

**The Department of Veterans Affairs
Advisory Committee on Women Veterans**

1998 Report

The Department of Veterans Affairs (VA) Advisory Committee on Women Veterans is required to submit a report of activities in compliance with the provisions of Public Law 98-160.

Part I

EXECUTIVE SUMMARY

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.

The Veterans' Health Care Eligibility Reform Act of 1996, Public law 104-262, and the Department of Defense's Manpower Data Center reports that women constitute the fastest growing population of VA eligible veterans in America. For this reason, outreach and increasing public awareness about the contributions and military service of women veterans remain a priority for this Committee.

The Committee convenes three times per year. Two meetings are held at VA Headquarters in Washington, DC, and at least one field-based site visit is scheduled to assist Committee members in directly assessing VA program operations. During this reporting period, the Committee visited VA facilities in the vicinity of Los Angeles, California. This visit provided the Committee an opportunity to tour local VA medical facilities, regional offices and vet centers. Committee members had the opportunity to talk with clinicians and veterans accessing care and conducted an open forum for women veterans. Individual Committee members also conducted site visits at VA Medical Centers at Walla Walla, Washington, and Richmond, Virginia, VA Medical Centers. The

Committee developed a "Site Visit Protocol" to facilitate effective site visits for individual members and to provide continuity in their approach to reviewing programs and services.

The Advisory Committee provided a thorough briefing to Congressional Staff addressing Committee's goals, objectives, issues and concerns as they relate to the needs of women veterans in today's society.

All Advisory Committee members are military veterans, representing various branches of the Armed Forces, eras of service, and have demonstrated experience or expertise with veteran related issues.

The Committee's membership is representative of the diversity in the women veteran population. This year, in an attempt to better address the special issues of women of color, the Committee incorporated a special focus on minority issues in its deliberations. Recognizing the changing demographics of both the military and veteran population, with 44% of active duty women now women of color, the Committee hopes to identify barriers to access of services, specific health care problems and other concerns of the minority women veteran population and make recommendations to address them. Findings will be incorporated into the Committee's biennial report to Congress and will ensure that the issues affecting women veterans of color are included in all future assessments of women veterans' issues and recommendations of the Committee.

Part II

SUMMARY - RECOMMENDATIONS

A summary of the Committee's primary recommendations for 1998 is as follows:

Members of Congress:

- Enact legislation for Medicare subvention as it relates to VA health care.
- Require, by legislation, all federally funded research studies solicit specific information about the military background of the subject and his or her exposure to combat conditions to compare and contrast the impact of these experiences in the veteran population versus the civilian population. Publish outcomes and analytical findings by gender.
- Enact legislation authorizing Selected Reservists and National Guard personnel, who experience sexual assault, trauma or harassment while on active duty for training, have access to VA counseling and treatment programs.
- Enact legislation to remove all time constraints and limitations on VA's services and counseling programs for victims of sexual assault and trauma. The Sexual Trauma Counseling program must become a permanent part of VA's health care and service agenda for veterans.
- Require by legislation, all federally funded social service agencies, community programs and organizations, identify, within their served population, veteran clients and annually report these statistics to the Department of Veterans Affairs.

Department of Veterans Affairs:

- Develop programs specifically designed to address the needs of women veterans who are homeless and provide gender-specific counseling and health care treatment.
- Establish and maintain a consistent level of staff training focusing on treatment protocols, sensitivity concerns, and other issues instrumental to providing effective sexual trauma counseling. Continuing education of both VA clinical staff and regional office staff will ensure quality of care for all veterans.
- Appoint an individual with expertise in women's health as a representative on the VISN clinical executive board (or its equivalent).
- Create a Women Veterans' Advisory Committee within each Veterans Integrated Service Network (VISN). Membership should include women veterans who routinely utilize VA health care and regional office facilities.

- Include women veterans in all VA sponsored or VA supported research programs and surveys and publish findings and results identified by gender.
- Continue to monitor and improve outreach programs and initiatives for women veterans with special emphasis on minority populations.
- Ensure women veterans are equitably represented in appointed, and managerial positions within the Department of Veterans Affairs
- Establish at least one site within each VISN for In-Patient Psychiatry care for women veterans.

