Remarks by Secretary Eric K. Shinseki

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Dr. Trowell-Harris, thank you for that kind introduction and for the invitation to address the Summit this morning. My thanks, once again, to the VFW, the VFW Auxillary, the DAV, AMVETS, and other sponsors for hosting last evening's reception. Let me further acknowledge some special guests:

- Former VA Secretaries, Jim Peake and Tony Principi;
- VA Under Secretaries Allison Hickey and Steve Muro; Assistant Secretary Joan Evans, and other members of the VA team;
- General Wilma Vaught—one of our pioneers in the military, and currently the President of the Board of Directors of the Women In Military Service For America Memorial;
- Other flag and general officers; other VSO representatives; Congressional staff members;
- The good folks at VA's Center for Women Veterans, ably led by Dr. Irene Trowell-Harris;
- Serving members of the military; fellow veterans; distinguished guests; ladies and gentlemen:

Welcome to this 2011 Summit on Women Veterans. I am honored to have this opportunity to speak with you for a few minutes about VA's support to over 1.8 million women Veterans. These Veterans and the women who currently serve in uniform are part of a 235-year history of women defending this Nation, both in and out of uniform. America's historical landscape is dotted with individual stories of women patriots in action—as defenders of hearth and home, as agents and interlocutors, as leaders, and today, as combatants in uniform.

There is work to be done. This Summit comes at a critical juncture in VA's history—evolving circumstances, changing demographics, and presidential leadership all demand a review of the quality, quantity, and types of services and programs we provide women Veterans. If we challenge some longstanding assumptions and validate each of them, I think we will find the need for change.

For one thing, we are a Nation at war—with fully 14% of our active duty and 18% of our Guard and Reserve forces being women. Compare that to 1950, when the percentage of women in uniform was just 2%. This increased representation will not diminish, but continue into the foreseeable future. Second, as we know, the nature of warfare and our military's warfighting doctrine place women in hostile battlespace in ever-increasing numbers, with ever-increasing opportunity for direct-fire combat with armed enemies. Finally, women are sustaining injuries similar to their male counterparts, both in severity and complexity.

So, we, at VA, must be visionary and agile enough to anticipate and adjust not only to the coming increase in women Veterans, but also to the accompanying complexity and longevity of treatment needs they will bring with them.

Our sense of history in VA is long—as some of you may know, today we still care for two children of Civil War Veterans. The promises of President Abraham Lincoln are being delivered by President Barack Obama.

And 100 years from now, the promises of this president will be fulfilled by a future president and secretary, yet unborn. But VA will be here performing the mission it does today—caring for those who have borne the battle and their families.

When I arrived in January 2009, I inherited a good budget—\$99.8 billion. President Obama had given me given two bits of guidance—make things better for Veterans and transform your department so that it better serves the needs of Veterans in the 21st century. Refreshingly strategic: Serve Veterans, do it better, transform for the future. He didn't say what or how or when—just go figure it out. Well, I didn't grow up in VA, and I'm not a clinician. So there was a lot of learning to do. But along with his strategic guidance, the President also provided his support, resources, and the freedom to act.

In 2010, the President increased VA's budget from \$99.8 billion to \$115 billion, a 16% increase over 2009—the largest single year increase in over 30 years. This year, the 2011 budget grew to \$126.6 billion. The 2012 budget request, currently before the Congress, is for \$132.2 billion. Very few entities have had this kind of support over three budget cycles. We have direction; we have resources; and we have opportunity. So what do we want to do about women Veterans?

It's not enough to tell me to just do something—just make things better. Tell me the "what" to attack; what do we need to do? What do we need to go after? What do we need to begin putting in place for the next two generations of women Veterans? We do these summits once every three years. The odds are high that this will be my first and last Women's Veterans Summit. Coming out of this conference, I want us to make a difference. So what do you want me to take on while I'm here, besides cheerleading?

I hope the Summit will be strategic in its consideration of women Veterans issues by getting the thought leaders on women's health and well-being, who are here, to give us the benefit of their thinking. What must VA understand, and what must it do in the next several years, to better posture ourselves for the coming increase in women Veterans expected by the mid-2020's.

I see this Summit taking on a key role in framing women Veterans' issues in ways that allow us to plan, program, budget, and resource needed requirements in women's programs and services. And you must forge alliances and collaborate, both inside and outside VA—with Veterans and non-Veterans, public and private sector stakeholders, men as well as women. We want the insights of the best visionaries on women's issues.

And no alliance will be of greater importance to VA than the one we have forged for the past 2 ½ years with the Department of Defense. Very little of what we do at VA originates here. Much of it originates in DoD. We share the same population—just at different points in their lives—and we need to collaborate on solutions to common issues affecting women Veterans' health, well-being, and personal resilience—to include physical, mental, and spiritual health; education and training; financial independence and security; children; military sexual trauma; aging, as well as end of life issues. VA and DoD must actively engage here and seek the best minds in both thinking and in research. We must proactively communicate to "get the word out" by advancing our initiatives and educating women Veterans about what we are doing to change the way we serve them.

There's a lot riding on your efforts. Today, women serve in every uniform of the Nation, in nearly every military occupational specialty, at almost every global location where an American flag flies, and in nearly every rank and file of the formation. They are not just close to, but deep within, the combat battlespace.

Last month, 20-year old Specialist Devin Snyder—third platoon, 164th Military Police Company—became the 28th female Soldier to die in Afghanistan when her convoy was attacked on a highway in eastern Laghman Province. Wars, with no clear front lines, put Soldiers—all Soldiers—like Devin Snyder at risk as never before, blurring the boundaries between combat and other than combat roles. In a recent New York Times article, one

servicemember in Afghanistan summed it up this way: "Out here, there is no male gender and no female gender."

