



VA Hospitals ALL New Yorkers Can Be Proud Of

**New York Can Improve Access to VA Healthcare
by Naming Manhattan VA Medical Center for
Revolutionary War Hero Margaret Corbin**

Fall 2018

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About

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The NYC Veterans Alliance is a member-driven, grassroots policy advocacy and community-building organization that advances veterans and families as civic leaders in NYC and beyond

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Summary

Fall 2018 Campaign. As part of a focused campaign that advances objectives toward supporting and sustaining **VA Hospitals ALL New Yorkers Can Be Proud Of**, NYC Veterans Alliance proposes legislative action to name the existing facility known as the Manhattan VA Medical Center or the Manhattan Campus of the VA New York Harbor Healthcare System as the “Margaret Corbin VA Medical Center” as the first VA hospital to be named in honor of a woman veteran—thereby signaling a major shift in VA culture locally and nationally to more appropriately recognize and serve women veterans.

Women Veterans Remain Underserved by the VA. VA hospitals nationwide were originally designed to cater mostly to men and the VA healthcare system has been slow to accommodate and meet the unique needs of female veterans. In 2015, Iraq and Afghanistan Veterans of America (IAVA) surveyed 1,500 women veterans, more than half of whom said that VA facilities had a culture unwelcoming to women.¹ Frequent complaints of women veterans include having their veteran status questioned, feeling uncomfortable or even unsafe during inpatient stays, and not having adequate and targeted mental health services. The current VA motto is gendered and excludes women, failing to acknowledge the immense and growing contributions to national security by women veterans. It is time for the VA to modernize its culture to embrace women veterans.

VA Care Reduces Veteran Suicide Rates. Failure to accommodate and welcome a significant and growing sector of the veteran population has potentially dire consequences. The VA reports that 70% veterans who died by suicide have not been in VA health care.² This alarming statistic raises concerns of whether increasing access to care can mitigate these persistently higher suicide rates among veterans. There several notable barriers to VA health care, but none so pervasive as the cultural barriers to care that women veterans face at the VA.

New York Has an Opportunity to Lead. New York can lead this cultural shift by renaming its Manhattan VA Medical Center after Margaret Corbin, the first female veteran to receive a military pension after becoming disabled from injuries sustained in the 1776 Battle of Fort Washington. It will be the first VA hospital to be named after a female veteran and signal the VA’s commitment to recognizing the existence and importance of women veterans. This credible signaling will usher in a more inclusive VA culture and will aid in the dismantling of harmful cultural barriers to care.

¹Iraq and Afghanistan veterans of America (IAVA). Fulfill the Promise to Today’s Veterans. Retrieved from http://iava.org/wp-content/uploads/2017/03/IAVA_Policy_2017_v8_125bleed.pdf

² Office of Public and Intergovernmental Affairs. (2016, September 01). Retrieved from <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5114>

Veteran Suicide: A Crisis of Accessing VA Care

The most recent VA National Suicide Data Report reveals that inaccessibility to VA care is a lead factor in elevated suicide rates among veterans. Twenty veterans die each day by suicide, only 30% of whom are in VA health care.³ This is especially alarming as VA healthcare utilization by veterans is associated with declining absolute and relative rates of suicide."⁴ As the VA tackles veteran suicides, it is crucial that special attention is given to suicides among women veterans. The majority of veterans are male; however, female veterans have a higher elevated risk of suicide than their male counterparts.⁵ This means that there is an uptick in the rate of suicides among female veterans, which creates an upward trajectory approaching the male veteran suicide rate.⁶ Furthermore, women veterans are almost twice as likely to die by suicide than non-veteran women,⁷ thereby compounding concerns of a growing risk of suicide among women veterans. Additionally, gender-based barriers to care are less but are becoming increasingly crucial to better caring for veterans. Given that improved access to VA care may substantially reduce suicide rates,⁸ it is imperative that gender-based barriers to care be actively addressed to curtail growing risk of suicide among women veterans.

INITIATIVE 1:

Survey on VA Hospitals in NYC: NYC Veterans Alliance is gathering input from veterans, segmented by age, gender, and other demographics, on quality of care and specific topic areas including suicide prevention, women veterans programs, and more. The survey is located at http://www.nycveteransalliance.org/vahospitals_survey

³ Office of Public and Intergovernmental Affairs. (2016, September 01). Retrieved from <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5114>

⁴Hoffmire, C. A., Kemp, J. E., & Bossarte, R. M. (2015, September). Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000-2010. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25930036>

⁵ Id.