Department of Defense:

- Incorporate an orientation to VA programs and services as part of basic military training.
- Provide military health care clinicians a thorough orientation to the VA Compensation and Pension benefit programs and examination requirements.

Departments of Defense, Labor and Veterans Affairs:

- Develop a strong, collaborative relationship between the Departments of Veterans Affairs, Labor, and Defense to better serve active duty service members, transitioning service members and veterans. Department of Defense should enforce mandatory attendance of all separating service members at Transitional Assistance Program (TAP) briefings. All three Departments should reemphasize the Disabled Transitional Assistance Program goals developed for special consideration of service members unable to attend regular TAP briefings because of physical impairment, disability or hospitalization. Include spouses and other family members as audience participants for TAP and Conservators, if the service member is incompetent, incapacitated or cannot comprehend the content of the briefing.

Part III

RECOMMENDATIONS AND RATIONALE

A. OUTREACH

Recommendations

1. **VA Continue to monitor and improve outreach programs and initiatives for women veterans with special emphasis on minority populations. (VA)**
2. **Increase outreach efforts to assist community-based agencies. Site visits and providing information about the availability of VA health care and benefits coupled with the maintenance of viable referral networks between VA and the community will enhance services to women veterans. (VA)**
3. **Require by legislation, all federally funded social service agencies, community programs and organizations, identify, within their served population, veterans clients and annually report these statistics to the Department of Veterans Affairs.(VA)**

Rationale: The number of women in the military has rapidly increased with the advent of the all-volunteer military force. Today women comprise 15 percent of the active duty force and make-up approximately 20% of new military recruits. It is anticipated that this number will increase in the coming years. Efforts to identify service women and women veterans to provide information about, and assistance in, accessing VA benefits and health care services is crucial.

Effective outreach is a significant component in VA's overall strategy to ensure a successful transition from military to civilian life and paramount in providing VA benefits to women veterans in accordance with Congressional mandates.

Comment: The difficulty experienced by VA in achieving a successful outreach program, that informs women veterans of their VA eligibility and entitlements, has been a major issue for this Committee since its inception in 1983. In each of the Committee's previous reports, it was noted that there is continued concern about the design, approach and consistency of VA's outreach efforts and activities, the effectiveness of VA outreach programs for women veterans and the quality of information being disseminated at the local levels.

Additionally, information obtained from the 1996 National Summit on Women Veterans Issues, and during site visits to VA facilities throughout the Nation, indicates that in order to facilitate utilization of VA services by women veterans, outreach must remain a priority. Therefore, there remains a continued need to emphasize the importance of developing and maintaining a viable outreach program for women veterans.

Recommendation

- 4. Develop and produce a video to address issues affecting women veterans, such as VA eligibility criteria, benefit and health care services and the contributions of women to the United States Military. Distribute this video for use in Transition Assistance Program Briefings, local media presentations and Pubic Service Announcements. (VA)**

Rationale: The recommendations requesting VA to produce a “women veterans’ “ video and the need for continuity of VA dissemination of information to women veterans have been included in Advisory Committee Reports since 1994. While various reasons have been offered for not acting on these recommendations, the need has not diminished. VA has made significant improvements in health care practices and reducing access barriers for women veterans. A video will provide an avenue to showcase these efforts, open ways for new media outreach and ensure continuity of information and content relative to eligibly criteria.

Recommendation

- 5. Incorporate an orientation to VA programs and services as part of basic military training.(DOD)**

Rationale: Congress, in the name of the American people, has authorized an array of entitlements and benefits for those who serve in our Nation’s Armed Forces. No one can foresee when a military member will be voluntarily or involuntarily separated. A service member can experience early termination of their obligatory period of service or their service career for a number of reasons. If a service member is injured in the line-of-duty or incurs a disability they generally are eligible to access VA health care services and apply for VA benefits. The present Transitional Assistance Program (TAP) is designed to provide service members an opportunity to attend briefings and receive information about VA programs within 181 days from separation. Generally, service members who are involuntarily separated do not have access to TAP. Introducing information about veterans benefits early in a recruits enlistment, increases the likelihood they will have some knowledge about the existence of VA programs at the time of separation.

