

THE CENTER FOR WOMEN VETERANS

Summit 2000 – National Summit on Women Veterans Issues



**June 23-25, 2000
Washington, DC**

Sponsored by:

**The Department of Veterans Affairs, Center for Women
Veterans**

Co-Sponsored by:

Disabled American Veterans

White House Office on Women's Initiatives and Outreach



Proceedings

EXECUTIVE SUMMARY

The Department of Veterans Affairs' Center for Women Veterans sponsored a *National Summit on Women Veterans Issues, Summit 2000*, on June 23, 24 and 25, 2000, at the Omni Shoreham Hotel in Washington D.C. The Summit was co-sponsored by the White House Office for Women's Initiatives and Outreach and the Disabled American Veterans.

Over 350 individuals attended the Summit including Federal agency representatives, VA Women Veteran Coordinators, community partners and women veterans from across the country. The Summit began with the presentation of the Colors by the Military District of Washington and the recitation of the Pledge of Allegiance, led by Sarah McClendon. Ms. McClendon, a World War II veteran, is a well-known journalist and author of the book "Mr. President", a memoir of her years as a White House Correspondent. The Chief of VA's Chaplain Service, Reverend Jeni Cook gave the invocation. Deputy Secretary, Hershel Gober, was the Keynote Speaker and provided attendees clear assurances that VA is committed to women veterans and guaranteed their place in the national VA agenda for health care and the delivery of benefits.

The morning session provided participants an opportunity to hear about the current status of Federal Programs for veterans from Mr. Joseph Thompson, VA's Under Secretary for Benefits; Mr. Richard Walker, Acting Under Secretary for National Cemetery Administration; Dr. Fran Murphy, Acting Deputy Under Secretary for Health; and Dr. Al Borrego, Assistant Secretary for Veterans Employment and Training at the Department of Labor. In the afternoon, Vice Admiral Patricia Tracey, Deputy Assistant Secretary for Manpower and Personnel Policy, Department of Defense; Dr. Wanda Jones, Director of the Office on Women's Health at the Department of Health and Human Services; Ms. Lauren Supina, Director, The White House Office for Women's Initiatives and Outreach; Captain Barbara Brehm, USN, Military Director, Defense Advisory Committee on Women In The Service; and Ms. Joan Furey, Director of VA's Center for Women Veterans discussed the work of their respective organizations. In addition to the plenary sessions, participants attended concurrent sessions on a variety of topics of concern to women veterans including Homelessness, The Impact of War Zone Service on Women Veterans, the Legislative Process, the Role of Veterans Service Organizations and VA's healthcare delivery and benefits program. Community advocacy groups such as Vietnam Veterans of San Diego, New York's Project Return, Federal legislative staff members, experts on labor and employment and veterans service organizations shared ideas and discussed their role in improving services for veterans.

Following the concurrent sessions participants met in working groups with agency officials, veteran service organization leaders and other program representatives to discuss issues of concern to the women veteran community and develop suggestions to address and improve services and programs for women veterans.

In addition to the formal Summit activities, a special Reception for Summit 2000 participants was held at the Women in Military Service to America Memorial (WMSA). Additionally, Former Chairs of the VA Women Veterans Advisory Committee were honored at a luncheon sponsored by DAV. Brigadier General Wilma Vaught, USAF (Ret.), President of WMSA, was the Keynote Speaker at the luncheon.

In September 1996, the Center for Women Veterans in collaboration with the White House Office on Women's Initiatives and AMVETS sponsored the first *National Summit on Women Veterans' Issues*. That Summit was held at the White House Conference Center in Washington, DC. This was the first time a group of women veterans' advocates were brought together to identify concerns of the women veteran community and provided an opportunity to suggest way in which their concerns could be addressed. The 1996 Proceedings are available on the Internet at: <http://www.va.gov/womenvet/index.htm>.

FROM THE PRESIDENT



Warm greetings to all those gathered for "Summit 2000: A National Summit on Women Veterans Issues," sponsored by the Department of Veterans Affairs. I am pleased that the White House Office for Women's Initiatives and Outreach and the Disabled American Veterans are serving as co-sponsors.

Since the first days of our independence, brave Americans have stepped forward to protect our country and promote our ideals. And throughout our history, women have played a vital role in the success of U.S. military operations. From tending fallen soldiers on the battlefields of the Revolutionary War to fighting shoulder to shoulder in the Persians Gulf, our nation's women veterans have a long and proud record of service. Their valor and their sacrifices deserve our recognition and our sincerest appreciation.

As participants of Summit 2000, you can be proud of your commitment to ensuring that America's women veterans receive the recognition they deserve and that their comers and voices are heard. I am proud to salute you and all our nation's veterans who have preserved for our nation the blessings of the freedoms we hold so dear. Best wishes for a productive summit.

Bill Clinton

FROM THE VICE PRESIDENT

Dear Friends:

I am pleased to have this opportunity to send greetings to everyone participating in Summit 2000: A National Summit on Women Veterans Issues. While I regret that I am unable to join you on this important gathering, I want to extend my best wishes for a successful and productive meeting.

On this special occasion, I would like to thank all of you for your tireless efforts and outstanding dedication to address the needs and concerns facing women veterans. I assure you that I remain committed to addressing issues such as healthcare, homelessness, improved benefits and employment for all Americans, particular those women who have served our country with the utmost patriotism and courage.

Throughout our nation's history, women have played a significant role in the defense of our country. Our commitment and obligation to America's veterans never should be taken lightly. No one is more deserving of our recognition, our deepest thanks, and our support. Our nation is strong, secure, and free because of them.

As a veteran myself, I am especially pleased to offer you warmest hopes for your continued success in the years to come.

Sincerely,

Al Gore

FROM THE SECRETARY OF VETERANS AFFAIRS



Perhaps the biggest challenge the Department of Veterans Affairs (VA) faces today is the growth in the number of women Veterans in our society. To meet this challenge, we at VA have recognized that we must place a significant focus, not only on the concerns that male and female veterans share, but also on those that are unique to women who have served our Nation in uniform.

Women veterans, like their male counterparts, have served this country well. They, too, are entitled to high-quality healthcare and equitable access to benefits and programs that are responsive to their gender-specific needs.

Several years ago VA began a far-reaching effort to improve services to women veterans. Our Veterans Health Administration has designated women's health as a special emphasis program and has developed and implemented specialized women veterans' health care programs. Our Veterans Benefits Administration has established a women veterans' advisory group within the Compensation and Pension Service to review policy and procedures regarding benefits delivery to women veterans.

I strongly support these programs and am fully committed to maintaining women veterans' programs as a special emphasis program in VA.

While progress has been made, more needs to be done. Your participation in Summit 2000: A National Summit on Women Veterans Issues will help to ensure VA's programs are designed to assist the women and men who served our Nation so well while in uniform. Thank you for taking the time to attend and for your willingness to assist us in this important task.

Togo D. West

FROM THE DIRECTOR, CENTER FOR WOMEN VETERANS



On behalf of the Department of Veterans Affairs I want to welcome you to Summit 2000: *A National Summit on Women Veterans Issues*. This is the second VA-sponsored Summit on Women Veterans Issues since the establishment of the Center for Women Veterans in 1994.

The first Summit was held in September 1996 and was co-sponsored by the White House Office for Women's Initiatives and Outreach and the American Veterans of World War II, Korea and Vietnam (AMVETS).

This year's Summit is co-sponsored by the White House Office for Women's Initiatives and Outreach and the Disabled American Veterans. The first Summit was organized to provide an opportunity for veteran service providers, federal and state agency representatives, women veteran activists, and other individuals concerned about women veterans to come together to discuss the issues and concerns of the women veteran community and identify ways to address them. The proceedings of the 1996 Summit were widely distributed among organizations and individuals interested in improving services for women veterans by both government and community agencies. Many changes have occurred since the 1996 Summit.

The role of women in the military is changing rapidly. Initially recruited as nurses during World War I, women comprised less than 1% of the active duty force. Currently, women make up 14% of the active duty force and in 1998, recruiting rates for women were at 20%. Today, women are serving in all branches of the military and are eligible for assignment in most military occupational specialties. Statistical projections indicate that by the year 2010, women will comprise well over 10% of the veteran population, a significant increase over the current 4% figure.

Over the last few years, we have begun to recognize that both the services required of these women and the issues they face as they return to civilian life are different from those of male veterans.

The changing demographics of the veteran population will have a significant impact on all agencies and organizations providing services to veterans.

The Center for Women Veterans is committed to assuring that the services women veterans require will be there for them.