These changes in the battlespace have implications for VA. In recent years, we've begun to address the challenges of new demographics, new requirements, and new expectations. And, thanks to many of you here today, we've done some good work:

- Developed comprehensive women's primary care programs at our healthcare facilities across the Nation.
- Staffed our medical centers with women Veterans program managers, and our regional offices with designated women Veterans coordinators.
- Accelerated VA's women's health research agenda in biomedical, clinical sciences, rehabilitation, and health services—all leading toward an increasingly robust and growing research portfolio.
- Improved our communications and outreach. Most recently, we've launched a Women Veterans Call-In Center to directly solicit input into ways we can improve our services.
- We've assigned a public affairs specialist to the Center for Women's Veterans to increase media attention on our initiatives.
- To go along with that, we've enhanced our marketing presence in print and social media and public service announcements. It's all part of a critical, strategic communications effort—we can't maximize our care and services in a vacuum.

VA has made many positive changes in the way we serve women Veterans. Other changes are in the pipeline, such as our pilot program to provide childcare services. So today, I'm announcing the roll out, this summer, of three new, VA drop-in childcare service pilots for women Veterans with VA appointments—a much-needed, patient-centric initiative. They'll be located in Northport, New York, on Long Island, on the American Lake Campus in Tacoma, Washington, and in Buffalo, New York. We will capture lessons quickly and expand these critical services.

I sense that we, in VA, think we've done a lot. At the end of the day, it has not been enough. I want women Veterans and women serving in uniform—active, Guard, Reserve—to see and know that VA is committed to fulfilling the needs of women Veterans. And this is where you come in. Many of you are on the frontlines of VA care. Others are users of VA services. Some of you are state, local, and private service providers, and still others represent VSOs and other stakeholder organizations. Individually and collectively, we want to know from you what's working and what's not; what needs to be done and how to do it better. In short, we want the benefit of your experience and expertise as women, as women Veterans, and as women Veterans' advocates.

Today, I am also announcing the creation of a VA Task Force on Women Veterans, to be chaired by my chief of staff, who will report directly to me. Its near-term mission is to develop—in coordination with VA's Advisory Committee on Women Veterans, and in conjunction with DoD—a comprehensive VA action plan that will focus on key issues facing women Veterans and the specific actions needed to resolve them, to include Ob/Gyn, childcare, MST, homelessness, aging, end-of-life issues, among others.

The draft of an overarching action plan will be due to me on 1 January 2012, and it will set our course for the next four years in everything we do, from planning, to programming, to budgeting, to education and training. We will post it for public review and comment before we finalize it. It will update and inform our action plans throughout our Healthcare, Benefits, and Cemetery Administrations as well as the Women's Advisory Report to

Congress, due next July. The Task Force will take an intensive, high-profile approach to consolidating and leveraging the significant resources of VA's various women's advisory organizations and important conferences like this one.

By your participation in this 2011 Summit—and by your specific insights, feedback, and recommendations—you will influence the direction of VA's women's services well into the 21st century. As our partners, your advice and counsel will provide a campaign plan for VA to follow over the coming years.

I'd ask you to consider the following: If you had an opportunity to speak with me today, what would you tell me are the two most important things that VA does for women Veterans, and what's the one thing I must fix right now? I can't do everything, so help me gain these insights; with your help, we will transform the future for women Veterans in America.

In closing, I want to revisit a memorable experience from last weekend. One which we all either watched or have heard about; one of the great, maybe the greatest, athletic event I have watched in my lifetime—the U.S. Women's Quarter Final World Cup Soccer Game against Brazil.

For me, it wasn't a great game because of the superior athleticism and abilities of the competitors that was most evident. It is the World Cup, after all, so you expect to see great athletes at the top of their game. And it wasn't a great game just because our team won, besting the Brazilians in a tie-breaking shootout after 122 minutes—over two hours of intense regulation and overtime play. And it wasn't the fact that the winning goal in the shoot-out was made by Ali Krieger, a local woman who grew up in Dumfries, Virginia. What made it great was the display of guts, discipline, determination, and a laser-like focus on winning provided by the U.S. Team.

While few games are perfectly fair, the last hour of this particular contest seemed to be an object lesson in just how unfair a game can be—poor calls; unjust penalties resulting in the ejection of a player; a miraculous save by our goalie disallowed; 10 women playing against 11 for 55 minutes after a U.S. player was ejected from the game.

But rather than allowing themselves to be victimized by unfairness, or falling victim to self-pity—as many in the crowd watching the game did—the American women just played harder, demonstrating iron will and fierce determination, both as individuals and as a team, in the face of incredible adversity.

And so, despite playing "under-womaned" with 10 players, Team USA kept defending, running, crossing, shooting, and running some more. I tell you, when the game was done, it was hard not to feel like everything bad in sports had been defeated by everything good, and that justice won out over injustice.

What I know—and what all of you know—is that women in uniform and women Veterans, since the founding of our great country, have shown that same level of determination and daring, again and again, in circumstances much more serious than any World Cup soccer game. You have not dwelt on the unfairness of treatment, the injustice of an unequal system, the inequalities of care and services. Instead, you have focused, laser-like, on performing your missions—and winning.

That's why I appeal to you, today, to do everything in your power by actively and constructively participating in this Summit, and giving us your best shot at helping VA get better in our mission of caring for women Veterans.

May God bless those who serve, and have served in uniform. And may God continue to bless this wonderful country of ours.

Thank you.