

Eliminating Health Barriers Focus Group Project: Women Veterans, Health Care and Employment¹

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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.

VA Health Care Appointments & Treatment Are Not Amenable with Work

Women veterans in the focus group discussions shared how difficult it was to juggle work and health care appointments at the VA. While women voiced this complaint for non-VA medical care as well, it was particularly a problem with VA care due to limited treatment hours for specific clinics, long waits in waiting rooms to see a doctor, and still additional wait times to get travel vouchers, pharmacy care and other post-care services. The problem is exacerbated for women in rural areas because getting access to health care treatment often involves a long ride on a VA shuttle to the nearest VA main hospital, often several hours away. The following vignettes are illustrative:

Vignette 1:

Veteran A lives in Bakersfield. She shared how each of her medical appointments requires an entire day as she has to travel to the VA hospital in Los Angeles to get needed specialized health care services that are not available at the VA facility in Bakersfield. She leaves the house at 6:00 a.m., takes the VA shuttle and returns home at 6:30 p.m.

Vignette 2:

Veteran B lives in Northern California and has service-related back problems. She described how she received permission to go to Oregon for care, reducing her travel time to "only" 4 hours each way. This was still an improvement over going to Sacramento, her designated VA facility, which could take up to 6 hours, particularly during inclement weather in winter. The long travel times often exacerbated her back problems.

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.

Vignette 3:

Veteran C lives in Central California and works for an organization that serves other veterans. The VA facility near Veteran C does not provide physical therapy treatment. She has been approved to receive these services at the VA facility in Sacramento. However, Veteran C goes without these needed services because going to Sacramento to receive treatment translates into missing an entire day of work, *and* numerous veterans who will not receive the care and services that they need from her that day.

Care for PTSD Due to Military Sexual Trauma (MST) is Particularly Problematic

Women veterans who needed mental health care for PTSD due to MST had added difficulties keeping their jobs and seeking care for their condition. Mental health treatment, particularly for PTSD due to MST, requires regular, consistent therapy and treatment for potentially long periods of time -- definitely more than just a few visits. This problem is significantly compounded by the fact that the VA, including Vet Centers, provides very limited services after-hours or on weekends. Some women veterans who need mental health care for PTSD due to MST are forced to choose between their jobs and getting mental health care treatment. The following vignettes are illustrative:

Vignette 1:

Veteran A has multiple physical and mental health care needs, including treatment for PTSD due to MST. She lost her job after missing too many days of work.

Vignette 2:

Veteran B is currently homeless, looking for a job and in need of mental health care for her PTSD due to MST. For the past few years, she has received intermittent treatment for her PTSD – depending on her availability when employed. Veteran B stops her therapy when she finds a job and restarts her treatment again when she is unemployed.

Lack of Support for Working Veterans with Health Care Needs

Women veterans who struggle to remain employed while seeking treatment for mental and physical health care conditions are frustrated with the lack of supportive services and accommodations for their work schedules, such as health care services that are available in the evenings and during weekends. Some also expressed guilt for needing help, as they sought to maintain their sense of military bearing and felt conflicted about the negative turns of their military service. They highlighted the fact that there are multiple programs and services provided to veterans once they become homeless and live in a supportive housing program. But few programs or accommodations are provided for women veterans at risk of becoming homeless. See MA Case Spotlight.

Case Spotlight:

Air Force Veteran Juggling Work, Housing and Medical Care

MA¹ is a combat veteran from the Air Force who has struggled to find stable employment, housing and consistent medical care since her discharge from the military in 1988. MA has access to VA health care services and has sought care from the VA over the years since her discharge for physical as well as mental health care, including treatment for PTSD due to Military Sexual Trauma (MST).

However, MA has been unable to get consistent, regular treatment for her PTSD due to MST. This is partly due to the VA and the significant difficulties MA has experienced trying to schedule regular mental health appointments with a therapist. She saw a therapist once every few months, at most. However, whenever she is assigned a new therapist -- which happens regularly -- the delays are even longer because she has to wait for the VA to “reschedule” her existing appointment with the new therapist. Moreover, most of the time during the initial visit with the new therapist is spent going over her case file and repeating her story, again.

Currently, MA has not been able to seek any mental health care because she recently started a new job. She was also recently approved for HUD-VASH housing and was looking for a stable place to live. For the past couple of years, MA has struggled to find stable housing after she lost her home and has lived with friends, relatives and sometimes in motels and other temporary housing. However, it has been extremely difficult to keep her full-time job while looking for housing and seeking health care services at the VA because all of these tasks must be done during normal work hours. In fact, MA was recently reprimanded at work for taking too much time off. She had to take multiple days off from work to finalize paperwork, inspections and other requirements necessary for HUD-VASH housing approval – all of which had to be done during normal work hours. MA cannot take any more time off from work. That means MA will have to put her mental health care needs on hold for now. This often happens whenever she finds employment.

It is particularly difficult for MA to juggle appointments outside of work because she lives in a rural area and does not have a car. On a normal workday, she wakes up at 5:30 a.m. to catch a bus, which drops her off about a mile from her workplace. She gets off from work at 5:00 p.m. and does not get home until about 7:00 p.m. By this time, the VA, HUD-VASH, and veteran service organizations are all closed.

It is also difficult to work and seek mental health care treatment at the VA for other reasons. MA has been disappointed in the mental health care treatment she receives from the VA because of its heavy reliance on medications to treat her PTSD, instead of therapy. MA felt that her doctor just wanted to “sedate” her but being sedated is not conducive to seeking or keeping a job. MA felt in a “daze” and could not think clearly when she was on medications prescribed by her VA psychiatrist. MA tried to discuss this problem with her psychiatrist but she was still forced to take the medications. MA stopped taking the medications on her own because she was afraid she would lose her job.

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