THE 1996 REPORT
from

THE DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE ON WOMEN VETERANS

The Department of Veterans Affairs (VA) Advisory Committee on Women Veterans submits a report of activities in compliance with the provisions of Public Law 98-160. The report is divided into five parts. Part I, the Executive Summary, provides an overview of the Committee's activities during the past two years and summarizes their primary concerns. Part II, provides an historical overview of the problems encountered by women veterans in accessing VA services and describes legislative, programmatic and policy initiatives that have been implemented in response to these problems. Part III, lists the current recommendations of the Advisory Committee. Part IV, identifies those areas that have been addressed in prior reports by the Committee but remains a concern, and Part V, identifies particular issues the Committee wishes to monitor on an annual basis.

PART I

EXECUTIVE SUMMARY

The Advisory Committee is charged by statute with 1) assessing the needs of women veterans with respect to compensation, health care, rehabilitation, outreach and other benefits and programs administered by VA; 2) reviewing the programs and activities that VA designed to meet these needs; 3) recommending appropriate action; and 4) providing follow-up on these recommendations.

Advisory Committee members are made up of veterans and individuals who are actively involved in the issues of veterans. This assures the Committee continues to have first-hand knowledge of the issues and concerns of the women veterans community. The Committee meets as a body three times a year, with at least one meeting held at the Department of Veterans Affairs Central Office (VACO) Headquarters in Washington, DC. During the last reporting period, in October 1994, the Committee met in Albuquerque, New Mexico, to observe the services VA facilities offered to women veterans.

That site visit also gave the members an opportunity to interact with VA staff and women veterans from the local community. These briefings enabled the Advisory Committee to determine if recommendations previously made by them were being acted upon and allowed them to assess current issues of concern among women veterans and their service providers.

Committee members also made individual site visits to other VA facilities, and spoke at various civic and veterans organizations, educating them about women veterans and the services available to them. Women veterans discussed services they had personally accessed and their satisfaction, or lack of satisfaction, with these services.

The Advisory Committee was unable to meet during FY 96 because of the fiscal constraints associated with the government shutdown, repeated continuing resolutions and the reduction of the travel budget for the Office of the Secretary. The last Advisory Committee meeting during that reporting period was March 1995. The inability of the Committee to meet has resulted in limited discussion and review of the issues of current concern to women veterans.

This report notes the many accomplishments of VA during the past two years, but the Advisory Committee continues to address its primary concern that many women veterans remain unaware of their benefits. There have been many significant advances in the provision of health care to women veterans by VA. These include increased mammography capability, the establishment of women veterans health clinics and comprehensive centers, the creation of the Center for Women Veterans, and an increased number of women veteran coordinators at VA medical facilities. Although much has been accomplished, the Committee still needs to address the services available for women in specific areas such as outreach, women veterans who are homeless, sexual trauma counseling, and general psychiatric and substance abuse.

Women make up a greater percentage of both the reserve and active duty military than ever before in our country's history. Today's armed forces have an increasing number of women serving in non-traditional positions. It is a fact that the percentage of women veterans will increase and the number of women seeking benefits, especially health care, from the VA will increase. The ability of VA to provide accessible, appropriate and quality services to these individuals, in a time of shrinking resources, is a major concern of this Committee.

The Advisory Committee is grateful to VA, the veterans service organizations and other government agencies for their support of women veterans.

PART II

HISTORICAL PERSPECTIVE

Despite the recent upsurge of public interest and acceptance of women veterans, these women, for many years were America's best kept secret. It was not until the 1980 census that American women were asked, for the very first time, if they had ever served in the Armed Forces. An astonishing 1.2 million women were identified. Because very few of these newly found women veterans used VA services, Congress and VA, in a concerted effort, began to recognize and inform them of their benefits and entitlements. In conjunction with the census, other activities were initiated to increase public awareness about the services of women in the military and women veterans.

Soon after the census, Congress granted veteran status to the women who had served in the Women's Army Auxiliary Corps (WAAC) during World War II. In 1982, at the request of Senator Daniel Inouye, the General Accounting Office (GAO), conducted a study and subsequently issued a report entitled: "Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits." The study found that: 1) women did not have equal access to VA benefits; 2) women treated in VA facilities did not receive complete physical examinations; 3) gynecological care was not being provided by VA; and 4) women veterans were not adequately informed of their benefits under the law.

