


SURVEY #1




• Are the number of female Vets increasing or decreasing?

A. Increasing

B. Decreasing


C. Remaining steady



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ANSWER




A


Increasing (in both number and percentage of Vets)

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Rise in Female Veterans



Historical and Projected Trends of Female Veterans

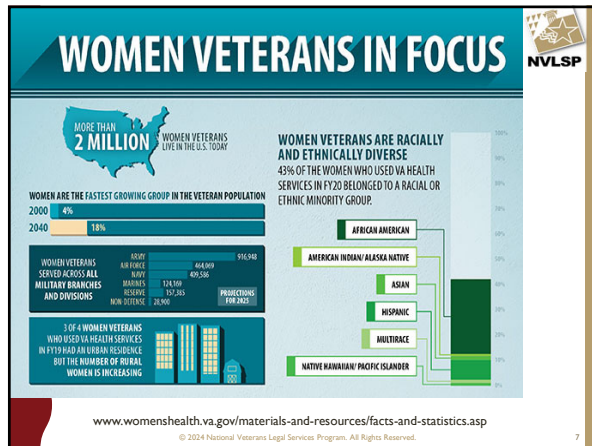
(in thousands)

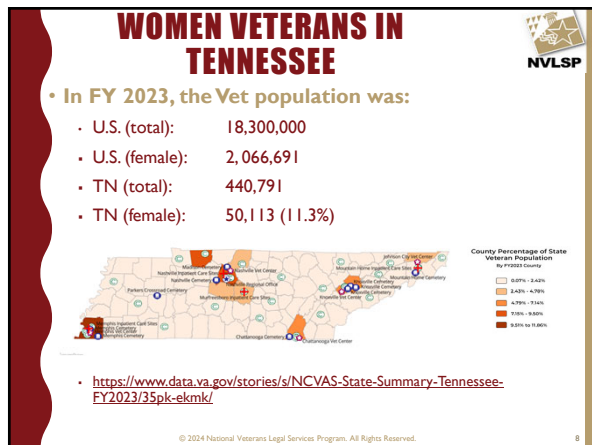
Year	Number of Female Veterans (in thousands)	Percent of veterans who are female
2040	2,192*	17.0*
2030	2,095*	13.5*
2018	1,652	9.2
2010	1,567	7.2
2000	1,593	6.0
1990	1,151	4.2
1980	1,108	3.9
1971	964	3.3

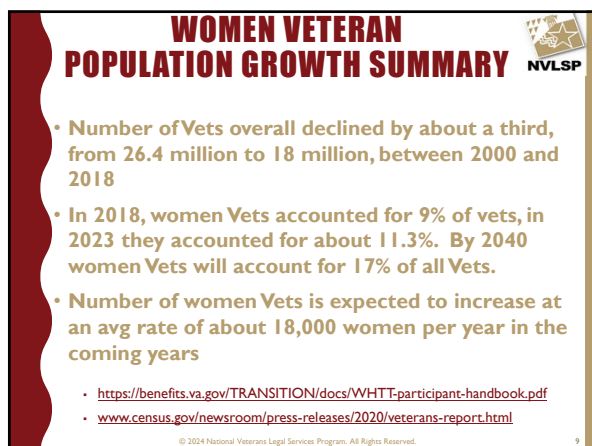
* www.census.gov/library/visualizations/2020/comm/veteran-population-declines.html

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WOMEN SERVICE MEMBERS

- **Women as current members of the military:**
 - **20% of new recruits**
 - **14.5% of active-duty force**
 - **18% of reserve components**
- <https://benefits.va.gov/TRANSITION/docs/VWHT-participant-handbook.pdf>
- www.womenshealth.va.gov/WOMENSHEALTH/materials-and-resources/publications-and-reports.asp



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VA PROGRAMS SPECIFICALLY FOR WOMEN VETS




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OFFICE OF WOMEN'S HEALTH

- **In Jan. 2021, Congress created 38 U.S.C. § 7310, requiring VHA to establish and operate the Office of Women's Health (OWH)**
- Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. 116-315, § 5101 (2021)




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OFFICE OF WOMEN'S HEALTH CENTRAL OFFICE FOR:

