THE VA HEALTH-CARE SYSTEM'S DISHONORABLE CONDUCT

"SORRY, WE HAVE NO OB-GYN"

"POST-TRAUMATIC STRESS? BUT YOU WEREN'T IN COMBAT"

"NO, THERE ARE NO FEMALE THERAPY GROUPS HERE"

"I could spend all day browsing in bookstores," says the former Army Reserve specialist. "It's my favorite thing to do." But it has been four years since the Minnesota native has been in a bookstore—or any kind of shop. Since she returned from Iraq in 2005, her panic attacks have been so severe, she can no longer leave her house outside Minneapolis. The attacks started when she rode city buses—"they sounded like a Humvee," explains the woman, who asked that her name not be used for privacy reasons. That rumbling set off hideous flashbacks to her time in Iraq, where she crisscrossed the country in canvas-sided Humvees doing convoys as a turret gunner. "It was one of the most dangerous things you can do," she says. Although she had no emotional trouble while carrying out her unit's missions, eight months after she returned home, the panic attacks started; then she became haunted by nightmares of her wounded buddies—and of injured Iraqi civilians—and fell into a despair she still cannot escape. "I feel worthless," says the vet, who has been diagnosed with severe depression as well as

BY JAN GOODWIN

"YOU'RE THE THIRD WOMAN TO REPORT RAPE BY A SERVICE MEMBER THIS WEEK. DO YOU FEMALES THINK IT'S A GAME?"

post-traumatic stress disorder (PTSD), a condition triggered by a terrifying experience and characterized by anxiety, disturbed sleep, and feelings of disconnection.

Currently, she receives 100 percent disability from the Army. But what this woman soldier hasn't received is the medical care that will help her get well.

Talk to her, and you will hear details of a Veterans Affairs health-care system astonishingly out of touch with the grim experiences many of today's troops face—and then have to deal with at home. She describes the perky little pamphlet she received from a VA therapist with the advice to "Get a butterfly tattoo!" and "Drive with the windows open!" as ways to lift her spirits while she struggled with emotional trauma. As for her therapy, "I've been in all-male groups with vets who were shoplifters, sexual assaulters, wife-beaters," she says. When she requested a group with other women vets, she was reassigned, but "none of them had been in combat, and they asked that I not tell my stories. They were too disturbing."

Today, over 10 percent of our troops are female (it's been as high as 15 percent); they are maimed, mentally scarred, and killed protecting U.S. interests. Yet when it comes to the care they receive once they come home, it can seem, as one former Air Force sergeant says, "as if we are Martians, abnormalities, descending on the VA health system."

Patients may be met by indifferent, overworked clerks who don't know what services are available. Doctors can be insensitive, surprised to be caring for young women and uncomfortable with it. Some facilities have no women's restrooms next to exam rooms, so women clad in skimpy gowns may have to walk through public hallways if, for example, they need to leave a urine sample in the restroom. Exam rooms may lack privacy curtains. "It was the single most depressing place I've seen," says former Marine Corps captain Anuradha Bhagwati, describing her first visit to a VA hospital. "You've got the walking dead surrounding you, unstable male veterans, loose cannons, screaming."

Previous page: photograph by Ryan McVay/Getty Images

CASE STUDY

Captain Dawn Halfaker

THE MISSION

While on night patrol in 2004 in Iraq's dangerous Sunni Triangle, Halfaker was struck by a rocket-propelled grenade. It tore off her right arm, shattered her shoulder, smashed her ribs, burned her face, bruised her lungs, and peppered her body with shrapnel. Halfaker's injuries were so severe she was medevaced to Germany, then the U.S., where she was kept in a medical coma for 10 days.

A DREAM LOST

When she woke up—at Walter Reed Army Medical Center in Washington, DC—her parents told her she had lost her right arm and shoulder. Halfaker, who was right-handed, had been a basketball player at West Point and had considered trying out for the Women's National Basketball Association. Instead, "I saw that bandage where my arm used to be. I didn't want to believe it," she says.

ADDING INSULT TO INJURY

After nearly a year, Halfaker left Walter Reed, which is not part of the VA and where her treatment had been excellent. She then entered the regular system at a VA medical center in Washington, DC. The first doctor she saw there assumed she couldn't have been in direct combat and expressed surprise that she'd lost an arm in Iraq. "Even though women are flooding the system, they're still unaccustomed to dealing with us," says Halfaker. Her care was disorganized; she had to return multiple times to get basic treatment for her shrapnel injuries. "The VA acted like they'd never seen shrapnel wounds before," she says. "They didn't even know that these are skin wounds and that I needed to see a dermatologist, not an orthopedist."

