

STATEMENT BY
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COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
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Mr. Chairman and Members of the Subcommittee, I am pleased to testify today on behalf of the Department of Veterans Affairs (VA) about services in VA for women veterans and particularly the Department's responsiveness to advice on women's health issues recommended by the VA Advisory Committee on Women Veterans (Advisory Committee) and the Center for Women Veterans (Center).

Center for Women Veterans

The Center was created by Public Law 103-446 in November 1994. The Director of the Center serves as chief advisor to the Secretary of Veterans Affairs on all issues related to women veterans and serves as the Executive Secretary to the Advisory Committee.

The mission of the Center is to ensure that women veterans have access to VA benefits and services on par with male veterans; VA programs are responsive to gender-specific needs of women veterans; outreach is performed to improve women veterans' awareness of services, benefits and eligibility criteria; and women veterans are treated with dignity and respect. The Center also provides input to the Advisory Committee based on inquiries from women veterans from telephone calls, written correspondence and Web site e-mail. The Center facilitates the activities of the Advisory Committee and coordinates their report to the Secretary of Veterans Affairs.

Advisory Committee on Women Veterans

The Advisory Committee was established in 1983 pursuant to Public Law 98-160. The Advisory Committee is charged with advising the Secretary of Veterans Affairs on VA benefits and services for women veterans, assessing the needs of women veterans, reviewing VA programs and activities designed to meet those needs, and developing recommendations addressing unmet needs. The Advisory Committee is required to submit a biennial report to the Secretary incorporating the Advisory Committee's findings and recommendations.

As a means of obtaining information regarding the delivery of health care and services to women veterans, the Advisory Committee conducts site visits to VA facilities throughout the country. During these site visits, the Advisory Committee tours the facilities and meets with senior officials to discuss services and programs available to women veterans. During the site visits the Advisory Committee also hosts open forums with the women veterans' community, encouraging women veterans to discuss issues and ask questions related to VA benefits and services. The Advisory Committee meets twice a year at VA Central Office (VACO) and receives briefings from the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), National Cemetery Administration (NCA) and other staff offices. These briefings update the Advisory Committee on the status of VA programs and respond to concerns raised during the site visits. The Advisory Committee uses information from the site visits and briefings to formulate its recommendations to the Secretary in biennial reports.

2000 Report of the Advisory Committee on Women Veterans

In the 2000 Report of the Advisory Committee on Women Veterans, the Advisory Committee made 25 recommendations. Of those 25 recommendations, 18 are in the process of being implemented, and 7 have been implemented. Some of the key issues included outreach, sexual trauma counseling and care, women veterans who are homeless, health care, education, and employment.

The requirement to submit the 2000 Report of the Advisory Committee on Women Veterans to Congress was terminated in 1999 by a sunset provision in

the Federal Reports Elimination and Sunset Act of 1995, Public Law 104-66, and, therefore, a report was not forwarded. Later, Public Law 106-419 reinstated the requirement for submission of the report, beginning with the 2002 report through 2004. The legislation that reinstated the submission authority did not require the submission of the 2000 report.

The submission of the 2000 Report to Congress was at the discretion of the Secretary. As a courtesy to the Advisory Committee, the former Secretary agreed to forward the report to the Congress.

Two major factors, however, contributed to the delay in the submission of the 2000 report to Congress. First, it was necessary to clarify whether the sunset provision required submission of the 2000 report to Congress. Secondly, there was a change in senior leadership within VA.

In the area of health care, the Advisory Committee in its 2000 Report recommended that VA ensure that the Center is provided an annual update on the effectiveness of the VHA women veterans coordinator program. VHA officials, including the National Women Veterans Health Program Director, briefed the Center and Advisory Committee members on this issue at the March 2002 meeting of the Advisory Committee. In addition, the Director of the Women Veterans Health Program works closely with the Center on issues that are frequently referred to women veterans coordinators in field facilities. For example, since October 2001, I have completed 28 media interviews and 37 keynote speeches, Transition Assistance (TAP) and veterans briefings where VHA has assigned a local women veterans coordinator to accompany me to answer general questions and see that health care issues raised regarding individual cases receive immediate attention.

In April 2002, the Director of the Women Veterans Health Program in conjunction with VBA conducted a national conference of women veterans coordinators. Both the Associate Director of the Center and I attended this conference where many issues regarding the provision of health care to women veterans as well as the role of women veterans coordinators were discussed. This conference also provided a forum for VHA and VBA women veterans

coordinators to network and discuss ways to bridge the gap in situations where women veterans had both health and benefit issues.

VHA officials and the Director of the Women Veterans Health Program also have an extensive working relationship with the Advisory Committee, especially about programs, plans and legislation for women veterans. The Director is a consultant to the Advisory Committee and attends all meetings and site visits. For example, when the Advisory Committee expressed concern about specificity in some of the responses to recommendations in the 2000 Report, VHA officials quickly responded and resolved the issues.

2002 Report of the Advisory Committee on Women Veterans

In the 2002 Report of the Advisory Committee on Women Veterans, the Advisory Committee has made 24 recommendations about outreach, sexual trauma counseling and care, women veteran coordinators, health care, staff education, employment of women veterans in the Federal government, strategic planning, and women veterans who are homeless. Earlier this summer, representatives from the responsible staff offices met on several occasions to ensure that the Department thoroughly addressed the Advisory Committee's recommendations.

Mr. Chairman, these recommendations stem from data and information gathered from VA officials, women veterans, researchers, veterans service organizations (VSOs), internal VA reports, and site visits to VHA and VBA facilities.

This 2002 Report, including VA's responses, was provided to the House and Senate Veterans Affairs' Committees on September 26, 2002. The report and VA's responses address the following general topics:

- the creation or modification of services to provide specifically for the needs of women,
- staffing levels for women veterans coordinators (WVC) positions,
- permanent removal of eligibility restrictions for sexual trauma counseling,

- the monitoring and analysis of services recently introduced by VA, such as obstetrical care and pilot programs for women veterans who are homeless, to ensure that services would meet potential increases in demand,
- the development and distribution of guidelines for case management of women veterans who are homeless based on the analysis of successful pilot projects,
- an emphasis on the need for research to determine the success of health and benefit programs in meeting the needs of women veterans, including women veterans subgroups such as Blacks, Hispanics, Asians, and Native Americans, as VA conducts strategic planning to design future care and services, and
- the need for research to assess the impact of the increasing number of women in the military and their changing military roles on the design and delivery of VA services. The rising proportion of minority women heightens the need for meaningful data regarding women veterans of all racial/ethnic groups.

VA is grateful for the work of the Advisory Committee because its activities and reports play a vital role in helping the VA assess and address the needs of women veterans.

This concludes my formal testimony. I will be pleased to answer any questions.