Recommendation

- 6. Place VA benefit and health care information in professional medical, nursing, social work and psychiatric publications to alert community caregivers to the existence and availability of VA benefits and programs. Articles should routinely solicit assistance of the community and address the difficulties experienced by VA in identifying women veterans. (VA)**

Rationale: The increasing number of women entering the military, curtailment of medical disability benefits and the recent restructuring of the American welfare system have the potential to increase the number of VA eligible women in need of medical care and

assistance. Educating health care professionals about VA and the reluctance of some women who served in the military reluctance to consider themselves as veterans is a strong component of viable outreach at the service level.

Recommendation

- 7. Provide VA orientation training about VA's Compensation and Pension benefit programs and examination requirements to Department of Defense military health care staff. (VA)**

Rationale: Informed military health care professionals can assist eligible military personnel to access VA services and programs when they are discharged from the service. Additionally, if properly educated, these informed clinicians should recognize the importance of documentation of events and medical records needed to support VA disability claims.

Recommendations

- 8. Develop a strong, collaborative relationship between the Departments of Veterans Affairs, Labor, and Defense to better serve active duty service members, transitioning service members and veterans. Department of Defense should enforce mandatory attendance of all separating service members at Transitional Assistance Program (TAP) briefings. All three Departments should reemphasize the Disabled Transitional Assistance Program goals developed for special consideration of service members unable to attend regular TAP briefings because of physical impairment, disability or hospitalization. Include spouses and other family members as audience participants for TAP and Conservators, if the service member is incompetent, incapacitated or cannot comprehend the content of the briefing.(VA,DOD,DOL)**
- 9. Advise the Department of Defense's Advisory Committee on Women in the Services (DACOWITS) of the importance and the need to increase training opportunities for women service members about programs and health care services administered by the Department of Veterans Affairs. This Committee can support and increase the availability of participation in TAP for women service members and provide technical assistance to facilitate a successful transition of military women into the civilian communities. Special emphasis must be placed on addressing the needs of Selected Reserve and National Guard women serving on Active Duty who are disabled in line-of-duty. These women are often overlooked because they are not stationed or attached to an Active Duty military unit and are not invited or assigned to attend routine Transition Assistance Program briefings. (DOD)**

Rationale: According to Department of Defense's Office of Transition, only 59 percent of eligible service members actually attend Transition Assistance Program (TAP) briefings prior to discharge. Frequently, service members attending TAP are "pulled" out of program briefings for mission related duties and not afforded an opportunity to re-enter the briefing schedule. Separating service members too ill or impaired to ask or receive information about VA programs and services may not be properly informed about how to access such programs. Similarly, Selected Reservists and National Guard members injured or disabled in line-of-duty are often released from their active duty assignment and rapidly discharged from their parent military reserve/guard component.

Comment: The Committee recognizes that there are logistical problems in deploying service members and that some situations may be unavoidable. However, it is important to note that failure to provide accurate information about VA entitlements deprives separating service members of the right to valuable programs and services that can assist them achieve a successful transition from military to civilian life.

B. HEALTH CARE

Recommendations

- 10. Develop VA outreach initiatives to inform Selected Reserves and National Guard Commanders of the current exclusion, for reservists and guard members, to VA sexual trauma health care treatment and counseling. Ensure that alternative services can be provided to assist their troops should they experience a sexual assault, trauma or harassment during their military assignments. (VA, DOD)**
- 11. Seek legislative authorization to allow members of the military, including Selected Reservists and National Guard members, who experience sexual assault, trauma and harassment while in performance of their military duty, to be eligible for VA sexual trauma counseling and health care. (VA, DOD, Congress)**
- 12. Eliminate any and all restrictions and time limits on VA's (including Readjustment Counseling Service) ability to provide sexual trauma counseling and health care. (VA, Congress)**
- 13. Establish and maintain a consistent level of staff training focusing on treatment protocols, sensitivity concerns, and other issues instrumental to providing effective sexual trauma counseling. Continuing education of VA clinical staff, Readjustment Counseling Service staff, and Veterans Benefits Administration's regional office staff will ensure quality of care for all veterans. (VA)**