A WARRIOR AGAIN

Today, Halfaker runs her own successful national-security consulting company and serves on the board of the Wounded Warrior Project, a group that offers support and training programs to severely injured service members. And she's a passionate advocate for women in the military: There has to be "an aggressive approach," she told Congress last spring, "to eliminating the barriers" that keep women vets from getting help.

Beyond the disturbing atmosphere, women vets can have trouble getting the actual care they need. Of the country's 153 VA medical centers—often large, multispecialty hospitals—about half do not have a gynecologist on staff (though, VA officials point out, women can find the care elsewhere, through contracted services). Women who have been sexually assaulted while serving—and, shockingly, one-third have experienced rape or attempted rape, a major study found—have had to endure uncomfortable flirting from security guards and other vets as they wait for treatment. And while women seeking counseling for sexual assault or harassment (formally dubbed "military sexual trauma," or MST) can choose to see a female therapist, that's not necessarily the case for women vets with other emotional problems.

While the government has long been aware of these problems, efforts to legally change the system have been mired in politics. One holdout: Senator (and physician) Tom Coburn (R-OK), who had for many months blocked legislation designed to combat the problem. "The VA cannot handle its current responsibility...so it is unwise to add more to their load," he said through a spokesperson. (Ironically, it was Senator Coburn who tried to help his philandering colleague, Senator John Ensign [R-NV], saying, "When someone is sick, do you not try to help them get well? Or do you say, 'Oh, you're sick—goodbye'?" Apparently this same logic doesn't apply to our vets and their families.)

In November, Coburn finally dropped his opposition. The Senate and the House have passed similar versions of the Women Veterans Health Care Improvement Act and, as GH went to press, President Obama was expected to sign the bill. That's progress. But even if it becomes law, it will take more than an act of Congress to fundamentally change the way the system responds to women. "We know the VA has not been women-friendly," says Patricia Hayes, Ph.D., chief consultant of the VA's Women Veterans Health Strategic Health Care Group.

Real change has to come from the *inside,* and it starts with being honest about what women face—day after day, night after night—in today's wars.

Memo to the Military: Girls *Do* Fight

In 2004, Cara Hammer, now 32, was an Army sergeant driving with three others from Kuwait to Tikrit, Iraq, when their Humvee was stopped because of an IED (improvised explosive device) threat. As they were getting back into the vehicle, "there was a huge blast," says Hammer, who was "pushed back by massive sound waves, knocked out." She suffered permanent hearing loss in her left ear, and soon after realized her short-term *continued on page 218*

CASE STUDY

Sergeant Carolyn Schapper

PERILOUS PATROLS

In 2005 and 2006, Schapper, 37, went out on some 200 combat patrols in a hostile region near Tikrit, Iraq. "There was a hole under the driver's pedals of our Humvee. You could see sand," says Schapper, who worked in military intelligence attached to the Georgia National Guard. "The unit before us had been hit by an IED and it wasn't repaired, so it wasn't properly armored. We called it our IED magnet."

THE MESSAGE IN THE FIELD

Schapper was the only female in her unit on her base, and had to share bathrooms and sleeping areas with her male colleagues. "The team leader would say, 'No one's a man or woman. Everyone's a soldier,'" she recalls.

THE MESSAGE AT HOME

At a VA hospital in Washington, DC, however, where Schapper went for a neck and shoulder injury, support was not quite so forthcoming. She was in agony from compressed discs pressing on nerves, a condition aggravated by firing a weapon while lying flat on her stomach and carrying 50 pounds of equipment every day while on patrol. But when Schapper needed to renew the prescription for her pain meds, a VA doctor told her there was no budget for the drugs. Go buy some Advil, he advised. If Advil worked, Schapper fired back, she wouldn't be there. "It seemed as if the staff just didn't give a damn," she says.

Photographs on these pages, clockwise from left: courtesy of Dawn Halfaker; Zachary Williams/istockphoto (folder); courtesy of Carolyn Schapper.

continued from page 163

"THE VA DOESN'T HAVE A BUDGET TO RENEW YOUR PAIN-PILL PRESCRIPTION. GO BUY SOME ADVIL"

memory had been affected, too. "I have to carry a notebook around and write down everything," says Hammer. "My boyfriend will say something; I'll say 'yes,' and two minutes later, completely forget what he said."