At the same time, VA commissioned Lou Harris to conduct a "Survey of Women Veterans" to determine the needs and experiences of this new found population. This survey, published in 1985, found that 57% of the women did not know they were eligible for VA services and programs. Another particularly troublesome finding was that women veterans reported twice the rates of cancer as compared to women in the general adult female population, with gynecological cancers being the most common.

The results of the census and findings of the Harris survey raised many questions concerning women veterans, but one conclusion was inescapable: the system was failing them. In April 1983, Harry Walters, Administrator of the Veterans Administration, began to remedy this situation by establishing an internal advisory committee on women veterans. During that same year, he proposed the concept of placing women veteran coordinators in all VA medical centers to conduct outreach and assist women veterans.

In November 1983, following the first meeting of the VA Advisory Committee, Congress passed PL 98-160 mandating VA to establish a women veterans Advisory Committee. The charge to the Committee was broad. Not only were they tasked with assessing the needs of women veterans with respect to adequate access to VA programs and services, but they were empowered to make recommendations for change and entrusted with responsibility to follow-up on these activities and report their activities to Congress in a biennial report.

The first report by the Advisory Committee on women veterans was made to Congress in 1984. Their recommendations reflected the scope of the problems and the committee's determination to improve conditions for women veterans. They identified as the most pressing areas of concern the need for strong outreach and recognition programs designed to educate women veterans about their benefits; and a lack of adequate privacy and gender-specific treatment for women in VA facilities. This was the beginning of a national effort to identify women veterans and improve VA services to them.

Pamphlets, posters and publications about the service of women veterans and their eligibility for VA services were developed and distributed across the nation. In 1984, the President proclaimed the first "Women Veterans Recognition Week". The States of New Jersey, California, and Washington declared 1984 as "Women Veterans Year."

As a result of the Advisory Committee recommendations, VA appointed the first Women Veteran Coordinators in 1985. During that same year, Congress commissioned the National Vietnam Veterans Readjustment Study, which was the first national study on veterans ever conducted which included women. In the spring, a national conference of the coordinators was held and more was learned about the experiences of women veterans accessing services from VA.

The 1986 Advisory Committee Report focused more on the health care needs of women. Recommendations were made to expand VA health care to include such needs as osteoporosis, gynecological and hormonal care, research, mammography, agent orange exposure and smoking cessation. Also in that same year, Women Veteran Coordinators were appointed in VA regional offices.

Congress revisited the issue of women veterans in oversight hearings held in the spring of 1987. While progress was noted by the women who testified, there remained concerns about the consistency of the quality of care provided to women in VA facilities. As a result, in 1987, the beginning of state advisory committees on women veteran's issues were patterned after the VA national committee.

The work of the Advisory Committee continued as they expanded their focus to advocate for equal access to VA programs such as employment and training, substance abuse and rehabilitation, and sensitivity awareness. In 1989, the Committee also began visiting VA medical centers to learn about the status of services to women veterans.

Congress validated the need for oversight programs for women veterans and renewed the Committee's charter in 1991. Additionally, GAO was tasked by Congress to do a follow-up study on VA health care for women, and published their finding in a 1992 report entitled: "VA Health Care for Women - Despite Progress, Improvement Needed." This report noted the accomplishments made in eliminating past deficiencies while at the same time noting that VA had not completely implemented its plans to ensure that women veterans received appropriate cancer screenings, that mammography standards were being met and privacy deficiencies corrected.

This report, combined with the increasing numbers of women in the military, and the testimony of active duty women and veterans regarding sexual harassment and assault experiences they encountered in the service prompted Congress to include specific provisions for women veterans in PL 102-585, The Veterans Health Care Act of 1992. At the same time, Senator Alan Cranston convened hearings on the needs of women who had experienced sexual harassment and trauma while on active duty. As America heard the very compelling testimony of women veterans, Congress prepared legislation to assure that they be accorded proper care. The enactment of this law was a landmark victory in the long struggle by women veterans to assure continued recognition and support for their specific health care programs and broaden the context of Post Traumatic Stress Disorder to include care for the aftermath of sexual trauma associated with military duty.