Rationale: The Center for Women Veterans reports that survey data from individual Veterans Health Administration (VHA) facilities indicates that 20 percent of all women veterans accessing VA care have reported instances of sexual assault, trauma and harassment during their military service. As more is learned about the problems of sexual trauma suffered by men and women in the Armed Forces, it is clear there is an abiding need for a continuation of appropriate counseling and medical care services to assist these victims.

Comment: It is important to note incidents of sexual misconduct and victimization are not limited to the Active Duty Force. Members of the Selected Reserve and the National Guard have also experienced episodes of assault while performing military duties. VA General Counsel (July, 1997), however, indicated that under present law, members of the Selective Reserve and National Guard Components who experience sexual trauma while they are on active duty for training do not meet eligibility criteria for VA sexual trauma counseling treatment or assistance.

Recommendation

- 14. Authorize eligible women veterans to obtain prosthetic appliance i.e. shoes, cane, hose etc, designed to fit her specific body proportions and height specifications. If feminine apparel is not available; a program should be established to permit the issuance of a voucher to authorize the purchase from a private vendor. (VA)**

Rationale: The Proceedings for The National Summit on Women Veterans Issues indicate that VA's prosthetic appliances/equipment are not of gender-specific design and are generally made to be used by an "average" man. Women veterans, because of their variance in size and body proportions, experience problems in trying to adapt to these "standard" styles.

The process of acknowledging the need for prosthetic support is often traumatic for a patient. Women veterans should be provided a prosthesis that compliments their feminine appearance.

Comment: To avoid maintenance of a large inventory of these appliances, VA could establish a voucher/private vendor program as a cost effective method of adequately providing women veterans feminine prosthetic equipment.

Recommendation

- 15. Authorize legislation to permit Medicare-subvention for VA health care programs and services and mandate that funds recovered under this reimbursement program be retained by the Department of Veterans Affairs as a resource to use to enhance medical care for veterans. (VA, Congress)**

Rationale: Allowing veterans to access and use VA health care programs and services with Medicare as the source of payment will provide veterans, who may not have other private health insurance, with an additional provider choice for health care services.

Recent changes in the VA health care delivery process indicate that the cost effectiveness of the present VA system could equate to more buying power for Medicare dollars. In light of the cost of health care and the need to ensure continuity of VA health care program resources, Medicare could provide another viable source of funds for VA.

Comment: Veterans, veteran support groups and veterans' service organizations have requested the right to Medicare subvention. This issue has been a particular concern for the aging World War II and Korean veteran population. These veterans, who do not generally meet the priority definition for VA health care, have been prevented from applying their Medicare benefits as payment for VA health care.

C. BENEFIT ENTITLEMENT

Recommendation

16. Submit a formal legislative request to amend Title 38 United States Code, section 1114 (k) and the 38 Code of Federal Regulation, section 3.350 (a) to include a Special Monthly Compensation k-award for women veterans who have a simple or a radical mastectomy.

Rationale: Title 38 United States Code, section 1114 (k) and the 38 Code of Federal Regulations, section 3.350 grants a Special Monthly Compensation k-award for loss of use of one hand, one foot, both buttocks, one or more creative organs, blindness in one eye, having light perception only, deafness both ears, having the absence of air and bone conduction and complete organic aphonia with constant inability to communicate by speech. The law does not authorize the payment of a Special Monthly Compensation k-award for simple or radical mastectomy of a female breast. The Committee believes that a mastectomy involves a loss comparable to those covered in the law and should qualify for Special Monthly Compensation k-award.

