA Pittsburgh Healthcare System was the outlier with its one-star overall rating, though its patient experience rating was strong.[395]

[394] "Overall Star Rating for Hospitals," *Medicare.gov*, accessed May 8, 2024, https://www.medicare.gov/care-compare/resources/hospital/overall-star-rating.
[395] "Care Compare," *Medicare.gov*, accessed October 8, 2024, https://www.medicare.gov/care-compare/results?searchType=Hospital&page=1&state=PA&hospitalType=Acute%20Care%20-%20Veterans%20Administration&sort=alpha.

Table 14

Pennsylvania VA Medical Center
CMS Overall Star Ratings and Patient Survey Ratings
2024

Facility	Overall Star Rating	Patient Survey Rating
James E. Van Zandt VA Medical Center	3	5
Lebanon VA Medical Center	5	5
Philadelphia VA Medical Center	4	3
VA Pittsburgh Healthcare System	1	4
Wilkes-Barre VA Medical Center	4	4
Coatesville VA Medical Center	--	--
Erie VA Medical Center	--	--

Source: "Care Compare," *Medicare.gov*, accessed October 8, 2024, https://www.medicare.gov/care-compare/results?searchType=Hospital&page=1&state=PA&hospitalType=Acute%20Care%20-%20Veterans%20Administration&sort=alpha.

Women Veteran Focus Groups

As demonstrated above, the VA collects data on patient experience and some outcomes, but health care is a highly complicated topic to evaluate. Women veterans across the state have experienced a spectrum of levels of quality of care depending on their providers, the advocates at their VA location, and even the front desk workers. In order to capture some of the individual experiences of women veterans, Joint State staff conducted focus groups with women provided by DMVA's Regional Program Outreach Coordinators (RPOC). Two RPOC were able to assemble some women interested in sharing their experience with VA women's health care. The questions the women were asked in their entirety are included in Appendix B.

Southwest Region

Joint State staff met with a group of four women from Southwest Pennsylvania. The participants were asked to rate their level of agreement with a number of statements on a five-point Likert scale from strongly disagree to strongly agree. The women were first asked to rate their level of agreement with the statement "It is easy to get primary care appointments within a reasonable time frame." The women agreed with this statement, with one saying she strongly agreed. One participant mentioned that her schedule was restrictive because she traveled often, but she was usually able to get appointments within a reasonable time frame. The women also noted that appointments that they needed to travel to the Pittsburgh VA Medical Center for rather than a clinic were sometimes more difficult to schedule, however this did not impact their overall impression that they were able to make primary care appointments in a reasonable time frame. One participant mentioned that she sometimes wished she could be referred for more specialized services without meeting with her PCP, which she found superfluous in some cases. She noted that

this extra step in the process could sometimes cause it to take longer for her to get the appointment she needed because she had to schedule the referral appointment first.

When asked the same question about specialty care appointments, the women stated that this could be more complicated given that they would have to travel farther for appointments. One woman also noted that she was immediately told the wait time for a VA appointment and also given the option of receiving community care if that wait time was too long. This same woman experienced a lack of good communication in a different specialty department where she did not receive a phone call about an upcoming appointment but happened to see in her email that she had been scheduled for one. This experience highlights the fact that the patient experience with scheduling can vary from person to person and department to department, making it difficult to objectively quantify. This woman overall still stated that it was easy for her to get specialty appointments in a reasonable time frame. Another woman shared that she had felt that specialty care was difficult to schedule previously but within the past six months it had improved greatly.

The participants were asked to rate their level of agreement with the statement "Appointments are available at convenient hours/days." Two women agreed, stating that they had noticed appointments being offered as early as 7:00am and as late as 6:40pm. Not every specialty was able to offer such hours, but one woman said she was impressed by how many specialties were able to offer convenient appointments. Participants were asked if their appointments took place as scheduled. All of the women strongly agreed that their appointments took place on time. One woman mentioned that ophthalmology had a longer wait time, but she simply prepared ahead of time to be waiting longer. She did mention that the more common difficulty was doctors calling and rescheduling appointments before they took place because their schedule changed.

