Written Statement of Ginny Ryan, MD, MA

American Society for Reproductive Medicine

U.S. House of Representatives

House Committee on Veterans' Affairs

Full Committee Hearing

Examining women veterans' access to the full spectrum of medical care, including reproductive healthcare, through the Department of Veterans Affairs (VA) Veterans Health Administration (VHA)

September 15, 2022

Chairman Takano, Ranking Member Bost, and distinguished members of the Committee, thank you for the opportunity to testify on behalf of my patients and their families.

I am here today on behalf of the American Society for Reproductive Medicine and in my personal capacity as a physician, researcher, and ethicist. My name is Dr. Ginny Ryan, and I am a reproductive endocrinologist and the Division Chief for Reproductive Endocrinology and Infertility in the Department of Obstetrics and Gynecology at the University of Washington School of Medicine in Seattle. Since June 2021, I have also been employed at the Puget Sound VA in Seattle to provide Reproductive Endocrinology and Infertility care and help evaluate requests and manage questions around Directive 1334, which is the policy that defines access to in vitro fertilization (IVF) services for Veterans who are unable to have children as a result of their service-connected condition. [1] From 2015 to 2020, I worked as a clinician and researcher at the Iowa City VA and also with the VA Central Office helping the VA expand their infertility care program to include care for non-Veteran spouses and IVF treatment for service-connected Veterans. I believe I've been one of only two Reproductive Endocrinology and Infertility subspecialty-trained physicians employed by the VA since 2015.

The views expressed in this testimony are my own and do not necessarily reflect the official policy or position of the University of Washington Medical Center, the Veterans Health Administration (VHA), or the United States Government.

I first became interested in studying reproductive health in and providing direct care for Veterans when I collaborated on a study of women Veterans and lifetime sexual assault. In that study of 1004 women Veterans in the Midwest, a remarkable 62% had experienced attempted or completed sexual assault in their lifetime and this trauma was associated not unexpectedly with sexually transmitted infection and PTSD as well as with higher rates of lifetime infertility and post-partum depression. Perhaps most remarkably, one in four of the Veterans who had experienced completed sexual assault reported that they had delayed having a family or decided against it because of their rape. This struck me as the most tragic part of this terrible story.

Because of these Veterans and their experiences, I became very interested in better understanding the connection between the all-too-common trauma that our military service people experience during and outside of their service, and later reproductive outcomes, especially infertility. A five-year follow-up study by our team of 3018 women and men Veterans from around the country consistently revealed significantly higher-than-average rates of infertility in Veterans than numbers seen in community

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[1](Fertility Evaluation and Treatment, 2019)

samples. [2] For example, half of both women and men Veterans we surveyed reported no pregnancy after twelve months of unprotected sex, whether or not they were trying to get pregnant. Two in five women Veterans and one in three male Veterans who were trying to get pregnant were unable to do so after twelve months of trying. These remarkably high rates were true for the full population of women and men but appear to be a particular problem for those with PTSD and greater toxic environmental exposures during service. We are just beginning to understand all the elements of military service and a Veteran's lifetime experience that may predispose our Veterans to such high rates of infertility.

As I had the opportunity to see women Veterans for reproductive care at the VA and in the community, it became increasingly concerning to me that my patients were suffering from high rates of infertility and too frequently not receiving the seamless, comprehensive reproductive health care that they need and deserve. Indeed, they face roadblocks at every turn. It is difficult to pick just a few patient stories to highlight in my allotted time, as I can find examples every week of patients exhausted and discouraged by structural issues and unfair rules. There are disparities and inequities that affect every one of our military members and Veterans. I hope that hearing some of their stories today will start us on a path towards bridging some of those gaps in care.

There is the married quadruple amputee I cared for in Iowa whose testicles were irreparably damaged by the IED that took away his limbs and yet he didn't qualify for IVF or any care for his wife in their infertility journey because he didn't have any viable sperm remaining to be used.

