Good Morning Mr. Chairman, I am Dr. Linda Spoonster Schwartz, Research Scientist at Yale University School of Nursing. I also have had the honor of serving as Chairman of the VA Advisory Committee on Women Veterans for the period 1996-2000. I would like to thank you for holding these hearings and for your support of women veterans. I would especially like to thank my Congressman Rob Simmons and Congressman Lane Evans for their continued leadership and support for America's veterans especially VA services and programs that significantly enhance the quality of life for America's 1.2 million women veterans.

As you know, the VA Advisory Committee on Women Veterans was authorized by Congress in 1983 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. Additionally, the Committee was empowered to make recommendations for change and entrusted with the responsibility to evaluate these activities and report progress to the Congress in a biennial report. From that time to this, Committee members and advisors from all walks of life and all parts of this Nation have collaborated to improve the status of services and programs and assure that women veterans receive quality and gender specific care in a safe and secure environment.

In FY 2000, the female veteran population of 1.4 million constituted 5.5 percent of all veterans living in the United States, Puerto Rico and outside of the country. Women veterans as a population are expected to increase steadily because the number of women in the military continues to grow. The demographic profile of the female veteran population has several variations that are in contrast to that of their male counterparts. For example, the median age of female veterans is almost 14 years younger (44.2yrs) than that of male veterans (58.0yrs). With the advent of the all-volunteer force, the involvement of women in the military reflects a difference in the period of service. About 58% of all women veterans served during the post-Vietnam era. In contrast to the overall declining veteran population, the numbers of women veterans is projected to increase by 20% between 1990 and 2020.

In 1985, I first came to this Hearing Room to voice the concerns of women veteran to this Committee. In the time since then, we have seen great change. We have graduated from a time we did not know the exact numbers of women veterans in America to a time when women constitute the fastest growing population of VA eligible veterans. An increase which is also reflected in the increased numbers of women, who are using the VA today.

Outreach

One of the most pressing and important aspect of accessability to VA is knowing the eligibility criteria and where to begin the process. With recent and frequent changes that we have seen, even in the last year, outreach to veterans and education regarding VA health care eligibility criteria must remain a priority. A common theme that runs through a majority of my testimony today has to do with the continued need for outreach and educating women about their eligibility

for the VA services and programs available to them as veterans. While many good efforts have been made on the local and national level to identify women veterans, the truth is that after 17 years outreach must continue to be a priority for the VA. Effort must be focused on new approaches needed to assure that women veterans are not lost in the system and that they receive the benefits that Congress, in the name of the American people, has authorized for them.

I continue to believe that an orientation to VA programs and services should be incorporated in basic military training. As a disabled veteran with 16 years Active Duty and Reserve military service, I can tell you I had no idea what the VA could do for me. At the time of my injuries, I was so impaired, I could neither think nor act on my own behalf. Everyone told me the "Air Force takes care of its' own "but no one told me what happens when you have to leave the service for medical reasons. It is important for all military members, from day one of their service, to know and understand how to access their VA benefits. Additionally, it is most important that DOD Healthcare Providers be oriented to the VA Compensation and Pension process. Educating DOD Healthcare Professionals about the criteria for care and process of compensating military veterans will lay a foundation for a better understanding of the continuum of care for disabled veterans. These educational activities will ultimately improve the quality of the documentation of injuries and illness incurred while on Active Duty and assist VA in making accurate and valid compensation decisions.

As part of the outreach initiatives. it makes good sense to use the medium of professional medical nursing, social work and psychiatric journals to inform healthcare providers in the public sector about the availability of VA benefits and programs. This is especially important for women veterans, who are still unaware that their military service qualifies them for VA health care. With the increasing numbers of women entering the military, the restructuring of America's welfare system and VA eligibility criteria that can change from year to year, educating health care professionals in the public and private sectors about the array of services and benefits available to veterans will help to assure a smooth transition for veterans from Active duty to civilian life. As VA looks for more local venues to provide health care to veterans in their own communities, it is important that non-VA professionals understand the unique needs and experiences of the men and women who have served in the military. The articles suggested would be informational and will also assist health care professionals in the public sector to identify veterans and make appropriate referrals to VA. As practical and as cost effective as this may seem, this suggestion was turned down by VA when it was recommended in the Advisory Committee Report.

Another approach that has been suggested concerns asking questions about veteran status on intake forms for federally funded social service programs and research projects to identify veterans and their utilization of public support systems. This very procedure has been suggested by providers of services to homeless veterans to assist with outreach, allocation of

resources and the development of community based programs. Instituting this process in a wider spectrum will not only facilitate needs assessments and delivery of services; the information can be used by VA for strategic and health care planning and policy.