⁶ Dolsen, J. (2015, August 12). The Mistreatment Of Female Veterans Is Not Just A Women's Issue. Retrieved from <https://taskandpurpose.com/mistreatment-female-veterans-not-just-womens-issue/>

⁷ Office of Public and Intergovernmental Affairs. (2016, September 01). Retrieved from <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5114>

⁸ Holliday, S. B. (n.d.). Mental Health Care Access and Suicide. Retrieved from <https://www.rand.org/research/gun-policy/analysis/supplementary/mental-health-access-and-suicide.html>

Shortfalls in Women's Access to VA Care

The women veteran population is steadily increasing and warrants earnest attention by the VA to ensure they have adequate access to Veterans Health Administration (VHA) services. Women account for 10% of the United States veteran population⁹ and are projected to increase to 16% by 2040.¹⁰ In 2016, 17% of active duty military officers and 35% of all Post 9/11 military officers are female.¹¹ Despite their growing contributions to national security, the VA reports that female veterans are less likely to use VA benefits than male veterans.¹² This merits closer attention to possible gender-based barriers to VA benefits. In 2015, only 840,000 of the 2 million women veterans used at least one VA benefit.¹³ In addition, only 36% of women veterans are enrolled in the VHA compared to 44% of all veterans.¹⁴ As the women veterans grow in numbers, it is becoming increasingly imperative that the VA intensify efforts to enhance access to care for women veterans. The National Survey of Women veterans, conducted by the VA, revealed a need for gender, age, and culturally appropriate VA services and point to shortfalls in care of women veterans.

Inadequate and untargeted care for women at VA hospitals is well documented and contribute to lower VHA utilization among women veterans. Women veterans describe being viewed as spouses of veterans or civilians when seeking care at the VA.¹⁵ A recent women's health qualitative study also found that women veterans had recurring complaints of feeling unwelcome, unsafe and uncatered to at VA hospitals. Some of the study's participants recounted being catcalled by male veterans at VA medical centers and even more expressed discomfort of being the only woman in the waiting room.¹⁶ These perceptions of being "othered" are intensified for women veterans who have experienced military sexual trauma (MST). Study participants also believed that the VA does not take MST into consideration, with some recounting instances of being unable to lock their hospital room door during inpatient stays and not having women-only mental health group therapy where MST could be openly discussed. Participants also

⁹ United States Department of Labor. Fact Sheet- Women Veterans. (n.d.). Retrieved from <https://www.dol.gov/vets/womenveterans/docs/2015-VETSFactSheetWomensveterans508.pdf>

¹⁰VA Utilization Profile FY 2016. (2017, November). Retrieved from https://www.va.gov/vetdata/docs/QuickFacts/VA_Utilization_Profile.PDF

¹¹ United States of America Department of Defense. 2016 Demographics Profile of the Military Community. (n.d.). Retrieved from <http://download.militaryonesource.mil/12038/MOS/Reports/2016-Demographics-Report.pdf>

¹² Id.

¹³Women Veterans Report: The Past, Present and Future of Women Veterans. (2017, February). Retrieved from https://www.va.gov/vetdata/docs/SpecialReports/Women_veterans_2015_Final.pdf

¹⁴ Id.

¹⁵ Dolsen, J. (2015, August 12). The Mistreatment Of Female Veterans Is Not Just A Women's Issue. Retrieved from <https://taskandpurpose.com/mistreatment-female-veterans-not-just-womens-issue/>

¹⁶ Kehle-Forbes, S. M., Harwood, E. M., Spont, M. R., Sayer, N. A., Gerould, H., & Murdoch, M. (2017, May 30). Experiences with VHA care: A qualitative study of U.S. women veterans with self-reported trauma histories. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5450063/>

reported access issues as many VA hospitals had too few private rooms or rooms with female roommates to accommodate women inpatient care stays, forcing women veterans to be diverted to civilian health facilities or delayed inpatient care for non-emergent care. Women health services at VHA facilities leave much to be desired as some women clinics were located basements with unclear signage and not all facilities provided women specific services such as prenatal care, obstetrics, and mammography.¹⁷ These complaints run the gamut of being culturally- to service-related barriers to care and all require attention to improve quality and accessibility of VA healthcare for women veterans.

INITIATIVE 2:

Legislative Support: NYC Veterans Alliance has called on our full NYC Congressional Delegation to co-sponsor and pass the **Deborah Sampson Act** (H.R.2452 / S.681), a bipartisan bill of provisions that would close current gaps in VA services for women veterans.