Those physical injuries were only part of the challenge Hammer confronted. In 2005, after completing her tour, she returned to Germany, where she had been stationed, and began to suffer from flashbacks, anxiety, insomnia, and, when she *could* sleep, terrible nightmares—all classic signs of post-traumatic stress disorder. Trying to escape her demons, Hammer became obsessive, running 10 to 15 miles a day. She lost 35 pounds in eight weeks.

Her problems continued when she got home to Phoenix a few months later. "I felt so disconnected from everyone I love, and everything that I was looking forward to getting back to," she says.

So she decided to seek care at a VA hospital, but it was a totally humiliating experience. "The male vets whistled, made catcalls. I felt like a candy striper, not a colleague." And, to her astonishment, the doctor refused to connect her symptoms to combat, instead declaring that Hammer had attention deficit disorder. "It was like a slap in the face," she says. "I was 29 years old. Until that explosion, I'd functioned very well, with zero symptoms of ADD."

Doctors, whether military or civilian, can make the wrong call. But Hammer's case, like that of many female vets, reflects a persistent problem: Historically, post-traumatic stress disorder has been diagnosed in service members who've been in combat or who have been prisoners of war. And since the Department of Defense bars women from serving in units that primarily engage in direct combat on the ground, it can be mission nearly impossible for women vets to prove their war experiences qualify.

That mindset—linking PTSD to "direct combat"—is totally at odds with today's warfare. In Iraq and Afghanistan, the battlefront is everywhere; the moment a soldier leaves her base, and sometimes even when she doesn't, war is all around her. Shells, grenades, land mines, and IEDs don't distinguish between male and female troops; neither do snipers and suicide bombers. Women carry weapons, like M14s or M16s. They are gunners on vehicles, fly combat aircraft, take part in armed patrols on dangerous streets, dispose of explosives. And, like their male colleagues, they are wounded and killed.

They also suffer psychological fallout. In the military, PTSD affects one out of every five service members, male *and* female, returning from Iraq or Afghanistan, reports the RAND Corporation, a nonprofit research organization. But women are more than twice as likely as men to suffer PTSD, which may be related in part to basic hormonal makeup. "After an unpleasant incident, estrogen activates a very large field of neurons in a woman's brain, which records greatly detailed memories of the incident. It also prompts the release of the stress hormone cortisol, which persists,

VA HEALTH SYSTEM How It Works

HOW MANY VA HOSPITALS ARE THERE?
153 medical centers throughout the U.S. provide both inpatient and outpatient services. But not all are full-service: A 2007 survey of 133 of these hospitals found that only 54 percent had a women's health center.

WHO IS ELIGIBLE FOR CARE?
Anyone who suffered a service-related injury, finished a tour with honorable discharge, or, generally, served a minimum of two years. But for ongoing care, there's a complicated "prioritization" system that weighs extent of disability and income. As a result, many patients fall out: A Harvard Medical School study recently calculated that 2,300 vets died in 2008 because they were uninsured, often because they no longer qualified for VA services, and didn't have coverage through work or adequate income to buy private insurance.

DOES THE VA OFFER ALL SERVICES?
Women are supposed to receive "gender-specific comprehensive care," just as men are. But

only 50 percent of the medical centers have an ob-gyn on staff—and, amazingly, only 56 percent of those with a women's health center have one.

Photograph by Matt Rourke/AP

causing anxiety and depression. As a result, PTSD can occur more frequently in women and cause more intense symptoms," explains Marianne Legato, M.D., director of the Partnership for Gender-Specific Medicine at Columbia University, who has reviewed studies on the health effects on women in war.

Yet since the thinking has been that women haven't been in direct combat, female vets with mental injuries have faced an entirely different battlefield at home, trying to get help. Some prevail, but it can require enormous persistence to fulfill bureaucratic requests for documentation and explanations that can be extremely hard to come by.

Hammer, who now works as a veteran support associate for the Iraq and Afghanistan Veterans of America in New York City, feels the VA wrote her off. Too many of the clinicians making assessments, she and other female vets assert, have never been in a war and have no understanding of what troops go through. "It's easy for the VA to twist a diagnosis to avoid having to pay. It's like an HMO," she says. She's debating whether to return to the VA to make the case that her injuries are connected to her service. That way, she could continue to receive treatment at no cost. Sighing, she says, "I'm just not sure I want to get into that again. Dealing with the VA is such a belittling process."

