

Eliminating Health Barriers Focus Group Project: Women Veterans and Medical and Dental Care¹

Authors: J. Cacilia Kim and Kathleen West

Project Background

From July 2013 to August 2014, a series of informal focus group discussions and one-on-one interviews were conducted with women veterans across California, with an emphasis on reaching veterans in rural areas. Women veterans were recruited through partnerships with local women veteran organizations, word of mouth, and through various social media tools like Facebook, Twitter, and other online networks. Focus group participants and interviewees were provided with childcare and transportation assistance, as well as gift cards to compensate their time. The purpose of the focus groups was to identify current barriers to needed health care services, including mental health, physical and dental care. The Project included 63 veterans from multiple service eras and branches of the U.S. Military, including the National Guard and Reserve. Ages of participants ranged from 23 to 95.

The Project is a collaborative effort spearheaded by the California Women's Law Center and the following partners: California Statewide Collaborations for our Military and Families, Women Veterans Strategic Alliance, Legal Aid Society-Employment Law Center, Eduardo "Eddie" Ramirez, MSgt USAF (Ret.) (OneVet OneVoice Founder), Kathleen West and Angela Rich, U.S. Army Veteran. The Project was made possible by a grant from Swords to Plowshares and The California Wellness Foundation.

Need for Better Access and Continuity of Care

Women veterans in the focus groups shared how they often had to wait several months before they could schedule a health care appointment at the VA. But often, getting an initial appointment was just the beginning of a long and burdensome process.² Many of the women had to endure a series of "consultations" with different providers and interns before they could finally see a specialist or a doctor who could provide them with actual treatment.

- Problems with Follow-Up and Specialty Care

Women veterans who needed follow-up care with a specialist or another doctor experienced a series of frustrating delays – first waiting several months for the initial consultation appointment and then waiting a few more months for the follow-up care with another provider.

- Problems with Continuity of Care

A recurring complaint among the women veteran participants was the constant change of staff at VA hospitals. This problem is compounded by the presence of medical interns or fellows who spend just a few months at the facility on various rotations. Many participants shared similar experiences of waiting long periods of time expecting to see a doctor, but instead seeing an intern who was uninformed as to the nature of the visit.

¹ **This is an informational report highlighting important issues discussed in the focus groups. The issues were identified through a preliminary review of the notes and transcripts of the focus group discussions. It is not based on any formal statistical or other analytical evaluations or analyses.**

² Long wait times for VA health care appointments have recently received much news coverage and criticism in the media.

- **Problems with Cancelled Appointments**

Women veterans shared problems about frequent cancelling of appointments by the VA for various reasons -- such as when the provider no longer works at the VA. Moreover, one veteran noticed that these cancelled appointments were mislabeled as having been cancelled by the veteran, not the VA. Women veterans in rural areas in particular shared deep frustrations about VA hospitals that would cancel their appointments for being a few minutes late. This is despite the fact that many of these women had to travel several hours, often through mountainous areas, road closures and inclement weather, to make their appointments.

Need for Accurate Diagnoses of Medical Conditions

Women veterans had problems receiving accurate diagnoses of medical conditions. Many were told that “nothing was wrong” or that they were just “hypersensitive.” And because nothing was “wrong” with the veteran, it was very difficult to be approved to see a specialist. The following example illustrates the problem:

PP was deemed to be overweight by her military and VA doctors. After being so labeled, any medical conditions she sought treatment for, like a knee injury or migraines, was attributed to her weight. Doctors told her that if she just exercised more, her physical problems would disappear. PP had to endure numerous medical visits and fight many battles before she could see a specialist, who diagnosed her with a thyroid condition. See PP Case Spotlight.

Women’s Health Clinics Need to Provide Expanded Scope of Services

Women veterans wanted Women’s Health Clinics at VA facilities to provide a broader range of health care services and become a “one-stop shop” for all health needs, not just services related to women’s health. They also wanted Women’s Health Clinics to provide walk-in services and emergency care.

Widespread Need for Dental Care

Lack of access to proper dental care was a recurring topic in the focus group discussions. Women were frustrated that access to dental care, beyond just pulling teeth, was basically limited to veterans with a 100 percent service-connected disability rating. One woman shared how the VA was willing to pull her teeth but not fill in cavities or provide other measures to save her teeth. Some veterans attempted to apply for VA-provided vouchers to see civilian dentists. But they encountered long waiting periods for vouchers that ultimately provided very little monetary coverage. Many women veterans in our focus groups shared that they are currently going without dental care.

Need Access to Alternative Therapies Instead of Medications

Many women veterans were frustrated by the VA’s over-reliance on medications to “cure” their mental health and physical problems. Often, this required women to take multiple drug regimens on a daily basis. Women wanted regular access to more holistic, alternative therapies like acupuncture, physical therapy and chiropractic services.

Case Spotlight:

U.S. Army Veteran with Physical Care Barriers

PP¹ served in the U.S. Army for 5 years and was medically separated under honorable conditions a few years ago. PP receives all of her medical care at VA facilities.

PP currently has a nurse practitioner assigned to her as her “primary doctor.” Although PP dislikes her primary doctor, she was informed that the only way to get another doctor is to file a complaint. However, PP is afraid to file a complaint because she has heard that the current 3-month wait time for appointments may increase for her if she complains. PP has heard from other veterans that there is a lot of retribution at the VA against veterans who report problems – just like in the military.

PP has had significant difficulties getting the VA to even acknowledge that she actually has a medical condition – despite the fact that she was medically separated from the military. For example, when PP tried to seek treatment for auditory problems, VA doctors dismissed her condition as nothing and told her that she was just “hyper-sensitive.” PP had to fight VA doctors for over a year to see an auditory specialist, who later confirmed that there was something wrong. PP had similar hurdles when she sought to see a specialist for a thyroid condition that VA doctors repeatedly tried to convince her she did not have. When she finally saw an endocrinologist, he confirmed that she had a medical condition and prescribed medication to treat it. This struggle for proper medical treatment continues, however, as PP must constantly request appropriate follow-up care and services.

PP lives in a rural part of California and must drive at least one hour each way to get to the nearest VA health care facility. Much of the drive is through one-lane highways, mountains and other difficult road conditions. Once PP was about 5 minutes late for her health care appointment, but unable to check-in for an additional 15 minutes because the receptionist was engaged in other activities. When the receptionist finally addressed PP, she informed PP that her appointment was cancelled because she was more than 15 minutes late at the time of check-in. PP tried to explain that she had entered the waiting room only 5 minutes late, and that she had come a long way through difficult traffic conditions, but the receptionist showed neither empathy nor concern for PP’s situation. Luckily, PP was able to connect with a Patient Advocate in the facility who was empathetic and respectful. The Patient Advocate was able to get PP an appointment for later that day.

¹PP is an alias to protect the confidentiality of the participant.