Members of the Selected Reserve and National Guard

Today, members of the Armed Forces Selected Reserve and National Guard are an integral part of the defense of this nation. The demand on Reserve and National Guard units is great and not likely to decline in the near future. The issues, needs and concerns encountered by these "Citizen Soldiers" after incurring an injury or illness in the line of duty or while mobilized and/or deployed are difficult to address because of the precarious status of these individuals in relation to the military and VA eligibility. Concerns have been voiced about the need to educate members of the Selected Reserves and National Guard about VA programs. It is important that Congress assess the utilization of these troops in the defense of our nation and initiate measures which will protect these individuals when they are deployed, when they are injured in the line of duty and when they are injured while on in inactive duty for military training. We are very much aware of VA's position that veteran status depends on the number of continuous Active Duty days. As a Retired Air Force Nurse and Reservist, I can tell you that I had to meet the same training requirements as my Active Duty counterparts. There was no compromise of mission readiness in my unit because we were not on Active Duty. Reservists on inactive duty training are injured and have to deal with returning to a civilian job that often has no sympathy. Insurance Companies are now refusing to cover the costs of injuries sustained while on training or Active Duty because they consider all military service to be "an act of war".

In my travels as Chair of the VA Advisory Committee on Women Veterans, I have listened to Reservists pose these very same concerns in several meetings. For them the issue of health care

while they are in uniform and for their families when they are deployed is a major concern. Military Training is an integral part of the defense of this nation. It can be as dangerous as a combat mission. That is why it is imperative that the men and women serving in the Reserve and National Guard and their Commanders need to be educated about the process required to establish VA eligibility and access to care for disabilities sustained in the line of duty.

Sexual Trauma Counseling

Since the problem of sexual assault and trauma in the military was first identified, VA has made a sterling effort to implement quality treatment programs through the Readjustment Counseling Service (RCS) and Veterans Healthcare Administration (VHA). Year after year, VA, Veteran Service Organizations, and veterans have returned to Congress to request a continuance for the present program. Surely by now, this Committee is aware that the need for this treatment program will persist as long as incidents of sexual assault and trauma continue to occur in the ranks of our military. For all practical purposes, this problem is not

going away. Indeed, there is no question that there is sufficient utilization of VA resources committed to treat veterans who were victimized while in the service of their country. Women of all ages and periods of service continue to seek assistance from VA for the physical and emotional aftermath of these traumatic events. The burning question to this Committee is why hasn't this become a permanent program of the VA? As more is learned about the dynamics of sexual assault and trauma in a military setting, it is unquestionably a moral and ethical responsibility of the Congress to eliminate all restrictions and time limits on the VA's authority to provide care to those who are victimized while in military service.

As noted earlier, under the current provisions of Title 38, VA is prohibited from providing sexual trauma counseling to Reserve and Guard personnel, who experience a sexual assault or trauma while on inactive duty training days because this does not satisfy the legal definition for VA services. It is important to note that incidents of sexual misconduct and victimization are not limited to Active Duty Personnel. The very sensitive nature of these incidents often delay victims from coming forward which complicates documentation, adequate reporting and therapeutic interventions. This is especially true for Reservists and National Guard personnel who may experience one of these assaults during a weekend drill. Although this problem was first addressed by the Advisory Committee in 1998, I understand that a study is now on the drawing board, to assess the need for extending sexual trauma counseling and providing access to VA care to Reserve and National Guard personnel injured or assaulted on non Active Duty training days. My hope is that the study will be initiated quickly and that information gathered can guide this Committee and the VA to take action.

Mastectomy

I would like to thank the Chairman and Congressman Lane Evans for taking the initiative to amend Title 38 of the US Code Section (USC) 114 (k) and 38 Code of Federal Regulations (CFR) Section 3.350 (a) to include a Special Monthly Compensation K-award for women veterans who have survived radical or modified radical mastectomy of one or more breast. This action is most appropriate and in keeping with the spirit and intent of a law which also authorizes an additional compensation for, the loss of both buttocks, loss of sense of smell as well as the loss of or loss of use of one or more extremities. Changes which include provisions for women veteran who have sustained the loss of significant portion of their breast is both compassionate and reasonable. This is not the first, nor will it be the last, time advocates for women veterans will encounter policies, regulations, or legal barriers, which constrain VA ability to respond to women veterans. We appreciate the time and effort spent by Committee members and staff to remedy this oversight.

This is another challenge for the VA system to begin to officially acknowledge that the physiology of a woman does differ from that of a man and these needs to be considered from a holistic perspective.