The women were asked if it was easy to navigate around facilities for their appointments. The women noted that the Pittsburgh VA was confusing to navigate, however there is a front desk with welcoming staff that would direct the women to their appointments, sometimes even walking with the women to their destination. The women all agreed with the next question, which asked whether facility personnel was helpful and welcoming. The women all noted that they had at one point been asked for their spouse's information rather than being assumed to be the veteran. One woman stated that she had noticed in recent visits that the question was reframed to be "Are you the veteran?"

The women were then asked some questions about their providers, the first being whether their providers respected their privacy. The women agreed that this was the case, however, two women who were VA accredited representatives believed that there was a crossover of their information that had not been authorized. They were receiving calls to their work phones about health care when they had not disclosed this contact information in the medical information. The women stated that the problem was remedied when she brought this to the attention of the VA, but perhaps something within the system needed to be adjusted so this would not happen to other VA accredited representatives.

The women were asked if their providers listened to them. One woman strongly agreed, citing good experience with a chiropractor and excellent experience with her PCP. Another woman stated that her current experience was good, but she had left a different PCP because he did not

listen. She also had a negative experience with an ENT who did not take her sinus problems seriously and was condescending, ignorant, and rude. She almost left the VA because of this but was convinced to stay by a different ENT. Another woman had experienced some condescension in trying to get appointments, but from the bureaucratic side, not with her specific doctor. She had trouble scheduling a surgery and believed this was not handled well by the scheduling staff, who belittled her for not understanding the finer points of the referral system.

Women were asked if providers gave them opportunities to participate in decisions about their own care. The women mostly agreed, with one noting that she asked to do acupuncture for IBS rather than being on another pill, but her doctors were not receptive to this. Women were asked if providers clearly explained options about their care. The women all agreed or strongly agreed without much comment.

The women were asked if they had had experience with both VA care and non-VA care, which they thought was better. One woman noted that since the VA is a teaching hospital, she was sometimes nervous about surgeries because the attending physician may not always be performing the surgery. However, the women agreed that their VA care better understood the unique risk factors and experiences they may have as a veteran. One woman stated that every area of her care besides women's health was better through the VA, noting that this was mostly because some medications that she would have found most helpful were not available in the VA's formulary. Another woman agreed that though the Pittsburgh VA is billed as having award-winning women's health care, she had not noticed the effects of this in her own care. However, these women stated that they would receive their care through the VA over civilian care any day. Another woman used the women's health care available through the Pittsburgh VA and believed that her care was "top-notch," once again demonstrating the subjectivity of these women's experiences. All of the participants stated that they would recommend VA health care to other women veterans.

When asked what the women would say if they had the legislature's ear, this group all agreed that women veterans should be better informed on all of the health care options available to them through the VA, from chiropractors to pap smears, to glasses, to menopause care. This feedback is similar to the feedback from the roundtables at the 2024 PA Veterans Conference, where participants spent a great deal of time discussing ways to reach women veterans and make them aware of the benefits available to them, including access to excellent care through the VA.

Central Region

A focus group of three women veterans from Central Pennsylvania was asked the same questions that the previous focus group was asked. When asked to rate their level of agreement with the statement: "It is easy to get primary care appointments within a reasonable time frame," two women responded neutrally. One woman had bad experiences with VA wait times in another state and did not utilize many VA services in Pennsylvania because of those experiences. Another woman said she responded neutrally because her PCP was very popular and it took about six months to get an appointment. However, she noted that she was able to conduct some virtual visits and meet with other doctors that would better prepare her for her first PCP appointment, and she was appreciative of this effort. She was also able to select the gender of her provider, which she appreciated. The last participant stated that she agreed with the original statement, and her

experience was that Pennsylvania was on top of getting her appointments when she requested them. When asked about specialty care, the women stated that most of their specialty was provided through community care and therefore they did not have feedback on this question. A participant who was not able to join the focus group also provided answers to these questions, responding neutrally about being able to get primary care appointments and disagreeing about being able to get specialty care appointments in a reasonable amount of time.

