

National Summit on Women Veterans Issues



SUMMIT 2004



PROCEEDINGS

June 18-20, 2004

Sponsored by



Co-Sponsored by





Department of Veterans Affairs
Center for Women Veterans

NATIONAL SUMMIT ON WOMEN VETERANS ISSUES

SUMMIT 2004

PROCEEDINGS

June 18-20, 2004

SPONSORED BY

Department of Veterans Affairs Center for Women Veterans

CO-SPONSORED BY

VA Employee Education System
AMVETS (American Veterans)
Disabled American Veterans
Veterans of Foreign Wars of the United States

<http://www.va.gov/womenvet>



Department of Veterans Affairs - canopied entrance

Table of Contents

Women Veterans: A Proud Heritage	1
Opening Prayer from the Chaplain	7
Proceedings, Executive Summary	9
Dignitary Correspondence	
President of the United States	13
Vice President of the United States	14
Secretary of Veterans Affairs	15
Deputy Secretary of Veterans Affairs	16
Welcome, Director, Center for Women Veterans	17
Keynote Address, Secretary of Veterans Affairs	21
Women Veterans: Past, Present, and Future	27
Faces of Summit 2004	46
Summary of Concurrent Workshop Sessions	47
Summary of Working Group Proposals and Updates	48
1. Health Care Working Group	48
2. Benefits Working Group	52
3. Employment Working Group	54
4. Mental and Behavioral Working Group	56
5. Veterans Service Organizations Working Group	58
6. Minority Women Veterans Working Group	60
7. State Veterans Affairs Agencies Working Group	62
Issues Beyond Scope or Jurisdiction of VA	63
Appendices	64
Appendix A – Summit Faculty/Facilitators Listing	65
Appendix B – Center for Women Veterans, Mission, Goals, and Overview	71
Appendix C – Summit 2004 Agenda	79
Appendix D – Internet Resources	93
Appendix E – Reference Tables	97



WOMEN VETERANS

A PROUD HERITAGE

Revised and Updated by

Irene Trowell-Harris, RN, EdD

Director, Center for Women Veterans



From the days of the American Revolution to the conflict in the Persian Gulf and today, throughout the World, American women have and are honorably serving in defense of our Nation. In times of war and peace, women have willingly responded to their country's call. Their contributions are characterized by individual and collective acts of self-sacrifice, patriotism, dedication, and personal heroism. Yet, how many of us are familiar with their contributions, adversities and struggles? How many of us are aware that women were present on the battlefields of the Great War, in the mud at Anzio, and at the fall of Bataan? Women served in Korea, Vietnam, Grenada, Panama, Somalia, Bosnia, Afghanistan, Iraq and other places where our Armed Forces are present.

Not all military service takes place in the arena of war; however, a majority of military personnel, both men and women, has performed military service during peacetime. Although their role is often perceived as less glamorous than those who are associated with wartime service, their contribution is no less important. Unfortunately, women who have served in the military are rarely acknowledged in paintings, statues, and memorials commemorating America's military history and the word "veteran" is rarely associated with women.

The 1980 Census was the first to ask American women if they had served in the Armed Forces and more than 1.2 million said, "Yes." These women represented 4.6 percent of the veteran population, more than half of whom served during a period of war. Today, there are approximately 1.7 million women veterans, 6.5 percent of the total 26 million veterans.

So, why is it that women veterans are invisible? Why is their military service and sometime heroic actions seldom recognized or honored? It is, in large part, because of preconceived social stereotypes and cultural mores. Throughout history, military service has been recognized as a synonym for "combat or war." And "war" has always been considered as a masculine activity. Yet, if we seriously looked at the characteristics so valued in war - steady nerves, sound judgment, courage, tenacity, patriotism, and sacrifice - we will find that they are traits found and exhibited by members of both sexes. A review of the history of women in the military demonstrates this fact very clearly.

Although not officially recognized as members of the Armed Forces until 1901, the involvement of women in military-related activities dates back at least to the

Revolutionary War. It was then that Mary Ludwig Hays McCauley earned her nickname, Molly Pitcher, by carrying water in a grog to her husband and other American artillerymen. Her fame however, is due to, when her husband collapsed in battle, she immediately took his place and fired a cannon until the battle was over. “Mad” Anne Bailey, an expert shot and skilled horsewoman, served as a scout, spy, and messenger, and Sarah Fulton delivered dispatches through enemy lines. Deborah Sampson, disguised as a man, enlisted in the Revolutionary Army and fought in several engagements for three years. Injured twice, she treated her own wounds to avoid detection, but after being rendered unconscious and near death by a musket ball, the treating doctor discovered her true identity and she was quietly discharged from the Army. Like the women who would follow her, Deborah Sampson served bravely and returned home quietly. Little did she know that she was setting a standard of behavior that would persist for close to two centuries.

During the Civil War, women like Clara Barton contributed their energy and demonstrated their commitment to country and honor on both sides of the war effort. Although most women served as cooks and nurses, other women became scouts and spies in their effort to support their side.

Clara Barton contributed significantly to the establishment of a level of care for wounded soldiers that paralleled the contributions of Florence Nightingale during the Crimean War. She provided this care at some of the most famous battles of the Civil War, including Second Bull Run, Antietam, and Fredericksburg. She was as committed to healing their spirits as she was to healing their bodies. After the War, Clara Barton established the first National Cemetery in Arlington, Virginia, and went on to establish the American Red Cross.

Sarah Edmonds, in disguise, served as a male nurse, but later became a spy in the Union's secret service. A master of disguise, she was able to pass as a man or woman, as black or white, and crossed Confederate lines on numerous occasions. Other women heroes of the Civil War included Dr. Mary E. Walker, who gave up her medical practice to join the Union Army as a nurse because women could not be doctors. She did not need to be “labeled” a doctor to provide the medical help she knew her countrymen needed. She later volunteered to be a spy and was captured by the Confederacy and held prisoner for four months. Dr. Walker was awarded the Congressional Medal of Honor for her actions, although it was later rescinded. She refused to return the medal and wore it proudly until her death. In 1976, the U.S. Congress restored this honor and Dr. Mary Walker became the only woman in our Nation's history to be awarded the highest military award for valor in war.

In 1898, during the Spanish American War, 1,500 nurses, under civilian contract, provided outstanding care in the field and on what may have been the first hospital ship, the Relief. In volunteering to be bitten by an infected mosquito, Clara Louise Maass was the last human subject to be used in these experiments and the only one to die. These studies paved the way to the development of a vaccine that later saved thousands of lives.

The outstanding care provided by the nurses during the Spanish American War resulted in the formulation of the Army Nurse Corps in 1901, followed by the Navy Nurse Corps in 1908 and the Air Force Nurse Corps in 1949. Many of these women saw duty during World War I, served close to the front lines and were wounded or gassed. World War I also saw women serving outside the

Nurse Corps for the first time. Volunteers were recruited to assume some of the clerical duties routinely done by men. This call for volunteers resulted in over 12,000 volunteers for the Navy and others for the Marines. Ten thousand of these women were assigned overseas. They had no rank, no benefits, and no entitlements. Still, they volunteered, they served, and at the end of the War, when they were no longer needed, they returned quietly to civilian life.

Women's role in the military faded once again and although the Army and Navy Nurse Corps continued to exist, women who served still did not receive the rank, pay, or benefits as the men did. Then, the Japanese bombed Pearl Harbor.

As America confronted the need to mobilize all of its resources for war, once again the need for women in the military became apparent and the Women's Army Auxiliary Corps (WAAC) was established. Within a year, the WAACs would be fully incorporated into the Army and become the Women's Army Corps with its members receiving rank, pay, and appropriate benefits. Women served throughout the theaters of war operations. As secretaries, interpreters, and intelligence operatives, they willingly served wherever they were assigned. Nurses once again were on or near the battles and front lines. Their dedicated service and untold sacrifices were present at Anzio, Normandy, France, Germany, and the South Pacific.

Over 200 military nurses were killed by hostile fire, including 6 Army nurses who remain buried at the beachhead on Anzio. Several hundred received military decorations for heroism and bravery, including the Silver Star and Bronze Star.

In a seldom-told story of heroism, 81 military women remained on the islands of Bataan and Corregidor to care for the wounded during the fall of the Philippines. Captured by the Japanese, they were to spend 37 months in prisoner of war camps. During captivity, they spent untold hours performing heroic deeds that ultimately resulted in many lives being saved.

No story of women's military service during World War II would be complete without acknowledging the 1,074 women who voluntarily joined the Women Airforce Service Pilots (WASP). Organized in 1942, at the request of General Hap Arnold, these women logged more than 60 million air miles. They served as flight instructors for men; ferried airplanes from the U.S. to Europe, including high-speed fighters, bombers, and P-47 thunderbolts, and also had the dubious privilege of towing targets for male fighter pilots so that they could practice on a moving object while using live ammunition. In an unbelievable example of discrimination based on gender, these women received no support from the military, except for their pay, and were not even eligible for medical care or insurance in the case of an on-the-job injury. Thirty-eight WASP were killed in airplane crashes and many more injured, but these women received no benefits and, upon their death, could not have a U.S. flag draped over their casket. In 1977, the U.S. Congress granted the surviving WASP veteran status.

The Korean War, though often overlooked in history, once again saw women serving, both in the hospitals and in support roles. The development of the Air Evacuation System for combat casualties and the expansion of the roles of the flight nurse were pioneered during Korea and ultimately this system would make a significant difference in the casualty care system during Vietnam.

Vietnam was our Country's longest war. The perception that women, if there at all, were assigned to "safe" places demonstrates our ignorance of women's contributions once again. From the rice paddies in the Delta to the jungles of the DMZ, women served in hospitals, MASH units and support areas across the country. Eight women were killed in action. Towns such as Pleiku, Da Nang, Chu Lai, and Phu Bai became and remain as much a part of the memories and stories of the women who served in Vietnam as they are of the men who served with them. So were the experiences of death, disease, and disillusionment. Vietnam redefined war; there were no front lines; no safe places. The Vietnam War, exposure to enemy fire, primitive living conditions, and streams of casualties took an emotional toll on both men and women alike.

The close proximity of the hospitals and the staff doctors and nurses to the physical location of the battle zones contributed to and resulted in record numbers of lives saved. In Vietnam, less than two percent of treated casualties died from their wounds.

The Vietnam War changed many things in this Country, but perhaps the organization it most changed was the U.S. Military. The advent of the all-volunteer Army and the increasing demand for technologically-skilled soldiers, the feminist movement, and the successful service of women, contributed to the change of the military structure of the early 1970's. It became apparent that women were not just on active duty serving in insignificant supporting roles during wartime; but that their ongoing contributions were recognized as essential.

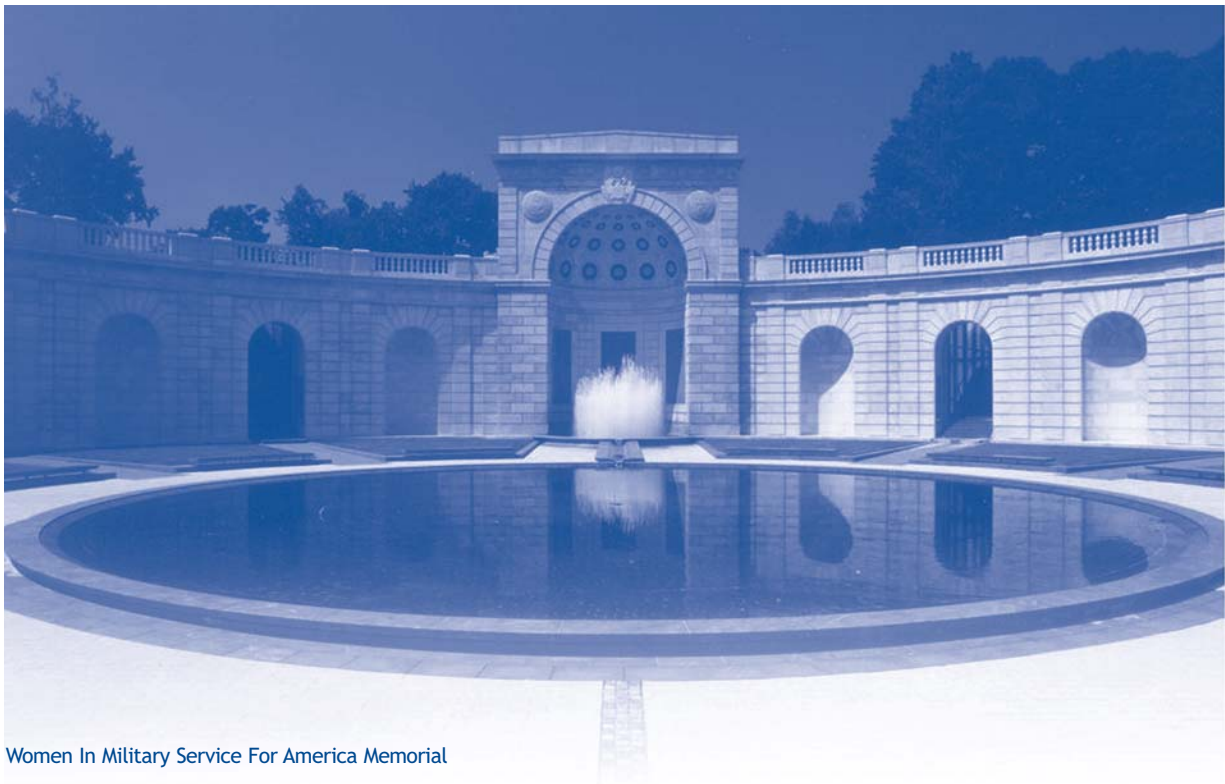
But change was still underway. Although women had participated in the invasion of Grenada, and in "Operation Just Cause" in Panama, they did not receive the public and media attention they did during "Operation Desert Storm." By 1991, and the War in the Persian Gulf, over 11 percent of the active duty military and 13 percent of the reserve forces were women. In 2004, women comprised 15 percent of the active duty military, 16 percent of the reserves, and 20 percent of the new recruits.

The War in the Persian Gulf was a true turning point for women in the military. For the first time, they were called upon to demonstrate their effectiveness and serve in positions previously reserved for men, such as manning Patriot missile placements, flying helicopters on reconnaissance, search and rescue missions, and driving convoys over the desert close to enemy positions. Women were called upon to do all of these jobs and more. Women were exposed to the same dangers as men. Close to 35,000 women served in the Persian Gulf, and they served well. The success of their service can probably be best measured by the fact that many new positions and career specialties have been opened to women in recent years. Women continue to serve in harms way in areas such as Afghanistan and Iraq with exposure to enemy fire, where there are no front lines or safe places.

The history of women in the military is a history of love of country, service, commitment, dedication, and courage, and it includes sacrifices that have largely gone unrecognized. But perhaps, that is changing.

On Veterans Day in 1993, a bronze statue of three women and a wounded soldier was dedicated on the Mall in Washington, DC. This statue, in close proximity to the Vietnam Wall, was placed there in honor of the 265,000 women who served during the Vietnam era. It was a historic moment in time; for it was the first time our country has bestowed National recognition upon women who answered their country's call. Then in October 1997, The Women In Military Service For America Memorial was officially dedicated at the entrance to Arlington National Cemetery. This grand and gracious memorial was 11 years in the making and recognizes the honorable military service of women throughout history.

From the Revolutionary War to the present, America's women veterans have been invisible heroines. They are true examples for future generations that securing our country's liberty and freedom are everyone's responsibility. As a Nation, we must pay tribute to the American women—our grandmothers, mothers, sisters, aunts, and friends—who have served their country through military service; for indeed theirs is a proud and honorable heritage. They must be recognized for their contributions to the freedoms we so enjoy today.



Women In Military Service For America Memorial



DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420



Almighty and All Loving God

We begin this morning by asking for your protection of our service women and men on duty today in Iraq, Afghanistan and throughout our world. Bless them, as they serve to protect the freedom YOU have bestowed us and upon your entire creation.

You have created *all* of humanity – both male and female – to reflect *equally* your image. . . and you have called each one of us to grow in your *likeness*.

That is part of what we hope to do during this 2004 National Summit on Women Veterans Issues. Grant that we may grow in your likeness – and fulfill the potential you have given to each of us. We hope that you will bless our speakers with your wisdom, truth and understanding of the needs of women veterans. Bless this process and guide the outcomes, we pray. And most of all, we hope that you will bless each veteran who participates in this summit. Bless her with the assurance that her needs are not forgotten, not by the organizations that have sponsored this event, not by her country that appreciates her service and sacrifices, and surely, not by You, Our Loving God, who also know the meaning of sacrifice.

Thank you, God, for the opportunity to meet with others who share our concerns and understand our issues. May Your Spirit be present here, making this a “safe” place to offer and receive support, a “safe” place to speak and be heard. At this very moment, and in this setting, women veterans are *not* in the minority. Grant that we may make the most of this opportunity and that the outcome of this conference will have a lasting and significantly positive impact on services provided for these, and other women veterans, for years and years to come.

AMEN.

A handwritten signature in cursive script that reads "Jeni Cook".

Jeni Cook

Reverend

Department of Veterans Affairs
Chaplain Service



Irene Trowell-Harris, RN, EdD

PROCEEDINGS

Executive Summary



The Department of Veterans Affairs' Center for Women Veterans (CWV) sponsored the *National Summit on Women Veterans Issues, Summit 2004*, June 18-20, 2004, at the Capital Hilton Hotel in Washington, DC. The Summit was co-sponsored by Disabled American Veterans (DAV), Veterans of Foreign Wars of the United States (VFW), AMVETS (American Veterans), and VA's Employee Education System (EES). *Summit 2004* provided women veterans, women veterans service providers, federal, state, and local agency representatives, legislative staffers, veterans service organizations, and other interested individuals, a forum in which to review issues raised in Summit 2000, VA's progress on these issues, identify and discuss current initiatives for women veterans, identify issues of concern to the women veterans community, develop recommendations to address them through legislative, programmatic and outreach activities, and develop a plan for continuous progress on women veterans issues.

Over 300 individuals attended the Summit including military, federal, state agencies, veterans service organizations representatives, VA Women Veterans Program Managers (WVPM), Women Veteran Coordinator (WVC) for the VA Regional Offices, community partners, and women veterans from across the country. Secretary of Veterans Affairs, The Honorable Anthony J. Principi, provided the keynote address. He stressed VA's continued commitment to providing benefits and services to women veterans. Congresswoman Heather A. Wilson, the only woman veteran member of the House of Representatives, welcomed the participants and provided remarks.

Summit co-sponsors presenting opening remarks to attendees included David W. Gorman, Executive Director, DAV, Robert E. Wallace, Executive Director, VFW, and James B. King, National Executive Director, American Veterans.

The Friday morning plenary session provided participants information about the current status of federal programs for veterans from VA's senior leadership. The keynote address was given by The Honorable Tillie Fowler, Attorney, Partner, Holland & Knight Law Firm, and former chair for the "Panel to Review Sexual Misconduct Allegations at the United States Air Force Academy." In addition, participants also heard about the current status of other federal, military, and White House programs for women.

On Friday, the Women Veterans Health Program office and staff from VA medical centers in Washington and Baltimore sponsored a Health Expo with a large variety of health screening and other offerings for veterans. There were also over twenty exhibits.

On Saturday, members of VA's Advisory Committee on Women Veterans introduced themselves, their area of expertise and their specific contributions to the Committee. Committee members served as moderators or facilitators for concurrent and working sessions on topics including women veterans health issues related to the combat theater, homelessness, mental health and sexual trauma, employment assistance, the legislative process, and VA's healthcare delivery and benefits programs. Community advocacy groups, federal, state and community groups, legislative staff members, experts on labor and employment, and VSO representatives shared ideas and discussed their role in improving services for veterans.

The Honorable E. Dane Clark, Chairman, VA's Board of Veterans Appeals presented the keynote address on Sunday. In addition to the formal Summit activities, a special reception, sponsored by Pfizer Inc., was held at the Women In Military Service For America Memorial (WIMSA). Guests enjoyed remarks given by Mr. J. Patrick Kelly, Vice President of Pfizer, Inc., and The Honorable Lane Evans, Ranking Member on the House Veterans' Affairs Committee.

The first Summit, held in September 1996 and attended by approximately 100 individuals, provided an opportunity for veteran service providers, federal and state agency representatives, women veteran advocates, and other individuals concerned about women veterans, to come together to discuss the issues and concerns of the women veterans community and identify ways to address them. In June 2000, the second Summit provided an update on services and benefits for women veterans from Summit 1996. The Proceedings from Summit 1996 and 2000 were widely distributed among organizations and individuals interested in improving services for women veterans by both government and community agencies.

