

Women's distrust of VA hard to shed

• Female vets bypass the care there, as attitudes and services are slow to catch up.

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Second in a series

At the sprawling Minneapolis Veterans Medical Center, the women's care center is tucked away in a corner of the fourth floor, accessible only through hallways filled with men. Until a recent remodeling, the exam rooms faced out into the hallways.

DISMISSED

Women vets and the battle to come home.

Even advocates for female veterans can find themselves anxious about making a visit. That was the case recently for Trista Matascastillo, one of the founders of the Minnesota Women Veterans Initiative Working Group.

A Navy veteran who joined before her 18th birthday, she recently went to the VA for an exam to determine compensation and pension benefits. While there, she said, she encountered a male OB/Gyn on contract who left the door open and complained about women "crying sexual harassment." Afterward, lost in the labyrinth of hallways, she sat down in a hallway and cried.

When her group, a diverse collection of women who have served in the military, met recently at the Minneapolis VA, she hesitated to go inside.

"Why would I tell someone to go back?" she asked.

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Female vets are making less use of VA health services than their male counterparts, even though they face comparable health problems.

A 2007 study found that 15 percent of female veterans used VA health care services compared with 22 percent of male veterans, with the difference largely attributable to issues of accessibility. As recently as three years ago, only about a third of VA medical centers and clinics provided services specific to women.

The issue is made worse by the fact that some female veterans are dealing with a problem that's difficult to bring into a public, clinical setting — sexual assault suffered while on active duty, known by the acronym MST, for military sexual trauma. In 2008, 21 percent of women tested by the military were found to have been the victims of MST.

"The MST thing is more prevalent than anyone would like to think," said Minnesota First District U.S. Rep. Tim Walz, who is on the House Veterans Affairs Committee and who spent more than 30 years in the Minnesota National Guard.

"The problem is that the way the VA has it set up exacerbates the situation. There is a cultural lack of understanding. They haven't thought about those types of things; that you are going to have women with children in the waiting room, not World War II and Vietnam veterans."

In the five-state region including Minnesota, about 3,000 female vets are being served by the Minneapolis Veterans Medical Center, the largest VA facility in the region and the only one offering major specialty referrals. But that number represents only about 13 percent of the estimated 23,000 female veterans in Minnesota alone.

Helen Benedict, author of "The Lonely Soldier: The Private War of Women Serving in Iraq," said it is common for returning female vets to eschew VA help.

"The usual scenario is of a woman vet going to an old VA hospital which was built for men where all the patients are men and almost all the doctors are men," she said. "Even VA clinics that are working well have trouble having women come because they've become so distrustful."

Minneapolis improvements

The VA has acknowledged it needs to do better, from improving the quality of services to expanding enrollment and the security of its facilities. The turnover rate for women veterans program managers, the coordinators of services for female veterans, averaged 22 percent from 2005 to 2008 and 42 percent in 2009. Congress has taken the small step of authorizing a comprehensive study of the VA's treatment of female veterans. It will become increasingly important as a new generation of female vets emerges — the 78 percent of female vets younger than 40.

"Despite the progress the Department of Veterans Affairs has made in addressing the recent influx of women veterans into the VA system, the delivery of health care and the awarding of disability ratings to women veterans remain grossly inadequate," Anuradha Bhagwati, a former Marine Corps captain and now director of the Service Women's Action Network, a women's veteran nonprofit, testified before a congressional committee earlier this year.

The extent to which women have been an afterthought in VA planning is evident in the fact that only about a third of the 144 VA medical centers nationwide have a gynecologist on staff. A Government Accountability Office study this



year surveyed 19 VA medical centers, including Minneapolis and St. Cloud. Only two had sanitary napkin dispensers in public bathrooms.