It is hoped that the proceedings and recommendations of Summit 2000 also will be read and reviewed by individuals in positions to develop and propose legislative, programmatic changes, outreach, and other initiatives to further improve upon the activities already underway to enhance services to the women veterans' community.

Those of us involved in developing services for veterans have become increasingly aware that we are existing in an era of increased fiscal constraints and responsibilities. While we individually confront this reality, it is essential that we continue to collaborate to maximize our resources.

Now are the times for federal, state, community, and other interested organizations to join together and work together. As the 1996 Summit was considered a springboard for collaborative activities, it is hoped that this, Summit 2000, will be remembered as a doorway into the new millennium for women veterans. Tremendous progress has been made in improving services for women veterans, but more needs to be done. Together we must evaluate where we are, where we need to go, and how we would like to get there.

It is our hope that as we enter the 21st Century, women who have served their country will be able to better access the services we provide with comfort and ease, secure in the knowledge that the Nation is grateful for their service and sacrifice.

Joan A. Furey

KEY NOTE ADDRESS, DEPUTY SECRETARY OF VETERANS AFFAIRS



I'm pleased to open this conference. I have strong, positive feelings about women veterans' issues. The goal of this forum is clear ---Gender-specific and gender-sensitive care for the women veterans who served this nation.

This meeting is the second collaboration of The White House Office on Women's Initiatives and Outreach, and The Department of Veterans Affairs. This year The Disabled American Veterans has joined us to work as "architects of change" for America's women veterans.

Our partnership will help set the course for the future. The work done here will echo in the programs available to women veterans far into the future. This second national "Summit" is three times as large as "Summit 96," just four years ago. The work started then has brought about improved services to women veterans. Many of you here are due much of the credit!

One of the proud chapters in women's history is in the military. The tradition of women serving in America's defense goes back to our earliest colonial days. The Revolutionary War saw women as: nurses, scouts, messengers, and in battle ... taking over for their fallen husbands ... or even disguised as men! Since then, women have come a long way. They traveled a hard, uphill road in their pursuit of equal rights. The 20th century was an extraordinary time for women in which great social and legal strides were made; attitudes changed and opportunities multiplied.

Today, 15 percent of America's active duty force are women and this number will increase in the coming years. Women comprise 20 percent of new recruits – (except in the Marine Corps.) All military occupational specialties are now open to women — except combat arms and submarine service. In war and in peace, women have a proud record of service.

In the past decade alone, tens of thousands of women served under hostile conditions. In the Gulf War, almost 50,000 women were deployed; more than 1,000 participated in military operations in Somalia, and more than 1,200 women were sent to Haiti for peace-keeping duties. Women in the military continue to distinguish themselves around the world, notably as part of the allied force in Kosovo.

There are some 1.2 million women veterans. That is 4% of the veteran population. In ten years or by 2010, 10 percent of America's veterans will be women.

Our responsibilities toward women veterans have broadened and so has our focus. VA is targeting programs to meet the: physical, emotional, mental, and social needs of women. VA's Center for Women Veterans is committed to ensuring that the services women veterans require will be there. Under Joan Furey's direction, VA is sensitizing our extended "veterans family" to the contributions made by women in the military...And to their unique problems when they return to civilian life we have: created equal programs with equal access, taken steps to ensure that gender-specific medical care is available at VA facilities, accomplished this while promoting sensitivity, understanding, and respect for women who served.

VA now has some 100 women's clinics across the nation and eight comprehensive women's health centers that are strategically located and provide a full range of medical, surgical, and psychological care. We've set-up a Women's Division at VA's National Center for Post-Traumatic Stress Disorder in Boston. It's the first unit of its kind in the country to research the trauma-related problems of women veterans.

We have established: four stress-disorder treatment centers (Boston, New Orleans, Loma Linda, and Cleveland), health-care and sexual trauma counseling at VA medical centers and veterans centers; and readjustment counseling is available for women transitioning from military to civilian life. During this administration, the number of women treated by VA has increased 64 percent.

One issue of special concern is women veterans who are homeless. Of the nation's quarter-million homeless veterans, about 10,000 are women. We must be more aggressive in bringing them VA services, benefits, and expertise. We have a new initiative to reach out to them. Starting this year, pilot programs in eleven major cities will fund "hands-on" teams to go directly into local area shelters. These teams will seek out women veterans and those with children. These programs will offer help through: health care and mental health services; benefit claims; housing and job training; and counseling referrals.

There is more that needs to be done for women veterans. women have been there in our country's times of need ... and we must be there to help in theirs. It's important that the Nation remembers the sacrifices of all veterans, and treat them accordingly. Not just in health care and benefits ... but across all the issues you are addressing this week. Research; Sexual harassment; Violence against women; and Transition and employment.

They have been neglected for too long! I am proud of VA's progress in providing care for women veterans. We have made and will continue to make dramatic improvements in our services to women. Problems remain ... But solutions can and will be found. You, the conferees of "Summit 2000" are the voice leading us to tomorrow's policies and programs for women veterans. Your strength of purpose will carry out America's promise to provide the best possible services to veterans, men and women alike. With your help, I'm here today to pledge that VA remains unswerving in keeping the full measure of that promise. Thank you

Hershal W. Gober



Summit 2000 Proceedings



Summit 2000

KEY ISSUES

Summit participants met in seven work groups to focus on specific issues that affect women veterans and women who are currently serving in the military. Each Summit attendee chose their perspective work group during the registration process. The following represents an overview of the key issues addressed by the work groups. Each work group identified issues and suggested proposals to address the various topics under discussion. These groups discussed issues in the areas of:

HEALTH CARE
BENEFITS
EMPLOYMENT & TRANSITION
HOMELESSNESS
VETERANS SERVICE ORGANIZATIONS
MINORITY WOMEN VETERANS
RESEARCH

There were six areas of general concern identified by the Summit 2000 attendees that transcended all levels of discussion about the key issues including, women veterans concerns, entitlement programs, healthcare services and other areas of interest. Some issues or concerns were unique to specific populations and others were identified as affecting more than one group. These included the need to:

- Improve Education
- Enhance Communication
- Improve, Implement and Monitor Outreach
- Increase Individual and Community Involvement
- Encourage Collaboration
- Provide National, State and Community Support

Increase Education

- Many women who served in the military, even those who served in wars and conflicts do not identify themselves as “veterans.” Because of this, there are women veterans who do not attempt to access VA benefit programs or healthcare services to which they are entitled.
- There remains a need to develop, implement and monitor on-going sensitivity training for all VA employees with special emphasis on women veteran specific program officials and clinicians, administrative and other support personnel.

Enhance Communication

- Both VA and non-VA women veteran service providers should provide women veterans easy access to information about programs and services, through use of various media resources including the Internet.
- Federal, state and community agencies should develop stronger partnerships and work strategies to ensure a positive exchange of information to achieve a comprehensive approach to providing benefits and services to women veterans.

Improve, Implement and Monitor Outreach

- Participants challenged program officials to develop more effective outreach initiatives that “focus” on the women veteran and minority women veteran populations.
- Group members voiced a need for the establishment of a viable evaluation program for federal and state programs’ to monitor their effectiveness and responsiveness to the needs of women veterans.

Encourage Collaboration & Increase Individual and Community Involvement

- Federal, state, community agencies with women veteran should work to establish collaboration and maintain strong partnerships that result in improved access, information dissemination and usage of program utilization.

Provide National, State and Community Support

- There needs to be a stronger, more visible level of support and commitment exhibited by national organization leaders, state legislators and program officials to assure that all personnel are committed to providing women veterans access to program and services.

SUMMARY OF PROPOSALS

Health Care

Education & Training

- Provide VA Veterans Health Administration's staff with gender specific training on the unique needs of women veterans in the treatment of substance abuse and chemical dependency, emphasizing the correlation with military sexual abuse/trauma.
- Ensure research initiatives remain constant in all relative areas of women's health.
- Ensure information and guidelines pertaining to women's health is disseminated to all VA clinicians in a timely manner.
- Require VA women's health care providers to be certified in Obstetrics and Gynecology.

Marketing and Outreach

- Earmark funds based on VERA reimbursement formula to address specialized needs of women's health program/services.
- Target outreach to women veterans who suffer from substance and physical abuse and women veterans of color.
- Develop a viable inter-governmental agency marketing plan that advertises and provides accurate information regarding the availability of VA health care services for women veterans.
- Provide sufficient resources to VA women veterans coordinators to allow them to effectively manage viable outreach programs.