The women in the focus group agreed with the following three statements with little comment: Appointments are available at convenient hours/days, appointments take place as scheduled, and I experience short wait times once arriving at a facility for my appointments. The additional participant disagreed with these statements. When asked whether it was easy to navigate facilities, one woman noted that the Lebanon VA was large and sometimes confusing to navigate, however there is an information desk just inside the entrance with staff who will help a confused patient find their appointment. The clinics are much easier to navigate than the large hospital. The additional participant responded neutrally to these questions.

When asked if the facility personnel were welcoming and helpful, one woman responded that she had a bad experience with an employee in the lobby at the Lebanon VA who was rude and speaking to the woman in the lobby without discretion. This woman reported the employee to patient relations, and the head of the department reached out the next day to apologize and assure her that they would address the issue. Another woman agreed that though she has had a mixture of good experiences with the VA professionally, she has also seen the front desk workers not behave professionally and be rude to veterans. The additional participant believed personnel was welcoming and helpful.

When asked if providers respect their privacy, one woman recounted an incident at a Community-Based Outpatient Clinic (CBOC) in Lancaster County where her psychiatrist asked her questions in the lobby without discretion and when she refused to respond in front of other patients, the psychiatrist wrote in her report that she was belligerent and uncooperative. Another woman stated that at the Lebanon VA, because of the size of the waiting room, the reception desk is near the waiting area, which makes it more difficult to be discreet and private. She did not fault the workers, but the space for causing this lack of privacy. The additional participant agreed that her providers respected her privacy.

When asked if their providers listen to them, one woman strongly agreed with this statement. She stated that her VA providers had found problems that civilian doctors had missed, and when she advocated for herself, they were able to understand and respond and help her make informed decisions about her health. Another woman stated that her PCP was excellent, but her response was neutral due to the lack of listening in her mental health care. The psychiatrist that was mentioned above also had a very clinical approach when administering in the intake form and appeared to be only checking boxes and not listening to the patient in front of him who struggled with knowing how to answer some questions. She stated that her experience with mental health care through the VA was that providers did not listen. The additional participant also responded neutrally.

The women were asked if their providers give them opportunities to participate in decisions about their care. One woman personally agreed but worked as an advocate for end-of-life care for veterans and felt that those individuals were not always given the opportunity to make informed decisions about their end of life care. She gave an example of a woman who did not want to continue treatments that would make her uncomfortable, but her doctor pushed back and she respected his opinion so she decided to continue care. The treatments impacted her quality of life negatively and she spent time traveling to appointments that she could have spent with her family. After she passed, her family was very upset with her experience and the lack of ability "redo" it. Because of this, their impression of the VA is very negative. The additional participant believed her providers did give her opportunities to participate in decisions about care.

When women were asked if their providers clearly explain options and choices about their care, one woman stated that her experience with her PCP was positive and she did feel able to advocate for herself, however her experience with the mental health care providers was extremely negative. Another woman stated that because of previous negative experiences with military health care, she came to each appointment well-equipped with facts and questions. She stated that she has been impressed with her PCP and a virtual pain management care team from the Pittsburgh VA, but has had less positive experiences with mental health care, though she had a good psychiatrist in Cumberland County. The additional participant responded neutrally to this question.

When asked if they preferred VA care or non-VA care, one woman felt that her private care was easier to schedule and her doctors were able to take more time with her care. She preferred her non-VA care, however she noted that many of the women veterans she worked with were very satisfied with their care at the Lebanon VA. The additional participant stated that her overall VA care experience was pretty good. She believed she was treated better than when she received non-VA care. Another women stated that she has always been impressed by her care through the VA and finds it to be much better than her private care experiences. She still emphasized that she has not had this experience with VA mental health care. Another woman agreed that mental health care was lacking. For her primary care, she stated that she remained neutral because she had both good and bad experiences. She also stated that though the claims process is very difficult, the staff that she worked with have been very helpful and collaborative with coordinating all of her specialty care, whether it is community care or VA care.

The women mentioned that MST can have far-reaching impacts and make routine things like collecting vitals through a blood pressure cuff a triggering event. The women did not note specific bad experiences, but commented that overall providers, VA and non-VA, should be aware of the impacts of MST on veterans. When asked if they would recommend VA care to another woman veteran, the women agreed that they would.