Many changes have occurred since the 1996 and 2000 summits. The role of women in the military is changing rapidly. Currently, women comprise 15 percent of the active duty military, 16 percent of the reserves, and 20 percent of the new recruits. Today, women are serving in all branches of the military and are eligible for assignment in most military occupational specialties. Statistical projections indicate that by the year 2010, women will comprise well over 10 percent of the veteran population, a significant increase over the current 6.5 percent figure. The changing demographics of the veteran population will have a significant impact on all agencies and organizations providing services to veterans.

VA's Center for Women Veterans is committed to ensuring that the services women veterans require will be there for them when they are needed. In these times of increased fiscal constraints and responsibilities, VA cannot do it all. As the Summit 2000 was considered a continuation of collaborative activities, it is hoped that Summit 2004 will be remembered as strengthening the initiatives and commitments to women veterans.

Proceedings from this Summit will be published by the Center for Women Veterans and made available to agencies and organizations interested in veterans issues, including VA senior leadership, the Defense Advisory Committee on Women in the Services (DACOWITS), the House and Senate Veterans' Affairs Committees, state governments and national veteran's service organizations. The 2004 Proceedings, as well as accomplishments since Summit 2000, will be available on the Internet at: www.va.gov/womenvet/.

It is with extreme sadness to mention the passing of our longtime colleague and friend of veterans, The Honorable Tillie Fowler.



The Honorable Tillie Fowler
December 1942–March 3, 2005



The White House



THE WHITE HOUSE
WASHINGTON

March 18, 2004

I send greetings to those gathered for "Summit 2004: A National Summit on Women Veterans Issues," sponsored by the Department of Veterans Affairs, the Disabled American Veterans, Veterans of Foreign Wars of the United States, and American Veterans.

Women have a long history of supporting our Nation's defense. Their service and sacrifice have strengthened our military and helped advance freedom and peace around the world. During these historic times, America looks to veterans and draws inspiration from their courage, honor, and patriotism.

On behalf of a grateful Nation, I salute the men and women who have served in our Armed Forces. I also applaud participants for your commitment to America's women veterans. Your work reflects the spirit of our country and helps ensure a better future for the increasing number of women who are risking their lives for the cause of freedom.

Laura joins me in sending our best wishes for a productive meeting.

A handwritten signature in black ink, appearing to read "Barack" or "Michelle", written in a cursive style.





THE VICE PRESIDENT
WASHINGTON

April 12, 2004

Dear Friends:

I am pleased to have the opportunity to send greetings to everyone participating in "Summit 2004: A National Summit on Women Veterans Issues."

From the earliest days of our country, women have contributed to the defense of our nation and to the formation of its character. The more than 200,00 women who serve in the United States military today know that they follow in the legacy of generations of men and women of honor, who voluntarily stepped forward to place duty and country before self-interest. Every veteran has contributed to this nation and to the advance of human freedom. Every veteran has earned this nation's permanent gratitude.

So as you gather to address the issues of concern to women veterans, please accept my thanks along with my best wishes for a productive summit. Lynne joins me in sending each of you our warmest regards.

Sincerely,

A handwritten signature in black ink that reads "Dick Cheney". The signature is written in a cursive style with a large, sweeping initial "D".

Summit 2004: A National Summit on Women Veterans Issues
Department of Veterans Affairs
810 Vermont Avenue, Suite 284A
Washington, D.C. 20420-0002



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

A MESSAGE FROM THE SECRETARY OF VETERANS AFFAIRS

It is with great pride and honor that I welcome you to "Summit 2004: A National Summit on Women Veterans Issues."

Today, women comprise the fastest growing segment of our National veterans' population. Patriotism recognizes no gender. Since our country's earliest colonial beginnings, almost two million women have served in defense of America. As the Nation's advocate for all "*who have borne the battle*," VA is committed to ensuring that America's daughters, like her sons, receive the highest quality of health care, benefits, and services. VA has long recognized the need to focus on the concerns of veterans at large and the issues unique to women in particular.

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

While monumental progress has been made, much more needs to be done. Your participation in "Summit 2004: A National Summit on Women Veterans Issues," will help to ensure VA's programs are designed to assist the women who served our Nation so well while in uniform.

Thank you for attending and for your willingness to assist us in this important task.

A handwritten signature in black ink that reads "Anthony J. Principi". The signature is written in a cursive style.

Anthony J. Principi

**THE DEPUTY SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 18, 2004

A Message from the Deputy Secretary of Veterans Affairs

I am pleased to have the opportunity to send greetings to the participants of Summit 2004: A National Summit on Women Veterans Issues. Although I am unable to join you, I would like to wish you a most successful and productive meeting.

Women veterans have long served their country just as their male counterparts. Today, they represent the fastest growing segment of veterans. It is important that women veterans know that benefits and services are available to them based on their military service. VA is also committed to assuring that women veterans receive the same high-quality health care as male veterans.

This Summit, the third of its kind, is another vehicle for helping to assure that VA programs are designed to assist women and men veterans, and that those services are performed in a manner that they will know that they served a grateful Nation. VA will be faced with many challenges in the future as our women and men currently serving abroad return and one day become veterans. This Summit is a great forum to address both current and future challenges.

I commend you on your participation and thank you for taking the time to support the women veterans of this great Nation.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon H. Mansfield". The signature is fluid and cursive, with a large loop at the end.

Gordon H. Mansfield

WELCOME

Irene Trowell-Harris, RN, EdD

Director, Center for Women Veterans

On behalf of the Department of Veterans Affairs, I welcome you to Summit 2004: A National Summit on Women Veterans Issues. This is the third VA-sponsored Summit on Women Veterans Issues since the establishment of the Center for Women Veterans in 1994. This year's summit is co-sponsored by the Disabled American Veterans (DAV), AMVETS (American Veterans), Veterans of Foreign Wars of the United States (VFW) and VA Employee Education System (EES).

The first summit was held in September 1996 and was co-sponsored by the White House Office for Women's Initiatives and Outreach and the American Veterans of World War II, Korea and Vietnam. The 1996 Summit was organized to provide an opportunity for veteran service providers, federal and state agency representatives, women veteran advocates, and other individuals concerned about women veterans to come together to discuss the issues and concerns of the women veteran community and identify ways to address them. Approximately 100 individuals met and focused on issues affecting women veterans.

The second summit was held in June 2000 and was co-sponsored by the White House Office for Women's Outreach and Initiatives and the Disabled American Veterans. Over 350 individuals attended the summit which provided an update on services and benefits for women.

The 1996 and 2000 Summit Proceedings were widely distributed among organizations and individuals interested in improving services for women veterans by both government and community agencies.





This Summit will provide women veterans, women veterans service providers, federal, state and local agency representatives, legislative staffers, and other interested individuals a forum in which to review issues raised in Summit 2000, VA's progress on these issues, identify and discuss current initiatives for women veterans, identify issues of concern to the women veterans community, develop recommendations to address them through legislative, programmatic and outreach activities and develop a plan for continuous progress on women veterans issues.

Many changes have occurred since the 1996 and 2000 Summits. The role of women in the military is changing rapidly. Initially recruited as nurses during World War I, women comprised less than one percent of the active duty force. In 2000, women made up 14 percent of the active duty force and in 1998, recruiting rates for women were at 20 percent. Currently, women comprise 15 percent of the active duty military, 16 percent of the reserves, and 20 percent of the new recruits. Today, women are serving in all branches of the military and are eligible for assignment in most military occupational specialties.

Statistical projections indicate that by the year 2010, women will comprise well over 10 percent of the veteran population, a significant increase over the current 6.5 percent figure.

Over the last few years, VA has come to recognize that both the services required of these women on active duty and the issues they face as they return to civilian life are different than those of male veterans. The changing demographics of the veteran population will have a significant impact on all agencies and organizations providing services to veterans.

The Center for Women Veterans is committed to ensuring that the services women veterans require will be there for them when they are needed! It is hoped that the Proceedings and Proposals of Summit 2004 will be read and reviewed by individuals in positions to develop and propose legislative, programmatic changes, outreach, and other initiatives to further improve the activities already underway to enhance services to the women veterans community.

Those of us involved in developing services for veterans are acutely aware that we are living in an era of increased fiscal constraints and responsibilities. While we individually confront this reality, it is essential that we continue to collaborate to maximize our resources. Now are the times for federal, state, local community, and other interested organizations to partner and work together. As mentioned in numerous speeches by Secretary Principi, "VA cannot do it all." As the Summit 2000 was considered a continuation of collaborative activities, it is hoped that this, Summit 2004, will be remembered as a strengthening of the initiatives and commitments for women veterans as we boldly tackle current issues and face new challenges.

Monumental progress has been made in improving services for women veterans, but much more needs to be done. Together we must evaluate where we are, where we need to go, and how we would like to get there. It is VA's commitment that as we face multiple challenges of the 21st Century, women who have served their country will be able to better access the services VA provides with comfort and ease, secure in the knowledge that this Nation is grateful for their service and sacrifice.

Irene Trowell-Harris, RN, EdD



The Honorable Richard H. Carmona, Surgeon General, U.S. Public Health Service (left), and Irene Trowell-Harris, RN, EdD, (right) Director, Center for Women Veterans.



Anthony Principi, Secretary of Veterans Affairs

KEYNOTE ADDRESS

Anthony Principi
Secretary of Veterans Affairs

June 18, 2004



Thank you for your kind words, Dr. Trowell-Harris.
And thank you all for that warm reception.

It's a privilege to join you—the champions of America's 1.7 million women veterans, VA program managers and coordinators ... officials and members of our country's premier veterans service organizations ... representatives of the Congress, and of federal, state, and community-based agencies ... members of advocacy groups ... and, of course, our honored veterans.

It's a pleasure to add my voice to the many who, at this quadrennial National Summit, will speak about commitment and constancy to a cause long held sacred by America—caring for him ... and her ... who shall have borne the battle. Sixty years ago at Harvard University, Prime Minister Winston Churchill told America that, "The price of greatness is responsibility." Responsibility to rise above what he termed, 'a mediocre station' ... responsibility to take on "the struggle."

Today, his words strike a resonant chord in terms of the responsibilities that are yours ... and mine.

Today, Americans know and understand that women in uniform are – and always have been – a vital part of our national defense. We can recite the honor roll of women who, from our country's earliest times, served in times of crises and preserved our Nation's life by the sacrifices of their own. They embraced that struggle as their responsibility as citizens.

And we know too that even before there was a Declaration of Independence or a Constitution, women colonials were among our most fervent revolutionaries struggling for Freedom. And yet women patriots bore the brunt of separateness for centuries ... women in uniform were marginalized for decades ... and, until recently, women veterans did not always share in the full measure of care and compassion promised to all who serve. For America's women in uniform ... and for our women veterans ... acceptance and equality were not easily won, and some might argue that "easily" was never an apt description.

Yet in the 228 years since our Nation's birth, women never shirked the call to duty. Women like Martha Bratton who, in the throes of the American Revolution, was entrusted by the Governor of South Carolina with a precious commodity—a large cache of rebel ammunition. At great personal risk, Martha blew up the building holding the cache when it was in imminent danger of being captured by the British ... and then she had the temerity to publicly boast of it!

Undaunted, Martha continued to do her part for America's cause. Not a month later, with a reaping hook pressed to her neck, she withstood interrogation and threats of death by the British as they attempted to gain information about the whereabouts of her husband, an American colonel, and his troops. Martha was bold and unyielding right up to the moment Colonel Bratton arrived with 75 men and took the British by surprise, totally defeating them on the grounds of the Bratton's South Carolina home.

This is the stuff of American patriots ... American women patriots. Women like Martha Bratton set the example for those who now follow her lead. Patriotism recognizes no gender. It never has.

The 2004 National Summit comes at a critical juncture in the long history of women in service to their country. A history stretching from women like Martha Bratton ... to the women who made hospital beds during the Civil War ... to the women who, today, are breaking the glass ceiling as combat pilots.

The legacy of Martha Bratton's struggle, and the struggles of two-and-a-half million other colonial Americans, surrounds us each and every day. It is here in the Capital Hilton Hotel as we gather to discuss issues openly and freely. It is in our churches, synagogues, and mosques, where we worship freely, as we please and in our own way. It is in our media, where reporters are free to write and broadcast the truth without fear of reprisal. It is in our polling places, where we cast our ballots freely to choose who will govern our great land.

Our Nation's greatness ... our country's enduring freedom ... is the noble bequest of men and women who – over the course of two-and-a-quarter centuries – served, sacrificed, and at times, struggled mightily to ensure Liberty endured for us, and for our friends and allies.

Today, America's fighting force is the greatest in the world because we know we fight for the most revolutionary idea of all time—"We hold these truths to be self-evident, that all [people] are created equal." If we are prepared to fight for that belief, we must embody it in our benefits and services for those who preserved, protected, and defended that precept. The power of that principle ... the promise it holds ... and the responsibility it engenders, are some of the reasons why we have the greatest fighting force in the world today. This is a great country ... a country worth fighting for ... but it is also a country that continually must live up to its own promises ... a country that, as Churchill cautioned, must pay the 'price of greatness' with the coin of responsibility.

Our responsibility is seen in the changing face of America's veterans ... veterans who reflect the changing face of America's military ... and who rightfully demand that the institutions that support them change accordingly.

No longer is women's military service limited to support and service support MOS's ... With few exceptions, women are fully integrated into our military services. We need only to look at the numbers to see they are a strong and growing presence. Just

since Desert Storm—in little more than one decade—their proportion of the active duty military has grown from 12 to 15 percent. Of the 26 million veterans who have served this Nation, 6.5 percent are women. They are the fastest growing segment of the veteran population ... second only to our elderly veterans.

There is no question that they earned and deserve our Nation's honor ... respect ... and gratitude. But more than that, they earned and deserve all the rights ... all the services ... all the programs ... and all the benefits that accrue to all veterans. Bar none.

Our responsibility to women veterans means more effective outreach in general, and better outreach to minorities ... the elderly ... and those residing on reservations and in rural areas, in particular. It means improved communication and collaboration between and among public- and private-sector providers so we can better share information ... better disseminate information ... and ultimately better serve the women who come to us. And it means educating our staff, at all levels, in VA services and initiatives ... treatments and trends ... and programs and performance outcomes that accrue to the health and welfare of women veterans.

Our responsibility to them means improved access to timely and appropriate health care services ... stepped up research into women's health issues ... broader employment opportunities ... and more inclusive homeless services, among others.

And our responsibility to them means being accountable ... for the successes ... the 'lessons learned' ... and yes, even the occasional lapses and failures. It is up to us to focus on measurable performance and customer-focused results seen through the eyes and the point-of-view of the individual woman veteran—the Vietnam veteran whose child has spina bifida ... the Gulf War veteran suffering from sexual trauma ... or the disabled Operation Iraqi Freedom veteran unable to find work.

Accountability is the foundation of our responsibility ... the matrix for improvement ... and the blueprint for greatness if we are to serve America's women veterans as we want, and as we must.

The truth of the matter is that the majority of women veterans probably are unaware of this conference ... and don't care about VA's internal operations ... or even our efforts in terms of plans and policies ... or programs and procedures.

Women veterans care about the quality of services they receive when they walk through the doors of our buildings. They care about cutting-edge medicine in state-of-the-art VA facilities. They care about benefits and compensation appropriate for their service and sacrifice. They care about outcomes and solutions to their problems, be they medical ... economic ... or emotional. How long do they have to wait for an appointment for medical care? Was access to that care convenient? And did it include the gender-specific services they required? Was the physician certified in the specialty they sought? Did they get the counseling, therapy, rehabilitation, and prescriptions they needed? Were they treated with dignity, courtesy, and respect?



They are just like you and me in this regard. They care about service ... efficiency ... effective treatment ... a good experience, and even better results.

As we kick-off the 2004 National Summit, is there progress to celebrate? Absolutely! Thanks to you, we have made tremendous strides, and achieved great gains, across a broad array of clinical, administrative, legislative, and outreach programs.

VA's Military Sexual Trauma program is a screening and treatment initiative we can all be proud of ... Unique to the medical community, it is at the forefront in addressing – with sensitivity and compassion – a problem both emotionally scarring and physically debilitating for many returning service women.

We can also take pride in our benchmark performance measures in cancer screening ... The number of annual screenings we do for both breast and cervical cancers outscores the private sector by about ten percent each.

And we are highly attuned to the anticipated needs of service women returning from Operations Enduring and Iraqi Freedom. Our Women Veterans Program Managers in all VA medical centers are well trained and well prepared to address any and all issues specific to this cohort of veterans.

Thanks to you, we have made dramatic changes but, more importantly, look ahead to even more profound changes in terms of initiatives and innovations.

This conference will mark progress and chart the blueprint for continued advances that will echo in VA programs and services available to women well into this new century. There is one and only one goal—gender-specific and gender-sensitive care for the women who served under the flag of our great Nation.

I want to publicly acknowledge your pivotal role as we continue to perfect that mandate. As the 50 stars were, one-by-one, added to the fabric of Old Glory, you too have one-by-one, issue by issue, added equity and dignity ... care and compassion to the fabric of programs, services, and benefits VA is privileged to provide America's women veterans. For that, I am truly grateful. And for that, the women who served ... and who serve still ... are well represented by your service.

Ladies and gentlemen, you are the conduit to information, advice, and counsel the Department of Veterans Affairs needs to live up to its responsibilities. The leaders of AMVETS, DAV, and VFW and I are immensely proud of what you do, and consider your work essential to the future ... and the future quality-of-life of America's women veterans. We know your work is not easy. We know, too, it is complex and perhaps even confounding at times. But individually and collectively, you are charting a course into the future guided by the shining lodestar of liberty, first emblazoned across America's skies in the long distant past.

Two and a quarter centuries ago, Martha Bratton set fire to a cache of ammunition to prevent its falling into the hands of the British. In the aftermath, she proudly announced:

“It was I who did it! Let the consequence be what it will, I glory in having prevented the mischief contemplated by the cruel enemies of my country.”

Brave words of a brave woman—a patriot of America’s ‘Founding Generation,’ and the forebear of generation upon generation of American women who followed her in protecting and defending our Nation from ‘cruel enemies.’

Today, America’s daughters in uniform ... as her sons ... are descendants of the common creed fired and forged by Martha and her remarkable generation—One Nation, under God. They are proud partners in her purpose—to keep our country free and strong. And they are guardians of a common trust, Life, Liberty, and the Pursuit of Happiness—for us ... and for our children, our children’s children, and all who will come after.

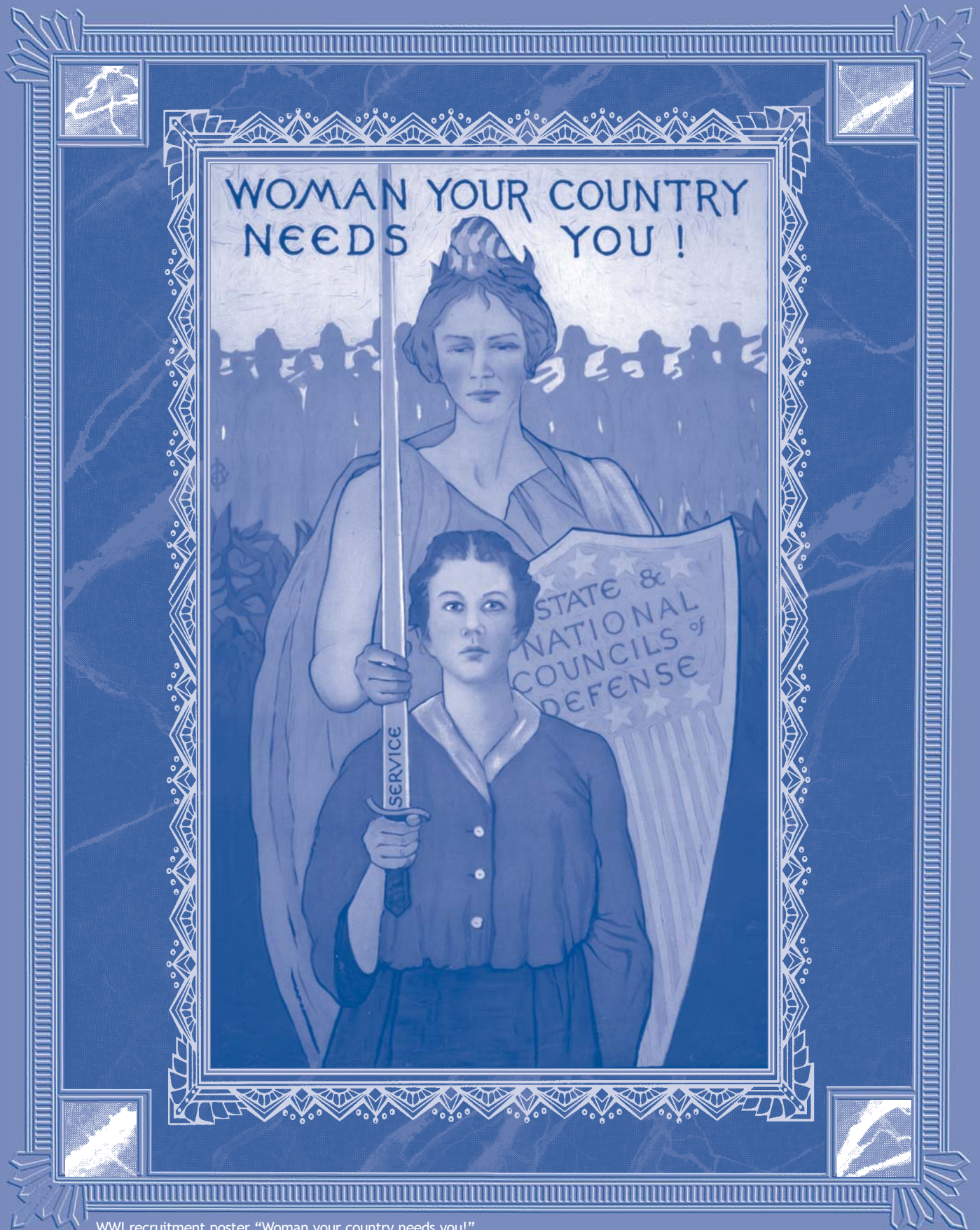
In recognition and in gratitude for their selfless service, America’s women veterans deserve nothing less than the very best we can provide as a Nation.