There is the Veteran couple who navigated the system and successfully underwent an IVF cycle for service-connected infertility but then received multiple bills for their care and were sent to collection, which impacted their credit score and ability to buy a house, all because of a breakdown in communication between Community Care and the local clinic.

There is the 40-year-old fighter pilot hero who has not only been stationed apart from her husband but unable to take the time from her flight duties to get pregnant until her separation from service and is now facing age-related infertility. Yet she does not qualify for coverage for needed IVF because age is not a service-connected disability.

There is the woman Veteran I saw last week with her trans woman partner whose sperm counts are diminished due to gender-affirming hormone therapy forced to pay for and use anonymous donor sperm rather than having a fully genetically related child through IVF because they are not legally married and gender incongruency is not a service-connected disability.

There is the woman with severe intra-abdominal scarring who is willing to risk her health and life to undergo another surgery to try to reverse her tubal ligation because that is paid for by the VA but the much safer and more effective option of IVF treatment is not.

There is every woman whose polycystic ovarian disease or endometriosis or fibroids or tubal infection was undiagnosed during their military service, leaving them unable to access the full spectrum of infertility care they need because they were not disability rated for these diseases during VA-enrollment.

As America's largest integrated health care system providing care for nine million enrolled Veterans, the VHA is expected to provide the most current standard of care to Veterans experiencing any disease. Infertility is a disease, and just like any other disease, the VHA should provide access to full-spectrum care to help all Veterans who may struggle to build their family. And women of reproductive age are the

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[2] (MD, Mengeling, Holcombe, & Ryan, 2022)

fastest growing subset of new VA users. For many such as those whose stories I shared, the ability to become a parent hinges on access to affordable IVF and care for their non-Veteran partners. The current coverage limits in the VA healthcare system are discriminatory, unnecessarily complex, and onerous. They require an unnecessarily complex and expensive system of checks and balances that guard against fraud that doesn't exist. And they ultimately perpetuate the status quo of inadequate reproductive health care for Veterans within the VA system.

I am also deeply concerned as a women's health care provider and a former abortion provider that accessible abortion care is not a part of reproductive health care at the VA. Abortion care is reproductive health care and every person should have the right to decide whether, when, and how they become a parent. This is vital to showing our Veterans the respect they deserve and helping them and their families to flourish. No Veteran should have to cobble their reproductive health care together piece by piece, not knowing where they can access which aspect of their care legally, affordably, and without judgment.

The recently released VA interim final rule is a step in the right direction, removing the ban on abortion care or abortion counseling and allowing for access in cases of rape and incest, and to protect the health and life of the pregnant person.[3] With the chaotic landscape of abortion changing by the minute, however, it's essential that VA's final rule on reproductive health care ensures that all Veterans can seamlessly access abortion care.

The *Dobb*s decision created a national crisis, especially for Veterans already restricted in accessing abortion care. My patients' fear has only heightened since June, as they face state restrictions and rapidly changing bans which are confusing and anxiety-provoking for anyone who may become pregnant. Patients who had previously decided to face all the challenges related to bringing a child into the world are now taking an about-face in the current climate.

Every patient and their story stays with you. There are hard-fought successes that shouldn't have been so hard-fought. But the ones you remember longest are those you wish you could have helped more, had services been more available and systems more functional. Today, you all have the chance to help us help our patients change their lives for the better by removing the roadblocks they face. Our Veterans know what they need to survive and thrive and we are here as researchers and health care providers to get them there, with your support.

Thank you again for this opportunity to testify – and thank you for taking steps towards better serving our Veterans who have given so much to this country.