- Monitoring and encouraging activities of VHA re provision, evaluation, and improvement of health care services for women Vets
- Developing and implementing standards of care for women Vets
- Monitoring and identifying deficiencies in standards of care for women Vets by VA and remedying them
- Monitoring and identifying deficiencies in standards of care for women Vets through the community and recommend ways to remedy
- Overseeing distribution of resources and info related to health programming for women Vets
- Promoting expansion and improvement of clinical, research, and educational activities of VHA with respect to health care of women Vets
- Providing budget recommendations
- Providing recommendations for modifying the Veterans Equitable Resource Allocation system to reflect the needs of women Vets
- Carrying out any other duties deemed necessary by the Under Secretary for Health



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CENTER FOR WOMEN VETERANS (CWV)

- CWV established by Congress in 1994 to:
 - Monitor and coordinate VA's administration of health care, benefits, services, and programs for women Vets
 - Serve as an advocate for cultural transformation in recognizing the service and contribution of women Vets / service members
 - Raise awareness of the responsibility to treat women Vets with dignity and respect


• www.va.gov/womenvet/cwv/index.asp



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VA WOMEN'S CALL CENTER

- CWV has a Women Veterans Call Center:
 - Call or text 1-855-VA WOMEN (1-855-829-6636)
 - Chat online at:
<https://productionchat.vrm.vba.va.gov/system/template/s/chat/wvcc/index.html?entryPointId=1009&templateName=wvcc&ver=v11&locale=en-US>
- More info on the CWV can be found at:
 - www.va.gov/womenvet/




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WOMENS HEALTH TRANSITION TRAINING




- In addition to the Transition Assistance Program (TAP) available to all service members transitioning out of the military, there is a separate course focused on women
- WHTT is an online, self-paced training class for both servicewomen and women Vets
 - www.va.gov/womenvet/whtt/
- Participant handbook can be downloaded at:
 - <https://benefits.va.gov/TRANSITION/docs/WHTT-participant-handbook.pdf>



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WOMEN VETERANS PROGRAM MANAGER




- WVPM is designated at each VAMC to advise and advocate for women Vets
- They can help coordinate all services a woman Vet might need, from chronic medical to reproductive health conditions
- Reach them by:
 - Calling the VAMC
 - Calling Women Veteran Call Center at 1-855-829-6636
 - Online Chat Feature

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WOMEN VETERANS HEALTH CARE PROGRAM




- Since 1988, the Women Veterans Health Care program has provided focused care for women Vets in a safe environment that aims to raise the standard of women's health care
- They focus on primary care, reproductive health, and other health issues unique to women
 - www.womenshealth.va.gov

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SISTER ASSISTER



- **Sister Assist**ers are volunteers who help women Vets find their way around VA facilities, meeting them at a designated entrance and accompanying them to appointments
- The **Sister Assister** may remain in the waiting room or she may support the woman Vet during an exam

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VA MENTAL HEALTH FOR WOMEN VETERANS



- VA provides specialized services to help women work through conditions such as PTSD and MST-related conditions
- VA has various programs directed toward women
 - Serving Women Who Served - Readjustment Counseling Center
 - Evidence Based Psychotherapies
 - MakeTheConnection.net

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REINTEGRATION AND READJUSTMENT RETREATS



- Reintegration and readjustment services include info on reintegration, financial counseling, occupational counseling, info and counseling on stress reduction, info and counseling on conflict resolution, and other info appropriate to assist the individual in reintegration
- Women are offered the opportunity to receive these services in group retreat settings where there are only women participants
- For each FY from 2021-2025, the maximum number of individuals who can receive reintegration and readjustment services is 1,200
 - Pub. L. 116-135, § 5104 (amending 38 U.S.C. § 1712A)

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VA HOMELESS PROGRAMS FOR WOMEN