In closing, let me turn again to England’s war-time prime minister and urge that as you go about your program ... as you plan and prepare for the future ... consider what Churchill told the American people as they faced, head-on, the challenges of a world at war:

“If we are together, nothing is impossible.” ... “Let us [together] rise to the full level of our duty and of our opportunity ...”

Thank you, ladies and gentlemen.
And Godspeed in your mission.





WWI recruitment poster "Woman your country needs you!"

WOMEN VETERANS

Past, Present, and Future

Revised and Updated May 2005

Robert E. Klein, Ph.D.

Office of the Actuary, Department of Veteran Affairs



Women are a vital part of the armed forces and the community of veterans. The study of women veterans begins with the history of women in the military and the changing role of women in the military.

Women in the Military: A Historical Perspective in Brief

Women have served valiantly in America's wars and conflicts throughout our history. And although women were not formally under military command until the early part of the 20th century, they have served in various capacities, beginning with America's War of Independence.

During the American Revolution, it was not uncommon for wives, mothers, and daughters to follow their male loved ones into battle. While they tended to their men, they were often given rations in exchange for service to the troops, mostly tending to the wounded and serving as cooks, seamstresses, and launderers. Some women distinguished themselves on the battlefield for the Continental Army. For example, Margaret Corbin and Mary McCauley, who was a heroine in the Battle of Monmouth in 1778 and thought to be the model for the legendary Molly Pitcher, fought in the Battle of Fort Mifflin in 1777 (Holm, pp. 3-4). Later during the Civil War, at least 400 women on both sides of the conflict disguised themselves as men and assumed combat roles alongside men. Women in surprisingly large numbers served in other unconventional roles as well, acting as spies, saboteurs, and couriers as well as taking an active part in the execution of the war. Most women who served, however, assumed conventional civilian roles as cooks, caregivers, and nurses (Holm, p. 6).

The institutionalization of the nursing corps as an auxiliary of the Army, which started during the Spanish-American War in 1901 (Thomas, p. 3) by an act of Congress, is generally recognized as the event that established women as a formal part of the military. In 1908, the Navy followed suit and established its own nursing corps. By the end of WW I, about 34,000 women served as nurses in all of the armed forces, which included by then nurses in the Marines and Coast Guard as well as in the Army and Navy. However, it is generally acknowledged that the nursing corps was still effectively given only marginal status, since military women still had no military rank or were not given the benefits provided to men in the military and to male veterans (Holm, p. 9).



In spite of the secondary status of women in the military at the time, WW I seems to have been a turning point in the history of women in the military. The significant role of nurses and women serving in other roles during WW I firmly established the importance of women to the armed forces.

Changes in the civilian work force after WW I, which saw an increasing number of women in clerical positions, also had a profound impact on the military. Women filled such roles, thus expanding the kinds of work women did in the military—that is, from work almost exclusively in nursing, to other jobs as well (Holm, p. 11), particularly during WW II.

If WW I was a turning point for women in the military, WW II was the time when women served in relatively large numbers, responding to an all-out mobilization because of a desperate need for personnel. Acceptance of these women was not always given willingly, both in Congress and within the military itself. At the end of the war, nearly 280,000 women were serving out of 12 million in the armed forces. In all, roughly 350,000 women served in the military during the course of the war (Holm, p. 100). At the end of fiscal year 2004, there were an estimated 178,000 living women veterans of WW II (Office of the Actuary, December 2004).

It was during WW II when women were first given full military status with the establishment of the Women's Army Corps (WAC) by Congress in 1943. The WAC was headed by Oveta Culp Hobby of Texas, who later became the second woman to serve as a cabinet secretary (after Labor Secretary Francis Perkins in Franklin D. Roosevelt's administration). She served as secretary under President Eisenhower of what is now the Department of Health and Human Services. The WAC, its predecessor, the Women's Army Auxiliary Corps (WAAC), the Navy's WAVES (Women Accepted for Volunteer Emergency Service) (established in 1942), the Marine Corps Women's Reserve, the Coast Guard Women's Reserve (known as SPARS, *Semper Paratus*-Always Ready) (established in 1942), and the WASPS (Women Air Force Service Pilots, made up of civil service pilots) all contributed immensely in various ways to the war effort.

In spite of the contributions of women during WW II, there was a feeling in some circles, including Congress, that the role of women in the military should be reduced in a post-WW II world and that a general de-mobilization should occur. Indeed, many women did leave the military, as did many men. However, one who was not of the view that women as a group should be demobilized was General Eisenhower, who was Army Chief of Staff at the time.

Eisenhower was a strong advocate of legislation passed in 1947 making the WAC part of the regular Army and Reserve (Holm, p. 105). In 1948, President Harry Truman signed the Women's Armed Services Integration Act, making women permanent members of the Regular and Reserve forces of the Army,

Navy, Marines and the newly-created Air Force (Women In Military Service For America Memorial Foundation, p.2). A year later, the Air Force Nurse Corps was recognized as a separate branch of the Air Force. Another milestone, Truman's Executive Order 9981, ended racial segregation in the armed forces in 1948.

Sentiments of retrenchment and isolation immediately after WW II were short-lived in light of the ascendance of the Soviet Union and the challenge it and its global allies presented. The Korean Conflict was the first immediate post-WW II manifestation of that challenge and women played an active role in the engagement.

At the time the war broke out in 1950, there were about 22,000 women in the armed forces, with roughly one-third in nursing or health-related jobs. Over the next year, efforts to increase the number of active duty military nurses succeeded, particularly by activating many military nurses in the reserves who had served during WW II (Holm, pp. 149-150). At its peak, the number of women in the armed forces during the Korean Conflict was 48,700, declining to about 35,000 by war's end in June 1955 (Holm, p. 157).

During the Korean Conflict (in 1951), the Defense Advisory Committee on Women in the Services (DACOWITS) was established by then-Secretary of Defense, George C. Marshall, to provide advice and recommendations on matters and policies that include deployment, sexual assault, recruitment and retention, treatment, employment, integration, and well-being of professional women in the Armed Forces. DACOWITS exists to this day, continuing to make recommendations on family issues related to recruitment and retention of women in the military. Historically, the civilian appointees to DACOWITS have been very instrumental in recommending changes to laws and policies beneficial to military women (Trowell-Harris, 2005).

During the Korean Conflict, there were ambitious goals by the military to increase by several-fold the proportion of women in each of the services. The overall goal was to mobilize one-half million to one-million women to join. In spite of active recruiting and other efforts, the military fell far short of its goals (Holm, p. 157).

The next big push to increase the number of women in the military came in 1968 during the Vietnam War. The Department of Defense had a goal of adding 6,500 women to the military (Holm, p. 187), thus trying to reverse a downward trend after the Korean Conflict. Nearly 7,000 women served in the military in the Southeast Asia theater of operations. Most of those who served there were nurses (Women In Military Service For America Memorial Foundation, p. 4). However, the military opened up many other positions to women as a result not only of personnel shortages, even in an era of conscription, but also as a reflection of general societal changes in the role of women.

The Vietnam era was a time of considerable social ferment and unrest, with many groups demanding and gaining equal status in society, including women. Indeed, the passage of P.L. 90-130 in 1967 was meant, in large part, to remove statutorily any obstacles to women becoming high ranking military officers. In 1970, Brigadier General Anna Mae Hays, head of the Army Nurse Corps, became the first woman to attain star rank in nursing. By 1972, Rear Admiral Alene B. Duerk, head of the Navy Nurse Corps, became the first woman admiral (Holm, p. 203) and also in 1972, E. Ann Hoefly became Brigadier General in the Air Force Nurse Corps.

The 1970's also saw the appointment of women to star rank who were not nurses: Army Brigadier General Elizabeth P. Hoisington (1970); Air Force Brigadier General Jeanne M. Holm (1971); Navy Rear Admiral Fran McKee (1976); and Marine Brigadier General Margaret A. Brewer (1978) (Moseley Brown, 2005). Gains made by women in the military continued through the 1970's.

The trend of gains remains, with fewer restrictions on women. Although rules affirmed in 1994 by then-Defense Secretary Les Aspin exempt women from assignments in small direct ground combat units or from collocating with such units, the rules also lifted long-standing bans on women serving in other combat-related roles (*The Washington Times*, 2004) as a direct result of their performance during the Persian Gulf War in 1990 and 1991. Beginning in the early 1990s, women flew combat aircraft, manned missile placements, served on ships in the Gulf, drove convoys in the desert, and assumed other roles making exposure to combat more likely. In the 2001 National Survey of Veterans, 12 percent of women veterans reported having served in a combat or war zone. Nearly one-quarter reported contact with dead, dying or wounded compatriots during their military service (Office of Policy, Planning, and Preparedness, April 2003, Table 2-8, p. 52). The army's newly-created Combat Action Badge will honor any eligible soldier exposed to perilous combat conditions, affecting thousands of soldiers not in infantry ranks, including many women (Department of Defense, *ARNEWS*, 2005; *The Washington Post*, 2005).

Some mark the beginning of the trend toward greater gender equality in the military with the advent of the all-volunteer-force (AVF) in 1973, when occupational roles within the military opened up considerably for women because of the need to fill those positions with a volunteer force. That is, personnel demands could not be met with a force of male volunteers alone. Data show that the AVF marked a sharp increase in the absolute number of women in the military and an increase in the proportion of women in the military as well. In spite of difficulties in retaining women in the military shortly after the establishment of the AVF, steps were taken to make the military more "family friendly" to encourage women to enter service and to remain there as well. Arguably, more needs to be done. But the numbers

reflect, in some measure, those steps. In 1973, for example, 55,000 women were in the active duty military, making up 2.5 percent of the armed forces. By September 30, 2004, however, the number of women on active duty nearly quadrupled to more than 212,000, making up nearly 15 percent of the active duty armed forces (Appendix E, Department of Defense, 2004).

Table D-19. Female Active Component Enlisted Members by Service with Civilian Comparison Group, FYs

FISCAL YEAR 1984*	ARMY	NAVY	SERVICE	MARINE CORPS	AIR FORCE
1970	7,858	4,863	5,366	1,120	4,845
1971	11,476	5,476	5,721	2,119	8,987
1972	11,423	5,476	5,476	1,981	10,132
1973	12,549	5,476	5,476	1,981	11,725
1974	16,448	5,476	5,476	1,981	15,022
1975	26,320	5,476	5,476	1,981	19,663
1976	33,703	5,476	5,476	1,981	25,232
1977	43,808	5,476	5,476	1,981	34,609
1978	46,092	5,476	5,476	1,981	40,710
1979	50,288	5,476	5,476	1,981	45,944
1980	54,315	5,476	5,476	1,981	51,397
1981	61,349	5,476	5,476	1,981	57,062
1982	64,877	5,476	5,476	1,981	62,944
1983	64,261	5,476	5,476	1,981	69,044
1984	64,056	5,476	5,476	1,981	75,364
1985	66,664	5,476	5,476	1,981	81,911
1986	67,830	5,476	5,476	1,981	88,684
1987	69,200	5,476	5,476	1,981	95,680
1988	71,136	5,476	5,476	1,981	102,896
1989	71,819	5,476	5,476	1,981	110,336
1990	73,780	5,476	5,476	1,981	118,000
1991	70,741	5,476	5,476	1,981	125,984
1992	67,229	5,476	5,476	1,981	134,288
1993	64,211	5,476	5,476	1,981	142,912
1994	58,393	5,476	5,476	1,981	151,856
1995	59,668	5,476	5,476	1,981	161,120
1996	58,666	5,476	5,476	1,981	170,704
1997	58,684	5,476	5,476	1,981	180,608
1998	61,661	5,476	5,476	1,981	190,832
1999	60,810	5,476	5,476	1,981	201,376
2000	62,491	5,476	5,476	1,981	212,144
2001	62,827	5,476	5,476	1,981	223,136
2002	62,827	5,476	5,476	1,981	234,352
2003	62,827	5,476	5,476	1,981	245,792
2004	62,827	5,476	5,476	1,981	257,456

The Population of Women Veterans¹

Number

The population of women veterans is affected directly by the number of women in the military. At any one time, the number of veterans depends on the varying size of cohorts leaving the military up to that time and the survival rates among those cohorts to that time. In contrast to the population of male veterans, the population of female veterans has actually increased over the last decade or so because

- (a) of the increasing number and proportion of women entering (and leaving) the military,
- (b) a more favorable survival rate of women compared to men at any given age, and
- (c) the younger age distribution of women veterans compared to male veterans, which means relatively more women at younger ages, with lower mortality rates.

According to the 1990 Census, there were 1.2 million women veterans. By the next census in 2000, that number increased to 1.6 million, with an estimated 1.7 million by the end of fiscal year 2004.

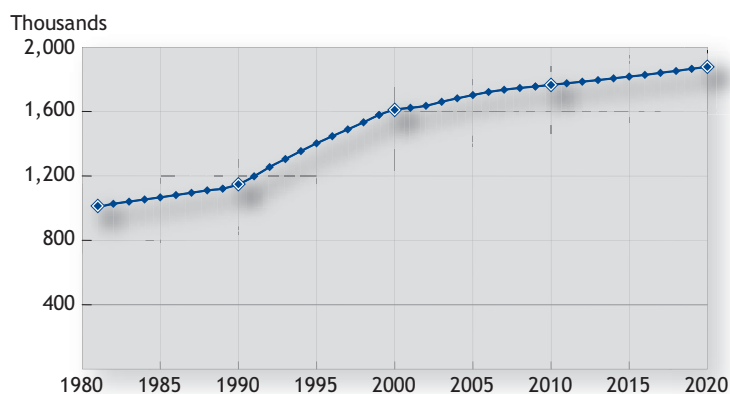
Department of Defense
Active Duty Military Personnel by Rank/Grade
September 30, 2004
(Women Only)

Rank/Grade - All	Services				Total Services
	Army	Navy	Marine Corps	Air Force	
ADMIRAL	0	0	1	0	1
VICE ADMIRAL (O7)	0	0	1	0	1
REAR ADMIRAL (L1)	437	406	23	446	3,293
CAPTAIN	1,111	890	78	1,980	6,001
COMMANDER	1,985	2,826	336	4,920	12,051
LIEUTENANT COLONEL	3,969	1,258	204	2,321	5,969
LIEUTENANT	2,107	1,111	1	1	5,229
LIEUTENANT (JG)	1,716	111	7	12	67
MAJOR	11	7	1	33	347
CAPTAIN	48	25	56	66	468
LIEUTENANT-ENLISTED	289	53	16	16	225
2ND LIEUTENANT OFFICER W-5	358	53	1,000	13,598	35,112
CHIEF WARRANT OFFICER W-4	289	53	1,000	13,598	839
CHIEF WARRANT OFFICER W-3	358	53	1,000	13,598	2,413
CHIEF WARRANT OFFICER W-2	207	53	1,000	13,598	9,919
CHIEF WARRANT OFFICER W-1	292	157	47	47	20,324
TOTAL OFFICER	1,130	445	165	437	3,384
E-9	4,240	1,846	820	17,013	41,734
E-8	7,371	11,954	1,754	12,812	35,231
E-7	18,470	11,119	2,898	3,154	72,600
E-6	10,010	9,651	1,291	2,359	69,436
E-5	4,745	3,316	668	0	754
E-4	2,936	1,692	0	0	19,779
E-3	639	722	0	0	73,786
E-2	0	0	0	0	0
E-1	0	0	0	0	0
TOTAL ENLISTED	73,243	54,248	19,779	0	44,215
CADETS-MIDSHIPMEN	0	0	0	0	0
GRAND TOTAL	77,644	59,724	19,779	0	35,331

¹ Veteran population estimates and projections cited in this section generally pertain to the U.S. and Puerto Rico. An estimate or projection for a given year is as of September 30 of that year; data cited for the decennial census years of 1990 and 2000 are as of April 1 of those years. Source of estimates and projections: VA Office of the Actuary, VetPop2004 Version 1.0, December 2004.

The accompanying figure² shows the trend in the estimated and projected number of women veterans in the U.S. and Puerto over the span of 40 years, from 1980 to 2020. The population of women veterans rose, and is projected to continue to rise, steadily from 1.1 million in 1980 to 1.2 million in 1990 to 1.6 million in 2000 to 1.8 million in 2010 and 1.9 million in 2020. In sharp contrast, the estimated and projected population of male veterans is projected to decline (27.6 million in 1980; 27.3 million in 1990; 24.8 million in 2000; 20.3 million in 2010 and 16.2 million in 2020).

FIGURE 1
Estimated Number of Female Veterans in U.S. and Puerto Rico



Sources: 1985 to 1989, Trend Data; 1990 to 1999, VetPop2001; 2000 to 2020: VetPop2004 v1.0 (Trend data and VetPop2001 modified for smoothness.)
Office of the Actuary, Department of Veterans Affairs

As a proportion of the veteran population, women went from nearly 4 percent in 1980 to 4 percent in 1990 and 6 percent in 2000³. With projected increases in the number of women in the military relative to men, the proportion of the veteran population which is female is also projected to increase steadily: 8 percent in 2010 (from 6 percent in 2000) and 10 percent by 2020.

Age

Not only do male and female veterans differ with respect to observed and expected trends in their number and their respective share of the veteran population, they also differ in their relative age as well. As noted above, women veterans are younger, in

² Eddie Thomas of the VA Office of the Actuary compiled the data for this figure and smoothed the data prior to 2000 to be consistent with estimates and projections beyond 2000 from the latest model, VetPop2004 Version 1.0.

³ For the most part, percentages are rounded to the nearest percent. However, some percentages are to the nearest tenth of a percent—for example, percentages based on numbers from administrative records, which are not estimates, or for numbers where the display of nuanced differences is intended, such as with geographic distribution.

the aggregate, than their male counterparts. In 2004, for example, the estimated median age of women veterans was 46, whereas the estimated median age of male veterans was 60. Although the median age of women veterans is projected to increase steadily over the next two decades, women veterans are projected still to be younger than male veterans in the aggregate.

The proportions of women veterans who are 65 or older and 85 or older are lower than the proportion of male veterans of those ages. In 2004, an estimated 19 percent of women veterans were 65 or older and nearly 4 percent in the advanced ages of 85 or older. Among male veterans, an estimated 40 percent were 65 or older and nearly 4 percent were 85 or older. By 2010, the proportion of women veterans 65 or older is projected to be nearly 17 percent, and about 5 percent projected to be 85 or older. Among male veterans, 42 percent are projected to be 65 or older, with nearly 6 percent being 85 or older.

Age differences between female and male veterans are also reflected in the differences by the period of service in which they served, with women more likely to have served in the later war periods while men are more likely to have served in earlier war periods. Specifically, among wartime periods, the Gulf War era, which is still open, had the greatest estimated number of women veterans in 2004 (642,000), followed by the Vietnam Era (260,000), World War II (178,000), and Korea (80,000). More than 558,000 women are estimated to have served in peacetime only⁴. In contrast, the greatest number of male veterans is estimated to have served during the Vietnam Era (7,841,000) among all war periods, followed by WW II (3,713,000), the Gulf War (3,441,000) and Korea (3,328,000). An estimated 5,720,000 male veterans served during peacetime only⁴.