Respectfully Submitted,

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[3] (Department of Veterans Affairs, 2022)

Table 1. Descriptions of infertility definitions and denominators assessed in the Impact of Sexual Assault and Combat-Related Trauma on Fertility in Veterans study

Measure	Definition	Denominator 1: Eligible respondents[1]	Denominator 2: At-risk or intention-based[2]
Questions asked of all respondents			
Lifetime Infertility			
Ever had unprotected intercourse > 12 mo.	12 or more months of unprotected sexual intercourse regardless of intention to conceive	All eligible respondents	Eligible respondents who ever had unprotected intercourse
Ever tried to conceive for > 12 mo.[3]	12 or more months of unprotected sexual intercourse with the intent to conceive	All eligible respondents	Eligible respondents who ever tried to conceive
Lifetime receipt of fertility care			
Ever diagnosed with infertility	Whether or not the respondent or current/former partner had ever been diagnosed as infertile (either alone or as a couple)	All eligible respondents	Eligible respondents who ever wanted to seek medical care to help to become pregnant
Ever received treatment for infertility[4]	Whether or not the respondent or current/former partner had ever been treated for infertility (either alone or as a couple)	All eligible respondents	Eligible respondents who ever wanted to seek medical care to help to become pregnant

1. Eligible sample includes all participants with either a uterus or penis at birth.
2. At-risk sample corresponds to respondents who had unprotected sex and/or an intention to conceive or seek care in helping to become pregnant. See corresponding numerator and denominator definitions in Table 1.
3. Respondents were also queried on whether they "Tried to conceive for > 12 months as a single woman (man) or lesbian (gay) couple without a diagnosis of infertility;" however, too few respondents answered "Yes" to this question to examine further (n = X).
4. Medical treatment included:

Table for Figure 1. The prevalence of lifetime infertility and receipt of fertility care among female and male veterans by numerator definition and denominator

Infertility definition (numerator)	Denominator			
	Eligible sample[1]		At-risk or intention-based sample[2]	
	Female	Male	Female	Male
Questions asked of all respondents				
Lifetime Infertility				
Unprotected intercourse ≥ 12 months	589/1399 (42.1)	727/1596 (45.6)	589/1189 (49.5)	727/1405 (51.7)
Tried to conceive ≥ 12 months	313/1398 (22.4)	270/1594 (16.9)	313/777 (40.3)	270/773 (34.9)
Lifetime receipt of fertility care				
Diagnosed with infertility	192/1398 (13.7)	171/1596 (10.7)	141/418 (33.7)	92/326 (28.2)
Received treatment for infertility	150/1386 (10.8)	132/1592 (8.3)	129/407 (31.7)	97/323 (30.0)

1. Eligible sample includes all participants with either a uterus or penis at birth.
2. At-risk sample corresponds to respondents who had unprotected sex and/or an intention to conceive or seek care in helping to become pregnant. See corresponding numerator and denominator definitions in Table 1.