Healthcare Delivery and Services Provided

- Standardize the position requirements and work expectations of the women veteran's coordinator (WVC) position to ensure consistency in application of duties throughout the VA health care network.
- Develop a standardized national women veterans coordinators' performance plan.
- Ensure there is sufficient allocation of time afforded to women veterans coordinators to ensure program and administrative activities are accomplished.
- Ensure resources are made available to fund women veteran coordinator as a full-time administrative position without collateral responsibilities in primary integrated HCS sites, or augment part-time women veterans coordinator or clinician with administrative support to achieve a full-time complement.
- Develop a national formulary that is clinically appropriate to women's health.
- Establish a national standard for the women's health panel size and appointment time allocations.

- Establish, within each Veterans Integrated Service Network (VISN), a full service referral facility for women veterans requiring inpatient psychiatric care.
- Establish comprehensive women's health clinics at primary integrated HCS sites.
- Implement a comprehensive holistic women's health interdisciplinary inpatient assessment protocol to coordinate treatment plans and ensure case managed follow-up.
- Develop clinical practice guidelines for the management of women veteran patients and their prevalent health conditions with special emphasis on Hepatitis C, Agent Orange, HIV and sexual trauma.
- Ensure access to a single standard of care for basic gender-specific services exists at all VHA facilities and Community Based Outpatient Clinics (CBOCs).
- Appoint women's health representatives to VA VISN Pharmacy and Therapeutics Committees.

Compensation and Pension (C&P) VA Examination Process

- Develop quality review standards to ensure examinations are comprehensive and meet regulatory requirements.
- Educate, on a national level, all C&P examining physicians about the Veterans Benefits Administration's (VBA) claims process and expectations to ensure that examinations are correct, sufficient in detail and responsive to the adjudication processing requirements.
- Accept medical certification from Nurse Practitioners and Physician Assistants in lieu of or in addition to a MD, as credible evidence to permit a clinical rating for a veteran's entitlement to service connected compensation.
- Allow VBA to control, manage and implement the C&P examination process. Transfer funds and related resources to VBA from the VHA annual budget.

Access Barriers to Healthcare

- Establish and maintain collaborative partnerships with community agencies who provide non-VA funded childcare services to enhance opportunities for women veterans with children to use VA health care programs.
- Provide for limited newborn health care.

Homelessness

- Ensure all service-providers (i.e., VA, federal and community partners) use the McKinney Act definition of homelessness as eligibility criteria for services and programs for veterans who are homeless.
- Educate VA clinical staff and selected benefits staff on issues related to homeless veterans and women veterans who are homeless.

- Ensure all VA medical centers develop and implement programs to respond to the needs of homeless veterans in their catchment area.
- Improve collaboration among VA Women Veterans Health Program clinicians and women veterans coordinators and VA homeless program staffs.
- Educate VA homeless program coordinators and staffs regarding gender-specific needs for women veterans who are homeless.

State Veterans Programs

- Designate a Women Veterans Coordinator for each State Veterans' Organization.
- Enhance intra- and inter-state cooperation on all issues related to women veterans.
- Establish and monitor individual state women veterans' outreach programs.

Minority Women Veterans

- *Develop outreach initiatives focused to minority women veterans.*
- *Improve content and monitor effectiveness of federal, state and community outreach programs for minority women veterans.*
- *Educate clinicians and consumers about healthcare, sociological and other minority women veteran's issues.*
- *Increase minority women veterans' healthcare research opportunities and program responsiveness.*

Veterans Services Organizations

- Improve existing Outreach programs for women veterans.
- Increase efforts to recruit women veteran service officers.
- Provide ongoing sensitivity training addressing women veterans issues to all service officers.
- Develop and implement a national public awareness program to highlight and acknowledge women veterans' contributions to America.
- Improve internal and external communication regarding programs and services for women veterans.
- Strengthen Veterans Services Organization (VSO) partnerships to increase commitment between and across VSO lines to foster understanding and the advancement of women veterans issues.

Employment

- Publish annual workforce data reports that identify women veterans employment status and hiring ratio.
- Ensure all applications for entitlements and employment include the wording “ Have you ever served in the military” as opposed to “ Are you a veteran” when asking for veteran status.
- Develop viable strategies in providing employment assistance via the Internet for women veterans.
- Provide access to other federal web sites and community service providers that offer programs and services for women.
- Encourage the development of Internet sites focused on women veterans and their gainful employment.
- Identify women veterans’ employment needs and incorporate them into outreach programs for women veterans in municipal and rural areas.
- Encourage DOL and other federal programs to advertise the marketable skills of women veterans.
- Ensure that experience gained through active duty assignments and education are acceptable for and transferable to civilian licenses.
- Increase efforts to recruit women veterans as Disabled Veterans Outreach Persons and Local Veterans Employment Representatives.

Benefits:

- Revise the minimum service requirements and eligibility criteria for National Guard personnel and Reservists’ entitlement VA benefits.
- Improve access to information prior to separation from military service for active duty women (TAP/DTAP).
- Improve the claims process related to Post Traumatic Stress Disorder claims resulting from sexual trauma. Establish development techniques, nationally implement a standardized protocol for PTSD claims resulting from sexual trauma, and improve staff sensitivity and awareness of issues related to sexual and personal assault.
- Request legislative change to the rules of evidence to provide a veteran who is a victim of a sexual or personal assault benefit of doubt (increase the use of evidence markers) in determining eligibility to compensation for PTSD.
- Provide on-going training to pertinent VA personnel regarding the claims process and procedures for processing sexual trauma disability cases.
- Extend (or eliminate) the delimiting date for Education benefits.
- Define the level of “credentialed” provider required for well-grounding, rating, and awarding benefit claims. Standardized across VBA the acceptance of these non-MD providers.
- Develop alternative solutions to avoid foreclosure of VA home loans for women veterans who become financially challenged because of a divorce from or death of spouse (co-obligator)..

Work Group Discussion

HEALTH CARE

Major topics identified by the “Health Care” group were

- Education and training
- Marketing and outreach
- Healthcare delivery and services provided
- Access barriers to healthcare

Education and training

Issue:

Staff education/knowledge and understanding of women’s health care needs

Discussion:

The work group indicated that gender-specific resources were not geographically accessible to all women veterans. Generally, there are not enough dual diagnosis or substance abuse programs available within the VA healthcare network. Few program have staff expertise in treating women or the aftereffects of military sexual trauma. Additional staff training is essential.

The Work Group proposed

- Provide VA Veterans Health Administration’s staff with gender specific training on the unique needs of women veterans in the treatment of substance abuse and chemical dependency, emphasizing the correlation with military sexual abuse/trauma.
- Ensure research initiatives remain constant in all relative areas of women’s health.
- Ensure information and guidelines pertaining to women’s health is disseminated to all VA clinicians in a timely manner.
- Require VA women’s health care providers to be certified in Obstetrics and Gynecology.

Marketing and Outreach

Issue:

Increase market penetration of women veterans beyond the current 5%.

Discussion:

The image of VA health care among women veterans is poor. Generally, the physical environment of VA facilities is perceived to be male dominated, unsafe and uncomfortable for women veterans with substance abuse problems and are victims of a sexual trauma.

The Work Group proposed

- Earmark funds based on VERA reimbursement formula to address specialized needs of women’s health program/services.

- Target outreach to women veterans who suffer from substance and physical abuse and women veterans of color.
- Develop a viable inter-governmental marketing plan that advertises and provides accurate information regarding the availability of VA health care services for women veterans.

Healthcare delivery and services provided

Issue:

Inadequate, fragmented, inconsistent healthcare services for women veterans.

Discussion:

The changes to the VHA healthcare program have affected adversely VA's clinical capability of providing holistic services to women veterans. The closing of inpatient units have reduced the number of beds available for women inpatients in acute care/medical and surgery areas. Privacy has been compromised in older facilities. The extent of privacy afforded women veterans in VA healthcare facilities is considered only in response to the annual privacy survey and no formal standards are in place.

Inpatient psychiatric beds have also been reduced resulting in few beds being available to women veterans. There exists a need to have private inpatient psychiatric beds for women in each geographical area. Other issues discussed by the work group included:

- Under utilization of available substance abuse and chemical dependence programs by women veterans with history of sexual trauma.
- Short hospital stays have negatively impacted coordinated care, and the timely and comprehensive follow-up care for women.
- Creation of gender-specific programs should be considered for women veterans in VA domiciliaries and nursing homes. Without women-designated beds, women veterans cannot enter the long term care population.
- Greater reliance on fee basis services for treatment of female victims of sexual trauma may be more appropriate than in-house care. Standardize the program administration to afford all veterans appropriate access to care.
- There have been numerous cutbacks in staff, clinics and programs for women veteran healthcare program in recent years. The impact of cutbacks in inpatient mental health beds has had a significant impact on access for women veterans.
- Women's health care is unique and requires longer appointment slots.
- Ensure equitable access and accessibility of gender-specific services for women in Community Out Based Clinics (CBOCs).
- Develop a strategic plan for long term care/aging issues specific to the needs of women veterans.