The enactment of the 1992 legislation caused a flurry of activity by VA to meet the challenges of the care now mandated by Congress. Readjustment Counseling Service was given funding to support 65 FTEE experienced in the counseling of sexual trauma victims. Four Veteran Health Administration (VHA) regional women veteran coordinator positions were established and the National Center for Post Traumatic Stress Disorder established a Women's Health Science Division and opened the first inpatient PTSD unit for women veterans at the VA Medical Center in Palo Alto, California. Additionally, four women veterans comprehensive health centers were established.

Other substantive activities in 1993, included the funding of 23 full-time women veteran coordinators, and the establishment of four additional women veterans comprehensive health centers. VA also established a national training program on women veterans health issues which presented two education programs focusing on primary care and the treatment of sexual trauma in women veterans. At the same time VA published guidelines for women veterans health care and the first issue of the women veterans health programs newsletter. Finally, the Office of Academic Affairs announced the establishment of four fellowships in women's health in VA.

In late 1993, as VA became more aware of the needs of women veterans, the Honorable Jesse Brown, Secretary of the Department of Veterans Affairs realized the need for an office to address these issues within the Department. The Women Veterans Program Office was established in February of 1994 and later that year, the Congress passed PL 103-446, creating the Center for Women Veterans.

The Center began operation in May of 1995, with the appointment of Joan Furey, RN, MA as the first Director. The Center was tasked with advising the Secretary on all matters affecting women veterans.

PART III

RECOMMENDATIONS

The Advisory Committee on Women Veterans acknowledges that VA has made considerable progress in addressing women veterans' issues in both the health care and benefits arena. However, unresolved areas still remain and, therefore, the Committee makes the following recommendations:

A. Outreach

VA produce a 15-20 minute video to be used for local presentations addressing a variety of information regarding women veterans benefits, services and VA programs.

Rationale: This is a repeat of a 1994 recommendation. The Committee is concerned that benefit issues relating to women veterans are not addressed consistently in local outreach initiatives. The development of a videotape that addresses VA services for women, from a national perspective, distributed to local VA facilities and other community groups, could assist in eliminating the confusion centered around eligibility, claims processing and service assessment.

Comment: Although we agree with the intent of this recommendation, we suggest that any such initiative await the implementation of the 1996 eligibility reform legislation to assure that the information given is consistent with the changes in VA eligibility and enrollment practices.

B. Healthcare

1. VA develop a task force to assess and evaluate the quality of care provided to women veterans with psychiatric conditions requiring inpatient hospitalization. The task force would be responsible for preparing a report on their findings and recommendations for submission to the Committee by the end of FY 97.

Rationale: The Advisory Committee is concerned about the lack of inpatient services geared towards treating women with psychiatric illnesses or substance abuse problems. Women requiring this level of care are commonly admitted to units primarily focused on providing care to male veterans. Women veterans report a lack of privacy, security and programs designed to address issues commonly confronted by women in the military and society.

Comment: The Mental Health Strategic Healthcare Group (116), concurs with this recommendation. We will involve the Under Secretary for Health Committee for Seriously Mentally Ill Veterans on the project.

2. VA prepare a formal report on its findings regarding the health status of Persian Gulf veterans who are women.

Rationale: The Advisory Committee is interested in what impact service in the Persian Gulf had on women veterans. They are also interested in determining the health status of women who served in the Gulf, as compared to male veterans, and what specific initiatives VA is undertaking to ascertain this information.

Comment: We concur with this recommendation. A request will be made to the Chief Consultant, Office of Environmental and Public Health Medicine to prepare such a report for the Committee by the end of FY 97.

C. Women Veterans who are Homeless

VA should develop programs to meet the special needs of women veterans who are homeless.

Rationale: The rise in population of military women and the impact of National Welfare Reform have the potential to increase the number of women veterans who are homeless. These veterans have special needs which includes provisions for privacy, shelter for children, pregnancy and prenatal care, care for physical abuse, psychiatric illness and sexual trauma. Because women veterans do not fit the traditional VA model of care for the homeless, efforts must be made to access the difficulties of this population and design of programs and services that are responsive and sensitive to these needs.