Figure 1a. The prevalence of lifetime infertility among female and male veterans by numerator definition and denominator
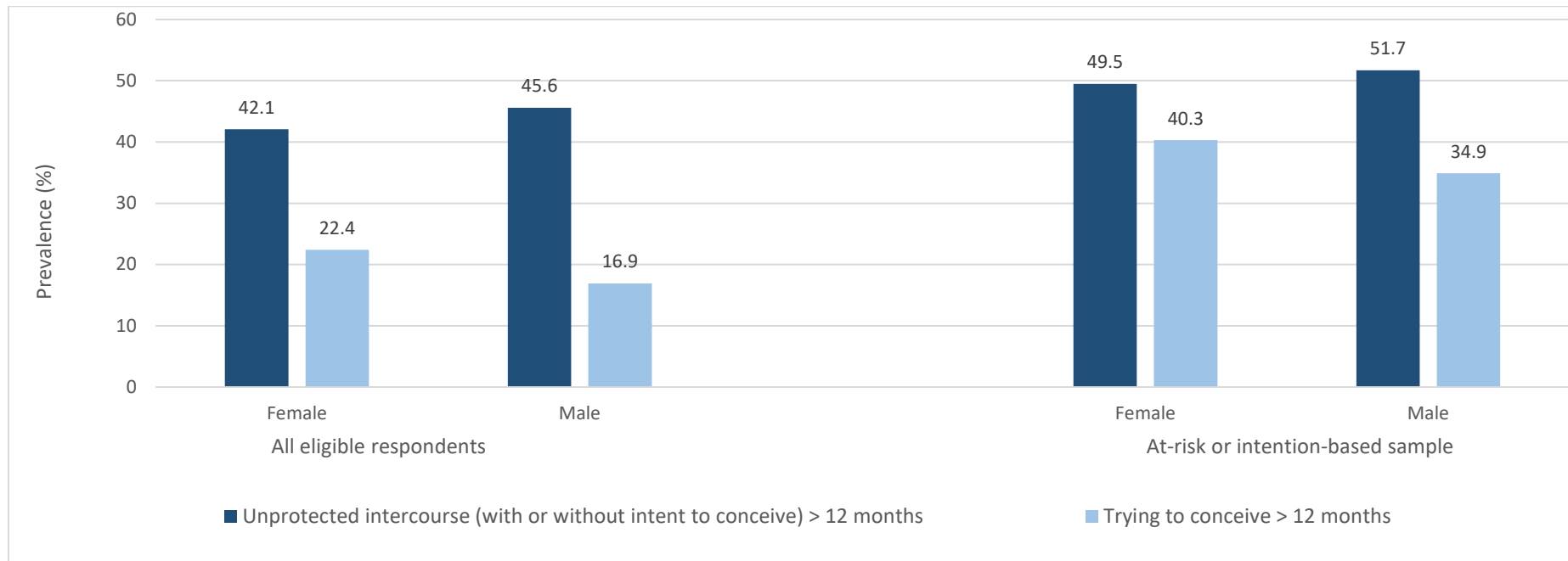

Figure 1b. The prevalence of receipt of fertility care (diagnosis, treatment) among female and male veterans by numerator definition and denominator
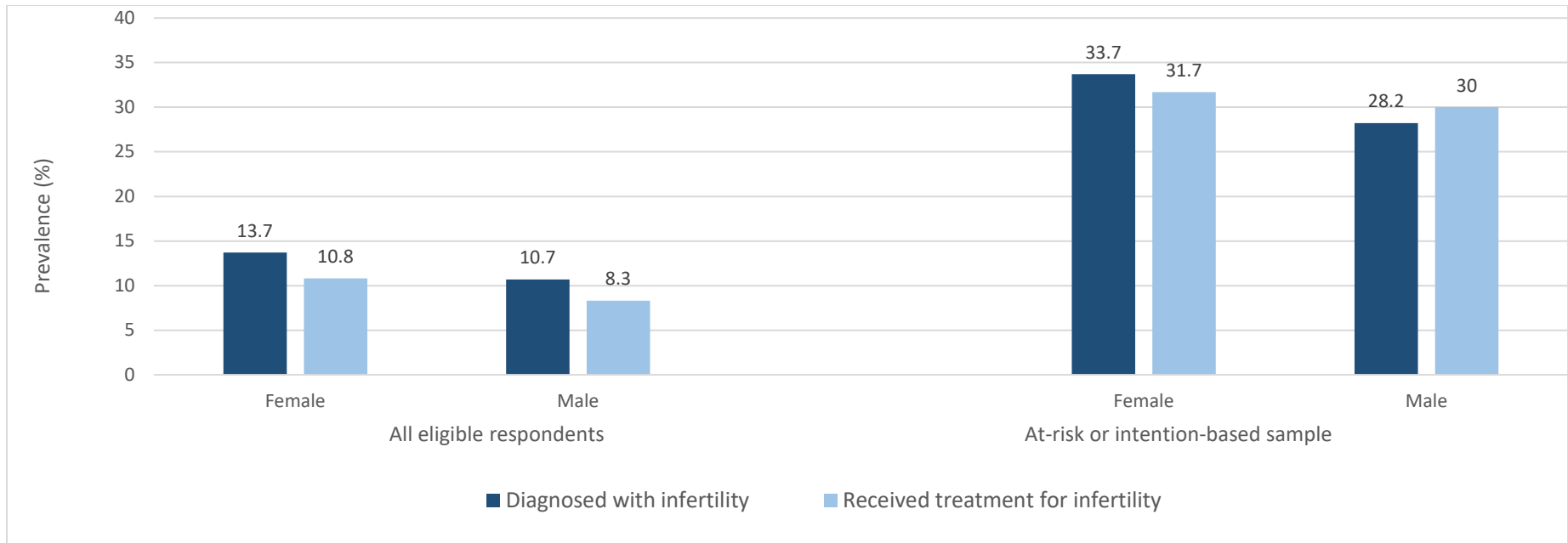
Table 2. Descriptive characteristics of female and male veterans overall and among those meeting each infertility or fertility care definition