Commission staff attempted to reach out to university veteran centers to receive some feedback from a potentially different demographic. This effort was largely unsuccessful, but one women veteran who was a student in Philadelphia was gracious enough to respond individually to the same questions the focus groups received. She agreed that her primary and specialty care appointments were available within a reasonable time frame, and that appointments were available at convenient hours/days. She disagreed with the statements that her "appointments took place as scheduled" and she "experienced short wait times once arriving at facilities." She agreed that it

was easy to navigate to her appointments. She strongly disagreed with the statement "facility personnel being welcoming and helpful to her." She agreed that her providers respected her privacy, give her opportunities to participate in decisions about her care, and clearly explain options about her care. She remained neutral on whether her providers listened to her. When asked if she would prefer to receive VA care or non-VA care, she responded that her experiences outside the VA were better, however she would seek VA care for cheaper care and quicker minor appointments. She believed she only received "quality care" after advocating for herself. She would not recommend VA care to a fellow veteran.

When asked if there was any additional feedback she could give, this respondent listed several experiences with different doctors where she believed she was not listened to. She stated "The VA doctors sometimes have a hard time listening to their patients. They are often rude and condescending." She relayed situations similar to what some other women mentioned, with doctors downplaying her concerns and interest in further testing or treatment of various issues because they did not deem it necessary. She also experienced condescension from doctors, saying, "sometimes it felt like I was talked down to, and there was an assumption that I was ignorant and uneducated. I don't like that feeling. I shouldn't have to prove myself intellectually in order to receive proper medical care." She believed she was stereotyped because persistent respiratory and congestion issues inhibited her ability to pronounce words correctly. She stated that her only perception of the VA treating her well was its ability to get her quick appointments.

CONCLUSION

Women veterans in Pennsylvania have served their country honorably and made remarkable trailblazing contributions for future women servicemembers and veterans. When returning home, these women have faced obstacles to receiving VA health care such as a confusing benefits system, their own negative experience in the military with military sexual trauma (MST), the lack of community with other women veterans, and the ability to procure childcare.

Once women are able to receive their health care through the VA, most women report positive experiences. Though there is always potential for advancement and progress, Pennsylvania's VA health provider network, VISN 4, collects and presents data that demonstrate that most women veterans are satisfied with their health care through the VA in Pennsylvania. Appointment wait times are acceptable and often lower than non-VA care appointments, health outcomes are comparable if not better at VA hospitals than other hospitals evaluated by Centers for Medicare and Medicaid Services (CMS), and patient satisfaction evaluations demonstrate comparable if not better satisfaction at VA hospitals than non-VA hospitals. However, as patient experience in the medical field can differ between individual patients and providers or support staff, some women veterans still report having difficulties with specific providers, with some feeling that providers were condescending or did not truly listen to their concerns. Most women who reported specific instances of this still generally had positive perceptions of VA care overall.

Because of the general satisfaction of women veterans with the VA, the Task Force focused on those who do not receive care from the VA. These veterans do not always identify themselves as veterans to their providers. Positive identification of women veterans in the private health care sector can help doctors appropriately respond to some comorbidities, and pay closer attention to risks like suicidality, PTSD, and traumatic brain injuries and military sexual trauma as well as possible toxic exposure. Hospitals should screen for veteran status and doctors should receive training on how to respond to a positive identification of a veteran so that they can best address the patient's needs.

Women veterans are more difficult to reach with traditional veteran outreach, as they are often raising families and have other responsibilities. Women also do not attend VSOs such as American Legion and Veterans of Foreign Wars of the U.S. with the same frequency as men, often because they do not drink or smoke, or because they do not want to experience the same gender bias they experienced in the military. Some women veterans avoid male-dominated veteran spaces due to military sexual trauma. Pennsylvania can support women veterans by making outreach to women veterans a funding priority for veterans service organizations.

The Task Force emphasized the importance of identifying veterans and successfully connecting them to the plethora of resources available to them. Screening for veteran status in all social services agencies would improve the state's ability to connect veterans with resources. When a veteran does reach out for assistance, through a referral program for instance, the program should include navigators whose sole role is ensuring that the veteran received the services that they initially asked for. Organizations that receive funding from the state of Pennsylvania to provide referral services should be able to report on the efficacy of their programs. The proposed legislation accompanying the report empowers the Legislature to remedy the difficulties and barriers for women veterans that the Task Force identified.