- **Women are the fastest growing segment of the homeless Vet population and are more likely to be homeless with children**
 - In FY 2023, more than 25,000 homeless women Vets were served by the VHA homeless programs
 - From 2020 to 2023, total homelessness among Veterans decreased by 4.5%—from 37,252 to 35,574. But homelessness among women Vets actually increased by nearly 24%—from 3,126 to 3,980—according to data from the U.S. Department of Housing and Urban Development.
 - Factors that contribute to homelessness in women Vets:
 - Trauma and MST
 - Single parenthood (more costs of child-rearing, often as single parents)
 - IPV – intimate partner violence
 - Poverty (statistically, women are more likely to be at risk of poverty)
 - news.va.gov/127679/state-of-homelessness-among-women-veterans-2023/
 - www.va.gov/homeless/for_women_veterans.asp

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VA HOMELESS PROGRAMS FOR WOMEN




- **VA programs for women Vets who are homeless or at risk of becoming homeless:**
 - **Supportive Services for Veteran Families Program** awards grants to private nonprofits and consumer cooperatives that provide supportive services to very low income Vets and their families residing in or transitioning to permanent housing
 - **U.S. Dep't of Housing and Urban Development and VA Supportive Housing Program** partner to provide permanent, supportive housing and treatment services for homeless Vets
 - **Grant and Per Diem Program** funds community-based agencies providing transitional housing or service centers for homeless Vets
 - www.va.gov/homeless/for_women_veterans.asp

*In FY 2023, more than 25,000 homeless women Vets were served by the VHA homeless programs

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VA HOMELESS PROGRAMS FOR WOMEN



- **VA is entering into agreements with public and private entities to provide free legal services to women Vets to meet needs including:**
 - Child support
 - Eviction & foreclosure prevention
 - Discharge upgrade appeals
 - Financial guardianship
 - Credit counseling
 - Family reconciliations assistance


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VA HOMELESS PROGRAMS FOR WOMEN

TENNESSEE CLINIC:


- **VA Facility:** Memphis VA HCS, Memphis VAMC
1030 Jefferson Avenue
Memphis, TN 38104
- **Legal Service Provider:** Memphis Area Legal Services, Memphis Bar Association
- **Type of Provider:** Legal aid organization, Pro Bono Services
- **Types of Cases accepted:** Family law, landlord/tenant, tickets/fines, expungement, child support, driver's license revocation. Prioritizes low income and/or homeless veterans.
- **Walk-in accepted:** 2nd Tuesday of every month 12:00pm - 2:00pm
- **VA Contact:** Patricia Hines LCSW, Patricia.Hines4@va.gov, (901) 523-8990
 - www.va.gov/ogcl/docs/legalservices.pdf



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BY THE NUMBERS: WOMEN VETERANS AND VA HEALTHCARE




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VA HEALTH CARE AND WOMEN VETERANS



- **By FY 2020, women Vets using VHA:**
 - ~828,000 women Vets (44% of all women Vets) are enrolled in the VA health system
 - But only ~550,000 women Vets actively used VA health care
 - <https://benefits.va.gov/TRANSITION/docs/WHTT-participant-handbook.pdf>
 - ~85% of women Vets were younger than 65 years, where the majority of men were 65+ years old
 - <https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Sourcebook-Volume-5.pdf>
 - www.womenshealth.va.gov/WOMENSHEALTH/materials-and-resources/publications-and-reports.asp
- **The average age of Vets using VA care:**
 - **Women:** 49.6 years old
 - **Men:** 63.5 years old
 - www.va.gov/verdata/docs/Quickfacts/VA_Utilization_Profile_2017.pdf



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VA HEALTH CARE AND WOMEN VETERANS

• By FY 2020, women Vets using VHA:

- **41% were 18-44 years old** – highlights need for reproductive health services
- **45% were 45-64 years old** – need for preventative care measures to avert later-in-life disease and coordination of care for dual users of VHA and Medicare services
- **15% were 65+ years old** – This number doubled between FY 2010 and FY 2020, highlighting need for more intensive health care services, such as care for chronic conditions, geriatric and extended care services, and support for role as caregivers

<https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Sourcebook-Volume-5.pdf>
www.womenshealth.va.gov/WOMENSHEALTH/materials-and-resources/publications-and-reports.asp

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WOMEN VETERANS AND VA HEALTHCARE

Year	Number of Women Veterans
2000	160,000
2010	315,000
2015	439,000
2017	500,000
2020	550,000