	Total	Lifetime Infertility		Receipt of fertility care	
		Unprotected Intercourse > 12 mo.	Trying to conceive > 12 mo.	Diagnosed with infertility	Treated for infertility
Characteristics	n (%) or Mean (SD)	n (%) or Mean (SD)	n (%) or Mean (SD)	n (%) or Mean (SD)	n (%) or Mean (SD)
Female Veterans	**N=1400**	**N=589**	**N=313**	**N=192**	**N=150**
Age, N(%)					
< 35	893 (63.8)	354 (60.1)	166 (53.0)	114 (59.4)	82 (54.7)
35-39	316 (22.6)	141 (23.9)	86 (27.5)	44 (22.9)	39 (26.0)
40+	191 (13.6)	94 (16.0)	61 (19.5)	34 (17.7)	29 (19.3)
Parity, N(%)					
Nulliparous	501 (35.8)	163 (27.7)	79 (25.2)	60 (31.3)	36 (24.0)
Parous	899 (64.2)	426 (72.3)	234 (74.8)	132 (68.8)	114 (76.0)
Marital status, N(%)					
Never married	273 (19.8)	85 (14.6)	27 (8.7)	17 (9.0)	10 (6.7)
Ever married	1108 (80.2)	498 (85.4)	282 (91.3)	173 (91.0)	140 (93.3)
Race and ethnicity, N(%)					
Non-Hispanic white	750 (53.6)	308 (52.3)	170 (54.3)	110 (57.3)	69 (58.5)
Non-Hispanic black	174 (12.4)	84 (14.3)	40 (12.8)	20 (10.4)	9 (7.6)
Hispanic	67 (4.8)	22 (3.7)	13 (4.2)	8 (4.2)	4 (3.4)
More than 1 race identified	374 (26.7)	164 (27.8)	82 (26.2)	52 (27.1)	34 (28.8)
Other[1]	35 (2.5)	11 (1.87)	8 (2.6)	2 (1.0)	2 (1.7)
Education, N(%)					
High school diploma or less	87 (6.2)	31 (5.3)	16 (5.1)	9 (4.7)	7 (4.7)
Some college/technical	666 (47.6)	292 (49.6)	153 (48.9)	105 (54.7)	73 (48.7)
Bachelor's degree or higher	647 (46.2)	266 (45.2)	144 (46.0)	78 (40.6)	70 (46.7)
Annual Household Income, per $10,000	7.5 (5.6)	7.5 (5.2)	8.4 (5.8)	8.6 (5.7)	9.3 (6.0)
Male Veterans	**N=1597**	**N=727**	**N=270**	**N=171**	**N=132**
Age, N(%)					
< 35	966 (60.5)	413 (56.8)	126 (46.7)	99 (57.9)	62 (47.0)
35-39	369 (23.1)	186 (25.6)	84 (31.1)	42 (24.6)	38 (28.8)
40+	262 (16.4)	128 (17.6)	60 (22.2)	30 (17.5)	32 (24.2)
Parity, N(%)					
Never fathered a child	539 (33.8)	227 (31.3)	66 (24.5)	50 (29.6)	25 (19.1)
Fathered a child	1054 (66.2)	498 (68.7)	203 (75.5)	119 (70.4)	106 (80.9)

