

## Women Veteran Reception at NACVSO 2017 Conference

At our annual conference in San Diego, California we hosted a womens reception during the evening for all to gather and discuss women veteran issues. We had a great turn out of over 20 women veterans in addition to other advocates. Conversation was great as we were all able to connect with one another on a personal level and professional level. These are some of our findings:

- We have identified that women veterans are still not being recognized in the Department of Veterans Affairs and various veteran organizations as much as they should be. We still receive the comments of “I need your husband’s last name and last four”, “do you want to join auxiliary”, “thank your husband for his service”, etc.
  - However, we have found that slowly and surely, representatives are asking “are you the veteran or calling on behalf of the veteran”. This is a step in the right direction! Please feel free to use this phrase with your clients and spread the word!
  - In addition to women veterans not feeling completely recognized with these organizations, we have a subset of veterans here as well. Peacetime women veterans have also expressed their thoughts in not feeling recognized as a veteran or someone who served at all. We all raised our right hands and wore the uniform. We will continue to support each other in every way possible.
- There is a lack of communication or knowledge regarding women’s health services. Every advocate, veteran, and CVSO should research and get in contact with their local women’s health clinics within the **Veterans Health Administration (VHA)**. (Personally, I wish I had known that my maternity care would have been taken care of while I was pregnant and actively enrolled in the VHA. I didn’t know this and continued to struggle while pregnant in college. This struggle continued into postpartum and there are resources to address all of this in VHA. I didn’t know).  
**Research. Advocate. Share the information.**
- Regarding women’s clinics or services within the VHA, we expressed concerns regarding privacy or even simple bedside manner.
  - Curtains, positions of exam tables, and other equipment are not gender neutral and these are currently being addressed.
    - If you’re having thoughts that this isn’t a “big issues”, here is an example I can give you. If a woman veteran goes into an exam room for her annual pap exam and has her feet in stirrups, the end of that table has no business facing the door. These are real concerns.
  - In addition to services within VHA, a veteran (male or female) should know that **if they do not feel comfortable with a provider of a certain sex, they**

**can ask for a different provider.** That goes for trainees as well. This is okay to do and is encouraged!

- When addressing VBA issues, we all briefly discussed s/c for MST claims and the C&P exams that accompany them.
  - o The “burden of proof” is proving difficult in some situations, HOWEVER, the rate at which PTSD due to MST claims are being rating are **nearing the same favorable rating percentages** as PTSD due to other stressors.
    - Perhaps more training and education on markers and what else we CVSOs can do to yield higher success rates on MST claims would assist us when it comes to this “burden of proof”. There are multiple ways to show markers for claims.