¹⁷Thorpe, H. (2017, December 21). Opinion | The V.A.'s Woman Problem. Retrieved from <https://www.nytimes.com/2015/08/16/opinion/sunday/the-vas-woman-problem.html>

A Motto of Exclusion: "To Care for Him"

The VA took steps to address the care disparities between men and women veterans but are simultaneously undermining their efforts. The VA clarified the responsibilities of the VA medical facility Directors including but not limited to ensuring staff "[care] for women Veterans with dignity and sensitivity," adequate staffing, space, and equipment for women specific services, and "all aspects of gynecology are available at all facilities." In addition, the VA now ensures that all employees have access to "educational programs addressing recognition of women as Veterans and sensitivity to issues of women Veterans including but not limited to awareness of women's military experiences, awareness of sexual trauma and interpersonal violence."¹⁸ These trainings, however, are not always mandatory and do not directly address the discrimination women feel by fellow male veterans. The VA also recommends that VA medical facilities "represent women Veterans with images throughout the VA medical facility," but fails to address the most visible motif at any VA facility: a gendered and exclusionary motto. The VA motto is framed as referring to only male veterans and their loved ones and is plastered in prominent areas at many VA facilities. Training and imagery are being negated or even nullified by this gendered motto, which is a more visible and memorable representation of who the VA is devoted to caring for, since it is visible to staff and patients alike. Regardless of intent, the motto in its current state reflects a palpable bias, which contributes to both actual and perceived gender discrimination.

As it stands, the VA motto is contributing the gender discrimination women veterans face. The VA's motto reads:

"To care for him who shall have borne the battle and for his widow, and his orphan."

The motto originates from President Lincoln's Second Inaugural Address in 1865, attesting the government's duty to care for injured soldiers and their loved ones.¹⁹ The statement became the VA's motto in 1959 to depict the VA's mission. However, as the proportion women veterans continues to rise, the motto is becoming increasingly unrepresentative of the veteran population in its current gendered state. This gendered language is exclusionary to women veterans and can have health and cultural implications by fueling perceived discrimination. Perceived discrimination is associated with increased participation in unhealthy behaviors such as smoking, as coping

¹⁸VHA Directive 1330.01(2), Healthcare Services for Women ... (2017, February 15). Retrieved from https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5332

¹⁹The Origin of the VA Motto Lincoln's Second Inaugural Address. (n.d.). Retrieved from <https://www.va.gov/opa/publications/celebrate/vamotto.pdf>

mechanisms and health conditions, including hypertension, self-reported poor health, and breast cancer.²⁰ The wording of the motto is also influencing the VA culture through language, which is one of the most potent mechanisms through which sexism and gender discrimination are "perpetrated and reproduced."²¹ By representing the target population for care as male veterans, women veterans are "othered," regardless of intent. Therefore, the motto's gendered language is not an innocuous depiction of the historic speech, but rather a ubiquitous barrier to care.

Despite the plights of women veterans and evidence proving the ills of gendered language, the VA remains adamant about maintaining the motto in its original form. Curt Cashour, a VA spokesperson, recently stated, "VA is proud of Lincoln's words as a historic tribute to all veterans, including women veterans, whose service and sacrifice inspires us all."²² Even if the VA intends for the motto to be inclusive, at face value the motto does not reflect this. Allison Jaslow, a former U.S. Army captain spearheading the effort to change the VA motto told *Newsweek*, "The motto is not only emblematic of the cultural barriers that women face at the VA, but the resistance to this simple request is indicative of how the agency is utterly out of touch with the changing face of America's veteran population."²³ Beyond being out of touch, the VA's refusal to make the motto gender-neutral reinforces the exclusionary culture by trivializing the impacts of a gendered motto.

INITIATIVE 3:

Petition of the VA: In October 2018, the NYC Veterans Alliance joined Iraq and Afghanistan Veterans of America (IAVA) and Service Women's Action Network (SWAN) in formally petitioning the VA to change its motto through its rulemaking process.

Legislative Support: The NYC Veterans Alliance calls upon our full NYC Congressional to co-sponsor and pass legislation to change the VA motto.