The Work Group proposed

- Standardize the position requirements and work expectations of the women veteran's coordinator (WVC) position to ensure consistency in application of duties throughout the VA health care network.
- Develop a standardized national women veterans coordinators' performance plan.
- Ensure there is sufficient allocation of time afforded to women veterans coordinators to ensure program and administrative activities are accomplished.
- Ensure resources are made available to fund women veteran coordinator as a full-time administrative position without collateral responsibilities in primary integrated HCS sites, or augment part-time women veterans coordinator or clinician with administrative support to achieve a full-time complement.
- Develop a national formulary that is clinically appropriate to women's health.
- Establish a national standard for the women's health panel size and appointment time allocations.
- Establish, within each Veterans Integrated Service Network (VISN), a full service referral facility for women veterans requiring inpatient psychiatric care.
- Establish comprehensive women's health clinics at primary integrated HCS sites.
- Implement a comprehensive holistic women's health interdisciplinary inpatient assessment protocol to coordinate treatment plans and ensure case managed follow-up.
- Develop clinical practice guidelines for the management of women veteran patients and their prevalent health conditions with special emphasis on Hepatitis C, Agent Orange, HIV and sexual trauma.
- Ensure access to a single standard of care for basic gender-specific services exists at all VHA facilities and Community Based Outpatient Clinics (CBOCs).
- Appoint women's health representatives to VA VISN Pharmacy and Therapeutics Committees.

C&P Exam Process

Discussion:

The work group unanimously agreed that there exists a lack of communication and understanding between VHA and VBA relative to the request and providing of C&P examinations. It was expressed that VHA facilities do not afford the exam process the importance it requires to ensure veterans receive their maximum entitlements. Physicians perform these exams as collateral duties or they are assigned exams regardless of clinical expertise. In some facilities, fee basis funds are used to hire examiners regardless of expertise with veterans or veteran specific disabilities.

In light of the fact that VHA does not afford this process the credibility it warrants, it was suggested that VHA funds be transferred to VBA. VBA

would then be able to control the C&P exam process and develop a viable national implementation plan. Also, the policy regarding requirement that M.D. rate women for compensation and pensions ratings needs to be re-evaluated.

The Work Group proposed

- Develop quality review standards to ensure examinations are comprehensive and meet regulatory requirements.
- Educate, on a national level, all C&P examining physicians about the Veterans Benefits Administration's (VBA) claims process and expectations to ensure that examinations are correct, sufficient in detail and responsive to the adjudication processing requirements.
- Accept medical certification from Nurse Practitioners and Physician Assistants in lieu of or in addition to a MD, as credible evidence to permit a clinical rating for a veteran's entitlement to service connected compensation.
- Allow VBA to control, manage and implement the C&P examination process. Transfer funds and related resources to VBA from the VHA annual budget.

Access barriers to healthcare

Issue:

Women veterans with children have difficulty accessing VA healthcare services.

The Work Group Proposed

- Establish and maintain collaborative partnerships with community agencies who provide non-VA funded childcare services to enhance opportunities for women veterans with children to use VA health care programs.
- Provide for limited newborn health care.

HOMELESSNESS

Background/Discussion:

VA reports that on any given night as many as 250,000 veterans or one-third (1/3) of the general adult homeless population, live on the streets or in shelters. The National Coalition for Homeless Veterans estimates that Nationwide, 275,000 veterans are homeless on any given night, and possibly twice that number experience homelessness over the course of a year. Women veterans are increasingly represented among the homeless population.

Women, who are homeless, like their male counterparts, come from all races, religion, socio-economic and educational backgrounds. As with any population of women, some are veterans. Although any women are at risk, there are some socio-economic factors that increase their risk of becoming homeless. These include:

- women leaving abusive partners, by choice or abandonment;
- survivors of childhood sexual, physical and emotional abuse;
- women struggling to overcome substance abuse and mental illness;
- pregnant teenagers;
- women ineligible for social assistance, because they have no fixed address;
- women who are single parents with dependent children and unable to earn a living wage;
- women who are illiterate
- women in conflict with the law;
- elderly women, with limited incomes and few social support systems;
- women in transit from other municipalities, counties and states;
- single women and women with children victimized by eviction, fire, flood, or other disasters;
- women who because of financial hardships are without heat and electricity.

Depending on location, women make up 15 - 35% of the adult homeless population. Impoverished women, without mental illness, frequently find temporary lodging with family or friends; a situation that frequently results in a transient living style that precludes the individual development of the kind of social support and living skills that lead to permanent employment and housing. These women are often referred to as the "invisible" homeless, for although they are not currently living "on the street", they are at great risk to do so in the future. Although there are no estimates as to the number of women veterans who are homeless, we approximate that the percentage would be at least equal to the number of women veterans in the general population, or four percent (4%).

The Work Group proposed

- Ensure all service-providers (i.e., VA, federal and community partners) use the McKinney Act definition of homelessness as eligibility criteria for services and programs for veterans who are homeless.
- Educate VA clinical staff and selected benefits staff on issues related to homeless veterans and women veterans who are homeless.
- Ensure all VA medical centers develop and implement programs to respond to the needs of homeless veterans in their catchment area.
- Improve collaboration among VA Women Veterans Health Program clinicians and women veterans coordinators and VA homeless program staffs.
- Educate VA homeless program coordinators and staffs regarding gender-specific needs for women veterans who are homeless.
- Develop alternative solutions to avoid foreclosure of VA home loans for women veterans who become financially challenged because of a divorce from or death of spouse (co-obligator).women.

STATE VETERANS PROGRAMS

Issue:

Many states offer special benefits and services to individuals who have served in the military. These “state” entitlements are generally administered in accordance with state regulations and by the designated Director or Commissioner for Veterans Affairs. This individual usually works under the Office of the Governor or is appointed to an official term of office as determined by state legislation.

Discussion:

Several Issues were discussed by the State Veterans’ Programs work group including:

- All State Women Veterans Coordinators should have a position/job description that provides an official job title, duties and assignments, expectations and resources.
- An annual State Women Veterans Coordinators Conference would be an opportunity to discuss concerns and address issues
- A Memorandum of Understanding among State Veterans Organizations to develop outreach partnerships specific to women veterans would increase awareness and popularity of the issues.
- Town hall meetings should be better organized on a State-wide basis and collaborate with local VA programs to improve information dissemination
- State documents should reflect equal entitlements for women and male veterans
- State Women Veterans Coordinator’s positions should be funded full time and provide sufficient resources to support the position and program implementation

The Work Group proposed

- Designate a Women Veterans Coordinator for each State Veterans’ Organization
- Enhance intra- and inter-state cooperation on all issues related to women veterans
- Establish and monitor individual state women veterans’ outreach programs.

MINORITY WOMEN VETERANS

The Work Group proposed

- Focus outreach initiatives for minority women veterans
- Educate clinicians and consumers about minority women veteran's issues.
- Increase minority women veterans' health research opportunities and program responsiveness.
- Improve federal, state and community outreach programs for minority women veterans.

VETERANS SERVICE ORGANIZATIONS

Discussion:

Several issues were discussed by the work group:

There exists a need for recognition of and respect for women veterans throughout all levels of the veteran community. This can be accomplished through increased outreach programs that incorporate high profile opportunities to discuss women veterans. As with other "priority" initiatives, establish a VSO Coalition for Women Veterans with membership representation from all VSOs to develop initiatives and address concerns of women veterans.

The group agreed in total that outreach is a critical component of the VSO program. There is a need to implement Internet technology throughout the VSO network to enhance access to information and encourage increased involvement in women veterans' issues. Strengthen VSO partnerships to foster advancement of women veterans issues and increase representation and sponsorship at local and national programs.

Work group proposed

- Improve existing Outreach programs for women veterans.
- Increase efforts to recruit women veteran service officers.
- Provide ongoing sensitivity training addressing women veterans issues to all service officers.
- Develop and implement a national public awareness program to highlight and acknowledge women veterans' contributions to America.
- Improve internal and external communication regarding programs and services for women veterans.
- Strengthen Veterans Services Organization (VSO) partnerships to increase commitment between and across VSO lines to foster understanding and the advancement of women veterans issues.