It also can be a fruitless one. Currently, there's a backlog of 951,000 claims, many of which have been pending for years and are part of a class action lawsuit that's been winding its way through the courts since 2007. It can take an astounding 15 years for a claim to be decided. (Private insurers process 30 billion claims annually, in an average of 89 days per claim, according to the suit.)

Not surprisingly, many wounded veterans, particularly those with mental illness, give up in frustration—or die while their claims are pending. The problem is especially acute for vets waiting for mental-health services—which could be one reason for a troublingly high suicide rate. Although actual numbers are hard to come by, an analysis of 2005 data found those who'd served in the armed forces were more than twice as likely as nonvets to kill themselves.

Sexual Assault, Then VA Assault

Tia Christopher can still see the face—"it was hard, cold," she says—of the sailor who raped her in her barracks just two months after she began training at the Defense Language Institute in Monterey, CA, in 2001. Christopher was studying to be a naval cryptologist, specializing in creating and translating Arab-language codes. She'd had two dates with the man; on one, they'd attended a Bible study class together, "which was why I trusted him," she says. And while they had kissed, they'd never had sex; indeed, Christopher was a virgin and, at 19, "pretty naive," she says.

After an evening of watching movies with friends, Christopher had returned to her room and was nearly asleep when her assaulter barged in, climbed into her bed, and, despite her crying and pleading for him to stop, raped her. "My head kept banging into the concrete wall," says Christopher, who—after the man finally left—frantically washed her sheets and then curled up on the shower floor, letting the water run over her.

While the rape was horrific, what followed may be worse. Fearing reprisal, Christopher didn't report the attack. She had been sharing drinks with her friends and knew she could be severely punished, even demoted, for underage drinking. Two weeks later, however, she heard about another woman who had been assaulted by the same man. She herself was unraveling at that point, and "I knew I had to say something," says Christopher. But the military policewoman who took her story wouldn't allow Christopher to write her own statement, only to give it to her verbally. *Her* report stated that Christopher had had consensual sex and that, because of a lovers' quarrel, she had changed her mind afterward and claimed it was rape. Christopher was furious, but she knew there was nothing she could do. This was the military—you had to go along with the command. Then she was brought to speak with her commanding officer, who said that she was the third woman in the unit to report rape by a service member that week. "Do you females think it's a game?" he asked.

Christopher contacted first a military, then a civilian, lawyer; both told her that because there was no physical evidence, there was nothing they could do for her. Her rapist, who knew she had reported him, began stalking her, trying to intimidate her. Although he spoke to her only once, "he was everywhere," says Christopher. Her life became so miserable—other men were harassing her as well—that she left the Navy and retreated to her grandmother's house in Washington State. "For a month, I lay on her couch, curled up in a fetal ball," she says.

Several months later, Christopher sought help at a VA medical center in Seattle. She had no papers with her, and at first, no one believed she was even a veteran. "They assumed I was someone's granddaughter or wife," Christopher says. Then a clerk told her she wasn't eligible for benefits because she had served only one year. "It's a good thing my grandmother read the newspaper," says Christopher, "because she'd seen an article about a woman who, in a case of military sexual trauma, got benefits after one year"—something no one seemed to have told the clerk. "I had to yell a lot, but finally, someone from the psychology department came down."

Many of the therapists working at VA hospitals are social work or ➔

continued from page 219

psychology students doing rotations through the VA as part of their graduate programs. "Counselors may have no connection to the military," Christopher says, "no understanding of what's different for females in the VA." That's how Christopher felt about her first therapist, a civilian woman.

BY THE PENTAGON'S OWN ESTIMATE, FEWER THAN 10% OF SEXUAL ATTACKS IN THE MILITARY ARE REPORTED

What's more, the atmosphere at the mental-health center was hardly therapeutic. "You have to walk past ogling male vets, sit in waiting rooms with men who have mental problems," she says. Indeed, Christopher became so fed up that, although she was still having problems, she left therapy in 2005 and didn't return until 2008, when she was overcome by panic attacks and insomnia. "I have no option. If you're a woman vet with military sexual trauma, your only hope of finding someone who understands your experience is at the VA," says Christopher, who now serves as the women veterans coordinator for Swords to Plowshares, a San Francisco–based group that advocates for veterans.