²⁰Pascoe, E. A., & Richman, L. S. (2009, July). Perceived Discrimination and Health: A Meta-Analytic Review. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2747726/>

²¹Menegatti, M., & Rubini, M. (2018, May 16). Gender Bias and Sexism in Language. Retrieved from <http://communication.oxfordre.com/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-470>

²²Wax-Thibodeaux, E. (2018, February 14). VA employees wanted a gender-neutral mission statement. The agency refused. Retrieved from https://www.washingtonpost.com/news/checkpoint/wp/2018/02/14/va-employees-wanted-a-gender-neutral-mission-statement-the-agency-refused/?noredirect=on&utm_term=.e6bb3241e41b

²³LaPorta, J. (2018, October 12). Veteran groups demand the VA change its "outdated and sexist" motto that excludes women veterans. Retrieved from <https://www.newsweek.com/va-donald-trump-veteran-motto-sexist-outdated-1167509>

Margaret Corbin: First in 1776 and First in VA Healthcare

In light of federal opposition to move the needle on gender inclusivity within the VA, another change agent is at the local level, through the renaming of the Manhattan Campus of the VA New York Harbor Healthcare System. By appointing the Manhattan Campus to be named the Margaret Corbin VA Medical Center, New York can lead the efforts to transform the VA into a more inclusive agency. The VA explains that VA facilities all over the country bear the names of Americans who made significant contributions to their country.²⁴ Yet none of the 1,243 VA health care facilities are named after women veterans. This sends a clear message that the contributions of women veterans or military affiliated women are not noteworthy enough for such recognition. New York can champion the recognition of women veterans by having the first VA hospital to ever be named after a woman veteran, signaling a clear and highly visible commitment to meeting the needs of women veterans. This name change is not a mere superficial act, but rather a mechanism by which the culture of the VA can begin to reflect its intent to care for all of those who borne the battle, their surviving spouses, and their orphans.

There is no more fitting choice for naming the Manhattan VA and the first VA medical center named for a woman veteran than Margaret Corbin. On November 16, 1776, Corbin stood by her husband in the Battle of Fort Washington in Washington Heights, Manhattan, then quickly took over as cannoneer against the British when he fell in battle.²⁵ She was touted by witnesses as having excellent aim and manning the last cannon fired in the battle. Corbin was eventually hit by enemy fire, sustaining severe injuries that rendered her left arm unusable for the rest of her life. The British won this battle and Corbin became a prisoner of war, but was later released.²⁶ After making a partial recovery, Corbin joined the Invalid Regiment at West Point, where she cared for her fellow wounded soldiers. On July 6, 1779 the Continental Congress awarded Corbin a military pension for her service.²⁷ As a female veteran who fought valiantly, sustained a lifelong battle-induced disability, and received a military pension, she epitomizes the care VA provides for those who borne the battle. Given that these valiant events all took place in Manhattan, Corbin is also a geographically suitable choice for the name change of the Manhattan campus. New York can commemorate Corbin's heroism and foster the

²⁴Behind the Names Part 1. (n.d.). Retrieved from https://www.va.gov/opa/publications/docs/behind_the_names.pdf

²⁵ Margaret Cochran Corbin. (n.d.). National Women's History Museum. Retrieved from <https://www.womenshistory.org/education-resources/biographies/margaret-cochran-corbin>

²⁶ Id.

²⁷ Id.

onset of greater inclusivity at the VA for 12,000 women veterans that currently reside in New York.²⁸

The premise of advocating for this name change is to address access to healthcare. The experiences previously recounted of feeling unrecognized, uncatered to, unsafe, and unheard boils down to cultural misalignment at the VA. These complaints cannot be fixed entirely by updating VA care facilities, expanding services covered, or even women-sensitivity training because it transcends the tangible components of care to the implicit notion of who a veteran is. If there is no clear representation that veterans need not be male, then it provides a breeding ground for implicit biases in health service decisions, facility design, and organizational culture. Healthcare is too crucial to life and well-being to disregard any cultural issues that impede comprehensive care. In light of the recorded uptick in suicide risk among women veterans it is imperative that even the seemingly superficial solutions to addressing barriers to care not be trivialized. New York can effect change by embarking on a top-level visible signal of VA commitment to respecting, valuing, and caring for women veterans. This proposed VA hospital name change can begin the process of evolving the VA culture to be inclusive of all those who have borne the battle.

INITIATIVE 4:

Legislative Support: NYC Veterans Alliance calls on our full NYC Congressional Delegation to co-sponsor and pass legislation naming the Manhattan VA Medical Center as the Margaret Corbin VA Medical Center.

²⁸ Veteran Status: 2012-2016 American Community Survey 5-Year Estimates. (2010, October 05). Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>