EMPLOYMENT ISSUES

Discussion Topics:

- Implementation of the Workforce Investment Act (WIA)
- Women's failure to identify themselves as veterans
- Impact of on-line employment services on veterans entitled to individual counseling services
- Marketing of the women veterans' transferable skills
- Licensing and credentialing
- Employment of women as Disabled Veteran Outreach Program Officers (DVOP) and Local Veterans Employment Representatives (LVER)

Issue:

WIA Implementation.

Discussion:

WIA became effective on July 1, 2000. It is administered through 50 state boards, each composed of 15 members. Eight of these members must represent the business community and be appointed by the state governor. The state boards, in turn, appoint local boards. There is no requirement for staff expertise on veterans' employment needs for either the state or the local boards; some states will have a representative concerned about veterans issues, others will not. Under these circumstances, veterans' employment concerns and needs could be overlooked in some states.

The Work Group proposed:

- The Veterans Employment and Training Service of the Department of Labor (DOL) monitor the implementation of WIA using information provided by its regional and state offices, veterans service organizations and other available sources.
- If it is ascertained that veterans' needs are being overlooked, then DOL should take appropriate action that could include seeking a legislative remedy to fix emergent problems.

Issue:

Some women veterans don't realize they are veterans:

Discussion:

Some women veterans believe that only those who served in combat or certain theaters of war qualify as veterans. This results in their failure to identify themselves on various federal, state or local forms as veterans when they are seeking services. In turn, this means some women veterans are not receiving services to which they are entitled. These same women readily declare that they serve in the military if the question is put in that manner.

The Work Group proposed

- As DOL and VA update the various forms, questionnaires and software, etc., that come under their control and that ask about veterans status, new terminology should be used to ascertain this status. Instead of asking “Are you a veteran?” the question should read “Have you ever served in the military?”

Issue:

Greater use of on-line employment sites could reduce veterans’ awareness of the individual employment services to which certain classes of veterans are entitled.

Discussion:

More and more employment services (Americas Job Bank, etc) provided by DOL are moving to the Internet. People using these sites tend to skip over the "small print" and jump right into job listings. Many of the veterans using this approach don't even notice the links to information on special veterans' services. This means some veterans entitled to individual employment counseling aren't receiving the special services they may need to prepare for and find employment.

The Work Group proposed:

- DOL modify the home pages for its employment websites such as, Americas Job Bank, so that special links iterating veterans entitlements leap out at the user.

Issue:

Marketing women veterans’ transferable skills:

Discussion:

In addition to the technical, “job performance” skills they acquire on active duty, women veterans develop other, less apparent skills, that are in great demand in the civilian workplace. Through their military experience, veterans have developed skills in leadership, teamwork and ability to gauge and allocate work.

The Work Group proposed

- When appropriate, literature, ads, videos, etc. promoting the hiring of women veterans mention the leadership and team working skills women develop in the military.

Issue:

Licensing and credentialing

Discussion:

Federal, state and local requirements for licenses and credentials hinder veterans ability to transfer skills they developed while in the military into the

civilian economy. A combined DOL/DOD task force is working on this problem.

The Work Group proposed

- DOL and DOD be commended for their efforts to help veterans through the licensing and credentialing maze and recommends that these efforts be continued and expanded.

Issue:

There are too few women Disabled Veterans Outreach Persons (DVOPs) and Local Veterans Employment Representatives (LVERs)

Discussion:

Many of today's DVOPs and LVERs are veterans of the Vietnam-era, a time when the total number of women serving in the armed forces was about 2%. Many of these DVOPs and LVERs will become retirement eligible over the next few years. This presents an opportunity to hire more women DVOPs and LVERs as positions become available.

The Work Group proposed

- DOL instruct/encourage regional and state offices to make an earnest effort to attract women applicants for DVOP and LVER position vacancies.

Summary:

- Publish annual workforce data reports that identify women veterans employment status and hiring ratio.
- Ensure all applications for entitlements and employment include the wording "Have you ever served in the military" as opposed to "Are you a veteran" when asking for veteran status.
- Develop viable strategies in providing employment assistance via the Internet for women veterans.
- Provide access to other federal web sites and community service providers that offer programs and services for women.
- Encourage the development of Internet sites focused on women veterans and their gainful employment.
- Identify women veterans' employment needs and incorporate them into outreach programs for women veterans in municipal and rural areas.
- Encourage DOL and other federal programs to advertise the marketable skills of women veterans.
- Ensure that experience gained through active duty assignments and education are acceptable for and transferable to civilian licenses.
- Increase efforts to recruit women veterans as Disabled Veterans Outreach Persons and Local Veterans Employment Representatives.

Benefits

Background/Discussion:

The work group discussed their primary concerns. Many of the issues have surfaced at other forums and some already have legislation proposed or pending. But the group concluded that neither pending legislation nor a repeat submission would disqualify an issue from consideration. Issues, and concerns collected from the participants' comment sheets fall into eight areas:

- Benefit Eligibility
- Claims Process
- Sexual Trauma Claims
- Education Benefits
- Outreach
- VA Employee Training
- Medical Issues
- Legislative

The Work Group proposed

- Revise the minimum service requirements and eligibility criteria for National Guard personnel and Reservists' entitlement VA benefits.
- Improve access to information prior to separation from military service for active duty women (TAP/DTAP).
- Improve the claims process related to Post Traumatic Stress Disorder claims resulting from sexual trauma. Establish consistent development techniques, nationally implement a standardized protocol for PTSD claims resulting from sexual trauma, and improve staff sensitivity and awareness of issues related to sexual and personal assault.
- Request legislative change to the rules of evidence to provide a veteran who is a victim of a sexual or personal assault benefit of doubt (increase the use of evidence markers) in determining eligibility to compensation for PTSD.
- Provide on-going training to pertinent VA personnel regarding the claims process and procedures for processing sexual trauma disability cases.
- Extend (or eliminate) the delimiting date for Education benefits.
- Define the level of "credentialed" provider required for well-grounding, rating, and awarding benefit claims. Standardized across VBA the acceptance of these non-MD providers.
- Develop alternative solutions to avoid foreclosure of VA home loans for women veterans who become financially challenged because of a divorce from or death of spouse (co-obligator).
- Transition Assistance Programs briefings need to provide specific women veterans' healthcare entitlement information.



APPENDIXES

- **The Center for Women Veterans – Overview**
- **Summit 2000 – Agenda**

Department of Veterans Affairs Center for Women Veterans

Director -- Joan A. Furey, RNMA
Associate Director -- Alice L. Raatjes



MISSION

The mission of the Center for Women Veterans is to assure that women veterans receive benefits and services on a par with male veterans, encounter no discrimination in their attempt to access these services, are treated with respect and dignity by VA service providers, and to act as the primary advisor to the Secretary for Veterans Affairs on all matters related to programs, issues, and initiatives for and affecting women veterans.

GOALS

Our goals were developed to assess women veterans' services within and outside the Department on an ongoing basis, to assure that VA policy and planning practices address the needs of women veterans and foster VA participation in general Federal initiatives focusing on women's issues. Specific goals of the Center include:

- Identifying policies, practices, programs, and related activities that are unresponsive or sensitive to the needs of women veterans and recommend changes, revisions or new initiatives designed to address these deficiencies.
- Fostering communication between all elements of VA on these findings and assure that women veterans issues are incorporated into their strategic planning.
- Promoting and providing educational activities on women's issues generally, and women veterans specifically for VA personnel and other appropriate individuals.
- Encouraging collaborative activities on issues related to women with other Federal agencies.
- Creating an informal forum for the open discussion of women veterans issues for interested VA personnel.
- Developing an open dialog with the women veteran community to assess their perception of VA services for women.
- Promoting research activities on women veterans' issues.
- Fulfilling all other functions of the Center as outlined by Congress in Public Law 103-446

The Center for Women Veterans

1) BACKGROUND

- A. The 1982 General Accounting Office (GAO) report *Actions Needed to Insure That Female Veterans Have Equal Access to VA Benefits*, stated that Department of Veterans Affairs (VA) facilities were unable to meet the healthcare needs of women veterans to the same extent as that of men veterans. In 1992, GAO returned to VA to assess the progress that had been made in responding to the problems identified in their 1982 report.

The second report, *VA Health Care for Women: Despite Progress, Improvements Needed*, determined that, although VA had made significant progress since 1982 toward ensuring women veterans' access to healthcare is equal to that of men veterans, some problems remained. Similar concerns regarding access and equity were voiced regarding Veterans Benefits Administration (VBA), although no formal review had occurred.