***Recommendation 1*: Proposed Legislation**

AN ACT

Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An Act relating to health care; prescribing the powers and duties of the Department of Health; establishing and providing the powers and duties of the State Health Coordinating Council, health systems agencies and Health Care Policy Board in the Department of Health, and State Health Facility Hearing Board in the Department of Justice; providing for certification of need of health care providers and prescribing penalties;" and providing for veteran status screening of new patients.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. The act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act is amended by adding a section to read:

Section 806.5. Veteran Status Screening of New Patients.

(a) All health care providers and health care practitioners shall screen all new patients for veteran status prior to formally consulting and treating the patient.

(b) The screening of veteran status shall be presented to the new patient in the form of the following inquiry:

(1) Have you ever served in the United States military, armed forces, or uniformed services? (Yes/No)

(2) This includes Air Force, Army, Coast Guard, Marines, Navy, Space Force, National Guard, Reserves, or the U.S. Public Health Service and National Oceanic and Atmospheric Association.

Section 2. This act shall take effect in 180 days.

<u>Recommendation 2</u>: Proposed Legislation

AN ACT

Amending the act of December 20, 1985 (P.L.457, No.112), entitled "An Act relating to the right to practice medicine and surgery and the right to practice medically related acts; reestablishing the State Board of Medical Education and Licensure as the State Board of Medicine and providing for its composition, powers and duties; providing for the issuance of licenses and certificates; provided penalties; making repeals," and further providing for standards for medical training facilities.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Subsections 23(a) and 25(b) of the act of December 20, 1985 (P.L.457, No.112) known as the Medical Practice Act, are amended to read:

Section 23. Standards for medical training facilities.

(a) General Rule.--The educational qualifications for acceptance as a matriculant in a medical college or other medical training facility incorporated within this Commonwealth and the curricula and training to be offered by such medical colleges or other medical training facility shall meet the requirements set by the board and any accrediting body which may be recognized by the board. <u>Curricula and training requirements set by the board shall include the provision of health care to veterans and the treatment of veteran-related illnesses, including, but not limited to suicide, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and military sexual trauma (MST).</u>
* * *

Section 25. Licenses and certificates; biennial registration.
* * *

(b) Renewals.--It shall be the duty of all persons now or hereafter licensed or certified to be registered with the board and, thereafter, to register in like manner at such intervals and by such methods as the boards shall determine by regulations, but in no case shall such renewal period be longer than two years. The form and method of such registration shall be determined by the board. <u>All persons now or hereafter licensed or certified to be registered by the board shall complete three (3) hours of training in the treatment of veteran-related illnesses as a condition of their biennial renewal.</u>
* * *

Section 2. This act shall take effect in 180 days.

AN ACT

Amending the act of October 5, 1978 (P.L.1109, No.261), entitled "An Act requiring the licensing of practitioners of osteopathic medicine and surgery; regulating their practice; providing for certain funds and penalties for violations, and repeals," and further providing for standards for osteopathic medical training facilities.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Subsections 5(a) and 10(d) of the act of October 5, 1978 (P.L.1109, No.261) known as the Osteopathic Medical Practice Act, are amended to read:

Section 5. Standards for osteopathic medical training and facilities.

(a) The educational qualifications for acceptance as a matriculant in an osteopathic medical college incorporated within the Commonwealth and the curricula and training to be offered by such colleges shall meet the requirements set by the board after advice and consultation with the appropriate committees of the American Osteopathic Association or any other accrediting body which is recognized by the board. Curricula and training requirements set by the board shall include the provision of health care to veterans and the treatment of veteran-related illnesses, including, but not limited to suicide, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and military sexual trauma (MST).

* * *

Section 10. Licenses; exemptions; nonresident practitioners; graduate students; biennial registration and continuing medical education.