<https://benefits.va.gov/TRANSITION/docs/WHTT-participant-handbook.pdf>

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COMMON POST-DEPLOYMENT MEDICAL AND MENTAL HEALTH DIAGNOSES IN SERVICEWOMEN COMING TO VA 2002-2015

61% Musculoskeletal	39% Endocrine system
57% Mental disorders	37% Respiratory
50% Nervous system/sense organs	31% Skin diseases
45% Genitourinary system	31% Injury/poisoning
40% Digestive system	23% Infectious/parasitic diseases


www.va.gov/womenvet/docs/whttt/VAwhtttParticipantHandbook.pdf

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WOMEN VETERANS AND VA HEALTHCARE

- 44% of women Vets using VA care are SC
- First Year Post-Deployment:
 - Chronic pain, sleep problems, anxiety, and depression were most commonly reported by Vets
 - Men were more likely to report a hearing condition, high blood pressure, and high cholesterol
 - Women were more likely to report anxiety and depression

• www.hsrd.research.va.gov/news/feature/post-deployment-health.cfm



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MILLION VETERANS PROGRAM

- MVP is a national research program to learn how genes, lifestyle, and military exposures affect health and illness
- Since launching in 2011, over 1,000,000 Vets have joined
 - 10% of enrollees are women
- Women reported less frequent exercise and higher use of VA healthcare, including the pharmacy

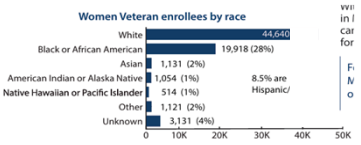
• www.research.va.gov/mvp/



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MVP RESEARCH

- VA researchers are also using data from women in MVP to look at how military experience and race might affect breast cancer risk. This is important because current screening tests are based on studies of civilian, Caucasian women.




Race	Count	Percentage
White	44,640	44.6%
Black or African American	19,918	28%
Asian	1,131	2%
American Indian or Alaska Native	1,054	1%
Native Hawaiian or Pacific Islander	514	1%
Other	1,121	2%
Unknown	3,131	4%

8.5% are Hispanic/Latino

• https://www.va.gov/files/2022-04/MVP_Women_Veterans_fact_sheet.pdf

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TOP 5 CONDITIONS OF WOMEN VETERAN ENROLLEES IN MVP



DISEASE	WOMEN ENROLLEES	% ENROLLEES REPORTING CONDITIONS
DEPRESSION	26,399	35%
SKIN CONDITION	23,320	31%
HYPERTENSION	23,098	30%
ACID REFLUX/GERD	20,908	27%
ANXIETY REACTION/PANIC DISORDER	20,492	27%

* www.va.gov/files/2022-04/MVP_Women_Veterans_fact_sheet.pdf

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VA HEALTH CARE FOR WOMEN

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WOMEN FOCUSED PROGRAMS FOR VA HEALTH CARE




- Preventive Care**
 - Cancer Screenings (Mammogram, Pap, Colonoscopy)
- Reproductive Health Care**
 - Including adoption reimbursement, if SC disability results in inability to procreate w/out fertility treatment
- Maternity Health Care**
 - Every VAMC has a VA Maternity Care Coordinator
 - Babies now get 7 days of care after date of birth




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WOMEN FOCUSED PROGRAMS FOR VA HEALTH CARE




- **Mental Health Care**
 - MST
 - Intimate Partner Violence Screening and Treatment
 - Suicide Prevention
- **Specialty Care**
 - Screening and management of STDs
 - Screening for chronic conditions like heart disease and diabetes

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VA Infertility Services




- Vets may be eligible for IVF or other forms of assisted reproductive technology (ART) and other infertility services, if SC disability causes inability to procreate
 - For female Vets, SC injury or illness must render the Vet incapable of having an egg successfully fertilized by sperm, including the inability to produce an egg
 - Unmarried Vets and married Vets (including same-sex marriage) eligible
 - Donor sperm, eggs, embryos may be used, if provided at no cost to VA
 - But, gestational surrogacy is outside the scope of VA IVF services
- In 3/2024, following change in DOD policy, VA expanded eligibility for IVF benefits by eliminating requirements that Vet be legally married to someone of the opposite sex and be able to produce their own gametes
 - Instructions for Determining Eligibility for In Vitro Fertilization (IVF) Benefit, 89 Fed. Reg. 23,518 (Apr. 4, 2024)