Knowing how many women veterans there are (and projecting how many there will be), how old they are and whether they are war or peacetime veterans and in which periods they served are important for planning the services VA provides. Such a picture, however, is not complete. Other characteristics are equally important, such as race, what benefits they have used, what social and economic characteristics they exhibit, the status of their health, and where they live.

Geographic Distribution

In general, the geographic distribution of women veterans very much parallels that of their male counterparts, with some exceptions. In 2004, the states with the highest estimated proportion of the total women veteran population are among the largest in terms of the general population: California (9.8 percent of all women veterans); Florida and Texas (7.7 percent each), Virginia (4.4 percent), New York and Georgia (4.0 percent), Pennsylvania and Ohio (3.7 percent), and

⁴War period totals include those who served in more than one war period; a veteran is counted in all the war periods in which he or she served. Therefore, the period totals add to a number greater than the total number of veterans.

North Carolina (3.5 percent). These nine states alone are estimated to have accounted for nearly one-half of the women veterans in the U.S. and Puerto Rico. Wyoming, Vermont, North Dakota, and D.C. had the lowest estimated number of women veterans, which can also be said generally of the distribution of their male counterparts.

Looking at the estimated distribution of women veterans and their male counterparts by the nine Census Bureau regions⁵ in 2004 shows general similarity between them, although some differences are observed. For example, the highest estimated proportion of both female and male veterans is in the South Atlantic region (27.0 and 23.0 percent, respectively) but the lowest proportion for women is New England (4.2 percent) and the East South Central for males (4.7 percent). While the rank order of the regions with respect to the estimated distribution of female and male veterans across regions differs somewhat, those differences are not great, as seen in Table 1 below. Furthermore, the respective proportion of the female and male veteran populations within each region does not differ greatly. The main observation, therefore, is that women veterans and their male counterparts are distributed across states and regions in similar patterns.

TABLE 1.
**Percentage Distribution of the Estimated
Female and Male Veteran Population by Region**

(see footnote 3)

September 30, 2004

Region	Females (Percent)	Region	Males (Percent)
New England	4.2	East South Central	4.7
East South Central	4.5	New England	4.9
West North Central	6.3	West North Central	7.3
Mountain	8.3	Mountain	7.5
Mid Atlantic	9.6	West South Central	10.8
West South Central	11.8	Mid Atlantic	12.0
East North Central	13.1	Pacific	14.1
Pacific	15.2	East North Central	15.7
South Atlantic	27.0	South Atlantic	23.0
Total (Percent)	100.0		100.0
Number (in Thousand's)	1,682		22,849

Source: VA Office of the Actuary, VetPop2004 Version 1.0, December 2004.

⁵ The regions are: New England; Middle Atlantic; South Atlantic; East South Central; West South Central; East North Central; West North Central; Mountain; Pacific. Puerto Rico is not officially part of any census region of the U.S. and therefore excluded from this table.

To plan for VA and other services, it is important to know where veterans are located now, but also where they might live in the future. By 2010, VA projections of women veterans by state show that states with large numbers of veterans in the general population are projected to have the largest share of women veterans.

The projected top five states are:

California (161,400 women veterans; 9.1 percent of women veterans);
Texas (141,300, 8.0 percent);
Florida (136,800; 7.8 percent);
Virginia (76,500; 4.3 percent); and
Georgia (74,300; 4.2 percent).

The projected five smallest are:

South Dakota (5,200; 0.3 percent);
Wyoming (4,000; 0.2 percent);
Vermont (3,700; 0.2 percent);
North Dakota (3,700; 0.2 percent); and
the District of Columbia (3,100; 0.2 percent).

Race and Hispanic Origin

Race and Hispanic origin are important demographic characteristics in that they are often associated with such socioeconomic characteristics as education, employment and income. The military is seen by many not only as a way of serving the nation but also as an opportunity to learn job skills, to reap educational benefits, and to enhance life skills in general for use in the civilian world. Members of racial and ethnic minorities, particularly in an all-volunteer force, have availed themselves of those opportunities in relatively large numbers. This is true of women as well as men.

Over the years, the military has seen an increase in the proportion of women, racial and ethnic minorities, and women of racial and ethnic minorities. Those numbers are reflected in changes in the racial and ethnic composition of the veteran population over time. Between 1990 and 2000, for example, the proportion of White non-Hispanics among women veterans declined from 83 percent to 72 percent, meaning that by the year 2000, nearly 30 percent of women veterans identified themselves in the Census as a member of a racial minority group. Most identified themselves as Black (or African American). Specifically, 17 percent of women veterans were Black non-Hispanic; 1 percent American Indian non-Hispanic; 1 percent Asian non-Hispanic; less than 1 percent Pacific Islander non-Hispanic;

2 percent were of some other race or multiple race non-Hispanic. Women veterans, in fact, were more likely than their male counterparts to identify themselves as a racial minority. Among male veterans in 2000, 83 percent were White non-Hispanic; 9 percent Black non-Hispanic; 1 percent American Indian non-Hispanic; 1 percent Asian non-Hispanic; less than 1 percent Pacific Islander non-Hispanic; 1 percent of some other race or multiple race non-Hispanic.

The proportion of Hispanics among women veterans also increased (note, Hispanics can be of any race). In 1990, the proportion was 3 percent compared to 6 percent in 2000. Among male veterans in 2000, 5 percent were Hispanic, compared to 3 percent in 1990. The 2000 Census showed that nearly equal proportions or about 10 percent of males and females in the Armed Forces identified themselves as Hispanic.

As of September 30, 2004, an estimated 7 percent of women veterans were of Hispanic origin (115,000) (again, Hispanics can be of any race) (see Table 2 below). Estimated proportions of women veterans by race were: White non-Hispanic, 70 percent (1,175,000); Black non-Hispanic, 18 percent (306,000); American Indian non-Hispanic, 1 percent (18,000); Asian non-Hispanic, 2 percent (25,000); Pacific Islander non-Hispanic, less than 1 percent (3,000); and other or multiple race non-Hispanic, 2 percent (39,000). The estimated distribution among male veterans is somewhat different from that of female veterans, with a lower proportion of Hispanics (of any race) and minority races. Hispanics were 5 percent (1,186,000) of male veterans. The estimated distribution by race was: White non-Hispanic, 82 percent (18,811,000); Black non-Hispanic, 10 percent (2,242,000); American Indian non-Hispanic, 1 percent (162,000); Asian non-Hispanic, 1 percent (250,000); Pacific Islander non-Hispanic, less than 1 percent (26,000); and other or multiple race, 1 percent (297,000). (Office of the Actuary, December 2004).

TABLE 2.
**Percentage Distribution of the Estimated Female
and Male Veteran Population by Hispanic Origin and Race**
September 30, 2004

Hispanic Origin and Race	Females (Percent)	Males (Percent)
Hispanic Origin*	7	5
White**	70	82
Black**	18	10
American Indian**	1	1
Asian**	2	1
Pacific. Islander**	***	***
Other or Multiracial Race**	2	1
Total (Percent)	100	100
Number (in Thousand's)	1,682	22,973

* Can be of any race; ** Non-Hispanic; *** Less than 1 percent
Source: VA Office of the Actuary, VetPop2004 Version 1.0, December 2004.

In the future, Hispanics and non-White non-Hispanics (including multiple race non-Hispanics) are projected to make up an increasing share of the veteran population for both males and females. For example, between 2000 and 2010, the proportion of women veterans who are Hispanic is projected to increase from 6 percent to nearly 8 percent. For 2020, the projected proportion is 9 percent.

The proportion of non-White non-Hispanics among women veterans is projected to increase from 22 percent in 2000 to 25 percent in 2010 to 27 percent in 2020. Among male veterans, Hispanics are projected to increase from 5 percent in 2000 to 6 percent in 2010 and 7 percent in 2020. The proportion of non-White non-Hispanic male veterans is projected to increase from 12 percent in 2000 to 14 percent in 2010 and 17 percent in 2020 (Office of the Actuary, December 2004). Table 3 below summarizes some of these observations for five-year intervals between 2000 and 2020 (viz., the proportion of Hispanic and non-White non-Hispanic veterans is projected to increase among both female and male veterans, but that the proportion is higher among females).

TABLE 3.
Percent Hispanic Origin and Non-White Non-Hispanic for
Estimated and Projected Female and Male Veterans
2000-2020

	Females (Percent)		Males (Percent)	
	Hispanic*	Non-White Non-Hispanic	Hispanic*	Non-White Non-Hispanic
2000	6	22	5	12
2005	7	24	5	13
2010	8	25	6	14
2015	8	26	6	15
2020	9	27	7	17

*Can be of any race
 Source: VA Office of the Actuary, VetPop2004 Version 1.0, December 2004.

Marital Status

Marital status can be an important consideration in assessing an individual’s economic and social well-being inasmuch as it is related to such characteristics as living arrangements, family formation, income, health status, and other dimensions of life style. Marital status is usually a matter of choice. That is, (unlike widowhood), we choose to marry, divorce, separate or remain single.

Data from the March 2002 Current Population Survey (CPS)⁶ show that among women 30 years of age or older, veterans were less likely to be married than non-veterans: 49 percent of veterans were married compared to 61 percent of non-veterans. This is observed for all age groups over 29. For example, among older women, 65 or older, about one-third of veterans were married compared to 42 percent of non-veterans. It is unclear what proportion among those not married was ever married.

Socio-Economic Characteristics

Educational Attainment

Educational attainment is a crucial dimension of the social and economic status of an individual. Not only are there countless intangible rewards to education, but education affects life chances in general and income and employment in particular. Data from the *March 2002 CPS* show that women veterans fare well with respect to their educational attainment: 72 percent of women veterans had at least some college experience; nearly 40 percent of those had at least a bachelor's degree. A relatively small proportion, less than 3 percent, had no high school diploma, which can be explained by the education requirements for military service. One-quarter finished high school as the highest level of education.

In general, women veterans fare better than male veterans. For example, 55 percent of male veterans had at least some college and 11 percent had less than a high school diploma (compared to 72 percent and less than 3 percent, respectively, for women). This difference can be explained, in part, by the older age distribution of male veterans. That is, many male veterans entered the military service at a time when the education requirements were not as high as they have been in recent years. During WW II, for example, it was not uncommon for men to be drafted out of high school. And due to extenuating circumstances, many did not go back to school after the war to finish.

Employment

Data from Census 2000⁷ show that among women veterans age 25 to 64, considered the major earning years, more than 70 percent were employed. Only 4 percent were unemployed and 25 percent were not in the labor force. Among women veterans of all ages, one-half who were not in the labor force were age 65 or older. As a

⁶ Source of data from the March 2002 CPS is special tabulations provided by the Office of Data Management and Analysis, Assistant Secretary for Policy, Planning and Preparedness, VA.

⁷ Data from the 2000 Census on employment and income are more detailed than data from the 2002 March CPS available to the author.

benchmark for evaluating the employment status of women veterans, a comparison with non-veteran women of comparable age shows some differences. For the group 25 to 64, women veterans are more likely to be employed than non-veteran women (71 percent and 66 percent respectively), and less likely not to be in the labor force (25 percent and 31 percent respectively). About 4 percent of veterans and 3 percent of non-veterans are unemployed.

Family Income

Perhaps the most direct, immediate and measurable dimension of socioeconomic status is income. Data from the 2000 Census⁶ on women veterans show that compared to their non-veteran women counterparts, veterans are less likely to be at the low end of the family income distribution but also less likely to be at the high end. For example, 14 percent of veterans had family incomes less than \$14,000 compared to 17 percent of non-veterans. At the high end of the scale, 13 percent of veterans earned \$90,000 or more compared to 16 percent of non-veterans. For income groups between \$45,000 and \$90,000, the distribution of women veterans and women non-veterans is very comparable. For example, 14 percent of veterans to 13 percent of non-veterans were in the \$45,000 to \$59,999 category. A higher proportion of veterans than non-veterans were in the categories between \$15,000 and \$44,999. Among veterans, 21 percent were in the \$15,000 to \$29,999 category compared to 18 percent of non-veterans. Among veterans, 19 percent were in the \$30,000 to \$44,999 category compared to 16 percent of non-veterans.

Since these data from Census 2000 on veterans are based on a very large sample, the differences observed are significant in a statistical sense but may be too small to suggest any real inequalities. The general picture which emerges is that overall, women veterans and non-veteran women have comparable family income, in spite of differences in marital status and age between them. Indeed, data from the March 2002 CPS show that for calendar year 2001, the median family income of women veterans was \$43,000 compared to \$44,000 for women non-veterans.

Use of VA Benefits

VA's commitment to the needs of women veterans has been long-standing, but has been particularly noteworthy since the early 1980's with the establishment of the VA Advisory Committee on Women Veterans. Although the number of women veterans is relatively small compared to their male counterparts, the population of women veterans has been growing and is projected to continue to grow, as well as to get older. These demographic facts, coupled with the special needs of women veterans, particularly with respect to health care, drive the need to consider how many women veterans use VA benefits and the characteristics which might be related to

the need for and use of benefits, such as health status, race, education, income, employment and marital status.

Service-Connected Compensation and Nonservice-Connected Pension

Compensation

At the end of fiscal year 2004, 163,027 women veterans world-wide received service-connected compensation, among whom 161,328 lived in the U.S. and Puerto Rico. The number of women receiving compensation represents 9.6 percent of the total estimated population of women veterans as of September 30, 2004. Among male veterans, the estimated proportion receiving compensation is only slightly higher, 10.4 percent⁸, in spite of the older age of male veterans, on average, and their greater exposure to combat.

There are also slight differences as well in the distribution of compensated veterans by degree of disability between males and females. Compensated women veterans tend to be at the lower and upper levels of degree of disability, while their male counterparts are more likely to be at the middle levels: for female and male compensated veterans respectively, under 30 percent disabled, 47.3 and 42.9 percent; between 30 and 60 percent disabled, 33.3 and 39.8 percent; and at 70 percent or greater disability, 19.4 and 17.4 percent. Compensated male veterans, however, are more likely to be rated 100 percent disabled than their female counterparts: 8.6 and 5.7 percent, respectively. But for the most part, the distributions are quite similar (Office of Policy, Planning, and Preparedness, September 2004, Tables on Compensation⁹).

Pension

VA pensioners are veterans who served during wartime and are deemed to be in economic need based on established VA eligibility criteria. In September 2004, 10,073 women veterans received pension compared to 332,830 male veterans. Among female pensioners, nearly one-half, 46.5 percent, served during WW II. In contrast, among male pensioners, about one-third, 34.9 percent, served during WW II, with the largest group having served during the Vietnam era, 42.5 percent. The differences between male and female pensioners with respect to period of service reflect in part, the relative size of the cohorts among male and female veterans (products of both the number who served and the number who survive to date) and differences in economic need by age and sex (Office of Policy, Planning, and Preparedness, September 2004, Table on Pension).

⁸ This percent, and the comparable percent for women veterans, pertains to all veterans, not just those in the U.S. and Puerto Rico.

⁹ The distributions described are for all veterans, regardless of age and the types of disability for which veterans are compensated.

\$4,100 compared to an average of \$25,700 after training. Among successful male participants, there was a 7-fold increase in average earnings. Among veterans in the National Survey of Veterans, 4 percent of women reported ever using Vocational Rehabilitation services, comparable to the 3 percent of males reporting such use.

Data from FY 2004 indicate that nearly 12,800 women veterans participated in Vocational Rehabilitation compared to 43,000 male veterans (VR& E, April 2005).

VA Home Loan Guaranty

Between 1944 (when the VA Home Loan Guaranty Program began) and the end of FY 2004, VA has guaranteed more than 17.6 million home loans (Veterans Benefits Administration, June 2004, p. 61; and Veterans Benefits Administration, Loan Guaranty Service, April 2005). During FY 2004, more than 335,000 loans were guaranteed: 302,300 for male veterans and nearly 33,500 for women veterans¹⁰. For FY 2004 loans, the average loan amount and the average guaranty on those loans was slightly higher for women veterans than for their male counterparts. The average loan for women veterans was \$132,800 compared to \$131,300 for males. The average guaranty on home loans for women veterans was \$38,000 compared to \$37,600 for males (Veterans Benefits Administration, Loan Guaranty Service, April 2005).

VA Life Insurance

VA life insurance is available to veterans as a way for those who leave military service to maintain government life insurance after discharge. VA life insurance serves to establish the continuity of government life insurance coverage offered to active military personnel who might be considered at greater risk of death during military service by private insurance vendors not willing to assume the liability.

Data from the 2001 National Survey of Veterans show that among both male and female veterans, roughly the same proportion—11 percent—had VA life insurance coverage. Among older veterans, however, the proportion increases to 17 percent of females and 20 percent of males, perhaps reflecting the salience of life insurance to older people and differences in VA life insurance programs which changed from period to period. The fact that a majority of both female and male veterans do not have VA life insurance coverage does not mean they are without coverage. In fact, the survey data show that 70 percent of female veterans and 75 percent of male veterans had life insurance from a source other than VA. Among veterans 65 or older, the proportions are 58 percent and 72 percent, respectively (Office of Policy, Planning, and Preparedness, April 2003, Table 7-2, p. 395).

¹⁰ The number might understate the number of women veterans benefiting from a VA loan guaranty in that the figure does not include women whose husbands are also veterans and in whose name a VA loan guaranty is made.

VA Burial Benefits

VA's National Cemetery Administration's memorial programs honor veterans and eligible family members in many ways, including in-ground burial, cremation burial, grave markers and headstones, and Presidential certificates. Data from the 2001 National Survey of Veterans show that among those planning in-ground burial or cremation and remains placed in a columbarium, 22 percent of female veterans and 18 percent of male veterans wanted burial in a Veterans' cemetery (Office of Policy, Planning, and Preparedness, April 2003, Table 9-14, pp. 583-584). Most of those wanting burial but not at a Veterans' cemetery cited location closer to family or having made other arrangements already as the main reasons (Office of Policy, Planning, and Preparedness, April 2003, Table 9-26, p. 609). Among those wanting burial, however, a near majority of both female and male veterans wanted VA-provided headstones or markers: 46 percent and 42 percent, respectively (Office of Policy, Planning, and Preparedness, April 2003, Table 9-30, pp. 615-616).

Health Care

A major component of the array of benefits provided to veterans by VA is health care. The FY 2004 budget allotted nearly 25.5 billion dollars for medical care out of a total of 59.9 billion dollars for all VA programs. In FY 2004, 209,350 women veterans sought VA medical care, the majority of those (57.8 percent) were veterans from the more recent post-Vietnam and Gulf War eras. In fact, 42.3 percent were under age 45 with an average age of just under 50. Male veterans seeking VA medical care are, on average, older. The difference reflects in part the different age distribution of male and female veterans and any difference by age and gender in reliance on VA for medical care. In FY 2004, the top three diagnostic categories for women veterans treated by VA were hypertension, depression, and hyperlipidemia (high cholesterol, for example). Nearly 65,000 women veterans were in Priority Categories 1 and 2, which include veterans with service-connected disabilities. Another 67,400 women veterans were in Priority Category 5. (VISN Support Service Center, 2005). This category includes non-service-connected veterans who meet the low income criteria for eligibility.

Data from the March 2002 supplement to the Census Bureau's Current Population Survey (CPS) indicate that among women veterans not Medicare-eligible (under age 65), 10 percent were without any health insurance compared to a similar proportion among their male counterparts (11 percent uninsured). Lack of health insurance is most frequently associated with unemployment and low income. VA is often the source of health care for those veterans, male and female, with limited resources to find health care elsewhere. Therefore, a significant proportion of those women veterans in Priority Category 5 could be unemployed and without health insurance. Most veterans, however, do have some form of health insurance. About three-quarters of women veterans under the age of 65 had some private health insurance coverage compared to 81 percent of male veterans of that age.

A Final Thought

The important role of women in our nation's defense and as part of the veteran population over the years cannot be over-stated nor covered adequately in these few short pages. Their history is a glorious one and sadly one not always acknowledged or appreciated. With time, however, has come deserved recognition, both for women in the military and for women as veterans. And with their projected larger numbers, with full integration in all branches, including combat units, and with greater racial and ethnic diversity in the armed forces, women will change the face not only of our military, but of our veteran population as well. Women will make up a larger share of the veteran population, add to its diversity, and require veteran services geared to their specific needs. The debt owed to all our veterans and to women in particular demands nothing less than full attention and action.