* * *

(d) The board shall adopt, promulgate and enforce rules and regulations establishing requirements for continuing medical education to be met by persons licensed to practice osteopathic medicine without restriction. Each person licensed to practice osteopathic medicine and surgery without restriction, during the two-year period immediately preceding a biennial date for reregistering with the board, must complete a program of continuing medical education, as defined by and acceptable to the board. The number of hours of continuing education to be met by licensees shall be set by the board by regulation. No credit shall be given for any course in office management or practice building. All persons licensed to practice osteopathic medicine and surgery without restriction under this act must also complete three (3) hours of training in the treatment of veteran-related illnesses as a condition of their biennial renewal.

* * *

Section 2. This act shall take effect in 180 days.

<u>Recommendation 6</u>: Proposed Legislation

AN ACT

Amending Title 51 (Military Affairs) of the Pennsylvania Consolidated Statutes in State Veterans' Commission and Deputy Adjutant General for Veterans' Affairs, further providing for the Veterans' Trust Fund.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 1721 of Title 51 of the Pennsylvania Consolidated Statutes is amended to read:

Section 1721. Veterans' Trust Fund.

* * *

(f) Report.--By July, and every year thereafter, the department shall submit to the chairman and minority chairman of the Veterans Affairs and Emergency Preparedness Committee of the Senate and the chairman and minority chairman of the Veterans Affairs and Emergency Preparedness Committee of the House of Representatives a report detailing the Veterans' Trust Fund revenues and expenditures in the prior fiscal year and describing the activities, programs, and projects which received funds. <u>The department shall make Veterans' Trust Fund revenue and expenditure reports publicly accessible upon its submission.</u>

<u>(g) Program evaluation.--The department shall provide a system to evaluate the effectiveness of grant-funded programs.</u>

Section 2. This act shall take effect in 180 days.

Recommendation 7: Proposed Legislation

AN ACT

Amending Title 51 (Military Affairs) of the Pennsylvania Consolidated Statutes in State Veterans' Commission and Deputy Adjutant General for Veterans' Affairs further providing for accreditation.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 1731(d) of Title 51 of the Pennsylvania Consolidated Statutes is amended to read:

Section 1731. Accreditation.
* * *

(d) Office duties.--The Office of the Deputy Adjutant General for Veterans' Affairs shall establish a county director of veterans affairs training program, agreed upon with the State Association of County Directors of Veterans' Affairs, which shall include the following:

(1) Development of program guidelines and procedures as required under this subchapter, which shall include a wide range of veteran-related topics, including military sexual trauma, post-traumatic stress disorder, and traumatic brain injury.

(2) Maintenance of training records.

(3) Maintenance of competency scores for purposes of documenting and monitoring accreditation status.

(4) Annual recertification and qualification.

Section 2. This act shall take effect in 180 days.

PRIOR PRINTER'S NO. 371 PRINTER'S NO. 903

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE RESOLUTION

No. 46 Session of 2023

INTRODUCED BY PENNYCUICK, FARRY, BOSCOLA, HUGHES, HUTCHINSON, CAPPELLETTI, COLLETT, SCHWANK, BARTOLOTTA, ROBINSON, BAKER, COSTA, MUTH, PHILLIPS-HILL, J. WARD, MASTRIANO, BROWN AND COMITTA, FEBRUARY 24, 2023

SENATOR MASTRIANO, VETERANS AFFAIRS AND EMERGENCY PREPAREDNESS, AS AMENDED, JUNE 19, 2023

A ~~CONCURRENT~~ RESOLUTION <--

Directing the Joint State Government Commission to establish the Task Force on Women Veterans' Health Care.

WHEREAS, According to the United States Department of Veterans Affairs, the projected veteran population nationwide is 18,500,000, with women making up an estimated 11% of that population; and

WHEREAS, The United States Census Bureau estimates that the percentage of female veterans ~~between 2010 and 2040~~ will <-- increase ~~from 9% in 2010~~ to MORE THAN 17% in 2040; and <--

WHEREAS, According to the United States Department of Veterans Affairs, as of September 2022, this Commonwealth was home to approximately 720,000 veterans, including 615,000 wartime veterans from World War II through the PERSIAN Gulf War; <-- and