The Military Fires Back

The Department of Defense is not unaware of these problems; if nothing else, it's bad PR. In 2005, the agency formed the Sexual Assault Prevention and Response Office (SAPRO) in hopes of making it easier for women to come forward. The government's statistics suggest that the number of women who experience rape or attempted rape in the military is roughly double the civilian rate.

These attacks are not carried out by the enemy, but by fellow service members. However, by the Pentagon's own estimate, fewer than 10 percent of sexual attacks in the military are reported each year. In part, this is because many are perpetrated by peers or higher-ranked service members against lower-ranked ones. Women are often too intimidated to name a superior, and may also worry about seeming disloyal. "The military is a culture where it is deemed dishonorable and conduct unbecoming to inflict reputational damage," explains Elizabeth Hillman, Ph.D., J.D., professor of law at the University of California Hastings College of the Law in San Francisco. "Many...think it is more important to protect the reputation of the force, and of the soldier concerned, than it is to prosecute rape."

There's another reason, too, that women keep quiet: fear of retaliation. When Keri Christensen, 36, a National Guard sergeant stationed in Kuwait (and a wife and mom with two little girls back in Wisconsin), reported that her superior had made sexual advances, she was court-martialed for drinking alcohol on duty. "I thought I was going crazy," says Christensen, who, despite having had a negative Breathalyzer test, was ultimately demoted two ranks. She was also reassigned—to duty at the Kuwait airport, near the theater mortuary where coffins of killed soldiers were loaded onto planes heading home. "My commanding officer said that this wasn't because I'd complained about harassment, but everyone around me knew it was," notes Christensen.

Because it can be so harrowing to report a sexual attack, women contacting SAPRO can make restricted and confidential reports, which means that, while they can get treatment, their assault won't be investigated—and the attacker will likely never be brought to justice. "We felt it was most important to help victims come forward to get the help they need," explains SAPRO's director, Kaye Whitley, Ed.D., who observes that more than 2,600 service members have reported sexual attacks without naming names since they've been able to do so—victims who otherwise would likely have kept silent.

As for the help they get, treatment for military sexual trauma at VA hospitals remains uncertain at best. Part of the problem may be the shortage of mental-health professionals generally. Often, too, vets confront a staff that seems stuck in the era of Vietnam—uncomfortable dealing with women, much less victims of sexual assault.

The insensitivity of some VA staffers is staggering. In testimony before the House Committee on Veterans' Affairs last July, Bhagwati, executive director of Service Women's Action Network, told the story of a woman who, while having her annual checkup and Pap smear at the local VA hospital, asked to have a female present in the exam room (as VA policy requires) and explained to the male gynecologist that she suffered from military sexual trauma. Leaving the room, the doctor barked down the hall, "We've got another one!"

And there are more basic problems as well. By directive, VA staff are encouraged to give vets being treated for post-traumatic stress disorder and military sexual trauma the option of a same-sex counselor when clinically indicated. But it's not required, so such a request can be ignored. What's more, there simply may not be enough female therapists. One survey found that some VA centers have few or none at all, so only 6.7 percent of women can be assured a same-sex counselor, another 8.2

percent will almost certainly be assigned to a male, and for the remainder it varies widely.

Nor can women always get into an all-female therapy group. Like the former Army reservist from Minnesota, Aston Tedford, 27, who served in Afghanistan from November 2002 to August 2003, found herself the sole female in a PTSD group in Ohio. "When I tried to talk, I was always being shut down by the male vets."

Even inpatient facilities for mental-health care often overlook women's needs. In her testimony for the House, Bhagwati cited the case of a troubled Iraq war veteran who checked herself into a California VA psychiatric unit and was forced to share a bathroom with male veterans, including a Peeping Tom. When the Minneapolis vet, hospitalized during a particularly rough time, reported that she'd been threatened by one of the male patients on the ward, a doctor replied, "Sorry, we don't have programs for women."

