



**DEPARTMENT OF VETERANS AFFAIRS**  
**Veterans Health Administration**  
**Washington DC 20420**

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**UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER**

**PREPARING FOR THE RETURN OF WOMEN VETERANS  
FROM COMBAT THEATERS**

1. This Information Letter provides guidance to facilities in planning and projecting special care needs for women veterans who have served in a combat theater.

2. **Background**

a. Women have been deployed (Active Duty, Reservists, and Coast Guard) in combat support positions, serving with distinction, as early as the 1960s, and continue to serve today in combat theaters such as Somalia, Haiti, Bosnia, Afghanistan, Kuwait, and Iraq.

b. Since 1973, when the draft ended, the percentage of active duty personnel who are women has increased dramatically from 1.6 percent in 1973, to 15 percent at the start of 2003. Today, over 210,000 women serve on active duty in the military services of the Department of Defense (Army, Navy, Marine Corps, and Air Force) and over 3,800 women serve in the active Coast Guard, part of the Department of Homeland Security in peacetime. The Reserve and National Guard components have an increasing percentage of women, who constitute 17.2 percent of current personnel at the beginning of Fiscal Year (FY) 2003.

c. The growing number of women in the armed forces means concomitant growth in the number and percentage of women veterans, enrollees, patients and Department of Veterans Affairs (VA) health care expenditures. In FY 2002, the number of women veteran enrollees and patients increased 10.8 percent and 6.6 percent respectively. The population of women veterans differs from that of male veterans. The average woman veteran is younger than her male counterpart and is more likely to belong to a minority group.

d. It is anticipated that many of the medical problems of men and women will be the same. Both groups are reporting symptoms of combat fatigue, diarrheal illnesses, skin irritation from dry air and sandstorms, and the constant threat of heat exhaustion and/or dehydration due to a lack of potable water.

e. VA facilities need to prepare for health issues that pose special problems for women. These issues may include but are not limited to:

(1) Unplanned pregnancy,

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- (2) Adverse reproductive outcomes,
- (3) Sexually transmitted diseases resulting in chronic Pelvic Inflammatory Disease (PID) and/or infertility,
- (4) Urinary tract and gynecologic infection resulting in chronic uro-gynecological conditions,
- (5) Menstrual disorders,
- (6) Fibromyalgia and chronic fatigue,
- (7) Behavioral health sequelae resulting from prolonged separation from children and families,
- (8) Employment re-entry concerns, and
- (9) Military sexual trauma (MST).

**3. Guidance.** Facilities are encouraged to:

- a. Evaluate the adequacy of gynecology and urology services available for women veterans in anticipation of gender-specific health issues.
- b. Evaluate the adequacy of services for MST screening, counseling and treatment and the therapeutic environment in which these services are delivered. Evidence suggests that the after effects of MST can pose long-term health problems for women veterans.
- c. Develop and widely disseminate educational literature, targeting women veterans. This literature should highlight the gender specific services offered, identify access sites and provide points-of-contact in your catchments area.

**4. Resources**

- a. "A Promise Kept," a video produced by the Women Veterans Health Program (WVHP), was distributed to all VA Medical Centers in April 2003.
- b. Veterans Health Initiative module on "A Guide to Gulf War Illnesses," published March, 2002.
- c. Post-deployment Health Evaluation and Management may be found may be found through link at: [www.oqp.med.va.gov/cpg/cpg.htm](http://www.oqp.med.va.gov/cpg/cpg.htm).
- d. Summary of VA Benefits for National Guard and Reservist Personnel brochure (IB-164 May, 2003), an Information Bulletin, is being distributed to all Reservists and National Guard troops, and is available at: <http://www.hooah4health.com/environment/deployment/familymatters>.

e. War Related Illness and Injury Centers (WRIISCs) brochure (IB 10-165 April, 2003), available at:

[www.va.gov/WRIISC-DC](http://www.va.gov/WRIISC-DC) and [www.wri.med.va.gov](http://www.wri.med.va.gov).

f. Title 38 United States Code, Chapter 43, Part III, the Uniformed Services Employment and Reemployment Act (USERRA) of October 1994, and The Committee for Employer Support of the Guard and Reserve (ESGR), available at:

<http://www.esgr.org>.

g. Iraq War Clinician Guide, published in June 2003, addresses the unique needs of veterans of the war in Iraq, available at:

<http://www.ncptsd.org/topics/war.html>.

h. Environmental agents and VA benefits are available at:

<http://www.appc1.va.gov/environagents>.

## 5. References

a. Kang, H, MaGee, C, et al. "Pregnancy Outcomes Among U.S. Gulf War Veterans: A Population-Based Survey of 30,000 Veterans," Annals of Epidemiology. 11:504-511; 2001.

b. Manning, L, Wight, V, "Women in the Military," A Women in the Military Project Report for the Women's Research and Education Institute, 1989.

6. **Inquiries.** Questions regarding this Information Letter can be directed to Carole Turner, Director, Women Veterans Health Program, VA Central Office, 810 Vermont Avenue, NW, Washington, DC, or at 202-273-8577.

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