WHEREAS, Females comprise ~~approximately 60,000 of the wartime~~ <-- ~~veterans~~ MORE THAN 63,000 OF THE WARTIME VETERANS IN THIS <--

COMMONWEALTH; and

WHEREAS, The number of women veterans will increase with the end of Operation Iraqi Freedom, Operation Enduring Freedom and the removal of the United States Armed Forces personnel from Afghanistan; and

WHEREAS, Women veterans often face unique challenges in transitioning from active duty to civilian life; and

WHEREAS, The challenging needs facing women veterans can often be overlooked when providing services to a large veteran population; and

~~WHEREAS, Ensuring the availability of specialized services for physical health, such as obstetrics and gynecological care, cancer screenings, family planning and infertility treatments, as well as mental health, including, but not limited to, treatment of post traumatic stress disorder, traumatic brain injury, military sexual trauma and alcohol and substance abuse, tailored to the specific needs of women veterans is essential to ensure that our returning women veterans receive proper and adequate care; and~~ <--

WHEREAS, ENSURING THE AVAILABILITY OF SPECIALIZED SERVICES FOR PHYSICAL HEALTH AS WELL AS MENTAL HEALTH SERVICES, TAILORED TO THE SPECIFIC NEEDS OF WOMEN VETERANS, IS ESSENTIAL TO ENSURE THAT RETURNING WOMEN VETERANS RECEIVE PROPER AND ADEQUATE CARE; AND <--

WHEREAS, SPECIALIZED SERVICES FOR PHYSICAL HEALTH MAY INCLUDE:

(1) OBSTETRICS AND GYNECOLOGICAL CARE;

(2) CANCER SCREENINGS;

(3) FAMILY PLANNING;

(4) INFERTILITY TREATMENTS;

(5) PREGNANCY CARE;

(6) MISCARRIAGE COUNSELING AND CARE;

(7) REPRODUCTIVE CARE;

(8) AGING AND GERIATRIC CARE;

(9) PAIN MANAGEMENT; AND

(10) TREATMENT OF EATING DISORDERS, MENOPAUSE, URINARY INCONTINENCE, HEART DISEASE, DIABETES AND MUSCULOSKELETAL INJURIES;

AND

WHEREAS, MENTAL HEALTH SERVICES MAY INCLUDE TREATMENT OF POSTTRAUMATIC STRESS DISORDER, TRAUMATIC BRAIN INJURY, MILITARY SEXUAL TRAUMA AND SUBSTANCE ABUSE; AND

WHEREAS, Establishing a task force to study the issues facing women veterans and to make recommendations to the Governor and the General Assembly will provide much-needed information and insight from those who address the issues on a daily basis; therefore be it

RESOLVED ~~(the House of Representatives concurring), That the General Assembly of the Commonwealth of Pennsylvania~~, THAT THE SENATE OF THE COMMONWEALTH OF PENNSYLVANIA direct the Joint State Government Commission to establish the Task Force on Women Veterans' Health Care; and be it further

RESOLVED, That the Task Force on Women Veterans' Health Care consist of the chair of the State Veterans' Commission ~~and representatives from~~ OR A DESIGNATED REPRESENTATIVE AND:

(1) ~~the~~ A health care provider ~~community~~ in this Commonwealth that has experience in providing health care to returning women veterans;

(2) A HEALTH CARE PROVIDER IN THIS COMMONWEALTH THAT HAS EXPERIENCE SERVING AS A MEDICAL OFFICER AND IS A VETERAN OF

THE ARMED SERVICES ADVOCATING FOR ACCESS TO WOMEN'S HEALTH CARE IN THE LIFE SCIENCES INDUSTRY;

~~(2) the~~ (3) A mental health care provider ~~community of~~ IN this Commonwealth that has experience in providing mental health care treatment to returning women veterans;

~~(3) the~~ (4) A substance abuse and addiction treatment provider ~~community of~~ IN this Commonwealth that has experience in providing substance abuse and addiction treatment to returning women veterans;

~~(4) a~~ (5) AN INDIVIDUAL FROM A Commonwealth advocacy group that represents the interests of sexual assault victims with experience in providing services to women veterans who have suffered military sexual trauma, including harassment or abuse; ~~and~~

