

**2011
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soldiers, who now constitute about 16 percent of our active duty fighting force. Studies on women serving in combat zones in prior conflicts have found that women who experience sexual trauma had significantly higher rates of PTSD than woman who had not experienced sexual trauma. Therefore, many of the women serving in Iraq and Afghanistan face dual causes of PTSD. Studies conducted at the Durham, North Carolina VAMC Comprehensive Women's Health Center have demonstrated higher rates of suicidal tendencies among women veterans suffering depression with co-morbid PTSD.

Because of the number of women veterans who are now de facto combat veterans and because of the nature of the nature of conflicts in both Afghanistan and particularly Iraq, women veterans have entered a whole new world of need.

Proposed Position: VVA shall seek to ensure that the VA has both the ability and the capacity to provide gender-specific in-patient and out-patient care and treatment for both combat and sexual trauma related PTSD, and that psychosocial services are fully integrated into the primary care provided to women veterans.

WOMEN VETERANS

WV-2

MEDICAL TREATMENT OF WOMEN VETERANS BY DVA

History:

First adopted in 1983 as R-4-83 (Medical Treatment of Women Veterans by DVA

Amended and renumbered in 1993 as V-WV-18-93

Renumbered in 1995 as WV-5-95,

Amended & renumbered in 1999 as WV-4-99

Amended and renumbered in 2001 as WV-3-01

Amended and renumbered in 2003 as WV-2-03

Amended in 2005

Amended in 2007

Amended and renumbered in 2011 as WV-2

Issue: Since 1982, Vietnam Veterans of America has been a leader in championing appropriate and quality health care for all women veterans. There **have been** many innovations and improvements in the delivery of Department of Veterans Affairs (DVA) health care for women veterans that were sponsored by Vietnam Veterans of America. Some concerns remain in the treatment, delivery, and monitoring of services to women veterans.

Background: DVA eligible women veterans are entitled to complete health care including **care for** gender specific illnesses, injuries and diseases. The DVA has become increasingly more sensitive and responsive to the needs of women veterans and many improvements have been made. Unfortunately, these changes and improvements have not been completely implemented throughout the entire system. In some locations, women veterans experience barriers to adequate health care and oversight with accountability is lacking. Primary care is fragmented for women veterans. What would be routine primary care in the community is referred out to specialty clinics in the VA. Over the last five years the per cent of women veterans using the VA has grown from 11% to 16%, with 48% of OEF/OIF women Veterans having enrolled in the VA. Their average age is 48 and 85% are below the age of 40. This is one reason that VVA believes that the following resolution requires address.

Resolved, That: Vietnam Veterans of America will continue its advocacy to secure appropriate facilities and resources for the diagnosis, care and treatment of women veterans at

all DVA hospitals, clinics, and Vet Centers. We ask the Secretary ensure senior leadership at all facilities and Veteran Integrated Service Networks (VISN) be held accountable for ensuring women veterans receive appropriate care in an appropriate environment. Further, we seek that the Secretary ensures:

- The competency of staff who work with women in providing gender-specific health care.
- That appropriate training regarding issues pertinent to women veterans is provided.
- That there is the creation of an environment in which staff are sensitive to the needs of women veterans, and the environment meets the women's needs for privacy, safety, and emotional and physical comfort in all venues.
- Those privacy policy standards are met for all patients at all VHA locations.
- That patient satisfaction assessments and all clinical performance measures and monitors that are not gender-specific, be examined and reported by gender to detect any differences in the quality of care.
- That the Office of Quality Performance will report any significant differences and this report will be forwarded to the Under Secretary for Health, Under Secretary for Operations and Management, the VISN Directors, facility directors and chiefs of staff, and the Women Veterans Health Program Office.
- That every woman veteran has access to a VA primary care provider who meets all her primary care needs, including gender-specific and mental health care in the context of an ongoing patient-clinician relationship.
- That general mental health care providers are located within the women's and primary care clinics in order to facilitate the delivery of mental health services.
- That sexual trauma care is readily available to all veterans who need **it and that VA ensure those providing this care and treatment have appropriate qualifications obtained through course work, training and/or clinical experience specific to MST or sexual trauma.**
- **That an evaluation of all gender specific sexual trauma intensive treatment residential programs be made to determine if this level is adequate as related to level of need for each gender, admission wait times, and geographically responsive to the need.**
- That Vet Centers are able to adequately provide services to women veterans.
- That a plan is developed for the identification, development and dissemination of evidence-based treatments for PTSD and other co-occurring conditions attributed to combat exposure or sexual trauma.
- That women veterans, upon their request, have access to female mental health professionals, and if necessary, use fee basis to meet the women veteran's needs.
- That all Community Based Outpatient Clinics (CBOC) which do not provide gender-specific care arrange for such care through fee basis or contract in compliance with established access standards
- That the Women Veterans Health Program Office aggressively seek to determine root causes for any differences in quality measures and report these to the Under Secretary for Health, Under Secretary for Operations and Management, the VISN Directors, facility directors and COS, and providers.
- **That VA provides continued oversight to ensure that all facilities comply** with the Under Secretary of Health's directive that all Women Veteran Program Managers be full-time positions.
- That Women Veteran Program Managers report directly to the Chief of Staff.
- That legislation be enacted to ensure neonatal care is provided for up to 30 days as needed for the newborn children of women veterans receiving maternity/delivery care through DVA.

WV-3

SUPPORT FOR WOMEN VETERANS

History:

First adopted in 1983 as R-1-83 and R-2-83

Amended in 1987 as V-1-87 and V-6-87

Amended in 1989 as G-17-89

Amended in 1991 as V-WV-20-91

Amended in 1993 as V-WV-9-93

Amended in 1995 as WV-6-95

Amended in 1997 as WV-6-97

Amended in 1999 as WV-2-99

Renumbered in 2001 as WV-1-01

Amended in 2003 as WV-1-03

Amended in 2005 as WV-1-05,

Amended in 2007 as WV-2,3,6-07

Renumbered in 2011 as WV-3

Issue: With an increase in the percentage of women serving on active duty in The Armed Forces, more women are entering the ranks of veterans, seeking involvement in veteran service organizations. During the Vietnam War, more than 265,000 women stood with their brothers when others would not. For this reason, and recognizing the contribution women veterans have made to this organization, Vietnam Veterans of America, had included women as integral and equal members, including them on its legislative agenda and policy concerns.

Background: Vietnam Veterans of America has been the leader, recognizing the needs of all women veterans. Vietnam Veterans of America has recognized the contribution of women veterans in this organization and has elected women veterans to leadership positions at all levels. Additionally, although women veterans are authorized the same benefits, services and compensation as their male counterparts, many women do not know their rights as veterans, and they do not know how to access programs of the U.S. Department of Veteran Affairs.

Despite the role of Vietnam Veterans of America, assisting women veterans, outreach, identification and recognition remain major hurdles in helping them realize and access veteran benefits. This resolution amends WV-2-95, WV-3-95 & WV-6-95

Resolved, That: Vietnam Veterans of America is committed to the inclusion and involvement of women veterans at all levels and within all arenas of the organization. Efforts will also include: the use of non-gender specific language in any/all communications (written or oral); recruitment; and outreach, providing women veterans with an awareness of their veteran benefits.

Further, to encourage Vietnam Veterans of America, National Office, State Councils and Chapters to establish women veteran recognition and outreach programs, and to work with state officials and legislators to create the position of a state women veteran coordinator and advisory committees, where none exist, to facilitate assistance to women veterans within the states and provide communication within and between agencies.

WV-5 WOMEN VETERANS RESEARCH

History:

First adopted in 2009 as WV-5-09

Amended and renumbered in 2011 as WV-5

Issue: Specific issues pertinent to women veterans **MUST BE** adequately researched.