Marital status, N(%)					
Never married	376 (23.9)	135 (19.0)	13 (5.0)	30 (18.2)	15 (11.4)
Ever married	1200 (76.1)	576 (81.0)	247 (95.0)	135 (81.8)	117 (88.6)
Race and ethnicity, N(%)					
Non-Hispanic white	998 (62.5)	446 (61.4)	161 (59.6)	97 (56.7)	82 (62.1)
Non-Hispanic black	125 (7.8)	60 (8.3)	20 (7.4)	10 (5.9)	12 (9.1)
Hispanic	84 (5.3)	40 (5.5)	11 (4.1)	6 (3.5)	2 (1.5)
More than 1 race identified	339 (21.2)	154 (21.2)	67 (24.8)	53 (31.0)	33 (25.0)
Other[1]	52 (3.3)	27 (3.7)	11 (4.1)	5 (2.9)	3 (2.3)
Education, N(%)					
High school diploma or less	230 (14.4)	99 (13.6)	37 (13.7)	13 (7.6)	7 (5.3)
Some college/technical	816 (51.1)	378 (52.0)	136 (50.4)	89 (52.0)	59 (44.7)
Bachelor's degree or higher	551 (34.5)	250 (34.4)	97 (35.9)	69 (40.4)	66 (50.0)
Annual Household Income, per $10,000	7.7 (5.6)	7.9 (5.9)	8.7 (7.2)	8.3 (7.1)	9.0 (5.5)

Note: Missing values were < 4% for each variable. The counts and percentages in each cell reflect all non-missing values.

1. Includes…

Table 3. Adjusted odds ratios for the association between sociodemographic characteristics and lifetime infertility or receipt of fertility care measures among female veterans who were ever at risk for infertility or wanted services to help them become pregnant

	Lifetime infertility		Receipt of fertility care	
	Unprotected Intercourse $\geq$ 12 mo.[1]	Trying to conceive $\geq$ 12 mo.[2]	Diagnosed with infertility[3]	Treated for infertility[3]
Characteristics	aOR[4] (95% CI)	aOR[4] (95% CI)	aOR[4] (95% CI)	aOR[4] (95% CI)
Age, N(%)				
< 35	ref	ref	ref	Ref
35-39	1.18 (0.87, 1.59)	1.42 (0.98, 2.05)	0.93 (0.53, 1.62)	1.00 (0.57, 1.78)
40+	1.40 (0.98, 2.00)	1.93 (1.25, 2.97)	1.44 (0.78, 2.67)	1.19 (0.63, 2.27)
Parity				
Nulliparous	ref	ref	Ref	Ref
Parous	1.16 (0.88, 1.54)	0.44 (0.30, 0.66)	1.23 (0.78, 1.95)	2.14 (1.32, 3.48)
Marital status, N(%)				
Never married	ref	ref	Ref	Ref
Ever married	1.33 (0.92, 1.91)	0.95 (0.51, 1.75)	2.68 (1.12, 6.43)	3.20 (1.18, 8.62)
Race and ethnicity, N(%)				
Non-Hispanic white	ref	ref	Ref	ref
Non-Hispanic black	1.44 (0.97, 2.11)	1.07 (0.65, 1.77)	0.68 (0.31, 1.47)	0.74 (0.33, 1.67)
Hispanic	0.61 (0.35, 1.07)	0.81 (0.39, 1.66)	2.10 (0.62, 7.10)	2.49 (0.64, 9.71)
More than 1 race identified	1.23 (0.93, 1.63)	1.06 (0.74, 1.51)	0.81 (0.48, 1.37)	0.97 (0.57, 1.66)
Other[5]	0.69 (0.32, 1.49)	1.61 (0.55, 4.69)	0.38 (0.08, 1.79)	1.09 (0.31, 3.81)
Education, N(%)				
High school diploma or less	0.78 (0.46, 1.32)	1.07 (0.52, 2.19)	0.45 (0.12, 1.66)	0.79 (0.26, 2.40)
Some college/technical	1.20 (0.92, 1.56)	1.45 (1.03, 2.04)	1.56 (0.96, 2.52)	1.31 (0.79, 2.16)
Bachelor's degree or higher	ref	Ref	ref	ref
Annual Household Income, per $10,000				
Lowest tertile	ref	Ref	Ref	ref
Middle tertile	0.97 (0.72, 1.30)	0.89 (0.60, 1.31)	1.80 (1.00, 3.23)	1.61 (0.87, 2.96)
Highest tertile	0.85 (0.61, 1.19)	0.97 (0.63, 1.50)	2.00 (1.05, 3.83)	1.97 (1.01, 3.83)