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WOMEN FOCUSED PROGRAMS FOR VA HEALTH CARE



- **Prosthetic and Sensory Aids Services**
 - Prosthetics designed for women (i.e. for women's shoes)
 - Breast pumps
 - Nursing bras
 - Post mastectomy items
 - Wigs for alopecia
 - Contraception
 - Maternity support belt items



• www.prosthetics.va.gov/factsheet/PSAS-FactSheet-WomenVets.pdf

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MAMMOGRAMS & THE SERVICE ACT




- On 6/7/2022, President Biden signed The Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans In Combat Environments Act (**SERVICE ACT**)
- It extends access to mammograms for Vets who served in areas with burn pits or other toxic exposures, regardless of their age, symptoms, or family history



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SERVICE ACT




- Applies to Vets who served in:
 - Iraq (8/2/90 – 2/28/91; 3/19/03 – until burn pits no longer used)
 - SW Asia Theater of Operation, including Kuwait, Saudi Arabia, Oman, and Qatar (8/2/90 – until burn pits no longer used)
 - Afghanistan, Djibouti, Syria, Jordan, Egypt, Lebanon, and Yemen (9/11/01– until burn pits are no longer used)
 - Other locations and corresponding periods as set forth by the Airborne Hazards and Open Burn Pit Registry
 - Other locations and corresponding periods as VA, in collaboration with DOD, may determine appropriate
- Does **NOT** apply to the bodies of water around or air space above
- Does **NOT** change health care enrollment or claims and benefits application requirements

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SERVICE ACT




- 3 key elements of the **SERVICE Act**
 - Expansion of eligibility for mammography screenings
 - Report on locations and periods of toxic exposure for Vets
 - Report on rates of breast cancer for Vets with toxic exposure vs. Vets without toxic exposure and civilians

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MAMMOGRAMS



- Also on 6/7/2022, President Biden signed **Making Advances in Mammography and Medical Options for Veterans Act**
 - Gave VA one year to start a pilot program for Vets who live in states where VA doesn't offer in-house mammography services
 - Requires all VA in-house mammography services to use 3D imaging, called digital breast tomosynthesis
 - Expands Vets' access to clinical trials through partnerships with the National Cancer Institute


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DISABILITIES & WOMEN VETERANS

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COMMON CONDITIONS FOR WOMEN VETERANS





- Common post-deployment physical and mental health diagnoses in servicewomen and female Vets are:
 - Musculoskeletal
 - Mental disorders
 - Due to MST
 - PTSD
 - Depression
 - Anxiety / panic disorders
 - Hypertension

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DIAGNOSTIC CODES THAT PERTAIN TO WOMEN

- **Gynecological Conditions and Disorders of the Breast**
 - 38 C.F.R. § 4.116, DCs 7610 – 7632






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ADDITIONAL PERTINENT DIAGNOSTIC CODES

- **General Rating Formula for Mental Disorders**
 - 38 C.F.R. § 4.130, DCs 9208 – 9440
- **Rating Formula for Eating Disorders**
 - 38 C.F.R. § 4.130, DCs 9520 – 9521
- **Neurological Conditions and Convulsive Disorders**
 - TBI: 38 CFR § 4.124a, DC 8045
 - Migraine Headaches: 38 CFR § 4.124a, DC 8100
- **Cardiovascular System**
 - 38 C.F.R. § 4.104, DC 7000 – 7123





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BREAST CANCER & FEMALE VETERANS

- **A 2009 study found that female Vets are 20% to 40% more likely to be diagnosed with breast cancer than female civilians**
 - Zhu, et al., Cancer Incidence in the U.S. Military Population: Comparison with Rates from the SEER Program, available at www.ncbi.nlm.nih.gov/pmc/articles/PMC2780333/pdf/nihms158630.pdf






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BREAST CANCER & FEMALE VETERANS