References

- Department of Defense. 2005 (May 4). "Army Announces Combat Action Badge," *ARNEWS*.
- Department of Defense. 2004 (September). *Active Duty Military Personnel by Rank/Grade Total and Women Only*. Washington, DC.
- Department of Defense. 2003 (March). *Population Representation in the Military Services, Fiscal Year 2001*. Washington, DC.
- Holm, Jeanne. 1982. *Women in the Military: An Unfinished Revolution* (Revised Edition). Novato, CA: Presidio Press.
- Moseley Brown, Betty. 2005 (May 4). Personal communication.
- Office of the Actuary, VA. 2004 (December). *VetPop2004* Version 1.0. Washington, DC.
- Office of Policy, Planning, and Preparedness, VA. 2004 (September). Tables 1-3 on Veterans Receiving Service-Connected Compensation.
- Office of Policy, Planning, and Preparedness, VA. 2004 (September). Table 7 on Veterans Receiving Nonservice-Connected Pension.
- Office of Policy, Planning, and Preparedness, VA. 2004 (September). COIN Report EDU 704 Ch. 30 and COIN Report EDU 704 Ch. 32.
- Office of Policy, Planning, and Preparedness, VA. 2003 (April). *2001 National Survey of Veterans, Tabulation Volume*.
- The *Washington Post*. 2005 (May 5). "Army to issue combat badge for soldiers not in infantry," p. A23.

The *Washington Times*. 2004 (December 13). "Report leans toward women in combat."

Thomas, Patricia J. 1978. *The Role of Women in the Military: Australia, Canada, and the United States*, Special Report 78-10. San Diego, CA: Navy Personnel Research and Development Center.

Trowell-Harris, Dr. Irene. 2005 (May 4). Personal Communication.

Veterans Benefits Administration. 2005 (April). Loan Guaranty Service, Data on Home Loan Guaranty for FY 2004.

Veterans Benefits Administration. 2004 (June). *Annual Benefits Report, FY 2003*. VA, Washington, DC.

VISN Support Service Center, VA . 2005. *Women's Health Program Services Reports, FY 2004*, on VA intranet, klfmenu.med.va.gov.

Vocational Rehabilitation and Education, Program Management Report, FY 2004. April 2005.

Women In Military Service For America Memorial Foundation. No Date. Highlights in the History of Military Women. www.womensmemorial.org/.

Acknowledgements

Many thanks to the following people for their suggestions and help in preparing this report (the author is solely responsible for any remaining deficiencies):

Dr. Irene Trowell-Harris

Director, Center for Women Veterans, Department of Veterans Affairs

Betty Moseley Brown

Associate Director, Center for Women Veterans, Department of Veterans Affairs

Mike Wells

Office of Data Management and Analysis, Department of Veterans Affairs

Eddie Thomas

Office of the Actuary, Department of Veterans Affairs

Janet Somers

Office of Data Management and Analysis, Department of Veterans Affairs

FACES OF SUMMIT 2004



SUMMARY OF CONCURRENT WORKSHOP SESSIONS

1. **Combat Theater: Women Veterans Health Issues**

This panel provided an update regarding the status and the changing roles of women in the military today, and addressed health issues arising as a result of women's more direct involvement in the combat arena.

2. **Homelessness and Women Veterans: The Federal Perspective**

This panel discussed the services and providers of services for homeless women veterans, determined the effectiveness of present programs, and explored how to meet the future needs of women veterans who are homeless.

3. **Health Care Programs and Services for Women Veterans: Where We Are, Where We're Going**

This panel examined VA health care for women veterans, discussed outreach and access to information at the national and local levels, and the role and responsibilities of the Women Veterans Program Manager.

4. **Employment Assistance for Women Veterans**

This panel provided information on VA's and Department of Labor's initiatives to identify employment needs of women veterans, and incorporate them into employment outreach and recruitment programs.

5. **Veterans Benefits: An Overview**

This panel provided an overview of VA benefits for women veterans, how to access information regarding benefits, vocational rehabilitation, the Transition Assistance Program, and discussed benefits for members of the National Guard and Reserves.

6. **The Legislative Process**

This panel described the legislative process, and discussed current and future legislative initiatives that impact women veterans.

7. **Mental Health and Sexual Trauma**

This panel discussed the review of ongoing mental health initiatives, to include Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), as well as readjustment counseling services.

8. **State Departments of Veterans Affairs and Nursing Homes**

This panel provided an overview of state and local programs for women veterans, the role of State Women Veterans Coordinators, and procedures for obtaining state nursing home services.

9. **Research Initiatives for Women**

This panel reviewed ongoing and proposed research affecting women veterans.

10. Minority Women Veterans Issues

This panel discussed special needs and outreach initiatives focusing on minority women veterans.

11. VA Claims and Appeals Process

This panel provided a review of the claims process and appellate procedures, including training of VA personnel working with these cases.

12. Role of Veterans Service Organizations

This panel discussed services provided by veterans service organizations and how to access their services.

Summary of Working Groups

Proposals and Updates

Summit participants met in seven working groups to discuss and identify current concerns of the women veterans community. Each Summit attendee selected their respective working group assignment during the pre-registration process. Some issues or concerns were unique to specific populations and others were identified as affecting more than one group. Many of the concerns were cited at the National Summit on Women Veterans Issues 2000.

This section provides a summary of proposals from the seven working groups, as well as an update on the Department's progress in the areas discussed. Those proposals which are either beyond the jurisdiction of VA, or have a scope that was either too great or may be considered at a later date, are highlighted at the back of this report.

1. Health Care Working Group

Proposal(s)

- Mandate staff sensitivity training and education on women's health care treatment issues. For example: the use of blood pressure cuff on someone who has had a mastectomy.
- Require that the Advisory Committee on Women Veterans provide oversight through site visits and other means for VA accountability.
- Establish general and specific mailings to communicate with women veterans on certain activities, opportunities, and upcoming events at all levels of the organization.
- Ensure prescribed medication instructions are clear, specific and in large print on bottle.
- Provide health care to all eligible women as prescribed by VA policy and if unable to provide treatment, offer other health care alternatives.

- Ensure that adequate privacy and infrastructure are available, especially in treatment areas. Staff should always be attentive to privacy needs of women.
- Ensure competent healthcare providers, trained in women-specific medical issues (utilizing community standards of practice relative to quality) are available to treat women veterans in a timely manner.
- Ensure medical appointments provide sufficient time for testing and communication of results, if possible during visit.
- Ensure current telephone systems provide appropriate routing and are user-friendly.
- Require cancellations initiated by clinics to be immediately rescheduled.

Update(s)

Staff Training and Education

- Every Veterans Affairs Medical Center (VAMC) has a designated Women Veterans Program Manager (WVPM) who is responsible for developing and implementing orientation programs for new employees. In an effort to expand education to all staff, the Women Veterans Health Program (WVHP) office initiated a working group dedicated to developing new products, tools, and processes that focus on the unique needs and contributions of women veterans. An orientation brochure developed by the WVHP, “We are Women Veterans,” and accompanying video provides a history of women’s service in the military, and is used for contractors, academic trainees, and staff orientation.
- In 2001, a National Military Sexual Trauma Work Group was established to address sensitivity and confidentiality, which are the two main areas of concentration for sexual trauma training initiatives for VA staff.
- VHA’s Office of Academic Affiliations has sent out approximately 150,000 VA Military Service History Pocket Cards (June 2004) each year for the past 5 years to all clinical employees and trainees in the health care facilities. The card is a pocket-sized resource that provides all VA health professionals with a guide to understanding health issues that are unique to veterans.
- Training videos, websites, satellite broadcasts and workshops have been used for employee education and sensitivity training by the Veterans Health Administration (VHA), with reference to Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA). The Military Sexual Trauma brochure was redesigned to be sensitive to the needs of Military Sexual Trauma survivors.

Services for Women Veterans

- VA provides a full range of medical and mental health care services, including: primary care; gynecology services; patient education; reproductive health care; maternity care; HIV testing; infertility evaluation; preventive health screening (breast cancer, cervical cancer and osteoporosis screening); counseling and treatment for sexual trauma, substance abuse, Post Traumatic Stress Disorder (PTSD), and domestic violence; vocational rehabilitation; and homeless programs.
- The WVHP Director has oversight for women's health care issues. The WVHP Director has four Deputy Field Directors (DFD), who serve as coordinators of women's services with specific responsibilities for assessing the needs of and enhancing services for women veterans. Every VA health care facility has a health care professional who performs the duties of the WVPM. The WVPM is responsible for: promoting positive health behaviors and ensuring health care to women veterans that meets all standards of quality management/improvement and is efficient and cost-effective; acting as a liaison between women veterans and various VA service providers to meet the needs of women veterans, which may include: compensation, health care, rehabilitation, outreach, and other current and future benefits and programs administered by VA; making recommendations to the appropriate local management official to ensure compliance with policies and regulations related to care for women veterans; ensuring women veterans are afforded equal access to all services; ensuring women veterans receive quality, comprehensive medical care in a safe and sensitive environment; promoting systems and practices that enhance women veterans satisfaction; identifying and enrolling women veterans in need of health services; increasing utilization of gender-specific services, such as Pap smears and mammograms, advocating on behalf of women veterans to identify gaps in gender-specific health care services and the need to develop new programs and services; supporting performance improvement activities, which benefit all veterans; and initiating and supporting activities which educate and sensitize internal staff to the unique needs of women veterans.
- Locations of facilities are based on Congressional mandate. Veterans seeking assistance should contact the nearest VA health care facility or Regional Office or visit VA's website at either:
<http://www1.va.gov/directory/guide/home.asp?isFlash=1> or
<http://www.va.gov>
- Toll-free numbers are available to veterans for assistance with health benefits and health eligibility at the following numbers:

Health Benefits–1-877-222-8387

Health Eligibility–1-800-929-8387

Outreach/Collaborative Activities

- Center for Women Veterans staff collaborates with representatives from the Office of the Under Secretary of Health and the WVHP to identify health care issues that present unique challenges to VA in developing and enhancing its services to women veterans. The Director of the Center is a member of VHA's Mammography Standards Committee, Ambulatory Care Expert Panel, and National Center for Health Promotion and Disease Prevention, and Preventive Nursing Technical Advisory Group. The Director is also a consultant to the Women Veterans Health National Strategic Work Group and an ex-officio member of the Defense Advisory Committee on Women in the Services (DACOWITS).
- The VA Advisory Committee on Women Veterans advises the Secretary on issues related to administration of VA benefits and services for women veterans. Members actively participate in summits and other programs that address women's concerns. Annually, the Committee makes a 1-week site visit to VA facilities to compare the information they receive from briefings provided by the Administrations at VA Central Office, with the activity in the field. They observe first-hand the treatment and programs in place for women veterans, and conduct a town hall meeting with women veterans who are consumers of VA services.
- The Center receives and responds to an enormous amount of written, telephonic, and electronic inquiries, requests for assistance, and complaints from veterans. Inquiry topics range from requests for general VA benefit and health care information to requests for specific assistance in acquiring both VA and non-VA benefits and health care services. Information about VA services, benefits, and special initiatives for women veterans is available on VA's website at <http://www1.va.gov/womenvet>. The Center's website contains a number of links to other sites for accessing information on related veterans issues.
- The Center for Women Veterans staff attend and provide information at open forums, town hall meetings, and community-based meetings held with representatives of veterans service organizations, veterans advocacy groups, and women veterans throughout the country. Center staff developed and published the 25 Frequently Asked Questions. This guide presents answers to the 25 most frequently asked questions from women veterans. The questions and answers can also be found on the Center's website.
- The Office of Public Affairs disseminates mass mailings to the media on all major health care and benefit information. These press releases reach many VA stakeholders that include veterans service organizations (VSOs), veteran's groups, women's organizations, minority organizations, and congressional staff.

Privacy

- WVPs are active participants in Veterans Integrated Service Network (VISN) level and local planning and decision-making group processes, providing input and consultation involving matters of importance to women veterans—including space/facilities, privacy and safety, quality of care, and accessible delivery of services to women veterans. The WVHP office developed and incorporated structural/environmental and psychosocial patient safety and privacy standards in the revised VHA Handbook 1330.1, “VHA Services for Women Veterans,” published in July 2004. Appendix B of the Handbook outlines the standards that were developed and Appendix C provides a tool to monitor outcomes of compliance with the Privacy Standards.

2. Benefits Working Group

Proposal(s)

- Improve Title 38 mandated outreach efforts to veterans: 1) while in service or 2) who have been out from 1975 to present. A special focus should be for Reserve and National Guard personnel.
- Improve the transition process from active duty status into the VA claims/health care processing system.
- Develop ways for women veterans to be aware of their benefits, such as use of “all service women luncheons,” benefits seminars, and public service announcements.
- Communicate pension benefits to elderly veterans as an enhancement of their estate planning.
- Improve training of clinicians and medical providers to improve recognition of Military Sexual Trauma (MST) to enhance the quality of the compensation and pension exams.
- Improve quality of exams in order to better document gynecological problems.
- Request VA commission a “Disparity Study” to review the outcomes of claims, comparing gender, race, and age for equal ratings.
- Recommend position description of Women Veterans Coordinators be singular in focus to enable the coordinator to devote the time necessary to assisting women veterans in the development of their claims.

- Phase in the single-exam DoD/VA agreement at all separation points for active duty service members to ensure timely rating decisions.
- Simplify veterans claims forms and decision letters.
- Extend or delete the delimiting date to use education benefits.
- Re-evaluate the criteria for education programs.

Update(s)

Transition Assistance/VBA Outreach

- During FY 2004, VBA military services coordinators conducted over 7,210 briefings which were attended by almost 261,391 active duty personnel and their families residing in the United States. Over 625 briefings were attended by 15,217 service members based overseas. Returning Reserve/Guard members can also elect to attend the Transition Assistance Program workshops.
- All separating and retiring service members (including Reserve/Guard members who are called to active duty) receive a “Welcome Home Package” that includes a letter from the Secretary of Veterans Affairs, a copy of VA Pamphlet 21-00-1 (A Summary of VA Benefits), and VA Form 21-0501 (Veterans Benefits Timetable) through the Veterans Assistance Discharge System (VADS). Similar information is again mailed with a 6-month follow-up letter. Both of these items can be found via the web at www.vba.va.gov/bln/21/Milsvc/benfacts.htm.
- Secretary Principi chartered the Seamless Transition Task Force to implement processes to improve the transition from active duty to veteran status. The case management processes track benefit and services for servicemembers/veterans with Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) combat-related injuries.
- The VA website www.va.gov was enhanced to include a direct access for returning OEF/OIF, Reserve and Guard personnel at www.vba.va.gov/EFIF/.
- VA conducts Benefits Delivery at Discharge (BDD) Programs at 139 sites to help servicemembers’ transition to civilian life and ensure continuity of care to those retiring or being medically separated from military service. Over 50 percent of eligible separating servicemembers now use the BDD program.

3. Employment Working Group

Proposal(s)

- Encourage employment of veterans. Market employment information and resources to all media formats. Highlight best 100 companies that hire veterans. Increase oversight in the enforcement of laws such as the Disabled Veterans Affirmative Action Program (DVAAP).
- Create minimum standards for “one-stops” and hold veterans representatives accountable for helping veterans.
- Target incarcerated “female” veterans to receive employment assistance.
- Educate hiring officials on available hiring flexibilities for all veterans.
- Re-evaluate the criteria for education programs such as Montgomery GI Bill and rehabilitation programs from Vocational Rehabilitation and Employment Service.
- The DD-214 should indicate “veteran” status upon receipt.
- OPM should define veteran’s preference on the instruction page of the application.

MONTGOMERY GI BILL ACT OF 1984 (MGIB)
(Chapter 30, Title 38, U.S. Code)
BASIC ENROLLMENT
 PRIVACY ACT STATEMENT

Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PURPOSE(S): To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.

USE(S): To the Department of Veterans Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.

NOTE: Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.

NAME (LAST, First, Middle Initial)

1. SERVICE MEMBER DATA

a. SOCIAL SECURITY NUMBER (SSN)

2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS

a. I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (b) I am a prior service member who disenrolled during my previous term of active duty.

b. RANK/GRADE

c. DATE SIGNED (YYYYMMDD)

3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS

I am NOT eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

a. SERVICE MEMBER SIGNATURE

b. I am automatically enrolled unless I exercise the option to DISENROLL by signing Item 5 below.

(1) I am NOT eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

(2) UNLESS I DISENROLL from the MGIB, my basic pay will be reduced \$100 per month, or the current monthly rate until \$1,200 has been deducted; this basic pay reduction CANNOT be REFUNDED, SUSPENDED OR STOPPED, this is an IRREVOCABLE DECISION.

(3) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.

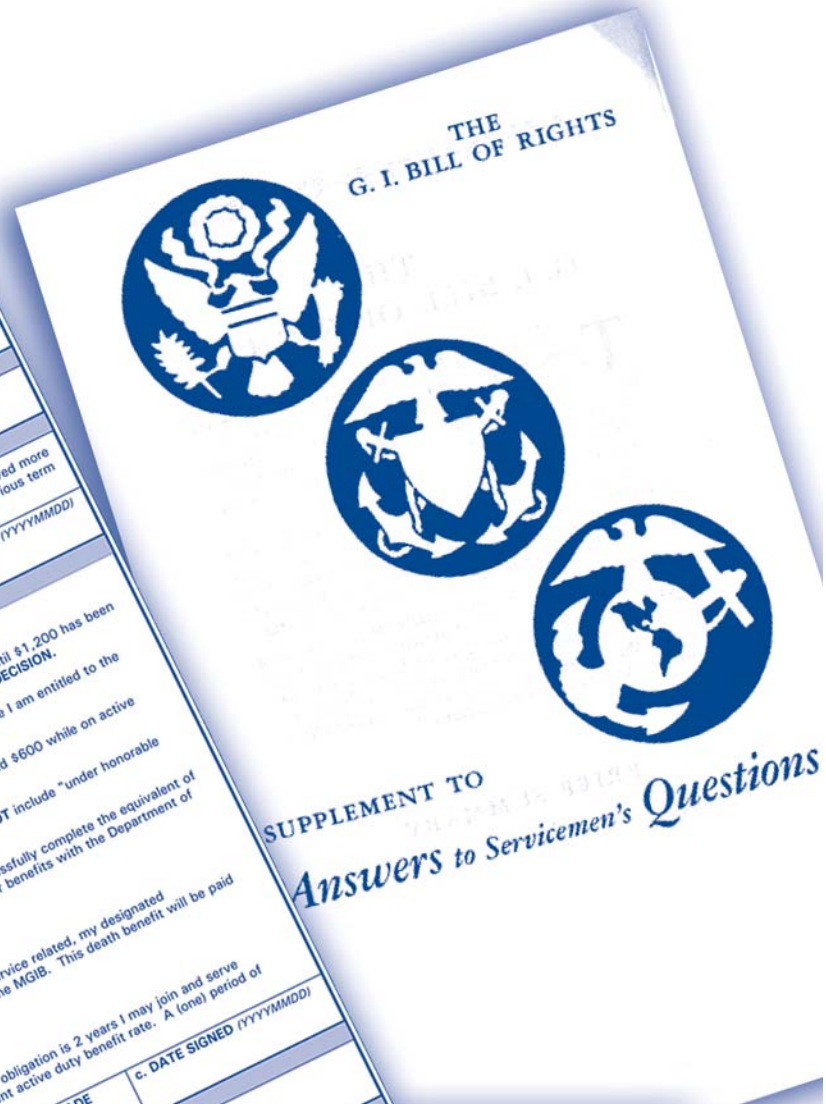
(4) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute.

requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of a program of education leading to a standard college degree before applying for benefits with the Department of Veterans Affairs.

from active duty to use MGIB benefits.

for discharge or release from active duty if service related, my designated money reduced from my basic pay for the MGIB. This death benefit will be paid if my obligation is 2 years I may join and serve current active duty benefit rate. A (one) period of 48 months.

c. DATE SIGNED (YYYYMMDD)



Update(s)

- In 2003, VA established the National Veterans Employment Program (NVEP) to improve hiring of veterans, including women veterans. The NVEP recently developed a site for marketing VA as an employer of choice: www1.va.gov/vajobs/links.html, and redesigned the VA Jobs Opportunities Website. Website visits increased from 50,000 in November 2002 to over 100,000 in May 2004.
- “One-stop” personnel are employees of the individual states. Department of Labor (DOL) has agreed to encourage the states to increase their efforts to identify, recruit, and hire more women veterans for these positions.
- The Homeless Veterans Comprehensive Assistance Act of 2001, Public Law 107-95, Sec. 2023, approved six demonstration projects with the Bureau of Prisons and five states, local, and other institutions. VA and DOL have partnered for referral and counseling services for inmates (both male and female) 18 months prior to release. Transitional planning, job training and placement, housing, healthcare, and other benefits are also covered. For more information, visit the VA Central Office Homeless Programs Office website at www1.va.gov/homeless/.
- New education benefit, Chapter 1607, for activated Reservists, H.R. 4200, The Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005, authorizing the creation of a new education benefit, was signed into law on October 28, 2004. The new benefit makes certain individuals who were activated after September 11, 2001, either eligible for education benefits or eligible for increased benefits. The Department of Defense (DoD), Department of Homeland Security (DHS), and VA are working on an implementation plan for this new benefit.
- GAO has completed their report on the Vocational Rehabilitation and Employment Service (VR&E). The Secretary is considering the recommendations. Additional information about the eligibility requirements for VR&E is available at www.vba.va.gov/bln/vre/index.htm.
- DoD will be migrating to a new integrated personnel system, Defense Integrated Military Human Resources System (DIMHRS), which will capture information that is identical to that now on the DD214. Over 100 of the data elements available through DIMHRS will be shared with VA.
- Additional information on employment opportunities is available at www.va.gov/vajobs and www.usajobs.opm.gov.