1. Based on respondents who reported ever having unprotected intercourse.
2. Based on respondents who reported ever having tried to conceive.
3. Based on respondents who reported ever wanting to seek medical care to help become pregnant.

4. Adjusted odds ratios (aORs) based on logistic regression adjusting for…
5. Includes Native American/Alaskan Native (n = 7), Asian or Pacific Islander (n = 20), something else (n = 2), more than one race (n = 207), or no race specified (n =6).

Table 4. Adjusted odds ratios for the association between sociodemographic characteristics and lifetime infertility or receipt of fertility care measures among female veterans who were ever at risk for infertility or wanted services to help them become pregnant

	Lifetime infertility		Receipt of fertility care	
	Unprotected Intercourse $\geq$ 12 mo.[1]	**Trying to conceive $\geq$ 12 mo.[2]**	**Diagnosed with infertility[3]**	**Treated for infertility[3]**
Characteristics	**aOR[4] (95% CI)**	**aOR[4] (95% CI)**	**aOR[4] (95% CI)**	**aOR[4] (95% CI)**
Age, N(%)				
< 35	ref	ref	ref	ref
35-39	1.43 (1.09, 1.89)	1.66 (1.14, 2.42)	1.24 (0.67, 2.30)	1.25 (0.66, 2.35)
40+	1.25 (0.92, 1.70)	1.61 (1.06, 2.45)	1.14 (0.54, 2.41)	1.56 (0.73, 3.30)
Parity				
Nulliparous	ref	ref	ref	ref
Parous	0.72 (0.55, 0.94)	0.33 (0.21, 0.52)	1.38 (0.73, 2.61)	2.81 (1.38, 5.73)
Marital status, N(%)				
Never married	ref	ref	ref	ref
Ever married	1.40 (1.03, 1.91)	2.36 (1.15, 4.86)	2.16 (0.68, 6.79)	8.18 (1.04, 64.1)
Race and ethnicity, N(%)				
Non-Hispanic white	ref	ref	ref	ref
Non-Hispanic black	1.37 (0.89, 2.12)	1.26 (0.65, 2.43)	0.65 (0.17, 2.44)	0.93 (0.25, 3.45)
Hispanic	0.98 (0.60, 1.60)	0.75 (0.34, 1.64)	0.63 (0.17, 2.36)	0.29 (0.06, 1.40)
More than 1 race identified	1.04 (0.79, 1.37)	1.58 (1.06, 2.35)	1.70 (0.95, 3.06)	0.93 (0.50, 1.76)
Other[5]		1.17 (0.53, 2.59)	0.37 (0.04, 3.16)	0.29 (0.03, 2.50)
Education, N(%)				
High school diploma or less	1.06 (0.74, 1.51)	0.34 (0.78, 2.30)	0.32 (0.10, 1.05)	0.16 (0.04, 0.60)
Some college/technical	1.12 (0.87, 1.44)	0.99 (0.69, 1.42)	0.69 (0.38, 1.25)	0.45 (0.24, 0.81)
Bachelor's degree or higher	ref	ref	ref	ref
Annual Household Income, per $10,000				
Lowest tertile	ref	ref	ref	ref
Middle tertile	1.07 (0.81, 1.40)	1.05 (0.69, 1.60)	1.37 (0.65, 2.91)	1.92 (0.84, 4.38)
Highest tertile	1.11 (0.82, 1.49)	0.99 (0.64, 1.53)	1.40 (0.65, 3.02)	1.69 (0.74, 3.85)