Background: Because women veterans have historically been a small percentage of the veteran population, many issues specific to women veterans have not been researched. General studies of veterans often had insufficient numbers of women veterans to detect differences between male and female veterans and/or results were not reported by gender. **Today, however, women are projected to be 10% of the veteran population by 2020.**

Resolved, That: Vietnam Veterans of America asks the Secretary to conduct several studies specific to women veterans and that Congress pass legislation to mandate such studies if the Secretary does not act:

- A comprehensive assessment of the barriers to and root causes of disparities in the provision of comprehensive medical and mental health care by DVA for women veterans.
- A comprehensive assessment of the capacity and ability of women veterans' health programs in VA, including Compensation and Pension examinations, to meet the needs of women veterans. (GAO: March 2010: VHA).
- **A comprehensive evaluation of suicide among women veterans, including rates of both attempted and completed suicides, and risk factors, including co-morbid diagnoses, history of sexual trauma, unemployment, deployments, and homelessness.**

WV-6 WOMEN VETERANS AND VETERANS BENEFITS

History:

First adopted in 2009 as WV-6-09

Amended and renumbered in 2011 as WV-6

Issue: Women Veterans underutilize veterans' benefits in comparison with male veterans.

Background: The Veterans Benefits Administration (VBA), and to a lesser extent, the National Cemetery Administration (NCA), have been less proactive than the Veterans Health Administration in targeting outreach to women veterans and in ensuring competency in managing claims filed by women veterans.

Resolved, That Vietnam Veterans of America will continue its advocacy to secure benefits for all eligible veterans.

- VVA asks the Secretary ensure: **that all leadership positions in all VA Regional Offices (VARO) are cognizant of and kept current on women veterans' issues; that they provide and conduct aggressive and pro-active outreach activities to women veterans and; that VBA leadership ensures oversight of these activities.**

Further, we seek that the Secretary ensures:

- **That a national structure be developed within VBA for the Women Veteran Coordinator positions, located at each VARO.**
- That VBA establishes consistent standards for the time allocated to the position of Women Veteran Coordinator (WVC) based on the number of women veterans in the area the VARO serves.
- **That VBA ensures that all Regional Offices display the services and assistance provided by the Women Veteran Coordinator with clear designation of her contact information and office location.**
- That VBA establish a method to identify and track outcomes for all claims involving personal assault trauma, regardless of the resulting disability, such as PTSD, depression, or anxiety disorder.
- **That VBA perform an analysis of MST claims volume, assess the consistency of how these claims are adjudicated, and determine if increased training and testing is needed in this regard.**
- That all claim adjudicators who process claims for gender-specific conditions and claims involving personal assault trauma receive **mandatory initial and regular on-going training** necessary to be competent to evaluate such claims.
- That the VARO create an environment in which staff are sensitive to the needs of women veterans, and the environment meets the women's needs for privacy, safety, and emotional and physical comfort.
- That National Cemetery Administration enhances its targeted outreach efforts in those areas where burial benefits usage by women veterans does not reflect the women veterans' population. This may include collaboration with VBA and VHA in seeking means to proactively provide burial benefits information to women veterans, their spouses and children, and to funeral directors.

HEALTH CARE

HC-2 VETERANS HEALTH CARE

History:

First adopted in 1983 as V-9-83
Amended in 1987 as V-5-87
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Amended in 1997 as V-1-97
Renumbered in 2003 as HC-1-03
Amended in 2005 as HC-1-05
Amended and renumbered in 2007 as V-1-05
Amended and renumbered in 2011 as HC-2

Issue: The Department of Veterans Affairs (DVA) Veterans Health **Care** Administration, Veterans Integrated System Network/VISN, is responsible for providing health care to veterans with service-connected disabilities and others as determined by eligibility rules established by Congress. Concerns continue regarding quality of health care, access, and eligibility for services.