The Government Accountability Office (GAO), the investigative arm of Congress, examined 19 VA medical facilities in 2008 and 2009. In testimony released last July, it found that 88 percent of the facilities served women in mixed-gender inpatient psychiatric units, mixed-gender residential treatment programs, or both. Women vets weren't even guaranteed private *bathing* facilities. Some bathrooms lacked locks, making it possible for male patients to intrude while a woman showered or used the restroom. The GAO's conclusion: *Not one of the hospitals or outpatient clinics it visited was complying fully with federal privacy requirements.*

Routine Care: Also MIA

Last July, while driving home from a family visit, former Air Force staff sergeant Dawn Whitt-Chenelly began to suffer severe pain in her lower abdomen and rushed to the large VA hospital in Bath, NY. Contrary to VA policy, there were no stirrups on the exam table (a metal bedpan was placed under her hips) and no privacy curtains around the table, and the hospital had no sonogram machine. Most disconcerting: The physician told her it had been years since he'd done a pelvic exam.

Whitt-Chenelly's husband, Joe Chenelly, and three of the couple's children (young sons then aged 2, 1, and 4 weeks) didn't fare much better in the waiting room. Several patients clearly had mental-health issues. When one became agitated and potentially violent, a staff member suggested Joe and the children wait in a storage closet—the only safe place.

Over and over, women complain of poor—even incompetent—care at VA health centers. Brandy Wight, 24, a former medic who served in Afghanistan, went to a VA clinic in Louisville, KY, for a Pap smear. She had to return three times "before they managed to get a proper sample," Wight reports. "If they can't get something that simple right, how could I trust them for more serious medical care?"

Lack of appropriate treatment *is* a serious problem at VA centers. "Too many VA providers either have not treated women or are not up-to-date on women's health issues and procedures," says Joy Ilem, a former Army medic who is national appeals officer for Disabled American Veterans. At facilities that lack women's-health specialists, care is contracted out, making it piecemeal at best. There is no formal program, for example, for tracking mammography results and following up on abnormal screens to make sure women receive timely care, says Delilah Washburn, 57, president of the National Association of State Women Veterans Coordinators and a former Air Force first sergeant who served for more than 20 years. "We suspect Congress would be appalled by the differences in timeliness-to-treatment data for abnormal mammograms at VAMCs [VA medical centers] across the nation," she testified before the House Committee on Veterans' Affairs last summer.

Women veterans die because of this neglect. Sadly, Washburn knows better than most how important prompt follow-up can be. In 2004, her mammogram films at the VA clinic in Wichita Falls, TX, were read by another hospital under VA contract. The report she was given, Washburn says, concluded that because there was no breast cancer in her family and her breast tissue was dense, the doctors didn't see anything abnormal, so they would call it normal. Every mammogram she had in the following three years was also reported as "normal." Then, in 2007, she was diagnosed with Stage III ductal carcinoma. Her tumor was nearly an inch in diameter, and the cancer had spread to her lymph nodes. "I know now they should have sent me for an ultrasound, which could have revealed the tumor when it was much smaller," says Washburn. "But it was never mentioned."

Many experts do advise that women with dense breast tissue—who face a greater risk of breast cancer and whose mammograms are harder to read—have an ultrasound screen ➔

How You Can Help

Finally, Congress has passed the Women Veterans Health Care Improvement Act. Now, legislators must appropriate funds to carry out the law. Let your senators and representative know you want them to make funds available to fulfill the promises of this act—quickly. For a sample letter, go to goodhousekeeping.com/womenvets. You can e-mail your legislators directly from the GH Web site. Or you can find contact info for your senators at senate.gov; representatives are listed at house.gov.

Women Vets

continued from page 221

as well as a mammogram every year.

Washburn, a grandmother of three, underwent surgery, chemotherapy, and radiation, but her cancer has now metastasized to her lung and her spine.

Rx for a Broken System

The VA knows it's been slow to recognize how quickly the number of women in the military has been rising in recent decades. "In the VA culture, women just haven't been hitting the radar," admits Patricia Hayes, whose Strategic Health Care Group is trying to promote awareness. She hopes that by 2012, there will be at least one comprehensive primary-care provider trained in women's health at every VA center.

To try to meet current gaps, the VA has introduced a "mini-residency," during which current VA doctors receive training in women's health care, including pelvic and breast exams and cervical cancer screenings. The VA now has more female counselors and also has been providing training for mental-health specialists in post-traumatic stress disorder and military sexual trauma (and it's working to ease the documentation requirements for sufferers of PTSD). But the courses are not mandatory—and the mini-residency is a mere two and a half days.