Comment: Mental Health Strategic Healthcare Group in Veterans Health Administration has reviewed the Advisory Committee's rationale for VA to develop special programs to meet the specific needs of women veterans who are homeless. We are beginning to see an increase in the number of homeless women veterans who are being treated in the Domiciliary Care for Homeless Veterans Program. In 1989, 2.1% of veterans treated in this program were women. In 1995, that percentage had increased to 3.7%. In the Health Care for Homeless Veterans (HCHV) program, however, the percentage of homeless women veterans who are being treated seems to remain stable at about 2.3% over the last several years although in some locations across the country HCHV programs appear to be seeing more women veterans who are homeless. In 1995, for example, 6.6% of homeless veterans treated at VA Medical Center West Haven, CT, HCHV program were women. The Homeless Providers Grant and Per Diem Program authorizes VA to assist non-profit organizations, and State and local government agencies to establish transitional housing and supportive services for veterans who are homeless. At this time, more than 200 beds are currently available through this initiative. Once other funded projects are completed, we estimate there will be 1,700 transitional housing beds available, nationally. Although still a new program, initial baseline data collected from January through May of 1996, shows that 4.8% of the population utilizing these services are women veterans. During the past three rounds of grant awards, many proposals submitted for funding targeted women veterans as their specific service population. We predict most projects, once completed, will have at least partial capacity to serve women veterans. Additionally,

program legislation allows 25% of project beds to be occupied by non-veterans, encouraging providers to accommodate the spouses and/or children of veterans who are homeless.

D. Legislation

The legislation authorizing VA to provide sexual trauma counseling to veterans assaulted while on active duty, regardless of eligibility, expires December 31, 1998. The Committee requests that time constraints be removed and the legislation revised to assure that no individual requesting care, who in the opinion of a VA mental health professional could benefit from that care, be denied.

Rationale: As the recent study by the Department of Defense indicates, sexual assault and harassment remains a significant problem among active duty women, and the numbers of women seeking treatment from VA continues to increase. This law was initially passed because official documentation of such incidents while on active duty was difficult to obtain and service-connected status was frequently denied. This legislation provided access to treatment that would not otherwise be available to this group of veterans. The current legislation also states that VA "may" provide counseling as indicated by a VA mental health professional. This wording has resulted in some veterans being denied care when a VA facility does not interpret the word "may" to imply an obligation to treat. Therefore, the Committee recommends that the word "may" be replaced by the word "shall" in all future authorizing legislation for sexual trauma counseling.

Comment: We agree with this in principle. There is a continuing need for the special sexual trauma counseling authority, and the Veterans Health Administration has requested that VA General Counsel include a 5-year extension of this authority in legislation that VA is submitting to Congress this year. Since the Secretary of VA has determined that VA" shall" provide sexual trauma counseling to veterans as currently authorized, there is no need to amend the statute to require that the Secretary "shall" provide these services. This program is currently funded within the medical care account and we do not anticipate that this proposal will result in additional cost.

E. Education

Funding should be set aside to assure a minimum of one face-to-face national training conference and four satellite TV broadcasts on women veterans' health issues during each FY.

Rationale: Although women veterans are increasing in number when compared to their male counterparts, they still are a minority among the veteran population. The Committee is concerned that because of these demographics, health care issues specific to women are at risk of being perceived as secondary to those of the majority population (male veterans). A commitment to sponsoring yearly training, focusing on women's

health issues will help to prevent this from happening, while at the same time enhance the knowledge and skills of VA practitioners who provide services to women.

Comment: We agree in principle. However, sometimes the satellite conference schedule makes it difficult to plan and schedule four high quality satellite broadcasts in twelve months. In FY 1997, one face-to-face meeting and two broadcasts are planned. Other broadcasts planned throughout the year by VHA offices will be useful in training health care providers on issues relevant to women veterans' health.

F. Women Veteran Coordinators

1. VA sponsor a biennial meeting of the women veteran coordinators from all its field facilities.

Rationale: The women veteran coordinator program has proven to be one of the most successful initiatives recommended by this Committee. Over time it is anticipated there will be a turnover in the coordinator ranks, as well as a change in the women veteran population seeking assistance from VA. The Committee believes ongoing training and education are essential in assisting coordinators in maintaining and upgrading the knowledge and skills necessary to provide services to this population.

Comment: We concur. This is the current plan of the National Training Program for Women Veterans Health.

2. VA survey field facilities to determine the amount of time each women veteran coordinator is allotted to fulfill the functions of the role.