Comment: The outcome of mastectomy (surgical removal of the breast) frequently results in severe physical disfigurement and necessitates major reconstructive surgery or the use of prosthesis to replace the missing breast tissue. In cases of simple or radical mastectomies of the female breast, no effective function remains. As the female mammary gland can be deemed a necessary post partum accessory organ, the addition of simple or radical mastectomy of a female breast in the eligibility criteria under the conditions of Title 38 United States Code, section 1114 (k) and the 38 Code of Federal Regulations, section 3.350 (a) to authorize the compensatory payment of a Special Monthly Compensation k-award is justified.

D. WOMEN VETERANS WHO ARE HOMELESS

Recommendations

- 17. Develop VA pilot programs to adequately assess and address the issues, concerns, needs and problems of women veterans who are homeless. Developing protocols or guidelines to assist VA health care providers in accommodating the needs of women veterans that are homeless in various shelter and housing situations. (VA)**
- 18. Increase the annual fund level allocated by the Department of Veterans Affairs and Congress for the VA Homeless Provider Grant and Per Diem Program. (VA, Congress)**

Rationale: Homelessness is only a symptom of larger social ills such as lack of affordable housing, decay of the Inner Cities, decline of the American Family and jobs which do not pay a fair living wage. There can be no "cure" for homelessness until these problems are addressed and resolved. The rise in the number of women in the military, the realities of downsizing of America's Armed Forces and recent changes in the Welfare System have the potential to increase the number of women veterans who are homeless. Women veterans who are homeless must be recognized as having different needs than men who are homeless. These different needs include addressing the issues related to: privacy, childcare, prenatal and pregnancy care, treatment for physical and sexual trauma, mental illness and substance abuse.

Comment: VA's Mental Health Strategic Healthcare Group has achieved significant inroads in meeting the needs of homeless veterans through their Health Care for Homeless Veterans' Programs and the Homeless Provider Grant and Per Diem Program. The flexibility of the program to adapt to the emerging needs of the homeless in a variety of locations, emphasis on creative partnerships with community based organizations and the matching funds requisites of this Program have proven to be an effective VA response to assisting veterans who are homeless. This program is a valuable asset to the Department of Veterans Affairs because it requires community involvement and financial support to ensure quality services for veterans. However, women veterans represent a very small part of the veteran population treated or assisted by VA homeless programs. There is a critical need for accommodating women veterans who are homeless and their children. The Committee believes it essential that VA develop guidelines for providing services to women veterans who are homeless and their children and spouses, to encourage providers to make adjustments in their programs to assist these veterans, and increase the availability of shelter and housing resources for women veterans. Additionally, an increase in the funding level and support for VA's Homeless Provider Grant and Per Diem Program ultimately will increase the availability of community services, shelter and housing for all veterans.

E. MINORITY WOMEN VETERANS

Recommendation

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19. Expand VA outreach activities to minority women veterans, including Native American women veterans living on and off the reservations to include:

- **ethnic media (print/radio/TV), churches and community based**
- **organizations, minority women organizations and health fairs. (VA)**

Rationale: A significant number of women serving in the military are African American, Hispanic, Native American and Asian American. Veteran women of color are less likely to be reached through VA's routine outreach program and initiatives of National veterans' service organizations.

Comment: Native American women living on reservations or isolated in our cities may have even less access to information about VA and/or VA facilities than other minority women and require special initiatives that address issues relevant to their culture.

Recommendations

20. Ensure that women veterans of color are included in all areas of VA health research and demographic studies that impact women's health. (VA, DOD, DOL)

21. Conduct demographic reviews of patient outcomes to identify health care disparities among women veteran sub-groups in diagnosis, treatment, rehabilitation and end of life care. Determine if minority women veterans are more frequently institutionalized for physical disability and mental illness rather than being treated in the more cost effective, efficient and sensitive community based care. (VA)

Rationale: National health statistics indicate that certain minority populations suffer disproportionate morbidity and/or mortality for a range of health conditions such as breast and cervical cancer, HIV/AIDS, kidney diseases and diabetes. Recent reports from the Harvard School of Public Health have indicated that areas of the country with the lowest life expectancy for women are those with high minority populations.