That's why it falls to Congress to make sure that once the Women Veterans Health Care Improvement Act becomes law, it can live up to its name, with funding that will actually provide women vets with the care they need and deserve. "The soldier who did convoys in 120 degree heat, [who did combat when we] were horribly outnumbered and outgunned, has turned into this person who begs, desperately, for simple acknowledgement," the Minneapolis vet wrote recently on her blog.

Legislators, with our support, can do that. It's not much to ask in return for a veteran who put her life on the line. ■

Three More $mart Moves

PAGE 86

Disney Parks
Book a nondiscounted five-night, six-day Walt Disney Travel Co. Magic Your Way package at select Walt Disney World Resorts, and get a free Disney Gift Card to use during your stay. This offer has limited availability; rooms were available at presstime. Number of rooms is limited. Valid for stays most nights Jan. 3–11 2010, Jan. 19–March 27, 2010, and April 11–June 3, 2010. Tickets are for one park per day and must be used within 14 days of first use. No group rates or other discounts apply. One gift card per reservation provided at check-in. Go to disneygiftcard.com for information on how you can use the card; book from December 21, 2009 through March 27, 2010, at 407-934-7639 or disneyworld.com. Gift card amounts vary per resort: $750 at Disney Deluxe Resorts and Villas, $500 at select Disney Moderate Resorts, $300 at select Disney Value Resorts.

Beginning on January 1, log on to disneyparks.com (or disneyparks.ca if you're in Canada) to register for the "Give a Day. Get a Disney Day" deal. If you volunteer with one of 70,000 participating agencies, and your service is verified, you'll receive a voucher for a one-day, one-park admission ticket to a Walt Disney World or Disneyland theme park—for free. Specifics: You must be at least 18 or older to sign up, and you can register up to eight additional members of your household; children must be at least 6 years old to volunteer, and kids ages 6–17 must be accompanied by a parent or guardian. One ticket per person regardless of hours volunteered; for Walt Disney World, tickets are not valid from March 29–April 8 or on July 4, and for Disneyland, tickets are not valid on February 13–14, March 21, June 21–22, July 4, November 21, and December 11–12. Vouchers must be redeemed for tickets by December 15; ticket quantities are limited (up to one million).

Hershey
Stay three nights at either The Hotel Hershey or Hershey Lodge by August 7, 2010—and get the fourth night free. Rooms accommodate up to four people; each room gets up to four free one-day passes to Hersheypark, which includes admission to all rides, The Boardwalk (water area) inside Hersheypark, and ZooAmerica North American Wildlife Park. You also receive free passes to two other attractions in town: Hershey Gardens and The Hershey Story, The Museum on Chocolate Avenue. Plus, all guests get complimentary shuttle transportation from the resort to the Park, and early admission to select areas of Hersheypark (9 A.M. as opposed to the standard 10 A.M.). To book, call 800-437-7439 and use the code "Good Housekeeping." This package must be booked by April 23, 2010. For more information on visiting Hershey, go to hersheypa.com.

JW Marriott
Stay two nights at the new San Antonio Hill Country Resort & Spa in Texas by April 30th—and get the third night free. Guests must visit between February 1 and August 31. Bonus: Kids under age 12 eat for free, plus you and your family can enjoy the River Bluff Water Experience, which includes a 650-foot rapid river ride, three water slides, a 1,100-foot-long lazy river, an adult pool, whirlpools, and a large beach-entry main pool. To sign up, log on to jwsanantonio.com and enter this corporate promotional code: PX3. This offer must be booked by April 30, 2010. The offer is based upon availability, is valid from February 1 to August 31, 2010, and cannot be transferred or extended.

March Sweepstakes

No purchase necessary to enter or win. Sponsored by Hearst Communications, Inc. Sweepstakes are open to legal residents of the 50 United States and the District of Columbia who have reached the age of majority in their state of residence at time of entry. Void in Puerto Rico and where prohibited by law. Odds of winning will depend upon total number of eligible entries received.

One Week's Stay at the Biggest Loser Resort at Fitness Ridge Giveaway
PAGE 215 Go to goodhousekeeping.com/losebig and complete and submit the entry form pursuant to the on-screen instructions. Beginning February 5, 2010, at 12:01 A.M. (ET) through March 31, 2010 at 11:59 P.M. (ET). Enter online at goodhousekeeping.com/losebig. One (1) winner will receive a one-week trip for two to the Biggest Loser Resort at Fitness Ridge in Utah. Sweepstakes subject to complete official rules available at goodhousekeeping.com/losebig.