4. Mental and Behavioral Working Group

Proposal(s)

- Ensure uniformity in MST training and equity of resources across all VISNs. Create an overall change in the mindset concerning the treatment of women veterans through education and training.
- VA must develop and support an inpatient mental health unit for women veterans at one medical center in each VISN.
- Conduct a nationwide media campaign to bring awareness of MST. Additionally, widely disseminate information relative to women-veteran specific services to VA contract care providers and associates.
- Allot adequate time for Women Veterans Program Managers and MST Coordinators to train practitioners. Allow sufficient time to provide services to veterans with MST.
- List women veterans as a Priority Category in the next VA Homeless Grant and Per Diem Grant Round.
- Allow veterans suffering from MST the option of choosing the gender of their respective Compensation and Pension Services (C&P) examiner and allow them to bring a support person to the examination.
- Mandate that all C&P examination records are reviewed by a provider who has MST training prior to the claim going forward.
- VA needs to follow up on MST screening protocols across all VISNs. This screening must occur during their first treatment. Clinical reminders must be adhered to and updated annually.



Update(s)

- VHA currently has systems in place to capture MST training during orientation. New employee orientation provides an opportunity for the facility's WVPM to educate new staff about VA services available to women veterans. A module on Military Sexual Trauma assessments was created and distributed to all VA health care facilities nationally in January 2004.
- Space design and accommodation of privacy and personal needs continue to be a high priority; Patient Care Services (PCS) continue to work to ensure that all mental health construction and design projects include dedicated space for women veterans.
- DoD has disseminated numerous press releases and conducted Congressional hearings bringing awareness to Military Sexual Trauma. VA staff has received training on the use of "markers" in the development of ratings of disability claims for post-traumatic stress disorder (PTSD) as a result of military sexual trauma.
- DoD has recently (March 2005) implemented a policy that would allow victims to report incidents of sexual assault in secret with a strict confidentiality policy. The policy applies to servicemembers only. A victim can confidentially report an incident to a sexual assault response coordinator, a health care provider or a chaplain. Victims will then be assigned a victim advocate.
- The Deputy Under Secretary for Health for Operations and Management directed local leadership to ensure that information is provided to all VA health care contractors and academic trainees who provide care to women veterans. The MST brochure was redesigned to be sensitive to the needs of survivors of MST.
- A Notice of Funding Availability has been submitted to target programs in Puerto Rico, as well as other states without programs for homeless women veterans. If all units come into service, VA will be on track to create about 10,000 units of transitional housing under VA's Homeless Grant and Per Diem Program. Website, <http://www.grants.gov>, developed to explain VA's grant process and provide information on 23 different departments and agencies that list grants notices, current solicitations, and in most cases, allows download of applications.
- In April 2004, DoD published, "Task Force Report on Care for Victims of Sexual Assault." In January 2005, DoD announced its new policy on prevention and response to sexual assault. Documents can be accessed at:
<http://www.dod.gov/news/May2004/d20040513SATFReport.pdf>
<http://www.defenselink.mil/releases/2005/nr20050104-1927.html>.

5. Veterans Service Organizations Working Group

Proposal(s)

- Improve accessibility of VBA/VHA benefits to women veterans.
- VA should follow up with every veteran discharged within 6-9 months to inform them of their benefits.
- All Veterans Service Representatives, Veteran Service Organizations, and new VAMC employees receive sensitivity training to familiarize themselves with the issues surrounding women veterans.
- Appoint women to each advisory committee within the VISNs.
- Phase in the single-exam DoD/VA agreement at all separation points for active duty service members to ensure timely rating decisions.
- VA and VSOs provide separation briefings to all National Guard and Reserve units returning from deployments immediately upon their return.
- VA hires more women veterans, immediately upon their discharge.
- VA Research and Development should review gender specific issues to include an outcome based survey to determine how claims are decided based upon race, sex, type of claim, and branch of service.

Update(s)

- VA holds quarterly meetings with VSOs, publishes press releases, and other printed materials. VA staff attends major VSO conventions at the local and national levels. VSOs have representation on the Advisory Committee for Women Veterans, and VSO representatives serve on all Center for Women Veterans major planning committees, such as the 20th Anniversary of the Advisory Committee on Women Veterans and the 2004 National Summit on Women Veterans Issues.

- All separating and retiring servicemembers (including Reserve/Guard members who are called to active duty) receive a “Welcome Home Package” that includes a letter from the Secretary of Veterans Affairs, a copy of VA Pamphlet 21-00-1 (A Summary of VA Benefits), and VA Form 21-0501 (Veterans Benefits Timetable) through the Veterans Assistance Discharge System. (VADS). Similar information is again mailed with a 6-month follow-up letter.
- VHA Handbooks 1330.1, “VHA Services for Women Veterans,” and 1330.2, “Women Veterans Program Manager Position,” state that the WVPM will be a member and/or advisor on appropriate committees (i.e., strategic planning, staff education and orientation, and facilities management). A Lead WVPM will serve as a member or consultant on any Community-Based Outpatient Clinic (CBOC) and facilities management committee. The Lead WVPMs are members of the VHA National Advisory Committee and have been involved in the development and implementation of the Integrated Business Plan (IBP). All of the Lead WVPMs are recognized as the women’s health contact person in their VISN and participate on VISN level committees. The Director, Women Veterans Health Program office, will monitor as part of an ongoing performance standard.
- VA participates in the Transition Assistance Program (TAP) and military services briefings. During FY 2004, VBA military services coordinators conducted 7,210 briefings which were attended by 261,391 active duty personnel and their families residing in the United States and 625 briefings attended by 15,217 service members based overseas. During FY 2004, VBA representatives conducted 1,399 pre- and post-deployment briefings attended by 88,366 reserve/guard members. Returning reserve/guard members can also elect to attend Transition Assistance Program Workshops.
- Case management procedures for OEF/OIF servicemembers have been implemented during FY 2004. This allows servicemembers to be seamlessly transitioned to VA medical facilities, to home awaiting orders or to home rehabilitating awaiting further orders from the military. Some of these servicemembers may be eligible for benefits such as automobile grant and/or specially adaptive housing even while they remain on active duty.

6. Minority Women Veterans Working Group

Proposal(s)

- Conduct sensitivity training for VA personnel including foreign resident doctors, staff doctors, part-time physicians and other health care providers, veteran service representatives, and claims representatives at VA Regional Offices.
- Ensure minority women veterans are included in VA health research studies—to include female veterans in Puerto Rico and all U.S. territories (Virgin Islands and Pacific Islands).
- Incorporate alternative healing practices in VA health care.
- Increase outreach to American Indian women veterans by establishing a partnership with Indian Health Service (IHS) and VA medical centers.
- Implement formal outreach programs for African American, Asian American, Hispanic, and Native American women veterans—this includes Virgin Islands, Pacific Islands, Puerto Rico, and other U.S. territories.
- Recruit more culturally and racially diverse health care providers.
- VA leadership must ensure that all patient complaints regarding physicians and other health care providers are tracked, and given due consideration.
- Increase the number of medical clinics/facilities.
- Simplify veterans claims forms and decision letters.
- Increase the number of homeless facilities for women veterans and their children, and the elderly.
- Improve the transition process from active duty status into the VA claims/health care processing system.

Update(s)

- VHA currently has systems in place to capture MST training during orientation. New employee orientation provides an opportunity for the facility's WVPM to educate new staff about VA services available to women veterans. In an effort to expand education to all staff, the WVHM Integrated Business Plan has a working group dedicated to developing new products, tools, and processes that focus on the unique needs and contributions of women veterans. An orientation brochure developed by the WVHP, "We Are Women Veterans," and accompanying video provides a history of women's service in the military, and is used for contractors, academic trainees and staff orientation. New WVPM in VHA receive 40 hours of training within six months of their appointment.
- A Memorandum of Understanding (MOU), between the Indian Health Service (IHS) and VA, was signed on February 25, 2003. Under this new agreement, the IHS and VA will work to improve health care for American Indian and Alaska Native veterans by sharing information, developing health promotion programs, and allowing for joint appointments, financial reimbursements and provider certification.
- The Center for Minority Veterans and the Center for Women Veterans jointly make numerous site visits, attend conferences, meetings, visit religious institutions, tribal reservations and other locations to outreach to minority veterans.
- Complaints regarding physicians and other health care providers are tracked by Patient Advocates at the local levels.
- Medical clinics and facilities are increased based on local needs. VA provided health care to nearly 3.5 million veterans in FY 2000; increasing to 4.7 million veterans today. VA increased access to health care facilities (87 percent of VA's population now live within 30 minutes of a VA medical facility) while maintaining the highest standards of health care quality. VA also completed a major phase in the ongoing comprehensive Capital Asset Realignment for Enhanced Services (CARES) process to prepare VA facilities to meet veterans health care needs in the future through a data-driven, system-wide assessment of our infrastructure www.va.gov/cares/.
- For more information on minority veterans, visit the website of the Center for Minority Veterans at www.va.gov/centerforminorityveterans.

7. State Veterans Affairs Agencies Working Group

Proposal(s)

- Facilitate communication and networking between state women veterans coordinators (state coordinators), and VA's WVPMs and Lead VISN WVPMs.
- Increase state funding to create a full-time state coordinator position (collateral or not) and provide resources to outreach to women veterans. Minimally, the state director should be encouraged to allocate funds to enable the state women's coordinator to attend the annual state women veterans coordinator conference.
- Facilitate communication between state coordinators across the country by creating an email group or a newsletter. Develop a mentoring program for state coordinators by matching experienced coordinators with newly-appointed coordinators.
- Provide an annual report on state coordinators' progress to the national state directors at their annual meeting.
- Strengthen VSO partnerships by having the National Association of State Women Veterans Coordinators ask VSOs to fund their state's women's coordinator for attendance at annual conference (if the state's budget cannot provide funds for her to attend).
- Establish a women veterans recognition day and event in each state. (Several states already have a day or week to recognize and honor women veterans.) Request that the President declare March 1 as a day to pay tribute to women veterans. State coordinators will link to the President's declaration online and will plan events in connection with this day.

Update(s)

- The National Association of State Women Veterans Coordinators sponsors an annual meeting to discuss issues concerning women veterans. Representatives from VHA, VBA, and the Center for Women Veterans are invited, and normally provide briefings at the meeting.
- In June 2004, an email listserve was established to enhance communication between the state women veteran coordinators.
- The President of the United States declares March as Women's History Month annually. Each state designates certain timeframes to honor women based on this Presidential declaration.

Issues Beyond Scope or Jurisdiction of VA

- Re-evaluate the criteria for all education programs.
- Establish an “Open Season” for Veterans Group Life Insurance.
- Extend the “reduction age” for insurance to age 75 for Service-Disabled Veterans Insurance (S-DVI- commonly referred to as RH insurance) vice age 70.
- Recommend all separation physical examinations be conducted by VA and reimbursed by the Department of Defense (DoD).
- On all federal forms include/change the wording to “Have you ever served in the military” as opposed to “are you a veteran.”
- Have Social Services refer veterans to VA for information on benefits and available assistance for veterans.
- Discharges other than honorable should be given careful review by VA to determine the specific cause for discharge. In addition, any DD214 that lists borderline personality disorder (BPD) as the cause for discharge should be given careful review. Education of health care providers must include appropriate wording strongly linking the diagnosis to the original trauma to ensure the granting of service connection.
- There should be a body, independent of the Department of Defense (DoD), to include survivors of MST to investigate and prosecute rape, sexual assault, and domestic violence by members of the military.
- All women being discharged from the military should be afforded a separate discharge briefing by a female counselor.
- All veterans hospitalized as an inpatient should be provided access to a VSO representative or Veteran Service Representative upon admission to or during their hospitalization.
- VA Research and Development should review gender specific issues to include an outcome based survey to determine how claims are decided based upon race, sex, type of claim, and branch of service.
- Ensure that VA hospitals are properly sanitized.
- Increase the number of homeless facilities for women veterans and their children, and the elderly (refer to Homeless Office).

APPENDICES

SPECIAL INITIATIVES

- Women Veterans Comprehensive Health Centers
- Clinical Centers of Excellence
- Women's Health Software
- Military Sexual Trauma Software
- Women Veterans Health Program Intranet Web Page

????? QUESTIONS ?????

If you are a woman veteran who is interested in receiving care at the VA, please contact the nearest VA Medical Center or Outpatient Clinic, and ask for the Women Veterans Coordinator.

CONTACT INFORMATION AT A GLANCE

Intranet - www.va.gov/pub/direc/health/
Telephone - (202) 273-8577

RESEARCH

Current women veterans research includes:

- Aging
- Breast and Other Cancers
- Chronic Diseases
- Reproductive Health
- Mental Health
- Substance Abuse
- Women's Health Services and Systems



Appendix A

Summit Faculty/Facilitators Listing

† **Mindy Aisen, MD**

Deputy Chief Research and
Development Officer
Rehabilitation Research and
Development Service
Veterans Health Administration
Department of Veterans Affairs

† **Greg Alleyne**

National Veterans
Employment Officer
Department of Veterans Affairs

† **Garry J. Augustine**

Deputy National Service Director
Disabled American Veterans

† **Alfonso Batres, PhD**

Director, Readjustment
Counseling Services
Veterans Health Administration
Department of Veterans Affairs

† □ **Jacqueline Bhola, MA**

Economist
Women's Bureau
Department of Labor

† **Theresa Boyd**

Assistant Director
Vocational Rehabilitation
Services
Veterans Benefits Administration
Department of Veterans Affairs

† □ **William Bradshaw**

National Service Director
Veterans of Foreign Wars of the
United States

□ **Nadine Bray**

EES National Initiatives
Division Consultant
Department of Veterans Affairs

† **The Honorable**

Richard H. Carmona

Surgeon General
U.S. Public Health Service
Department of Health
and Human Services

† **The Honorable E. Dane Clark**

Chairman, Board of
Veterans Appeals
Department of Veterans Affairs

† **Lori Cowen**

Women Veterans Coordinator
Veterans Benefits Administration
St. Petersburg Regional Office
Department of Veterans Affairs

† □ **COL Denise Dailey**

Military Director
Defense Advisory Committee on
Women in the Services
Department of Defense

† **Rani Desai, PhD**

Associate Director, NE Program
Evaluation Center
Veterans Health Administration
Department of Veterans Affairs

† **SFC Gwen Diehl, USA, Retired**

VA Advisory Committee on
Women Veterans
Department of Veterans Affairs

† **James Doran**

National Service Director
AMVETS (American Veterans)

† **Peter Dougherty**

Director, VA Program
on Homelessness
Veterans Health Administration
Department of Veterans Affairs



†
Faculty

□
Planning
Committee

✓
Center for
Women
Veterans
Staff

- † **Ronald Drach**
Director, Strategic Planning and
Legislative Affairs
Veterans Employment and
Training Service
Department of Labor
- **Vivian Drake**
Program Analyst
White House Liaison
Department of Veterans Affairs
- † **Susan Edgerton**
Democratic Staff Director
Subcommittee on Health
Committee on Veterans' Affairs
United States House of Representatives
- † **Anthony L. Eiland**
Director
Government Relations
and Veterans Outreach
National Veterans Business
Development Corporation
- † **Cynthia Falzone**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- **Karen E. Fedele**
Public Affairs Specialist
Media Relations
Department of Veterans Affairs
- † □ **Marsha T. Four, RN**
Chair
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **The Honorable Tillie Fowler**
Attorney
Partner, Holland & Knight Law Firm
Chair, Panel to Review Sexual Misconduct
Allegations at the U.S Air Force Academy
- † **David Gorman**
Executive Director
Washington Headquarters
Disabled American Veterans
- † □ **Yvonne Green, RN, CNM, MSN**
Director
Office of Women's Health
Centers for Disease Control
and Prevention
Department of Health and Human Services
- † □ **Jeannine Greenfield, RN, ScD**
Staff Fellow
Office of Women's Health
Department of Health and Human Services
- † **Bertha Cruz Hall**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- **Velma Hart**
National Finance Director
AMVETS (American Veterans)
- † **Edward Hartman**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **Jean Hayes**
National Veterans Employment Program
Department of Veterans Affairs
- † **Margaret M. Heitkemper, PhD, RN**
Chairperson
Department of Biobehavioral Nursing
and Health Systems
University of Washington
- † □ ✓ **Harriett T. Heywood, Esq**
Associate Director
Summit Co-Chair
Center for Women Veterans
Department of Veterans Affairs

- **Vicky Holly**
Public Affairs Specialist
National Cemetery Administration
Department of Veterans Affairs
- † **Carolyn Hunt**
Acting Director
Compensation and Pension Service
Veterans Benefits Administration
Department of Veterans Affairs
- † □ **Joy Ilem**
Assistant National Legislative Director
Disabled American Veterans
- † **Pamela M. Iovino**
Acting Assistant Secretary for
Congressional and Legislative Affairs
Department of Veterans Affairs
- † **Mary A. Jansen, PhD**
Deputy Chief Consultant
Mental Health Strategic Group
Veterans Health Administration
Department of Veterans Affairs
- ✓ **Petra Johnson**
Program Assistant
Center for Women Veterans
Department of Veterans Affairs
- † □ **Wanda K. Jones, DrPH**
Deputy Assistant Secretary for Health
Department of Health and Human Services
- † **The Honorable Frederico Juarbe, Jr.**
Assistant Secretary
Veterans Employment
and Training Service
Department of Labor
- † **James B. King**
National Executive Director
AMVETS (American Veterans)
- † **Gay Koerber**
Associate Director for Policy, Programs,
and Operations
Veterans Health Administration
Department of Veterans Affairs
- **Pamela Langley**
Interim Chief
Employment and Training Division
Department of Labor
- † **LTC Kathy LaSauce, USAF, Retired**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **Laurent S. Lehmann, MD**
Special Assistant to the Under Secretary
for Health
Mental Health and Behavioral Science
Veterans Health Administration
Department of Veterans Affairs
- **Rivkah Lindenfeld, RN, PhD**
Program Manager/Co-Chair
EES Clinical Product Line Manager
Veterans Health Administration
Department of Veterans Affairs
- † **Kim Lipsky**
Minority Deputy Staff Director
for Health Programs
Committee on Veterans' Affairs
United States Senate
- † **Linda Lipson, MA**
Health Science Specialist
Health Services Research
and Development Service
Veterans Health Administration
Department of Veterans Affairs
- ✓ **Desiree W. Long**
Program Analyst
Center for Women Veterans
Department of Veterans Affairs

- † **Karen Malebranche, RN, BSN, MSN**
Chief, State Home Training
and Per Diem
Veterans Health Administration
Department of Veterans Affairs
- † **CAPT Lory Manning, USN, Retired**
VA Advisory Committee on
Women Veterans
Department of Veterans Affairs
- † **Saralyn Mark, MD**
Senior Medical Advisor
Department of Health and Human Services
- † **Susan Mather, MD**
Chief Public Health and Environmental
Hazards Officer
Veterans Health Administration
Department of Veterans Affairs
- **Lucretia McClenney**
Special Assistant to the Assistant
Secretary for Policy, Planning
and Preparedness
Department of Veterans Affairs
- † **Peggy McGee**
Director
Communications Management Service
National Cemetery Administration
Department of Veterans Affairs
- † **John McNeill**
Deputy Director of National
Veterans Services
Veterans of Foreign Wars of the
United States.
- † **Laura Miller**
Deputy Under Secretary for Health
for Operations and Management
Veterans Health Administration
Department of Veterans Affairs
- † □ **Ruby Miller**
Deputy Director
Center for Minority Veterans
Department of Veterans Affairs
- † □ **Sandra Miller**
Program Coordinator
LZ II Transitional Residence
Philadelphia Veterans Multi-Service
and Education Center
- † **Sandra Montrose, Esq**
Counsel to Judges of the Court
U.S. Court of Appeals for Veterans Claims
- **Gloria Morris**
EES National Projects Coordinator
Department of Veteran Affairs
- † **COL Kathleen Morrissey, USA, Retired**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **LTG Carol Mutter, USMC, Retired**
Chair
Defense Advisory Committee on Women
in the Services
Department of Defense
- † **Carlene Narcho**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **Amy Nathan**
Author
- † **Carol O'Brien, PhD**
Director
Center for Sexual Trauma Services
Veterans Health Administration
VAMC Bay Pines
- † **CDR Joan O'Connor, USNR, Retired**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **Elizabeth Olmo**
Program Analyst
Center for Minority Veterans
Department of Veterans Affairs