For example, the top three locations for lowest life expectancy are areas significantly populated by Native Americans (#1 Bennett County, South Dakota, including the Pine Ridge Reservation of the Oglala Sioux) and African Americans (# 2 & 3 Baltimore and Washington, DC.)

VA data however, does not adequately reflect the number of minority women veterans seeking and receiving the VA health care and other entitlements due them.

Comment: The Committee believes women of color bear a disproportionate burden of unemployment, poverty, and ill health and may encounter more barriers in accessing healthcare than their counterparts in the Caucasian community. There is no indication that

military service diminishes this burden. In order to effectively define needs and formulate appropriate recommendations for all women veterans, the Advisory Committee on Women Veterans must be provided reports and data on health service delivery research and health care outcomes that reflect responses by the racial/ethnic groups.

Additionally, although Native American women veterans experience some of the same issues as other minorities including abuse, homelessness, incarceration and mental illness, the problems these women veterans face are compounded by the uniqueness of their culture. Many of these women live on reservations miles from the nearest VA facilities or they live in urban areas where they feel isolated and insecure.

Recommendation

22. Work with local tribal program officials to ensure Native American women veterans are afforded access to and receive VA benefits including assistance from VA's Vocational Rehabilitation Specialists and are afforded access to programs administered through the Department of Labor Veterans Employment and Training Service (VETS) programs. (VA, DOL)

Rationale: The issue of job training is very important for veteran women of color because the minority populations experience unemployment rate higher than the National average. There are no data regarding job opportunities or participation in VA's Vocational Rehabilitation Programs for minority women.

Comment: There continues to be a lack of statistical data to document the participation of eligible Native American women veterans in VA services and programs. Because of the uniqueness of the Native American cultures and their special bond with the land, it is not feasible to expect these veterans to leave their homes to migrate to the cities in search of work. VA must develop outreach programs that meet Native American veterans in their life arena.

F. WOMEN VETERANS' COORDINATORS

The Women Veterans' Deputy Field Directors' positions are an important and valuable resource for coordinating local and VISN outreach, marketing and public relations activities targeted for women veterans. The Committee believes that continuing education and training opportunities are essential to maintain the expertise and high caliber of the Woman Veterans' Coordinators.

Recommendations

23. Monitor and appropriately allocate the amount of time Women Veterans' Coordinators are authorized and provided to perform the duties related to this position. (VA)

24. Post and disseminate flyers, brochures, etc providing access information for contacting the Women Veterans Coordinator. Ensure that staff in public areas such as the telephone operator, admission's office, triage units and ward nurses are aware of these procedures to ensure effective referrals. (VA)

Rationale: The Women Veterans' Coordinators' Program has proven to be one of the most valuable resources for conducting outreach, assuring quality of health care and educating the public and veteran community about the special contributions and needs of America's 1.2 million women veterans. Currently, not every VA facility has a full-time Women Veterans' Coordinator's position. In VA medical facilities with no full-time Coordinator, an individual is assigned the Coordinator's duties as a "collateral position", in addition to other job assignments. This is also the case in all but one VA regional office. Women Veterans' Coordinators in collateral positions indicate they frequently are not given a specific number of hours to work on women veterans' issues and are unable to obtain release time from other duties.

Comment: Authorization and allocation of time for Women Veterans' Coordinators must be based on both current and future projections of women veterans with potential eligibility for care in the VA facilities. VISN directors and managers should make adjustments in numbers and time allocation for the Coordinators' positions only after a thorough study of local demographic data. This data should include the proximity and age of eligible women veterans, availability of TRICARE programs and services and trends in the utilization of health care services by women in America.