Recognizing that these issues must be assessed, evaluated and where needed, corrected, the Honorable Jesse Brown, Secretary of the Department of Veterans Affairs, established VA's first WOMEN VETERANS' PROGRAM OFFICE (WVPO) in December 1993. The WOMEN VETERANS' PROGRAM OFFICE officially opened on February 7, 1994.

- B. In November 1994, the United States Congress enacted Public Law 103-446, which required VA to establish a CENTER FOR WOMEN VETERANS (hereto referred to as the Center) to oversee VA programs for women. This resulted in the reorganization of the WVPO into the CENTER FOR WOMEN VETERANS, with the Director reporting directly to the Secretary.
- C. The primary mission of the Center is to assure that women veterans receive benefits and services on a par with male veterans, that VA programs are responsive to the gender-specific needs of women veterans and to outreach to women veterans and service providers to educate them about VA benefits and services.
- D. The Center's goals are consistent with the functions and responsibilities outlined in Public Law 103-446, and include:
1. Serve as principal adviser to the Secretary on the adoption and implementation of policies and programs affecting veterans who are women.
 2. Make recommendations to the Secretary, the Under Secretary for Health, the Under Secretary for Benefits, and other Department officials for the establishment or improvement of programs in the Department for which veterans who are women are eligible.
 3. Promote the use of benefits authorized by this Title by veterans who are women and the conduct of outreach activities to veterans who are women.

4. Disseminate information and serve as a resource center for the exchange of information regarding innovative and successful programs that improve the services available to veterans who are women.
5. Conduct and sponsor appropriate social and demographic research on the needs of veterans who are women and the extent to which programs, authorized under this Title, meet the needs of those veterans, without regard to any law concerning the collection of information from the public.
6. Analyze and evaluate complaints made by/on behalf of veterans who are women about the adequacy and timeliness of services provided by the Department and advise the appropriate official of the Department of the results of such analysis and evaluation.
7. Consult with and provide assistance and information to officials responsible for administering Federal, state, local, and private programs that assist veterans, to encourage those officials to adopt policies which promote the use of those programs by veterans who are women.
8. Advise the Secretary when laws or policies have the effect of discouraging the use of benefits by veterans who are women.
9. Publicize the results of medical research which are of particular significance to veterans who are women.
10. Advise the Secretary and other appropriate officials of the effectiveness of the Department's efforts to accomplish the goals of section 492B of the Public Health Service Act, and of particular health conditions affecting women's health which should be studied as part of the Department's medical research program and promotes cooperation between the Department and other sponsors of medical research of potential benefit to veterans who are women.
11. Provide support and administrative services to the Advisory Committee on Women Veterans.

Perform other duties consistent with this section, as the Secretary shall prescribe.

2. Accomplishments:

- A.** The Center has worked closely with organizational elements within VA, other federal and state agencies and a variety of veteran service organizations to assure that the issues and concerns of women veterans are addressed in a manner consistent with the goals of the respective organizations and, where appropriate, integrated into individual organization programs, policies and procedures. Examples of our accomplishments in this area include the following:
 - Establishment of the Compensation and Pension Service Advisory Committee on Women's Issues within the Veterans Benefits Administration

- Establishment of the National Task Force on Women Veterans Health Care Issues within Veterans Health Administration
- Facilitated Funding for Veterans Health Administration's 11 VA-Community collaborative pilot programs to provide services to women veterans who are homeless
- Fostered "One VA" by facilitating joint training of Veterans Health and Benefits Administrations' women veterans coordinators
- Improved outreach focus to the women veterans community
- Fostered relationships with state and county departments of veterans affairs
- Established partnerships with national veterans service organizations to enhance and increase outreach efforts to women veterans
- Established partnerships with other Federal agencies responsible for providing services to women

B. Inter and IntraAgency Committee Membership

Center Staff are active members of the following committee's

- Compensation and Pension Service Advisory Committee on Women's Issues (VBA)
- National Task Force on Women Veterans Health Care Issues (VHA)
- Secretary's Working Group on Homelessness (VA)
- Homeless Veterans Task Force (VA)
- Homeless Women Veterans Initiative Oversight Committee (VHA)
- Committee on the Care of the Seriously Mentally Ill (VHA)
- Mammography Standards Committee (VHA)
- Interagency Committee on Women's Health and the Environment (HHS)
- President's Committee on Employment of People with Disabilities, Subcommittee on Disabled Veterans

C. Education & Training:

Since 1994, Center Staff have provided over 100 formal trainings on a wide variety of women's issues and been active in the development and presentation of educational programs designed to enhance VA staff's

knowledge and increase their sensitivity of women veterans, health care needs, gender-specific concerns, and related issues. Additional educational activities have included the provision of training on women veterans' issues and VA services for women veterans to veterans service officers from the National Veterans Service Organizations, representatives of the Veterans Affairs Departments in State Governments and the National Association of County Veterans Services Officers. Center Staff have also provided educational programs on Sexual Trauma Issues in women veterans to elements within DOD, including the U.S. Army's Senior Review Panel on Sexual Harassment and Assault and the DOD Victim's Assistance Task Force.

D. Information Dissemination

Outreach: The dissemination of information to the women veteran community is a primary goal of the CENTER FOR WOMEN VETERANS, as such, the Center hosts open forums, town hall meetings, and meetings with representatives of national veterans' service organizations at sites across the country. These forums provide Center Staff an opportunity to discuss VA programs and services for women veterans, provide information on accessing benefits and discuss concerns regarding VA services for women in their local community. Since 1994, the Center has hosted approximately 75 such forums at various sites across the country. It is estimated that over 5000 women veterans participated in these forums.

Internet Access: The Center established and maintains a Web site within the VA Home Page to provide women veterans with information about the Center, VA health care services, and benefit programs. Veterans accessing these Web pages are afforded the opportunity to correspond with the Center's Associate Director via e-mail. The site has been accessed over 30,000 times since its inception. It can be accessed at <http://www.va.gov/womenvet/index.htm>

National Summit: In 1996, the Center sponsored the first *National Summit on Women Veterans Issues*. A second Summit: *Summit 2000*, was convened in June 2000. The purpose of these Summits was to provide veterans, veteran service providers, Federal agency representatives, legislative staffers and other interested individuals a forum in which to discuss current initiatives for women veterans, identify issues of concern to the women veteran community, and share ideas on how they might be addressed through legislative, programmatic and outreach activities. Over 450 individuals attended these events. 2000 copies of the 1996 Summit Proceedings were distributed to VA, DOD, DOL and HHS officials, as well as members and staff of the House and Senate Veterans Affairs Committee, the leadership of the National Veterans Service Organizations, Summit participants, and other interested individuals. The proceedings of *Summit 2000* will be similarly distributed.

E. Advisory Committee on Women Veterans: The Advisory Committee on Women Veterans was established in 1983 by Public Law 98 - 160. The law authorizes the Advisory Committee on Women Veterans to:

- Assess the needs of women veterans with respect to compensation, health care, rehabilitation, outreach and other benefits and health care programs administered by the Department of Veterans Affairs,
- Review VA programs and activities designed to meet these needs,
- Make recommendations for appropriate action, and
- Follow-up on the recommendations made by the Committee.

Since that time, the Committee has made recommendations to the Department of Veterans Affairs' that have contributed to the improvement of VA health care services, benefit programs, and the lives of America's 1.2 million women veterans. Some of the Committee's accomplishments include:

- Recommendation to establish the VA Women Veterans Coordinators Program
- Suggested initiatives and direction for VA Women Veterans Outreach Programs
- Recommended improvements in the area of gender specific healthcare
- Formulated and suggested various legislative initiatives

Committee members maintain a strong liaison with the women veteran community, national veterans service organizations, and other special interest groups concerned about veterans issues(e.g. National Coalition for the Homeless). Additionally members periodically visit local VA facilities and arrange meetings with women veteran consumers of VA services. They are briefed annually on VA initiatives for women veterans and openly discuss concerns with VA representatives. In this way, the committee monitors changes from both the Department and consumer perspectives. The committee prepares a biannual report for the Secretary, identifying areas of progress, and areas of concern regarding VA's services to women veterans. The report also includes specific recommendations that address unresolved issues and problems.

3) The Future of the Center

Twenty-five years ago, the face of the U.S. military was virtually all male. But that is starting to change. The number of women enlisting in the Armed Forces continues to increase and they are taking on increasingly responsible and diverse roles. This trend holds important implications for VA as it enters into the twenty-first century.

Prior to 1973, women accounted for only 2 percent of the active duty military and the military occupations open to them were limited. Today, women make up more than 15 percent of the active duty forces and 20

percent of new recruits. Women are being deployed in greater numbers throughout the world, and in a wider variety of military occupations than ever before in the history of our country.