- **A May 2021 study found:**
 - **Female Vets were nearly 3x more likely to develop invasive breast cancer than the rest of the population**
 - **Breast cancer cases had tripled in VA from 1995 to 2012**
 - **Breast cancer is the leading cancer that affects female Vets, with data that implied increases were based on service-related exposures**
 - Park et al, Screening High-Risk Women Veterans for Breast Cancer, available at www.ncbi.nlm.nih.gov/pmc/articles/PMC8223736/

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FEMALE VETERANS & MENTAL DISORDERS




- **Survey of 1,730 Vets:**
 - **5% female / 95% male**
 - **22.9% were Iraq/Afghanistan Vets**
 - **59 years old mean age**
 - **Female Vets were:**
 - Younger
 - Unmarried
 - College graduates
 - Had less combat exposure

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FEMALE VETERANS & MENTAL DISORDERS




- **Female Vets were more likely than male Vets to have:**
 - **Lifetime PTSD – 29% vs. 12%**
 - **Depression – 46% vs. 21%**
 - **Suicidal ideation – 27% vs. 11%**
 - **Lifetime mental health service use – 67% vs. 47%**
- Adams, et al., Risk and protective factors associated with mental health among female military veterans: results from the veterans' health study, BMC Women's Health, available at bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-021-01181-z

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MILITARY SEXUAL TRAUMA




- **MST is the term used by VA to refer to experiences during military service of**
 - sexual assault
 - repeated, threatening sexual harassment

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SURVEY #2




- **Can Vets filing a claim for a physical or mental condition as a result of MST choose the gender of their VA examiner?**
 - A. Yes, but only female Vets
 - B. Yes, all Vets
 - C. No



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MST CLAIMS



B

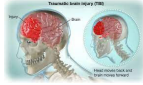
- **VA must allow Vets who require a VA exam in support of a claim for compensation for a mental or physical condition that resulted from MST to choose the gender of their VA or contract examiner**
- **VA must notify Vet of this right prior to exam**
 - 38 U.S.C. § 1165
- **VA must establish specialized teams, trained to identify MST markers, to process compensation claims for mental health diagnoses based on MST**
 - 38 U.S.C. § 1164

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TBI & FEMALE VETERANS

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- 12-20% of OEF/OIF/OND Vets experienced TBI
- 5% of cases are women Vets
 - Women Vets present with more severe symptoms
 - www.va.gov/womenvet/docs/whittVAwhittParticipantHandbook.pdf



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CARDIAC CONDITIONS & FEMALE VETERANS

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Call to Action:
Cardiovascular care in women veterans

- #1 There will be over 2 million women veterans by the year 2025.
 - Women veterans are more ethnically diverse than male veterans & civilian women.
 - Women veterans experience more cardiovascular delay's and CVD rates than male veterans.
 - Women veterans are less likely to have CVD.
- #2 Women veterans have a high prevalence of traditional CVD risk factors.
 - 40% have hypertension.
 - 44% are obese.
 - 37% have hyperlipidemia.
- #3 Women veterans have a high prevalence of non-traditional CVD risk factors.
 - 40% have suffered military sexual trauma.
 - 32% have PTSD or PTSD symptoms.
- #4 More research is needed regarding CVD in women veterans.
 - 3 Ongoing studies:
 1. EMPower Trial CVD arm
 2. WARMS Trial
 3. PTSD and CVD in women veterans

www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.037748

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MIGRAINES & FEMALE VETERANS

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- ~36% of Vets who served a 1 year deployment to Iraq were diagnosed with or showed signs of migraines
- A 2013 study found:
 - a significant number of Vets experience headaches, with about 12% of Vets (56,300) being diagnosed with a headache-related disorder in 2011
 - Headache diagnoses were more common among women Vets than men, and women Vets were more than 2½ times more likely to be diagnosed with migraines
 - Carlson, et al., Headache Diagnoses Among Iraq and Afghanistan War Veterans Enrolled in VA: A Gender Comparison, available at headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.12216

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SECONDARY SERVICE CONNECTION



• Secondary SC can be established:


1. Where an SC condition **CAUSES** (contributes to the creation of) a new disability, OR
2. Where an SC disability **AGGRAVATES** (worsens) a non-service-connected condition

• 38 C.F.R. § 3.310(a)

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SECONDARY SERVICE CONNECTION



• Check if Vet has any conditions that could be secondary to a SC condition:

- Hysterotomy due to bilateral salpingo-oophorectomy (ovarian cancer treatment removing ovaries and fallopian tubes)
- Scars as secondary to surgeries for SC disabilities
- Bladder issues secondary SC disability
- Chronic pelvic pain/abdominal pain as residuals of C-Section
- Infertility as a result of SC disabilities – such as chlamydia

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THE PACT ACT 38 U.S.C. § 1120



• Presumption of SC for 23 diseases/types of diseases associated with exposure to burn pits and other toxins for “covered veterans”

• “Covered Vets” are those who served in


- SW Asia Theater of Operations and Somalia on/after 8/2/1990
- Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan on/after 9/11/2001

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PRESUMPTIVE DISEASES


38 U.S.C. § 1120(b)



- The following presumptive cancers are more common in women than men:
 - Thyroid cancer (including anaplastic, follicular, medullary, and papillary)
 - Basal cell carcinoma of the skin
- Female reproductive cancers:
 - Breast cancer
 - Cervical cancer
 - Ovarian cancer
 - Uterine cancer
 - Vaginal cancer
 - Vulvar cancer

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WOMEN VETERANS AND SUICIDE



- In 2021, the unadjusted suicide rate of Veteran men was 35.9 per 100,000 (3.5% higher than in 2020) and 17.5 per 100,000 for Veteran women (23.7% higher than in 2020)
- In 2021, the age-adjusted suicide rate of Veteran men was 43.4% greater than that of non-Veteran U.S. adult men, and the age-adjusted suicide rate of Veteran women was 166.1% higher than that of non-Veteran U.S. adult women
- Women Vets are more likely to have access to lethal methods, such as firearms, than their civilian counterparts
 - <https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>


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FEMALE SEXUAL AROUSAL DISORDER (FSAD)



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WHAT IS FSAD?



- **Female Sexual Arousal Disorder (FSAD)** is persistent, recurrent problems with sexual response, desire, orgasm, or pain, that distresses the female Vet or strains her relationship with her partner

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CAUSES OF FSAD



- **Physical:** Medical conditions, including cancer, kidney failure, multiple sclerosis, heart disease and bladder problems, can lead to sexual dysfunction. Certain meds, including some antidepressants, blood pressure meds, antihistamines, and chemotherapy drugs, can decrease sexual desire and the body's ability to experience orgasm.
- **Hormonal:** Lower estrogen levels after menopause may lead to changes in genital tissues and sexual responsiveness. Decrease in estrogen leads to decreased blood flow to the pelvic region, which can result in less genital sensation, as well as needing more time to build arousal and reach orgasm.
- **Psychological and Social:** Untreated anxiety or depression can cause or contribute to sexual dysfunction, as can long-term stress and a history of sexual abuse

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PTSD & FSAD



- **PTSD symptomatology may be a predisposing or perpetuating contributor to low sexual desire, and low sexual desire and PTSD may be related through an alteration in stress adaptability**
- O'Loughlin JL, Brotto LA. "Women's Sexual Desire, Trauma Exposure, and Posttraumatic Stress Disorder." J Trauma Stress. 2020 Jun; 33(3):238-247. doi: 10.1002/jts.22485. Epub 2020 Mar 26. PMID: 32216146

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PTSD & FSAD




- The presence of a PTSD diagnosis or higher PTSD severity is associated with higher overall sexual dysfunction in female service members/Vets
- PTSD may lead to arousal and lubrication dysfunction by contributing to higher depression severity and strained romantic relationships
 - Blais RK, Bird E, Sartin-Tarm A, Campbell SB, Lorenz T."Mechanisms of the association between PTSD and sexual arousal and lubrication functioning among trauma-exposed female service members/veterans." J Affect Disord. 2022 Mar 15;301:352-359. doi: 10.1016/j.jad.2021.12.106. Epub 2021 Dec 26. PMID: 34965403

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FSAD & THE RATING SCHEDULE




- 5/13/2018: New rating schedule for Gynecological Conditions and Disorders of the Breast included new DC 7632 (FSAD)
- 0% rating, but Vet eligible for SMC(k) for loss of use of a creative organ
- On its blog, VAnAge Point, VA said:
 - Currently, male Vets with certain penile conditions are eligible for disability comp if a condition is related to military service. They are also eligible for SMC. However, there was no rating option for similarly disabling conditions affecting women Vets. The new rating schedule guarantees both men and women Vets are evaluated equally.