Rationale: The Advisory Committee considers the role of women veteran coordinator essential for outreaching to women veterans and assuring services for these veterans are maintained. Recognizing there is a nationwide reduction in VA personnel, the Committee is concerned that the role of the coordinator may be in jeopardy.

Comment: We concur. The Deputy Field Directors of the Women Veterans Health Program will conduct a survey in FY 1997.

G. Population Study

A national population study on women veterans to be completed prior to the year 2000.

Rationale: The advent of the all volunteer military resulted in an increased number of women and minorities in the armed forces; expanded occupational assignments for women in the military; and an increased single parent families headed by active duty women. These are a few of the factors that suggests the demographics of the women veteran population is changing. The only population study on women veterans was conducted in 1984, and is now outdated. Data from various other sources, including the

1990 census, have raised serious questions regarding the economic and employment status of women veterans in comparison to their male counterparts and civilian women.

An updated study of this population would help us to assess the current status of these women in order that we may develop our transitional assistance programs to meet their needs.

Comment: We concur with the intent of this recommendation however; we suggest that the Committee identify and prioritize the key issue areas to be surveyed. Within each issue area, specific information needs should be identified by the Committee. Once this is completed, the Office of Policy and Planning (OPP), in VA, will conduct a review to determine what data currently exists within and outside the VA, and what data are missing. At that point the OPP will work with the Center for Women Veterans to determine the best and most feasible manner for expeditiously collecting the data. Should a national survey be one of the options selected, we will determine whether the women's questions can be included in the next National Survey of Veterans.

H. Center for Women Veterans

Staffing and budget needs of the Center for Women Veterans be evaluated based on its activities since its inception in 1994.

Rationale: PL 104-996, which established the Center for Women Veterans identified 12 areas of responsibility. The Committee does not believe the current staffing level of the Center, (2.5 FTEE) is adequate to fulfill these responsibilities.

Comment: The staffing and budget for the Center for Women Veterans are evaluated on a yearly basis in collaboration with the Director of the Center. Staffing adjustments were made in FY 97, and FTEE was increased from 2.5 to 4.

I. Advisory Committee

Funding for advisory committee activities be identified as a separate allocation in the appropriations process.

Rationale: The Advisory Committee has consistently stated that it must meet three-four times a year in order to effectively carry out its statutory mandate. The appropriation restriction on travel in the Office of the Secretary in FY 96 prevented the committee from meeting and thus compromised it's ability to fulfill the responsibilities as a Federal Advisory Committee. Dedicated funding to support committee activities would have prevented this from happening.

Comment: We concur with this recommendation. The staffing of the Center for women veterans was increased by 1.5 FTEE October 1, 1996. Additionally, we are studying the possibility of providing the Center with a budget independent of the Office of the Secretary for 1998.

PART IV

BRIEFINGS AND INFORMATION

In order to effectively assess the programs and services VA is providing to women veterans on an ongoing basis, the Advisory Committee is requesting annual briefings to the full Committee on the following activities:

1. National, regional and local training activities related to women's issues.

2. Breakdown of women veteran coordinator positions according to FTEE assignments, including the number of full-time, half-time, part-time and collateral positions, as well as any gains or losses over the FY.

3. National Cemetery System activities geared towards addressing services for women veterans.

4. Status of women veterans clinics in both the primary care and specialty setting.

5. Veteran Benefits Administration activities in response to the 1994 Committee recommendation regarding the review of its policies and procedures on PTSD claims for sexual trauma.

6. Activities in relation to meeting national accreditation services for mammography and the delivery of services.

Comment: The Center for Women Veterans will assure that the Committee receives a briefing on these issues, by appropriate Department representatives, on an annual basis.

Part V

CONTINUING CONCERNS

The Advisory Committee will continue to monitor the following issues to determine if further action will be needed in future.

VA programs for women veterans

Fiscal funding constraints and VA re-organization could make programs for women veterans vulnerable to cost-cutting activities.

Readjustment Counseling

Legislative action to open the Readjustment Counseling System services to all veterans has been repeatedly denied. The Committee strongly supports the removal of "period of service" constraints on eligibility for vet center services.

Public Information

Maintain and foster liaison with other government, community and private agencies that provide services to women in general so there is certainty that they become cognizant of the women veteran population and, in particular, disadvantaged women veterans.

Comment: We appreciate the Committee's concern regarding these issues and will be glad to keep them updated on VA initiatives in these areas.