VA projects that by the year 2010, women veterans will make up over 10 percent of the veteran population -- more than double the current number. This increase, combined with questions surrounding the impact of military service on women's health, explains why VA has designated women's health as a special emphasis program

Over the last 15 years, VA has invested considerable effort in enhancing its programs for women. For the most part, these efforts have been very successful. During the past eight years, the number of women using VA health care programs has surged by 64 percent. Yet, as the various administrations within VA reorganize their approach to the delivery of healthcare and benefits, there is concern that the progress made in delivering services to women veterans will be lost and that, once again, women veterans will find themselves treated as "one of the boys."

The Center for Women Veterans is committed to assuring that services, responsive to the needs of women veterans are maintained, and when necessary, enhanced. Our future goals reflect that commitment.

Our plans for the future include:

- Monitoring changes within VHA and VBA and assess the impact these changes may have on the delivery of services to women veterans.
- Continue to improve our outreach efforts to women veterans with increased emphasis on outreaching to minority women veterans.
- Ensure that DOD/DOL/VA Transition Assistance Programs provide active duty women access to information on the benefits and services available to them as veterans, prior to their release from Active Duty.
- Foster the implementation of "One VA" by providing joint training and networking opportunities to women veteran coordinators across VA.
- Continue to provide women veteran consumers the opportunity to share their concerns and issues with VA managers through town hall meetings, community forums and national and regional summits.
- Partner with other VA program officials to market VA as a provider of choice for women veterans.

• AGENDA



NATIONAL SUMMIT ON WOMEN VETERANS ISSUES JUNE 23-25, 2000

**SPONSORED BY
THE DEPARTMENT OF VETERANS AFFAIRS, CENTER FOR WOMEN VETERANS
CO-SPONSORED BY
THE DISABLED AMERICAN VETERANS
&
THE WHITE HOUSE OFFICE ON WOMEN'S INITIATIVES AND OUTREACH**

GOAL

The Summit will provide (women) veteran service providers, Federal agency representatives, legislative staffers and other interested individuals a forum in which to discuss current initiatives for women veterans, identify issues of concern to the women veteran community, and develop recommendations to address them through legislative, programmatic and outreach activities.

OBJECTIVES

- Update participants on current Federal initiatives addressing women veterans with particular focus on:
 - Health Care
 - Homelessness
 - Benefits
 - Research on Women Veterans Health
 - Minority Women Veterans
 - Women in War:
 - Transition and Employment
- Identify issues of current concern to the women veterans' community.
- Prepare a formal document incorporating the issues and concerns of the Summit work groups. This document will be distributed to VA program officials, other Federal and State agencies, the U.S. Congress, veterans' service organizations, and veteran service providers for consideration in organizational strategic planning activities.

THURSDAY, JUNE 22, 2000

- 5:30 PM – 8:00 PM Early Registration
- 5:30 PM – 6:00 PM Moderator's Orientation
- 6:00 PM – 8:00 PM Facilitator's Orientation





Friday, June 23, 2000

7:30 AM – 8:30 AM REGISTRATION / BUFFET BREAKFAST

8:30 AM **WELCOME:**
Joan Furey
Director, VA Center for Women Veterans
David Gorman
Executive Director, Disabled American Veterans
PRESENTATION OF COLORS: Military District of Washington
INVOCATION: Reverend *Jeni Cook*
Director, National Chaplain Center
Department of Veterans Affairs
PLEDGE OF ALLEGIANCE: *Sarah McClendon*
Disabled American Veterans
NATIONAL ANTHEM & RETIRING OF THE COLORS

9:00 AM **KEYNOTE ADDRESS**
Honorable Hershel W. Gober
Deputy Secretary of Veterans Affairs

9:20 AM **PLENARY SESSION**
• *Overview, Center for Women Veterans*
• *Review Agenda and Summit Objectives*
Joan Furey
Director, Center for Women Veterans
Department of Veterans Affairs

10:00 AM **Break**

10:30 AM **PLENARY SESSION: OVERVIEW FEDERAL INITIATIVES FOR VETERANS**
Moderator – Joan Furey

10:30: *Honorable Thomas Garthwaite, M.D.*
Acting Under Secretary
Veterans Health Administration

10:50: *Honorable Joseph Thompson*
Under Secretary
Veterans Benefits Administration
Department of Veterans Affairs

11:10: *Honorable Robert M. Walker*
Acting Under Secretary
National Cemetery Administration
Department of Veterans Affairs

11:30: *Honorable Espiridian Borrego, Ph.D.*
Assistant Secretary
Veterans Employment and Training
Department of Labor

12 Noon **Lunch on Own**

1:30 PM **KEYNOTE ADDRESS**
Vice Admiral Patricia Tracy, US Navy
Deputy Assistant Secretary, Military Personnel Policy
Department of Defense

2:00 PM

PLENARY SESSION: FEDERAL INITIATIVES FOR WOMEN

2:00: *Lauren Supina*, Deputy Assistant to the President
Director, White House Office for Women's Initiatives and Outreach

2:20: *Wanda Jones, Dr. P.H.*
Director, Office of Women's Health
Department of Health and Human Services

2:40: *Captain Barbara Brehm*, US Navy, and Military Director
Defense Advisory Committee on Women in the Service
Department of Defense

3:00 PM

Break

3:30 PM

**CONCURRENT SESSIONS – Issues Update: Part I
(Select 1)**

1) ***Women and War Part I: What We Know*** Moderator: *Joan Furey*

VA INITIATIVES ON GULF WAR ILLNESS

Susan Mather, M.D.

Chief Public Health and Environmental Hazards Officer
Department of Veterans Affairs

THE VIETNAM WOMEN VETERANS' REPRODUCTIVE OUTCOME
STUDY

Han K. Kang, Ph.D.

Director, Environmental Epidemiology Service
Department of Veterans Affairs

DOD INITIATIVES ON GULF WAR ILLNESS

Colonel Frances L. O'Donnell, US Army, MC

Director, Medical Outreach and Issues
Office of the Special Assistant for Gulf War Illness
Department of Defense

2) ***Women Veterans and Homelessness: Emerging Challenges
and Initiatives*** Moderator: *Alice Raatjes*

HOMELESSNESS AND WOMEN VETERANS: THE FEDERAL PERSPECTIVE

OVERVIEW HOMELESS VETERANS IN AMERICA AND VA'S
RESPONSE

Peter Dougherty

Director, VA Homeless Programs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs

VETERANS HEALTH ADMINISTRATIONS HOMELESS
PROGRAMS

Josephine Hawkins

Program Analyst – Women Veterans Homeless Program
Mental Health Strategic Health Care Group
Department of Veterans Affairs

COMPENSATED WORK THERAPY PROGRAMS

Rick Lee,
Program Manager
Compensated Work Therapy Programs
Department of Veterans Affairs

V.E.T.S., HELPING HOMELESS VETERANS

Thomas Keefe
Deputy Assistant Secretary for
Veterans Employment and Training
Department of Labor

3) *VA Health Care and Women Veterans: Programs and Services*
Moderator: Connie LaRosa

WOMEN'S HEALTH CARE IN VA - WHERE WE ARE, WHERE WE'RE GOING
Carole Turner, RN, MSN
Director, Women Veterans' Health Programs
Department of Veterans Affairs

VA MENTAL HEALTH SERVICES FOR WOMEN VETERANS: AN OVERVIEW
Laurent Lehmann, M.D.
Chief Consultant
Mental Health and Behavioral Science Service
Department of Veterans Affairs

READJUSTMENT COUNSELING SERVICE: THE VET CENTER PROGRAM
Alphonso Batres, Ph.D.
Director, Readjustment Counseling Service
Department of Veterans Affairs

4) *Employment Assistance for Veterans*
Moderator: Anthony L. Baskerville

VETERANS EMPLOYMENT AND TRANSITION SERVICES
Effie Baldwin
Workforce Investment Act
Veterans Employment and Training Service
Department of Labor

Edwyna Ware
Disabled Veterans Outreach Program
Veterans Employment and Training Service
Department of Labor

VETERANS SERVICE ORGANIZATIONS: HOW WE CAN HELP
Jim McGill
Director, Employment Policy
Veterans of Foreign Wars

5) *Veterans Benefits: An Overview*
Moderator: Lynda Petty

VETERAN BENEFITS: AVAILABILITY AND ELIGIBILITY
Carolyn Hunt
Veterans Service Center Manager
VA Regional Office, Chicago, IL

Thea-Dora "Teddy" Lineberry
Vocational Readjustment Counselor
VA Regional Office, Albuquerque, NM