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COMMENT TO PROPOSED RULE & VA'S RESPONSE




- One commenter noted:
 - The title used, "Female sexual arousal disorder," is not the medical term used in DSM-5
 - In DSM-5, for females, sexual desire and arousal disorders have been combined into one disorder: Female Sexual Interest/Arousal Disorder (FSIAD)

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COMMENT TO PROPOSED RULE & VA'S RESPONSE




- **VA's response:**
 - **DC 7632** differs from DSM-5 dx because it only addresses the physiologic form of **FSAD**, which is caused in part by decreased blood flow to the genital area and peripheral nerve damage due to micro trauma or disease process
 - **FSAD** does not include the psychological features of **FSIAD** in DSM-5, such as lack of, or significantly reduced, sexual interest or desire
 - If an individual has **SC FSIAD** per the DSM-5, she will be rated under the appropriate DC under 38 C.F.R. § 4.130, General Rating Formula for Mental Disorders
 - If disability picture includes **FSAD** (the continual or recurrent inability to accomplish or maintain an ample lubrication-swelling reaction during sexual intercourse), then separate compensation under **DC 7632** is appropriate

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ADVOCACY ADVICE



- **Determine if Vet has FSAD and/or FSIAD**
 - If **FSAD**, then ensure she is rated under **DC 7632**
 - If **FSIAD**, then ensure she is rated under 38 C.F.R. § 4.130, General Rating Formula for Mental Disorders
- If both, argue for separate ratings
- Ensure VA awards **SMC(k)** for loss of use of a creative organ, regardless of **FSAD** or **FSIAD** dx

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THINGS TO KEEP IN MIND

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SMC(K) ELIGIBILITY




- Female Vets can receive **SMC(k)** for, among other things, anatomical loss or loss of use of
 - One or more creative organs used for reproduction
 - Loss of 25% or more of tissue from a single breast or both breasts in combination (including loss by mastectomy or partial mastectomy), or following receipt of radiation treatment of breast tissue
- 38 U.S.C. § 1114(k); 38 C.F.R. § 3.350(a)

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SMC (K) LOSS OF USE OF A CREATIVE ORGAN




- Loss of a creative organ will be shown by acquired absence of one or both ... ovaries or other creative organ...
- When loss or loss of use of a creative organ resulted from wounds or other trauma sustained in service, or resulted from operations in service for the relief of other conditions, the creative organ becoming incidentally involved, the benefit may be granted.
- Loss or loss of use traceable to an elective operation performed subsequent to service, will not establish entitlement to the benefit. If, however, the operation after discharge was required for the correction of a specific injury caused by a preceding operation in service, it will support authorization of the benefit... An operation is not considered to be one of election where it is advised on sound medical judgment for the relief of a pathological condition or to prevent possible future pathological consequences.
- 38 C.F.R. § 3.350(a)(1)

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SMC (K) LOSS OF USE OF A CREATIVE ORGAN




- Once VA receives a complete claim, VA must adjudicate as part of the claim entitlement to any ancillary benefits, such as **SMC**, that arise as a result of the adjudication decision
 - 38 C.F.R. § 3.155(d)(2)
- There is no requirement for a claimant to file a formal claim to assert entitlement to ancillary benefits, such as **SMC(k)**
 - *Payne v. Wilkie*, 31 Vet. App. 373, 381-82 (2019)


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ADVOCACY ADVICE



- If you see that a woman Vet has loss of use of a creative organ because of a SC disability or because of a hysterectomy related to SC disability, make sure VA adjudicates the Vet's entitlement to SMC(k)



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