The Minneapolis VA Women's Health Center was one of the first to offer a women's health clinic in the VA system and provides a more comprehensive menu of services than most. It has five primary care providers and one physician's assistant, two gynecologists, a breast surgeon, an endocrinologist, one psychiatrist, one psychologist, one mental health clinical nurse specialist, two registered nurses, three licensed practical nurses and one women veteran program manager, according to the center's director, Deb Thilgen.

In the Minneapolis women's clinic, doors recently have been installed to provide privacy for a small waiting room and some examining rooms. But the check-in desk remains shared with primary care services for male vets. Some women, particularly those dealing with the effects of sexual assault, say it's difficult to explain their reasons for coming to the clinic with men within earshot. In an effort to address that issue, the VA has developed a walk-in form that women can fill out and simply hand to the registration desk. The Minneapolis VA also has female veterans assigned as Afghanistan and Iraq war outreach workers who are available to meet outside the medical center, if the patient prefers.

Female vets have long sought a separate check-in area and larger waiting room. Thilgen said improvements to patient privacy are still in the planning stage.

Perhaps among the more unexpected procedures performed at the VA is breast reduction surgery. The reason

isn't cosmetic, but to enable women to more comfortably fit into gear that's been designed for men or to repair damage caused by wearing ill-fitting gear. This year, 17 women have received breast reductions.

"We have numerous outreach efforts in place to meet with our female soldiers as they deploy and upon reintegration," said Minneapolis VA spokesman Ralph Heussner. "Deb Thilgen, our women's veteran health program manager, has extensive experience both on active duty and in the reserves. Her connections in the military community have been instrumental in reaching out and being available as the point of contact for our female veterans."

No takers, no VA help

Molly Black, veteran connection coordinator for the Minnesota Chapter of the National Alliance on Mental Illness-Minnesota, had hoped to start a program for female combat vets but found no takers. With more aggressive marketing, she hopes someday to revive the group.

"Women have different military experiences than men do," Black said. "There is the MST part and the element of 'not being to handle what the men do.' Sometimes they get scared or intimidated to talk about their experiences because they feel like they might be belittled or not seen as serious as the men's issues are. Just to be able to give them an opportunity to share, to get them, to feel more at ease and comfortable seeking help that they need."

Even getting over the smallest barriers can require a long slog through bureaucracy.

The Minnesota Women Veterans Initiative Working Group developed a program called

"Sister-Assister" designed to provide a buddy system for female vets confused or intimidated by the VA health system. The group peppered local coffee shops and clinics with posters and the Internet with invitations. It would be the first of its kind in the country.

But the VA has refused to sanction the program as a legitimate volunteer group, citing legal reasons and a concern over patient confidentiality.

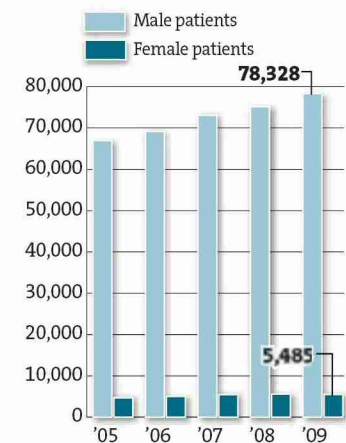
Staff writer Kim Ode contributed to this report.

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WOMEN TREATED AT THE MINNEAPOLIS VA

The number of women treated at the Minneapolis Veterans Medical Center has always lagged behind the number of male patients. Yet, even fewer are treated there than the total number of female vets in Minnesota.



Source: Minneapolis Veterans Medical Center, numbers for fiscal years
 Star Tribune



Photos by JIM GEHRZ • jgehrz@startribune.com

Navy veteran Trista Matascastillo, a founder of the Minnesota Women Veterans Initiative Working Group, found it hard to go into the Minneapolis VA for a recent exam.



The Minneapolis VA Women's Health Center was one of the first to offer a women's health clinic, and it has a more comprehensive menu of services available. But the care center, on the fourth floor and featuring a mural in honor of all military and VA nurses, is accessible through areas often occupied by men.