1. Based on respondents who reported ever having unprotected intercourse.
2. Based on respondents who reported ever having tried to conceive.
3. Based on respondents who reported ever wanting to seek medical care to help become pregnant.

4. Adjusted odds ratios (aORs) based on logistic regression adjusting for…
5. Includes Native American/Alaskan Native (n = 7), Asian or Pacific Islander (n = 20), something else (n = 2), more than one race (n = 207), or no race specified (n =6).

Supplemental Table 1. Descriptions of infertility definitions and denominators assessed in the Impact of Sexual Assault and Combat-Related Trauma on Fertility in Veterans study

Measure	Definition	Denominator 1: Eligible respondents[1]	Denominator 2: At-risk or intention-based[2]
Questions asked of each reported pregnancy (pregnancy-based)[3]			
Lifetime Infertility			
Ever had unprotected intercourse > 12 mo.	At least 1 pregnancy that was conceived after 12 or more months of unprotected sexual intercourse regardless of intention to conceive	Eligible respondents who ever had a pregnancy	Eligible respondents who ever had a pregnancy and had not been using contraception at the time of conception
Ever tried to conceive for > 12 mo.[4]	At least 1 pregnancy that was conceived after 12 or more months of unprotected sexual intercourse with the intent to conceive	Eligible respondents who ever had a pregnancy	Eligible respondents who ever had a pregnancy and were trying to conceive
Lifetime receipt of fertility care			
Ever received treatment to help become pregnant[5]	At least 1 pregnancy was reported to have received medical treatment to help to become pregnant	Eligible respondents who ever had a pregnancy	Eligible respondents who ever had a pregnancy and wanted to seek medical care to help to become pregnant

1. Eligible sample includes all participants with either a uterus or penis at birth.
2. At-risk sample corresponds to respondents who had unprotected sex and/or an intention to conceive or seek care in helping to become pregnant. See corresponding numerator and denominator definitions in Table 1.
3. Questions were asked for each reported pregnancy and then compiled across pregnancies to determine "ever" experience. For men, this was asked about their partner's pregnancy.
4. Respondents were also queried on whether they "Tried to conceive for > 12 months as a single woman (man) or lesbian (gay) couple without a diagnosis of infertility;" however, too few respondents answered "Yes" to this question to examine further (n = X).
5. Medical treatment included:

Table for Supplemental Figure 1.

	Denominator			
	Eligible sample[1]		At-risk sample[2]	
Infertility definition (numerator)	Female	Male	Female	Male
Questions asked of each reported pregnancy[3]				
Lifetime infertility				
Unprotected intercourse > 12 months	388/1054 (36.8)	366/1049 (34.9)	388/919 (42.2)	366/946 (38.7)
Tried to conceive > 12 months	228/1051 (21.7)	191/1041 (18.4)	228/711 (32.1)	191/737 (25.9)
Lifetime receipt of fertility care				
Ever received treatment to help become pregnant	97/1053 (9.2)	72/1054 (6.8)	88/312 (28.2)	63/221 (28.5)

Supplemental Figure 1. The prevalence of lifetime infertility and receipt of infertility treatment among female and male veterans by numerator definition and denominator