- † **Landon Overby, Esq**
Appellate Counsel
Disabled American Veterans
- † **Lorna Papke-Dupouy**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **CDR Andrea Parodi,
RN, DSN, NC, USN**
Director for Operational
Nursing Research
Program Development
Department of the Navy
- † **Jonathan Perlin, MD, PhD, MSHA, FACP**
Acting Under Secretary for Health
Veterans Health Administration
Department of Veterans Affairs
- † □ **Lynda Petty**
Women Veterans Coordinator
Veterans Benefits Administration
Department of Veterans Affairs
- † **The Honorable Anthony J. Principi**
Secretary of Veterans Affairs
- † **CAPT Jean E. Quindag-Raffels, NC, USN**
Assistant to the Director
Navy Nurse Corps for Policy
and Practice
Department of the Navy
- † **Patrick Ryan, Esq**
Majority Chief Counsel/Staff Director
Committee on Veterans' Affairs
United States House of Representatives
- † **Jessica I. Salinas**
Director
Veterans Business Outreach Center
University of Texas-Pan American
- † **CAPT Emily Sanford, USN, Retired**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- ✓ **Rebecca W. Schiller**
Program Analyst
Center for Women Veterans
Department of Veterans Affairs
- † **Sheryl Schmidt**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **Sarah Hudson Scholle, MPH, DrPH**
Assistant Vice President
Research and Analysis
National Committee for
Quality Assurance
- † **The Honorable Linda Schwartz**
Commissioner
Connecticut Department of
Veterans Affairs
- † **Winsome Sears**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **Sara A. Sellers**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- † **CMSgt Luc Shoals, USAF, Retired**
VA Advisory Committee
on Women Veterans
Department of Veterans Affairs
- **Mack Sisson, DPh, MHA**
Director
National Initiatives Division, EES
Veterans Health Administration
Department of Veterans Affairs
- **Andrea Smith**
Protocol Officer
Office of the Secretary
Department of Veterans Affairs

- † **Amy Street, PhD**
Clinical Research Psychologist
National Center for PTSD
Veterans Health Administration
Department of Veterans Affairs
- † **CAPT Katherine A. Surman, NC, USN**
Program Director
Mental Health Policy and Women's
Issues for OSD/HA
Department of Defense
- † **John H. Thompson**
Deputy General Counsel
Department of Veterans Affairs
- † **Richard Thrasher, Esq**
Chief Counsel
Litigation Support
Board of Veterans Appeals
Department of Veterans Affairs
- † □ ✓ **Irene Trowell-Harris, RN, EdD**
Director
Center for Women Veterans
Department of Veterans Affairs
- † **William Tuerk, Esq**
Majority Chief Counsel/Staff Director
Committee on Veterans' Affairs
United States Senate
- † □ **Carole Turner, RN, MSN, CNAA**
Director
Women Veterans Health Program
Veterans Health Administration
Department of Veterans Affairs
- **Dale Turner**
VALU Education Program Manager
VA Learning University
Department of Veterans Affairs
- † **Tracy Underwood**
Veterans Liaison
Office of Personnel Management
- † **Lynda Waldroop**
National Women Veterans Representative
National Association of County Veterans
Service Officers (NACVSO)
- † **Robert E. Wallace**
Executive Director, Washington Office
Veterans of Foreign Wars of the
United States
- † **Richard A. Wannemacher**
Acting Deputy Under Secretary for
Memorial Affairs
National Cemetery Administration
Department of Veterans Affairs
- † **Gail Wegner**
Deputy Director for Veterans Enterprise
Department of Veterans Affairs
- † **Rick Weidman**
Director, Government Relations
Vietnam Veterans of America
- † □ **Cathy Wiblemo**
Deputy Director for Health Care Issues
The American Legion
- † **Cindi F. Williams**
Special Assistant
White House Office of Public Liaison
- † **The Honorable Heather A. Wilson**
U.S. House of Representatives
- † **Keith Wilson**
Acting Director
Washington Regional Office
Acting Director of the Appeals
Management Center
Department of Veterans Affairs

Appendix B

Center for Women Veterans Mission, Goals, and Overview



Mission

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

Goals

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

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

Overview

Background

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

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

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

In November 1994, the United States Congress enacted Public Law 103-446, which required VA to establish a Center for Women Veterans (hereto referred to as the Center) to oversee VA programs for women. This resulted in the reorganization of the WVPO into the Center for Women Veterans, with the Director reporting directly to the Secretary of Veterans Affairs.

The Center's goals are consistent with the functions and responsibilities outlined in Public Law 103-446, and include:

- Serve as principal adviser to the Secretary on the adoption and implementation of policies and programs affecting veterans who are women.
- Make recommendations to the Secretary, the Under Secretary for Health, the Under Secretary for Benefits, and other Department officials for the establishment or improvement of programs in the Department for which veterans who are women are eligible.
- Promote the use of benefits authorized by this Title by veterans who are women and the conduct of outreach activities to veterans who are women.
- Disseminate information and serve as a resource center for the exchange of information regarding innovative and successful programs that improve the services available to veterans who are women.
- Encourage social and demographic research on the needs of veterans who are women and the extent to which programs, authorized under this Title, meet the needs of those veterans, without regard to any law concerning the collection of information from the public.

- Analyze and evaluate complaints made by/on behalf of veterans who are women about the adequacy and timeliness of services provided by the Department and advise the appropriate official of the Department of the results of such analysis and evaluation.
- Consult with and provide assistance and information to officials responsible for administering federal, state, local, and private programs that assist veterans, to encourage those officials to adopt policies which promote the use of those programs by veterans who are women.
- Advise the Secretary when laws or policies have the effect of discouraging the use of benefits by veterans who are women.
- Publicize the results of medical research that are of particular significance to veterans who are women.
- Advise the Secretary and other appropriate officials of the effectiveness of the Department's efforts to accomplish the goals of Section 492B of the Public Health Service Act, and of particular health conditions affecting women's health which should be studied as part of the Department's medical research program and promotes cooperation between the Department and other sponsors of medical research of potential benefit to veterans who are women.
- Provide support and administrative services to the Advisory Committee on Women Veterans.
- Perform other duties consistent with this section, as the Secretary shall prescribe.

Accomplishments

The Center partners with organizational elements within VA, other federal and state agencies, and a variety of veteran service organizations to ensure that the issues and concerns of women veterans are addressed in a manner consistent with the goals of the respective organizations and, where appropriate, integrated into individual organization programs, policies, and procedures. Examples of our collaborative accomplishments include:

- Established the National Task Force on Women Veterans Healthcare Issues within Veterans Health Administration.
- Facilitated funding for Veterans Health Administration's 11 VA-Community collaborative pilot programs to provide services to women veterans who are homeless.
- Fostered "One VA" by facilitating joint training of Veterans Health and Benefits Administrations' Women Veterans Coordinators and Women Veterans Program Managers.
- Improved outreach focus to the women veterans community.
- Fostered relationships with state and county departments of veterans affairs.
- Established partnerships with national veterans service organizations to enhance and increase outreach efforts to women veterans.

- Worked with VHA to establish research task force on women veterans health issues.
- Established partnerships with other federal agencies responsible for providing services to women.

Inter- and Intra- Agency Committee Membership

Center staff are active members of the following committees:

- Ambulatory Care Expert Panel (VHA)
- Benefits Executive Council (VBA and DoD)
- Committee on the Care of the Seriously Mentally Ill (VHA)
- Defense Advisory Committee on Women in the Services (DACOWITS)
- Faith-Based and Community Initiatives Steering Committee (VA)
- Homeless Veterans Task Force (VA)
- Homeless Women Veterans Initiative Oversight Committee (VHA)
- National Center for Health Promotion and Disease Prevention (VHA)
- National Task Force on Women Veterans Healthcare Issues (VHA)
- Mammography Standards Committee (VHA)
- Preventive Nursing Technical Advisory Group (VHA)
- Secretary's Working Group on Homelessness (VA)

Education and Training

Center staff has been active in assuring the development and presentation of educational programs designed to enhance VA staff's knowledge, and increasing their sensitivity of women veterans healthcare needs, gender-specific concerns, and related issues. Center staff has also been instrumental in providing information and expertise on sexual trauma issues in women veterans to elements within DoD, including the U.S. Army's Senior Review Panel on Sexual Harassment and Assault and the DoD Victim's Assistance Task Force.

Information Dissemination

Outreach: A primary goal of the Center for Women Veterans is to disseminate information to women veterans. The Center hosts open forums, town hall meetings, and meetings with representatives of national veterans service organizations at sites across the country. These forums provide Center staff an opportunity to discuss VA programs and services for women veterans, provide information on accessing benefits, and discuss concerns regarding VA services for women in their local community.

Internet Access: The Center established and maintains a Web site on VA's home page to provide women veterans with information about the Center, and VA healthcare services and benefits programs. Veterans accessing these Web pages are afforded the opportunity to correspond with the Center via the Inquiry Routing and Information System (IRIS). The Center for Women Veterans' site <http://www.va.gov/womenvet/> is accessed over 500 times per day.

National Summit: In 1996, the Center sponsored the first National Summit on Women Veterans Issues. A second Summit, Summit 2000, was convened in June 2000, and a third Summit, Summit 2004, in June 2004. The purpose of these Summits was to provide veterans, veteran service providers, federal agency representatives, legislative staffers and other interested individuals a forum in which to discuss current initiatives for women veterans, identify issues of concern to the women veterans community, and share ideas on how they might be addressed through legislative, programmatic and outreach activities. Over 450 individuals attended these events. Thousands of copies of the Summit Proceedings were distributed to VA, DoD, DOL and HHS officials, as well as to members and staff of the House and Senate Veterans Affairs Committee, the leadership of the National Veterans Service Organizations, Summit participants, and other interested individuals.

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

- Assess the needs of women veterans with respect to compensation, healthcare, rehabilitation, outreach and other benefits and healthcare programs administered by the Department of Veterans Affairs.
- Review VA programs and activities designed to meet these needs.
- Make recommendations for appropriate action.
- 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 healthcare services, benefit programs, and the lives of America's approximately 1.7 million women veterans. Some of the Committee's accomplishments include:

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

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

The Future: Women Veterans

- Twenty-five years ago, the primary face of the U.S. military was male. But that is rapidly changing. The number of women enlisting in the Armed Forces continues to grow and they are taking on increasingly responsible and diverse roles. This trend holds important implications for VA as it enters into the twenty-first century.
- Prior to 1973, women accounted for only 2 percent of the active duty military and the military occupations open to them were limited. Today, women make up more than 15 percent of the active duty forces and 20 percent of new recruits. Women are being deployed in greater numbers throughout the world, and in a wider variety of military occupations than ever before in the history of our country.
- VA projects that by the year 2020, women veterans will make up over 10 percent of the veteran population – nearly double the current number. This increase, combined with questions surrounding the impact of military service on women's health, explains why VA has designated women's health as a special emphasis program
- Over the last 15 years, VA has invested considerable effort in enhancing its programs for women. For the most part, these efforts have been very successful. During the past 8 years, the number of women using VA healthcare programs has surged by 64 percent. Yet, as the various administrations within VA reorganize their approach to the delivery of healthcare and benefits, there is concern that the progress made in delivering services to women veterans will be lost and that, once again, women veterans will find themselves treated as “one of the boys.”

The Future: Center for Women Veterans

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

Our plans for the future include:

- Monitoring changes within VHA and VBA and assessing the impact these changes may have on the delivery of services to women veterans.
- Continuing to improve our outreach efforts to women veterans with increased emphasis on outreaching to minority women veterans.
- Ensuring that DoD/DOL/VA Transition Assistance Programs provide active duty women access to information on the benefits and services available to them as veterans, prior to their release from Active Duty.
- Fostering the implementation of a “One VA” approach by facilitating joint training and networking opportunities between Women Veterans Program Managers and Women Veterans Coordinators across VA.
- Continuing to provide women veterans consumers the opportunity to share their concerns and issues with VA managers through town hall meetings, community forums, and national and regional summits.
- Partnering with other VA program officials to market VA as a provider of choice for women veterans.

Department of Veterans Affairs
Center for Women Veterans



AGENDA

NATIONAL SUMMIT ON WOMEN VETERANS ISSUES

June 18-20, 2004

SPONSORED BY

Department of Veterans Affairs Center for Women Veterans

CO-SPONSORED BY

VA Employee Education System

AMVETS (American Veterans)

Disabled American Veterans

Veterans of Foreign Wars of the United States

<http://www.va.gov/womenvet>

Appendix C

Summit 2004 Agenda

Thursday, June 17, 2004

- 4:30-5:30 p.m. **ORIENTATION**
- 4:30 p.m. Moderators
- 5:30 p.m. Facilitators & Co-Facilitators
- 5:00-7:30 p.m. **REGISTRATION**

Friday, June 18, 2004

- 7:00-8:15 a.m. **REGISTRATION & CONTINENTAL BREAKFAST**
- 8:00 a.m.-3:30 p.m. **Health Expo**
- 8:15-9:00 a.m. **SUMMIT 2004 OPENING CEREMONY**

Welcome

Irene Trowell-Harris, RN, EdD
Director
Center for Women Veterans
Department of Veterans Affairs

Presentation of Colors

Joint Armed Forces Color Guard

National Anthem

Carolyn Floyd, RN
VA Medical Center
Washington, DC

Pledge of Allegiance

Led by *Brian Thacker*

Invocation

The Reverend Jeni Cook
Program Manager
National Spiritual Healthcare Initiatives
Department of Veterans Affairs

9:00 a.m. PLENARY SESSION

Moderator: Irene Trowell-Harris, RN, EdD

Opening Remarks

The Honorable Anthony J. Principi

Secretary of Veterans Affairs

David W. Gorman

Executive Director

Washington Headquarters

Disabled American Veterans

James B. King

National Executive Director

AMVETS (American Veterans)

Robert E. Wallace

Executive Director, Washington Office

Veterans of Foreign Wars of the United States

9:30 a.m. Overview of Summit Agenda**Review of Summit 2000 Recommendations**

Irene Trowell-Harris, RN, EdD

10:00 a.m. Congressional Welcome

The Honorable Heather A. Wilson

U.S. House of Representatives

10:10 a.m. BREAK**10:30 a.m. Jonathan Perlin, MD, PhD, MSHA, FACP**

Acting Under Secretary for Health

Veterans Health Administration

Department of Veterans Affairs

10:50 a.m. Carolyn Hunt

Acting Director

Compensation and Pension Service

Veterans Benefits Administration

Department of Veterans Affairs

11:10 a.m. Richard A. Wannemacher

Acting Deputy Under Secretary for Memorial Affairs

National Cemetery Administration

Department of Veterans Affairs

- 11:30 a.m. **Keynote Address**
The Honorable Tillie Fowler
Attorney
Partner, Holland & Knight Law Firm
Chair, Panel to Review Sexual Misconduct Allegations
at the U.S. Air Force Academy
- 12:00 noon **LUNCH (on your own)**
- 1:30 p.m. **PLENARY SESSION: Federal Initiatives for Women Veterans**
Keynote Address
The Honorable Richard H. Carmona
Surgeon General
U.S. Public Health Service
Department of Health and Human Services
- 2:00 p.m. **White House Initiatives for Women**
Cindi F. Williams
Special Assistant
White House Office of Public Liaison
- 2:20 p.m. **Health and Human Services Initiatives**
Wanda Jones, DrPH
Deputy Assistant Secretary for Health (Women's Health)
Department of Health and Human Services
- 2:40 p.m. **Department of Health and Human Services**
LTG Carol Mutter, USMC, Retired
Chair, Defense Advisory Committee on Women in the Services
(DACOWITS)
- 3:00 p.m. **Department of Defense Initiatives**
The Honorable Frederico Juarbe, Jr.
Assistant Secretary
Veterans' Employment and Training Service
Department of Labor
- 3:20 p.m. **BREAK**
- 3:30-5:50 p.m. **CONCURRENT WORKSHOP SESSIONS**

SESSION 1**Combat Theater: Women Veterans Health Issues**

MODERATOR: COL Kathleen Morrissey, USA, Retired
VA Advisory Committee on Women Veterans

PANELISTS***Susan Mather, MD***

Chief Public Health and
Environmental Hazards Officer
Veterans Health Administration
Department of Veterans Affairs

COL Denise Dailey

Military Director
Defense Advisory Committee on
Women in the Services
Department of Defense

CAPT Katherine A. Surman, NC, USN

Program Director
Mental Health Policy and Women's
Issues for OSD/HA
Department of Defense

CAPT Lory Manning, USN, Retired

VA Advisory Committee on
Women Veterans

SESSION 2**Homelessness and Women Veterans: The Federal Perspective**

MODERATOR: Marsha L. Four, RN
Chair
VA Advisory Committee on Women Veterans

PANELISTS***Gay Koerber***

Associate Director for Policy, Programs,
and Operations
Veterans Health Administration
Department of Veterans Affairs

Rani Desai, PhD

Associate Director
NE Program Evaluation Center
Veterans Health Administration
Department of Veterans Affairs

Peter Dougherty

Director, VA Program on Homelessness
Veterans Health Administration
Department of Veterans Affairs

Sandra Miller

Program Coordinator
LZII Transitional Residence
Philadelphia Veterans Multi-Service and
Education Center

SESSION 3**Health Care Programs & Services for Women Veterans:
Where We Are, Where We're Going***MODERATOR: LTC Kathy LaSauce, USAF, Retired*

VA Advisory Committee on Women Veterans

PANELISTS***Saralyn Mark, MD***Senior Medical Advisor
Department of Health and
Human Services***Carole Turner, RN, MSN, CNAA***Director, Women Veterans
Health Program
Veterans Health Administration
Department of Veterans Affairs***Laura Miller***Deputy Under Secretary for Health for
Operations and Management
Veterans Health Administration
Department of Veterans Affairs***Yvonne Green, RN, CNM, MSN***Director, Office of Women's Health
Centers for Disease Control
and Prevention
Department of Health and
Human Services**SESSION 4****Employment Assistance for Women Veterans***MODERATOR: Anthony L. Eiland*Director, Government Relations and Veterans Outreach
National Veterans Business Development Corporation**PANELISTS*****Greg Alleyne***National Veterans
Employment Officer
Department of Veterans Affairs***Jessica Salinas***Director
Veterans Business Outreach Center
The University of Texas-Pan-American***Ronald Drach***Director, Strategic Planning and
Legislative Affairs
Veterans' Employment
and Training Service
Department of Labor***Gail Wegner***Deputy Director for Veterans Enterprise
Department of Veterans Affairs***Tracy Underwood***Veterans Liaison
Office of Personnel Management

SESSION 5**Veterans Benefits: An Overview***MODERATOR: Bertha Cruz Hall*

VA Advisory Committee on Women Veterans

PANELISTS***Lynda Petty***

Women Veterans Coordinator
 Veterans Benefits Administration
 Department of Veterans Affairs

Carolyn Hunt

Acting Director
 Compensation & Pension Service
 Veterans Benefits Administration
 Department of Veterans Affairs

Garry J. Augustine

Deputy National Service Director
 Disabled American Veterans

Theresa Boyd

Assistant Director
 Vocational Rehabilitation Services
 Veterans Benefits Administration
 Department of Veterans Affairs

Peggy McGee

Director
 Communications Management Service
 National Cemetery Administration
 Department of Veterans Affairs

SESSION 6**The Legislative Process***MODERATOR: Joy Ilem*

Assistant National Legislative Director Disabled American Veterans

PANELISTS***John H. Thompson***

Deputy General Counsel
 Department of Veterans Affairs

Pamela M. Iovino

Acting Assistant Secretary for
 Congressional & Legislative Affairs
 Department of Veterans Affairs

William Tuerk, Esq

Majority Chief Counsel/Staff Director
 Committee on Veterans' Affairs
 United States Senate

Kim Lipsky

Minority Deputy Staff Director for
 Health Programs
 Committee on Veterans' Affairs
 United States Senate

Patrick Ryan, Esq

Majority Chief Counsel/Staff Director
 Committee on Veterans' Affairs
 United States House of Representatives

Susan Edgerton

Democratic Staff Director
 Subcommittee on Health
 Committee on Veterans' Affairs
 United States House of Representative

5:50 p.m. **ADJOURN**

6:00 p.m. Bus transportation from hotel to reception at the Women In Military Service For America Memorial(WIMSA)

Return to hotel at 8:30 p.m.