Children of Women Veterans Who Served in Vietnam

The 1998 VA study on the Reproductive Outcomes and Birth Defects of Children born to women veterans who served in Vietnam has evoked great interest in the Congress. We again thank Mr. Evans for his leadership in successfully introducing legislation to compensate and care for children, of women veterans who served in Vietnam, severely impaired by birth defects. I share his concern that only one child has qualified for VA assistance. Here, too , we see the continued need for outreach and education regarding VA services especially for this unique and much needed program. However, I would be remiss if I did not say that in all fairness, our attention must now turn to investigating the problems of children with birth defects that were fathered by male Vietnam veterans. It is abundantly clear that the often cited Air Force Health Study, better known as the Ranch Hand Study, should only be used to gauge the health of that particular group of Vietnam veterans. It is not the complete answer to our question about the health status or reproductive outcomes experienced by all of the men who served in Vietnam.

Women Veterans Who Are Homeless

Women veterans who are homeless also have needs and problems that vary from those of male veterans who are homeless. These challenges range from privacy and childcare to treatment for physical and sexual abuse and prenatal care. It was with great enthusiasm that we welcomed the news that Congressional funding had specifically been set aside for programs for women veterans who are homeless. As we eagerly awaited the initiation of the process that would bring these vital programs on line, we witnessed yet another cruel reality of the "One VA". The announcement that VA would be able to fund 11 projects for women veterans seems a hollow victory. I say hollow because there was only one year of funding guaranteed for these programs. There is no question that VA's Mental Health Strategic Health Care Group and the Homeless Provider Grant and Per Diem Program have achieved significant progress in meeting the needs of veterans who are homeless. However like several other "Special Programs" authorized

and funded by Congress, the importance placed on these initiatives is lost in the maze of funding mechanisms that characterizes the VA bureaucracy.

As an original reviewer of the proposals for the first sites, a part of the RFP required, VISN Directors to agree that if their programs were funded, they would commit, despite the availability of only one year of funding, to keeping the program operational for 3 years. It is not difficult to see why some would be reluctant to make that guarantee. Even before these sites were funded or programs came on line, VISN Directors were hedging their bets by using the money for temporary positions with no guarantees of employment for more than 12months. It has also been reported that some of the programs for women veterans who are homeless are not able to function because of the lack of funding that has not come through the VISN Directors. Mr. Chairman, this is not the program we envisioned. I don't think it was the

program Congress intended. It is imperative that this Committee take measures to protect these veterans and assure adequate funding to sustain these valuable programs and in essence protect veterans with special needs.

Invisible Veterans

In 1985 when I first came to a Congressional Hearing on women veterans, the major topic that day was cosmetics in the VA Canteens. Now we have progressed to inquiry into the compensation for women veterans who are homeless and mastectomies. It has taken a great deal of effort on the part of Congress, Veteran Service Organizations and VA to increase the quality of benefit and health care delivery to women veterans. While it is important to note the many improvements that have occurred in the last 20 years, there is also evidence that there is still much work to do.

I know that this Committee has already acted to assure that the biannual reports of the VA Advisory Committee on Women Veterans will continue to be forwarded by the Secretary of Veterans Affairs to the Congress. Let me say that the Report I submitted in July of 2000 did not make it "out of the building" until May 2002. I was particularly disappointed as I read VA's responses to the recommendations made by the1998-2000 Women Veteran Advisory Committee.

For the most part, they were ambiguous, condescending and trite. The attitude projected by these responses coupled with observations made by the Committee on our site visits to specific facilities and VISN's, indicated that services and programs for women veterans are in danger of eroding.

There is no doubt that there is a pervasive attitude that programs for women veterans are "window dressing" trivial or optional. We encountered these sentiments at every echelon of the Department of Veteran Affairs. The fact that it took 2 years to respond to these recommendations, that the Advisory Committee Report for 2000 was never circulated or discussed is not an oversight it is an insult. Let me be clear, it is an insult not to only to me or the work I and my Committee put into this document, it is an insult to the women veterans who went 2 years without any answers to their questions or the recommendations we gleaned from our years of activities. I believe this underscores the need for Congress to be vigilant. This situation also vividly demonstrates the fact that "ACCOUNTABILITY" needs to become a "watchword" at VA. Unfortunately However it also illustrates that at VA many only pay lip service concern for women veterans and providing them with the quality of service they have earned in the service of our nation.

Mr. Chairman, this concludes my testimony. I will be happy to answer any of the Committee's questions.

TESTIMONY
of
LINDA SPOONSTER SCHWARTZ RN, DrPH, FAAN
RESEARCH SCIENTIST YALE SCHOOL OF NURSING
and
CHAIR VA ADVISORY COMMITTEE ON WOMEN VETERANS
(1996-2000)
before
HOUSE VETERANS AFFAIRS COMMITTEE
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