



**Service Women's Action Network (SWAN)**

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**House Committee on Veterans' Affairs Roundtable Discussion on "The Growing Needs of Women Veterans: Is the VA Ready?"**

Good morning. My name is Anuradha Bhagwati. I was a Captain in the United States Marine Corps. I currently serve as Executive Director of the Service Women's Action Network (SWAN), a national organization built by female veterans, based out of New York City. SWAN's mission is to improve the welfare of current US servicewomen and to assist all women veterans.

As a regular patient at the Manhattan VA Hospital for the last three years, I am intimately experienced with the trials of receiving quality health care and benefits from the VA for both physical injuries and psychological wounds, including Military Sexual Trauma (MST).

The last place many survivors of MST want to go for treatment or counseling is a VA hospital. My first trip to the Manhattan VA Hospital was a nightmare. I felt like I was running a gauntlet as I stepped into the lobby and was confronted by a sea of hostile faces, all of them male. Most veterans and VA employees assume women veterans are secretaries, wives, or cleaning staff. Many employees refuse us the common courtesy and professional service that they extend to male veterans.

The first psychiatrist I saw rolled his eyes at me when I told him I needed to talk to a female doctor. The MST counselor was too overbooked to take me on as a patient. A physician was so shocked that I had been a Marine that he told me I looked like a "shopkeeper." I've been lectured and counseled by dozens of nurses, many of them women, who feel that they are at liberty to talk to female veterans in an unprofessional manner. When I shared my frustrations with the women veterans coordinator, she told me I "should be happy to have free health care."

To add insult to injury, despite the detailed evidence I submitted supporting service-connected trauma from MST, including witness statements from an Equal Opportunity investigation that the Marines by policy destroyed two years after the fact, the VA rejected my claim. At that point I had to make a difficult choice between appealing my claim and having my trauma dragged on for several more years, or giving up.

Being a veteran is already a full-time job. Every hour spent traveling to a distant VA facility, waiting for providers who are overbooked, or fighting the VA bureaucracy for equal treatment and

respect, is emotionally and physically draining. It can be impossible for a veteran under these conditions to hold a full-time job, care for children, or recover from her wounds.

Recommendations:

1. Require that the VA immediately address the shortage of female physicians, female mental health providers and MST counselors at VA hospitals nationwide. Also require that the VA provide female-only counseling groups for female combat veterans, and female survivors of MST.
2. Require the VA to implement a program to train, educate, and certify all staff, including administrative and medical, in federal Equal Opportunity regulations and Military Sexual Trauma, to reduce a discriminatory and unwelcoming atmosphere toward women veterans.
3. Require the VA to offer easily accessible fee-based care for women veterans, enabling women who would otherwise wait for months for available appointments or travel hours to the nearest VA providers to instead work full-time and care for children. Also allow traumatized women veterans to receive easily accessible fee-based care for private physicians and counselors of their choice.
4. Ensure that the needs of returning Iraq and Afghanistan vets do not supplant the needs of all veterans. Many women veterans who require medical and psychological treatment for sexual trauma or other wounds did not deploy to Iraq or Afghanistan. Require the VA to provide immediate care and counseling for veterans with MST who did not deploy in theater.
5. Require the VA to conduct a comprehensive study on the extent to which women veterans' claims are denied, for both physical and psychological conditions, to include service-connected conditions based on combat and MST. Require benefits administrators to support the diagnoses of VA counselors and physicians, thereby providing compensation and justice to wounded veterans.

Thank you for your time.

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