~~(5) a~~ (6) A JUDGE THAT SERVES ON A county veteran's court; AND

(7) AN INDIVIDUAL FROM TRANSITIONING PROGRAMS, INCLUDING EMPLOYMENT, HOUSING, CHILD CARE, FINANCIAL PLANNING AND PEER-TO-PEER SUPPORT, FOR RETURNING WOMEN VETERANS;

and be it further

RESOLVED, That the Task Force on Women Veterans' Health Care study the health care needs of women veterans, including, but not limited to:

(1) quality of and access to mental health services, including services and treatment for post-traumatic stress disorder, traumatic brain injury and military sexual trauma;

(2) in-patient treatment availability;

(3) adequacy and availability of appropriate women veterans' health care within the Federal Veterans Affairs health care system and this Commonwealth, as well as the

interaction and recognition of the needs of women veterans by private health care providers; and

(4) adequacy, quality of and access to services providing for the identification and treatment of military sexual trauma, including sexual harassment or abuse;

and be it further

RESOLVED, That the Task Force on Women Veterans' Health Care identify other needs relating to the provision of women veterans' health care services; and be it further

RESOLVED, That the Task Force on Women Veterans' Health Care, with the assistance of the Joint State Government Commission, consult with Federal, State and local entities, including, but not limited to:

(1) The Pennsylvania Congressional Delegation.

(2) The United States Department of Veterans Affairs.

(3) The County Commissioners Association of Pennsylvania.

(4) The Pennsylvania Municipal League.

(5) The Pennsylvania Medical Society.

(6) The Hospital and Healthsystem Association of Pennsylvania.

(7) Veterans organizations or other organizations or associations that advocate for women veterans.

(8) Any individual the task force identifies as having relevant, salient and timely experience within the Veterans Affairs health care system for women in Pennsylvania;

and be it further

RESOLVED, That the Joint State Government Commission:

(1) Accept and review written comments from individuals and organizations.

(2) Report findings and recommendations within 18 months from the adoption of this resolution, to the Governor, the Senate and the House of Representatives.

(3) Include in the report under paragraph (2) recommendations to:

(i) improve the delivery of health care services, including preventative, maintenance and acute care, as well as mental health services to women veterans; and

(ii) recommend necessary changes in State statutes and practices, policies and procedures relating to the delivery of health care and mental health services to women veterans;

and be it further

RESOLVED, That a copy of the report required under this resolution be transmitted to ~~the President of the United States,~~ <-- the Secretary of Veterans Affairs~~, the presiding officers of each house of Congress~~ and to each member of Congress from Pennsylvania.

APPENDIX B

Survey Questions

Scheduling: Rank your level of agreement with the following statements.

It is easy to get primary care appointments within a reasonable time frame.
Strongly disagree Disagree Neutral Agree Strongly agree

It is easy to get specialty care appointments within a reasonable time frame.
Strongly disagree Disagree Neutral Agree Strongly agree

Appointments are available at convenient hours/ days.
Strongly disagree Disagree Neutral Agree Strongly agree

My appointments take place as scheduled.
Strongly disagree Disagree Neutral Agree Strongly agree

I experience short wait times once arriving at a facility for my appointments.
Strongly disagree Disagree Neutral Agree Strongly agree

It is easy to navigate my way around the facility for my appointments.
Strongly disagree Disagree Neutral Agree Strongly agree

The facility personnel were welcoming and helpful to me.
Strongly disagree Disagree Neutral Agree Strongly agree

Provider: Rank your level of agreement with the following statements.

My providers respect my privacy.
Strongly disagree Disagree Neutral Agree Strongly agree

My providers listen to me.
Strongly disagree Disagree Neutral Agree Strongly agree

My provider gives me opportunities to participate in decisions about my care.
Strongly disagree Disagree Neutral Agree Strongly agree

My provider clearly explains options and choices about my care.
Strongly disagree Disagree Neutral Agree Strongly agree

Closing

If you have experience with non-VA care, do you think your experience of VA care is better or worse than non-VA care?

Would you recommend VA care to a fellow woman veteran?

Is there anything you would like to cover that we have not yet covered about your experience with VA health care?