Recommendations

25. Continue the Veterans Health Administration's Women Veterans' Deputy Field Director positions to assure continuity in approach and implementation of coordinated health care initiatives to improve outreach, program development and public relations, the utilization and quality of care for women veterans. (VA)

26. Support and fund educational programs on issues related to women veterans including satellite conferences and biennial educational meetings for all Veterans Health Administration's and Veterans Benefits Administration's Women Veterans' Coordinators.(VA)

Rationale: Education and training opportunities are the foundation for the proficiency of the Women Veterans' Coordinator Program. As the demand for their assistance increases, it is essential that their knowledge and competence be exemplary. There is a clear need for formal on-going training that assures VA clinicians and regional office personnel understand the unique needs of the women veteran population. Funding for continuing education and training programs for Women Veterans' Coordinators must be recognized and supported as an integral part of maintaining the quality of the program.

Recommendation

- 27. Appoint an individual with expertise in women's health as a representative on the VISN clinical executive board (or its equivalent). (VA)**

Rationale: Representation will assure that issues related to women's health programs will be appropriately represented during network discussions and deliberations on matters that impact clinical programming and resource allocation.

Recommendation

- 28. Establish a Women Veterans' Advisory Committees in every VISN and VA Health Care facility. The membership of this Committee should include VA personnel from the medical facility, vet center and regional office as well as minority women and disabled women veterans from the local cachement area who are current consumers of VA health care services and benefit programs. (VA)**

Rationale: Women Veterans' Advisory Committees on the local level can assist with outreach efforts, provide feedback about the strength and weakness of VA and community programs and identify deficiencies in VA health care practices.

G. Research

Recommendation

- 29. All studies and surveys sponsored, funded or conducted by VA must include gender specific information. VA analysis should routinely report the results of these studies and the gender specific responses through circulation of the information within the veteran community service providers' networks. (VA)**

Rationale: As women in the veteran population increase in number and the roles of women in the military evolve, there is a growing need for current information on the demographic characteristics, health profile and socioeconomic status of these veterans. Although VA has attempted to collect gender specific data, there is no uniformity in the Department's approach to collection, reporting or publications of information. For example, the 1992 "National Survey of Veterans" interview schedule reflects a question to discern the gender of the veteran. However, the report did not include findings by gender consistently throughout the publication of the results of the survey.

Recommendation

- 30. Require, by formal legislation, all federally funded research programs and studies include a schedule of questions to solicit information related to the military background and combat exposure for every study subject. (VA, DOD, DOL, Congress)**

Rationale: The allocation and support of fund levels for women veteran specific research could be augmented by veteran specific data collected through all federally funded research projects and surveys.

This increase in the availability of information resources and the process of its collection would provide a method of documenting the quantity of veterans in a community, the number accessing public and federal programs and a comparison of demographic veteran data to civilian counterparts.

H. THE FUTURE OF WOMEN VETERANS

Recommendations

- 31. Monitor and analyze data on utilization of gender specific VA programs by women veterans. (VA)**
- 32. Identify and eliminate barriers experienced by women veterans in accessing VA benefits and programs. Develop corrective action to ensure quality and timeliness in the delivery of VA health care services and benefit programs for women veterans.(VA)**
- 33. Require all VA health care facilities to maintain and advertise internal policies established for privacy and security issues as they relate to women veterans.(VA)**
- 34. Establish at least one site within each VISN for In-Patient Psychiatry care for women veterans.(VA)**
- 35. Include information about issues affecting women veterans in all VA employee training and orientation. Address concerns protocols for treatment, trauma intervention, etc., with residents and visiting faculty at VA health care facilities and regional office staff.(VA)**

Rationale: To ensure efficient and effective health care practices, VA must evaluate, on an ongoing basis, programs and services to identify discrepant areas and to assure adequate venues for women veterans in the future. (Unrestricted access to primary and

gender-specific health care, and the guarantee of a safe and secure environment must be in place if women veterans are to be counted as part of the future of VA health care and expected to use VA medical centers, regional offices and vet centers.)

Comment: As changes are being made to VA's health care delivery systems, the Committee is concerned that program and resource allocation decisions made today will jeopardize women veterans' access to care in the future. The number of eligible women veterans is growing each year and utilization of VA programs and services is likely to increase. Funding of gender specific services for women veterans is an investment in the future which needs to be protected regardless of the current cost cutting climate.