6:30-8:30 p.m. **RECEPTION**
Sponsored by Pfizer Corporation
 WIMSA
 Arlington National Cemetery

Saturday, June 19, 2004

7:00-8:15 a.m. **CONTINENTAL BREAKFAST**

8:15 a.m. **PLENARY SESSION**
Moderator: Harriett T. Heywood, Esq
 Associate Director
 Center for Women Veterans

8:30 a.m. **VA Advisory Committee on Women Veterans**

<i>COMMITTEE MEMBER</i>	<i>STATE</i>
Marsha Tansey Four, Chair	Pennsylvania
Lorna Papke-Dupouy	New York
Gwen M. Diehl	Illinois
Cynthia J. Falzone	New York
Bertha Cruz Hall	Texas
Edward E. Hartman	Washington, DC
Kathy LaSauce	Virginia
Lory Manning	Virginia
Kathleen A. Morrissey	New Jersey
Carlene Narcho	Arizona
Joan E. O'Connor	Massachusetts
Emily Sanford	California
Sheryl Schmidt	California
Winsome Earle Sears	Virginia
Sara A. Sellers	Tennessee
Luc M. Shoals	Oklahoma

9:30-11:30 a.m. **CONCURRENT WORKSHOP SESSIONS**

SESSION 7

Mental Health and Sexual Trauma

MODERATOR: Cynthia Falzone

VA Advisory Committee on Women Veterans

PANELISTS

Alfonso Batres, PhD

Director, Readjustment
Counseling Service
Veterans Health Administration
Department of Veterans Affairs

Laurent S. Lehmann, MD

Special Assistant to the Under
Secretary for Health
Veterans Health Administration
Department of Veterans Affairs

Amy Street, PhD

Clinical Research Psychologist
National Center for PTSD
Veterans Health Administration
Boston Healthcare System
Department of Veterans Affairs

Carol O'Brien, PhD

Director, Center for Sexual
Trauma Services
Veterans Health Administration
VAMC Bay Pines
Department of Veterans Affairs

Lori Cowen

Women Veterans Coordinator
St. Petersburg Regional Office
Veterans Benefits Administration
Department of Veterans Affairs



SESSION 8**State Departments of Veterans Affairs and Nursing Homes***MODERATOR: Sheryl Schmidt*

VA Advisory Committee on Women Veterans

PANELISTS***The Honorable Linda Schwartz***Commissioner
Connecticut Department of
Veterans Affairs***Lynda Waldroop***National Women Veterans
Representative
National Association for County Veteran
Service Officers (NACVSO)***Karen Malebranche, RN, BSN, MSN***Chief, State Home Training and
Per Diem
Veterans Health Administration
Department of Veterans Affairs**SESSION 9****Research Initiatives for Women***MODERATOR: Mindy Aisen, MD*Deputy Chief, Research and Development Officer
Rehabilitation Research and Development Service
Veterans Health Administration
Department of Veterans Affairs**PANELISTS*****Linda Lipson, MA***Health Science Specialist
Health Services Research and
Development Service
Veterans Health Administration
Department of Veterans Affairs***Margaret M. Heitkemper, PhD, RN***Chairperson
Department of Biobehavioral Nursing
and Health Systems
University of Washington***CDR Andrea Parodi, RN, DSN, NC, USN***Director for Operational Nursing
Research Program Development
Department of the Navy***Sarah Hudson Scholle, MPH, DrPH***Assistant Vice President
Research and Analysis
National Committee for
Quality Assurance

SESSION 10**Minority Women Veterans Issues***MODERATOR: CMSgt Luc Shoals, USAF, Retired*

VA Advisory Committee on Women Veterans

PANELISTS***Ruby Miller***

Deputy Director
Center for Minority Veterans
Department of Veterans Affairs

Elizabeth Olmo

Program Analyst
Center for Minority Veterans
Department of Veterans Affairs

Carlene Narcho

VA Advisory Committee on
Women Veterans

***CAPT Jean E. Quindag-Raffels,
NC, USN***

Assistant to the Director
Navy Nurse Corps for Policy
and Practice
Bureau of Medicine and Surgery
Department of the Navy

SESSION 11**VA Claims and Appeals Process***MODERATOR: SFC Gwen Diehl, USA, Retired*

VA Advisory Committee on Women Veterans

PANELISTS***FILING A CLAIM: THE PROCESS******Lynda Petty***

Women Veterans Coordinator
Veterans Benefits Administration
Department of Veterans Affairs

Keith Wilson

Acting Director
Washington, DC, Regional Office
Acting Director of the Appeals
Management Center
Department of Veterans Affairs

APPEALS PROCESS***Richard Thrasher, Esq***

Chief Counsel, Litigation Support
Board of Veterans Appeals
Department of Veterans Affairs

COURT OF APPEALS FOR VETERANS CLAIMS***Sandra Montrose, Esq***

Counsel to Judges of the Court
US Court of Appeals for
Veterans Claims

Landon Overby, Esq

Appellate Counsel
Disabled American Veterans

SESSION 12**Role of Veterans Service Organizations***MODERATOR: Edward Hartman*

VA Advisory Committee on Women Veterans

PANELISTS***Cathy Wiblemo***Deputy Director of Health Care Issues
The American Legion***Rick Weidman***Director
Government Relations
Vietnam Veterans of America***John McNeill***Deputy Director of National
Veterans Services
Veterans of Foreign Wars of the
United States***James B. King***National Executive Director
AMVETS (American Veterans)**12:00 noon LUNCHEON***SPONSORED BY****AMVETS (American Veterans)******Disabled American Veterans******Veterans of Foreign Wars of the United States****SPEAKER: Amy Nathan*Author of *Count On Us: American Women in the Military***2:00-5:30 p.m. WORKING GROUPS (Select one working group)****Group 1-Health Care*****CMSgt Sara A. Sellers, USAF, Retired***

VA Advisory Committee on Women Veterans

Carole Turner, RN, MSN, CNAADirector
Women Veterans Health Program
Department of Veterans Affairs**Group 2-Benefits*****Lorna Papke-Dupouy***

VA Advisory Committee on Women Veterans

Lynda PettyWomen Veterans Coordinator
Veterans Benefits Administration
Department of Veterans Affairs

Group 3-Employment***Jean Hayes***

National Veterans Employment Program
Department of Veterans Affairs

Jacqueline Bhola, MA

Economist
Women's Bureau
Department of Labor

Group 4-Mental and Behavioral Health***Jeannine Greenfield, RN, ScD***

Staff Fellow
Office of Women's Health
Department of Health and Human Services

Mary A. Jansen, PhD

Deputy Chief Consultant
Mental Health Strategic Group
Veterans Health Administration
Department of Veterans Affairs

Group 5-Veterans Service Organizations***James Doran***

National Service Director
AMVETS (American Veterans)

Edward Hartman

VA Advisory Committee on Women Veterans

Group 6-Minority Women Veterans***Ruby Miller***

Associate Director
Center for Minority Veterans
Department of Veterans Affairs

Winsome Sears

VA Advisory Committee on Women Veterans

Group 7-State Veterans Affairs Agencies***CDR Joan O'Connor, USNR, Retired***

VA Advisory Committee on Women Veterans

Lynda Waldroop

National Women Veterans Representative
National Association for County Veteran Service Officers (NACVSO)

5:30 p.m. **ADJOURN**

Sunday, June 20, 2004

- 7:00-8:15 a.m. **CONTINENTAL BREAKFAST**
- 8:15 a.m. **PLENARY SESSION**
MODERATOR: Irene Trowell-Harris, RN, EdD
- 9:00 a.m. **Keynote Address**
The Honorable E. Dane Clark
Chairman
Board of Veterans Appeals
Department Veterans Affairs
- 9:20 a.m. **Working Groups Reports (Groups 1-4)**
 1. Health Care
 2. Benefits
 3. Employment
 4. Mental and Behavioral Health
- 10:00 a.m. **BREAK**
- 10:30 a.m. **Working Group Reports (Groups 5-7)**
 5. Veterans Service Organizations
 6. Minority Women Veterans
 7. State Veterans Affairs Agencies
- 11:15 a.m. **General Question and Answer Session**
Irene Trowell-Harris, RN, EdD
Director, Center for Women Veterans
Department of Veterans Affairs
- 11:45 a.m. **Synthesis and Closing Remarks**
Irene Trowell-Harris, RN, EdD
Director, Center for Women Veterans
Department of Veterans Affairs
- 12:00 noon **ADJOURN**



MEDICAL SERVICES

Quality medical services available to women include:

- Primary Care
- Preventive Health Screening, including Breast and Cervical Cancer Screens
- Gender-Specific Care
- Reproductive Health Care, including Maternity Care and Fertility Evaluation
- Hepatocellular Carcinoma Evaluation and Treatment



PROVIDER EDUCATION

VA is the largest health care system providing education and training to health professionals. Training methodologies include:

- Women's Health Fellowship programs
- Resident Training
- Allied Health Academic Training
- Video/Satellite Training
- Clinical Updates in Contemporary Women's Health Issues
- Mini-residencies
- Sensitivity Training
- Customer Service



RESEARCH

Current women veterans research includes:

- Aging
- Breast and Other Cancers
- Chronic Diseases
- Reproductive Health
- Mental Health
- Substance Abuse
- Women's Health Services and Systems



Appendix D

Internet Resources

The following represents Internet Sites of Interest to Women Veterans. Providing these Internet Addresses/Sites does not constitute endorsement by the Department of Veterans Affairs of any Web site or the information, products or services contained therein. VA does not exercise any editorial control over the information you may find at these locations.

Department of Veterans Affairs

Department of Veterans Affairs www.va.gov

Center for Women Veterans www.va.gov/womenvet/

Women Veterans Health Program www.va.gov/wvhp

VHA Online Health Eligibility www.va.gov/healtheligibility

VA Health Services Research & Development www.hsrd.research.va.gov

Federal Benefits for Veterans and Dependents
www.va.gov/opa/vadocs/current_benefits.htm

Summary of VA Benefits www.vba.va.gov/bln/21/summaryVAbenefits.pdf

A Summary of VA Benefits for National Guard & Reserve Personnel
www.va.gov/environagents/docs/SVABENEFITS.pdf

VA Homeless Veterans Program www.va.gov/homeless/index.cfm

VA Statistics www.va.gov/vetdata

VA Center for Veterans Enterprise & Business www.vetbiz.gov/default2.htm

VA National Veterans Employment Office www.va.gov/jobs

VA Advisory Committees www.va.gov/advisory

VA Public Affairs for News Releases
www.va.gov/OPA/pressrel/pressarchinternet.cfm
and
www.va.gov/opa/pressrel/opalist_listserv.cfm

National Veterans Service Organizations Directory www.va.gov/vso

Department of Defense

Department of Defense www.defenselink.mil

Defense Advisory Committee on Women in the Services (DACOWITS)
www.dtic.mil/dacowits

TRICARE Website www.tricare.osd.mil

DoD Total Force Demographics www.mfrc-dodqol.org/stat.cfm

DoD New Policy on Prevention and Response to Sexual Assault
www.defenselink.mil/releases/2005/nr20050104-1927.html

Department of Health and Human Services

National Women's Health Information Center www.4woman.gov/

Office of Women's Health, Food & Drug Administration www.fda.gov/womens/

Veterans' Transition Assistance Program Briefings www.dol.gov/vets/programs/tap/main.htm

Department of Labor

Women's Bureau www.dol.gov/wb/

Veterans' Employment and Training Service www.dol.gov/vets

Small Business Administration

Programs for Veterans www.sba.gov/vets

Library of Congress

Veterans History Project www.loc.gov/vets/

Thomas Legislative Information <http://thomas.loc.gov/>

State and Local Organizations

National Association of State Directors of Veterans Affairs www.nasdva.com

State Veterans Homes www.nash.com

Other Related Links

Arlington National Cemetery www.arlingtoncemetery.org/

Federal Citizen Information Center www.pueblo.gsa.gov

GAO report regarding the needs of women veterans <http://archive.gao.gov/pdf/119503.pdf>

Military Records Correction (SF Form 293) www.dior.whs.mil/forms/DD0293.PDF

Military Woman's Homepage <http://militarywoman.org>

National Personnel Records Center (Military Records-DD214) <http://vetrecs.archives.gov>

National Women's History Project www.NWHP.org

White House <http://www.whitehouse.gov/news/releases/2003/08/20030822-6.html>

Women Airforce Service Pilots of WW II <http://wasp-wwii.org/wasp/>

Women In Military Service For America Memorial (WIMSA) www.womensmemorial.org

Women's Policy, Inc. www.womenspolicy.org

This Page Intentionally Left Blank

Appendix E

Reference Tables

Department of Defense Active Duty Military Personnel by Rank/Grade September 30, 2004 (Women Only)

Rank/Grade - All	Services				Total Services
	Army	Navy	Marine Corps	Air Force	
GENERAL -ADMIRAL					0
LT GENERAL -VICE ADMIRAL					0
MAJ GENERAL -REAR ADMIRAL (U)	5	6	1	6	18
BRIG GENERAL -REAR ADMIRAL (L)	5	5	1	10	21
COLONEL -CAPTAIN	437	405	23	446	1,311
LIEUTENANT COL-COMMANDER	1,111	880	50	1,352	3,393
MAJOR -LT COMMANDER	1,985	1,535	78	2,403	6,001
CAPTAIN -LIEUTENANT	3,969	2,826	336	4,920	12,051
1st LIEUTENANT-LIEUTENANT (JG)	2,107	1,258	263	2,321	5,969
2nd LIEUTENANT-ENSIGN	1,776	1,111	204	2,138	5,229
CHIEF WARRANT OFFICER W-5	11		1		12
CHIEF WARRANT OFFICER W-4	48	7	12		67
CHIEF WARRANT OFFICER W-3	289	25	33		347
CHIEF WARRANT OFFICER W-2	359	53	56		468
WARRANT OFFICER W-1	207		18		225
					0
TOTAL OFFICER	12,309	8,111	1,096	13,596	35,112
E-9	292	157	47	343	839
E-8	1,135	445	183	650	2,413
E-7	4,246	1,846	437	3,384	9,913
E-6	7,371	5,236	820	6,897	20,324
E-5	11,182	11,954	1,585	17,013	41,734
E-4	18,470	11,119	1,754	12,872	44,215
E-3	10,018	9,651	2,898	12,764	35,331
E-2	4,745	3,315	1,291	3,154	12,505
E-1	2,936	1,692	668	2,359	7,655
TOTAL ENLISTED	60,395	45,415	9,683	59,436	174,929
CADETS-MIDSHIPMEN	639	722	0	754	2,115
GRAND TOTAL	73,343	54,248	10,779	73,786	212,156

Table D-19. Female Active Component Enlisted Members by Service with Civilian Comparison Group, FYs 1964, 1970- 2001

FISCAL YEAR	SERVICE									
	ARMY		NAVY		MARINE CORPS		AIR FORCE		DoD	
	#	%	#	%	#	%	#	%	#	%
1964*	7,958	0.9%	4,863	0.8%	1,320	0.8%	4,845	0.7%	18,986	0.8%
1970	11,476	1.0%	5,366	0.9%	2,119	0.9%	8,987	1.4%	27,948	1.1%
1971	11,825	1.2%	5,476	1.0%	1,981	1.0%	10,132	1.6%	29,414	1.2%
1972	12,349	1.8%	5,723	1.1%	2,066	1.2%	11,725	2.0%	31,863	1.6%
1973	16,448	2.4%	8,835	1.8%	1,973	1.1%	15,022	2.6%	42,278	2.2%
1974	26,320	3.9%	13,143	2.8%	2,402	1.4%	19,463	3.7%	61,328	3.3%
1975	37,703	5.6%	17,357	3.7%	2,841	1.6%	25,232	5.0%	83,133	4.6%
1976	43,806	6.5%	19,194	4.2%	3,065	1.8%	29,235	6.1%	95,300	5.3%
1977	46,093	6.8%	19,210	4.2%	3,509	2.0%	34,609	7.4%	103,421	5.8%
1978	50,288	7.5%	20,937	4.5%	4,652	2.7%	40,710	8.7%	116,587	6.6%
1979	54,815	8.3%	24,751	5.4%	5,501	3.3%	45,954	10.0%	131,021	7.5%
1980	61,349	9.1%	29,806	6.5%	6,219	3.7%	51,397	11.3%	148,771	8.5%
1981	64,877	9.6%	34,348	7.3%	7,090	4.1%	53,902	11.5%	160,217	9.0%
1982	64,261	9.6%	37,024	7.7%	7,874	4.5%	54,064	11.3%	163,223	9.0%
1983	66,056	9.9%	39,873	8.3%	8,286	4.7%	54,864	11.4%	169,079	9.3%
1984	66,664	10.0%	41,579	8.5%	8,577	4.9%	55,339	11.4%	172,159	9.5%
1985	67,930	10.2%	44,492	9.0%	9,041	5.1%	57,586	11.8%	179,049	9.8%
1986	69,200	10.4%	45,602	9.0%	9,246	5.2%	60,694	12.3%	184,742	10.0%
1987	71,136	10.6%	45,938	9.0%	9,140	5.1%	62,666	12.7%	188,880	10.2%
1988	71,519	10.8%	47,539	9.2%	8,959	5.1%	60,981	13.1%	188,998	10.4%
1989	73,780	11.2%	49,602	9.6%	8,975	5.1%	63,175	13.7%	195,532	10.8%
1990	70,741	11.4%	49,275	9.8%	8,647	4.9%	60,250	14.0%	188,913	10.9%
1991	67,229	11.2%	48,172	9.7%	8,278	4.8%	58,540	14.3%	182,219	10.8%
1992	61,211	12.0%	47,688	10.2%	7,704	4.7%	55,598	14.8%	172,201	11.3%
1993	59,668	12.4%	45,919	10.5%	7,228	4.5%	53,940	15.1%	166,755	11.6%
1994	58,395	12.9%	44,339	11.0%	7,029	4.5%	53,433	15.7%	163,196	12.1%
1995	56,666	13.4%	44,375	12.0%	7,402	4.7%	51,478	16.2%	159,921	12.6%
1996	58,084	14.3%	43,240	12.2%	7,823	5.0%	52,129	16.9%	161,276	13.2%
1997	61,661	15.1%	41,309	12.4%	8,499	5.4%	53,167	17.8%	164,636	13.7%
1998	60,830	15.1%	41,367	12.8%	8,925	5.7%	53,542	18.4%	164,664	14.1%
1999	60,283	15.2%	41,399	13.2%	9,276	6.0%	53,968	18.9%	164,926	14.3%
2000	62,491	15.5%	42,750	13.6%	9,499	6.1%	54,344	19.3%	169,084	14.7%
2001	62,827	15.7%	44,630	14.0%	9,552	6.2%	54,856	19.6%	171,865	14.9%

* FY 1964 was the last pre-Vietnam conscription year.

Source: Civilian data from Bureau of Labor Statistics Current Population Survey monthly files. Civilian data prior to 1989 represent calendar year. Service data 1964, 1970-1972 from OASD(FMP)(MPP)(AP). Service data 1973-present from the Defense Manpower Data Center.

This Page Intentionally Left Blank



THIS SUMMIT WAS SPONSORED BY
Department of Veterans Affairs
Center for Women Veterans

CO-SPONSORED BY
VA Employee Education System
AMVETS (American Veterans)
Disabled American Veterans
Veterans of Foreign Wars of the United States

SPECIAL SUPPORT ALSO RECEIVED FROM
Vietnam Veterans of America
VA Learning University (VALU)

VERY SPECIAL THANKS TO
The Summit 2004 Planning Committee, faculty
members, and other organizations and agencies that
provided support with the planning through participation
of its staff and officials.

South Side view of
the Veterans Affairs
Central Office.
The statue of General
Thaddeus Kosciuszko
faces the building,
from Lafayette Park's
tulip garden.

Published September 2005

Department of Veterans Affairs
Center for Women Veterans
810 Vermont Avenue, NW
Washington DC 20420

**National Summit on
Women Veterans Issues
Summit 2004**
September 2005

<http://www.va.gov/womenvet>