FILING A CLAIM: THE PROCESS
Lynn Mouvery
Veterans Service Center Manager
VA Regional Office , White River Junction, VT

Bessie Green
Assistant Veterans Service Center Manager
VA Regional Office, Atlanta, Georgia

6) *The Legislative Process: What it Is. How it Works*
Moderator: Joy Ilem, Disabled American Veterans

VA POLICIES AND THE LAW
Honorable Leigh Bradley, JD
General Counsel
Department of Veterans Affairs

Phillip Riggan
Deputy Assistant Secretary for Congressional Affairs
Department of Veterans Affairs

HOUSE VETERANS' AFFAIRS COMMITTEE
Patrick E. Ryan, Deputy Chief Counsel
Susan C. Edgerton, Minority Staff Director

SENATE VETERANS' AFFAIRS COMMITTEE
William Tuerk, Staff Director, General Counsel
Mary J. Schoelen, Minority General Counsel

5: 15 PM

ADJOURN

6:00 PM

RECEPTION*
Women in Military Service to America Memorial (WMSA)
Arlington, National Cemetery
Sponsored by Parke-Davis



SATURDAY, JUNE 24, 2000

7:30 AM

BREAKFAST BUFFET

8:30 AM

PLENARY SESSION: VA ADVISORY COMMITTEE ON WOMEN VETERANS

Linda Schwartz, DPH, Chair New Haven, Connecticut
Lois Johns, Ph.D., Vice Chair, San Antonio, Texas
Sherry Elaine Bledde, Topeka, Kansas
Captain Barbara Brehm, USN, Washington, D.C.
Constance Evans, Lapwai, Idaho
Bertha Cruz Hall, Fort Worth, Texas
Marcellite J. Harris, Merrit Island, Florida
Joy J. Ilem, Washington, D.C.

Consuelo C. Kickbusch, San Antonio, Texas
Lory Manning, Arlington, Virginia
Karen L. Ray, Lake Ridge, Virginia
Douglas Russell, Falls Church, Virginia

9:30 AM

**CONCURRENT SESSIONS – Issues Update: Part II
(Select 1)**

7) *Women and War Part II: What We Know*

Moderator: Joan Furey

PRISONERS OF WAR – THE POW EXPERIENCE OF WWII WOMEN
Elizabeth Norman, Ph.D., R.N.
Director, Doctoral Programs
Division of Nursing, New York University
New York, NY

POST-TRAUMATIC STRESS DISORDER AND THE WOMEN WAR ZONE
VETERAN:
LESSONS FROM VIETNAM AND THE PERSIAN GULF
Marie Caulfield, Ph.D.
Former Assistant Director, Women's Health Sciences Center
National Center for Post -Traumatic Stress Disorder
Veterans Affairs Medical Center
Boston, MA

PEACE KEEPING MISSIONS AND OTHER DEPLOYMENTS
ISSUES FOR MILITARY WOMEN
Mary Candice Ross, Ph.D., R.N.
Associate Dean
College of Nursing, University of South Alabama
Mobile, AL
Vice Chair
VA Advisory Committee on the Readjustment of Veterans

**8) *Women Veterans and Homelessness: Innovations in VA and
Community Care***

Moderator: Alice Raatjes

COMMUNITY WORKING WITH HOMELESS VETERANS
VIETNAM VETERANS OF SAN DIEGO
Al Pavich,
Executive Director
Sharon L. Russell-Merkle, MA,
Director, Women's Programs
Vietnam Veterans of San Diego (VVSD)
San Diego, CA

WOMEN VETERANS WORKING FOR WOMEN VETERANS
ANGELS' LANDING: A TRANSITIONAL HOME FOR WOMEN VETERANS
Marianne Woodward Smith, MSN
Women Veterans Coordinator, Veterans Affairs Medical Center
Nashville, TN
Mary Ross
Women Veterans of Tennessee
Nashville, TN

A NEW BEGINNING FOR WOMEN VETERANS WHO ARE HOMELESS

PROJECT TORCH/PROJECT RETURN
VISN 3 HOMELESS GRANT INITIATIVE FOR WOMEN VETERANS
Mara Kushner, Clinic Director
Veterans Health Care Center
Brooklyn, NY
Dianne Bonavata
Project Return Foundation
New York, NY

**8) VA Health Care and Women Veterans: Research Initiatives
for**

**Women
Past, Present and Future
Moderator: Claudia DeWane, Ph.D.**

Lori Bastian, M.D.
Research Associate, Women's Health
Veterans Affairs Medical Center
Durham, NC

Katherine Skinner, Ph.D.
Center for Health Quality Outcomes and Economic Research
Veterans Affairs Medical Center
Bedford, MA

**10) Veterans Employment Assistance
Moderator: Anthony Baskerville**

SMALL BUSINESS AND ENTREPRENEURIAL OPPORTUNITIES –
ASSISTANCE FOR VETERANS
Scott Denniston
Director, Office of Small and Disadvantaged Business Utilization
Department of Veterans Affairs

Patricia Peacock, Ed.D.
Director, Small Business Development Center
Rutgers University
Camden, NJ

**11) Veterans Benefits: The Claims Process
Moderator: Ken Wolfe**

ROLE OF THE VETERANS SERVICE OFFICERS IN THE CLAIM PROCESS
Christine L. Bell
National Service Officer Supervisor
Disabled American Veterans – Connecticut Office

Barry Fifield
Service Director – Region I
American Veterans of World War II, Korea and Vietnam (AMVETS)

THE APPEAL PROCESS
Mimi Ventresca
Hearing Officer
VA Regional Office, San Diego, CA

Rick Thrasher,
Chief Council for Litigation
Board of Veterans Appeals
Department of Veterans Affairs

Ronald L. Smith
Chief Appellate Counsel
Disabled American Veterans

John Maki
Supervisor, Board of Veterans' Appeals Office
Disabled American Veterans

**12) INITIATING CHANGE: THE ROLE OF THE
VETERANS SERVICE ORGANIZATION
Moderator: Linda Schwartz, D.P.H.**

Joseph A. Violante
National Legislative Director
Disabled American Veterans

Jacqueline Garrick
Deputy Director, Health Care
American Legion

Marsha Four
Member, Board of Directors
Chairperson, Women's Committee
Vietnam Veterans of America

John McNeil
Assistant Director
Veterans Benefits Policy
Veterans of Foreign Wars

11:30AM

Break for Luncheon Seating

12:00 PM

**LUNCHEON – SPONSORED BY DISABLED AMERICAN VETERANS
HONORING PAST CHAIRS OF
THE VA ADVISORY COMMITTEE ON WOMEN VETERANS**

KEYNOTE SPEAKER

Brigadier General Wilma L. Vaught, US Air Force (Ret.)
President, Women in Military Service to America Memorial

2:00 PM – 5:30 PM

Working Groups Convene

1) HEALTH CARE

Facilitators: *Carole Turner*, Department of Veterans Affairs
Dave Gorman, Disabled American Veterans

2) BENEFITS

Facilitators: *Lynda Petty*, Department of Veterans Affairs
Edward R. Reese, Jr., Disabled American Veterans

3) EMPLOYMENT

Facilitators: *Effie Baldwin*, Department of Labor

Jim McGill, Veterans of Foreign Wars

- 4) **HOMELESSNESS**
Facilitators: *Peter Dougherty*, Department of Veterans Affairs
Linda Schwartz, Vietnam Veterans of America
- 5) **VETERANS SERVICE ORGANIZATIONS**
Facilitators: *David E. Autry*, Disabled American Veterans
Marsha Four, Vietnam Veterans of America
- 6) **MINORITY WOMEN VETERANS**
Facilitators: *Willie Hensley*, Department of Veterans Affairs
Fara Sanchez, Vietnam Veterans of America
- 7) **STATE VETERANS AFFAIRS AGENCIES**
Facilitators: *Anthonio Davila*, Delaware Commission of Veterans Affairs
Linda Waldrop, Oklahoma Department of Veterans Affairs

5:30 PM - 7:30 **FACILITATORS & RECORDERS MEETING**



SUNDAY, JUNE 25, 2000

8:00 AM **CONTINENTAL BREAKFAST**

9:00 AM **WORKING GROUP REPORTS**
Moderator: *Joan Furey*

10:30 AM **Break**

11:00 AM **OPEN MICROPHONE SESSION**

11:30 AM **SUMMARY AND CLOSING**
Joan Furey
Director
Center for Women Veterans
Department of Veterans Affairs

12:00 PM **ADJOURN**

1:30 PM – 2:30 PM **FACILITATORS MEETING**



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