I. SELECTED RESERVE AND NATIONAL GUARD BENEFITS:

Recommendations

- 36. Modify all regulations, guidelines and federal statutes that provide definitions of active duty, veteran and qualifying active duty to include, in part, service in the Selected Reserves or National Guard. This will ensure that appropriate health care and compensation benefits are provided for members who experience sexual assault or trauma during military training or drill period, are eligible for VA benefits. (VA, DOD, Congress)**
- 37. Increase the availability of information exchanges and network opportunities between the Departments of Veterans Affairs and Defense to ensure that all service persons, including the Selected Reservists and members of the National Guard who are injured in the line-of-duty are identified and are referred to VA in a timely manner. (VA, DOD)**
- 38. Assess Department of Defense's increased reliance on the Selected Reserve and members of the National Guard as primary support personnel for military action. The results of this assessment should support the need for significant legislative changes that affect the administration of VA benefit's and entitlements to reservists/guard members. (VA, DOD, Congress)**

Rationale: Today's active military is more reliant on the Selected Reserves and National Guard components of the Armed Forces for mission readiness than at any other time in the Nation's history. The demands on the members of these reserve/guard units are not likely to decline in the near future. The issues, needs and concerns, of the Selected Reserves and National Guard members encounter after incurring an injury or illness in the

line-of-duty or while mobilized and/or deployed, are difficult to address. Primarily this is because of the precarious situation of these troops in relationship to the military in general and their VA entitlements and eligibility specifically. Protocols must be established that ensure a Selected Reservist and/or a member of the National Guard is afforded quality VA health care for service related injuries and illnesses and are appropriately provided comparable VA benefit entitlements. Congress, realizing the important contribution of the reserve and guard components, has set precedent by providing special entitlements related to the VA Home Loan Guaranty Program and the Montgomery GI Bill Education Program.

Comment: Lack of adequate support to Reserve and National Guard troops could have an adverse impact on the future military strength levels and mission readiness. Reserve component personnel incapacitated while serving in an official capacity and incurring a service related disability or injury must be afforded all of the VA benefits and considerations provided to other veterans.

J. NATIONAL CEMETERY SYSTEM

Recommendations

- 39. Provide appropriate legislative resources to permit VA to expand and acquire land adjacent to or near established cemeteries and facilities to accommodate the burial of eligible veterans. (VA, Congress)**
- 40. Construct Columbarium for cremated remains at all National Cemeteries. (VA)**
- 41. Ensure that all existing and proposed State owned cemeteries follow VA's internment goals to preserve the obligation to provide an honorable resting-place for those exceptional individuals who served their country. (VA)**

Rationale: All veterans want the assurance that there is adequate funding to support the National Cemetery System in its efforts to meet the obligation of providing a final resting place for all eligible veterans. There is growing concern, within the veteran population, that the present system is not prepared to provide for the burial of all eligible veterans.

K. EMPLOYMENT OF WOMEN VETERANS WITHIN VA

Recommendation

- 42. Ensure that women veterans are equitably represented in appointed positions at all levels of authority within the Department of Veterans Affairs. VA should actively recruit qualified women veterans that reflect the changing face of the veteran population, in positions within the Office of the Secretary and Under Secretaries, Assistant Secretaries, as well as VA working groups, task forces, advisory Committees and research consultants. (VA)**

Rationale: VA has categorized women veterans' issues as priority projects throughout the past 15 years. Outreach and education to the public have increased awareness about the contributions and sacrifices that women made in service to the Nation. As the visibility of VA programs for women veterans continues to emerge, the number of women veterans in leadership positions within the Department of Veterans Affairs are disappointing.

Comment: Increasing the number of women in positions of authority within the Department conveys the message that women veterans are valued and recognized for their skills and talents. An important part of outreach to women veterans involves having representation at the highest echelons of authority and influence. By including women veterans in these appointed positions, Congress and the Secretary will demonstrate their dedication, commitment and recognition to these veterans in real terms