

# Chapter Twenty-Six

## Women Servicemembers and Veterans

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### Introduction

Women now account for a larger percentage than ever before of the military and the veteran population. The VA estimates that by 2020, women will make up 20% of active-duty troops and 10% of all veterans. Since World War II, when women were first acknowledged as a formal part of the uniformed services, women's roles in the military have grown and diversified. Although women are still restricted from taking positions that serve primarily ground combat missions or that serve adjacent to ground combat units, the changing nature of war has effectively exposed many more servicewomen to combat. The military seems to be learning from the operations in Iraq and Afghanistan (OIF/OEF) that there is no clear "front line" and that servicemembers in all occupations in theater can be exposed to danger at any time.

Because of the growing women's population and the advocacy of women from other eras, women of the Gulf War and current deployments may find systems improved to meet their needs. Greater female representation in the military and veteran ranks means that women's needs will likely get more attention and women can have a greater voice. Conditions for women in the military will continue to improve only if women keep fighting for what they need.

Women in the military face continuing problems of sexual harassment, sexual assault and rape. Gender stereotypes have caused problems for women in many areas, including promotions, voluntary and involuntary discharges, medical care and veterans benefits. Women veterans seeking veterans benefits have had to confront a bureaucracy designed to serve the needs of a mostly male population. This chapter addresses these concerns and women's rights under military law and regulations ("regs"), to help servicewomen and veterans combat gender-based harassment, discrimination and misconduct, and to help women obtain the benefits they have earned.

## **Women in the Military**

The Defense Advisory Committee on Women in the Services (DACOWITS) was created in 1951 for the purpose of recommending strategies for recruitment, retention and advancement of women in the Armed Services. Its latest full report (found at [www.dtic.mil](http://www.dtic.mil)) identified significant challenges for women in the military. Foremost, in this time of war, was the unpredictability and duration of deployments. Sexual assault, sexual harassment, and sexual discrimination and receipt of high-quality benefits they deserve clearly also remain a problem for many women.

### ***Sexual Harassment in the Military***

Sexual harassment continues to be one of the most serious problems facing women in the military. Despite an official policy of 'zero tolerance,' harassment is often ignored and sometimes condoned in military culture. The Department of Defense (DoD) considers sexual harassment a form of sexual discrimination, prohibited under its Equal Opportunity (EO) policy, which is set out in DOD Directive 1350.2. The Directive defines harassment as:

“[a] form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

“Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career, or

“Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or

“Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creates an intimidating, hostile, or offensive working environment.”

Each branch of the service has regulations to implement the Directive; each is required to follow DoD policy. In theory, all EO officers assist in implementing the policy, and information about making complaints and local, service-wide or DoD hotline numbers should be posted at every command. Unfortunately, the policies are not always followed; sexual harassment complaints are sometimes shunted aside, hidden under bureaucratic paperwork, or just ignored; women making complaints run the risk of official and unofficial reprisals.

#### **USEFUL REGULATIONS ON SEXUAL HARASSMENT:**

- Department of Defense: DoD Directive 1350.2, “Department of Defense Military Equal Opportunity (MEO) Program”
- Army: AR 600-20, “Army Command Policy,” Chapter 7, “Prevention of Sexual Harassment,” and Appendix D, “EO/Sexual Harassment Complaint Processing System”
- Navy: SECNAVINST 5300.26C, “Policy on Sexual Harassment”
- SECNAVINST 5354.1, “Policy on Military Equal Opportunity Complaint Processing”
- Marine Corps: MCO 1000.9, “Sexual Harassment”
- MCO P5354.1D “Marine Corps Equal Opportunity (EO) Manual”

Veterans For America (VFA) encourages servicewomen to obtain help from a civilian attorney or legal advocate, or one of the organizations listed in one or more of the appendices of this book, before making a complaint. Help and information can be also be found through the Miles Foundation, which specializes in sexual harassment and assault cases, at <http://hometown.aol.com/milesfdn> or (203) 270-7861. A detailed discussion of harassment and complaint procedures can be found on the Military Law Task Force Web site, [www.nlgmltf.org](http://www.nlgmltf.org). It is useful to have an independent attorney’s or advocate’s help from the beginning of the case in documenting the harassment, deciding which complaint procedure(s) to use, preparing a complaint, monitoring the investigation and taking further action if necessary.

DoD 1350.2 says that “the chain of command is the primary and preferred channel for identifying and correcting discriminatory practices,” including sexual harassment. If you have been harassed, EO policy suggests that you to first talk to the harasser to resolve the problem, though this is not required. When this fails, the policy emphasizes requests for help through the chain of command, starting at the lowest level. This may work if the command turns out to be sympathetic, but may not be worth the effort when the harasser is in (or *is*) the chain of command.

### *Sexual Harassment Complaint Procedures*

Formal sexual harassment complaints are taken more seriously; done in writing, they require a written response and create a better record if an appeal or other complaint is necessary. The Army uses DA Form 7279 for complaints; the Navy uses NAVPERS 5354/2; the Marine Corps has no form; the Air Force uses a Formal Complaint Summary, AF IMT 1587.

The complaint should describe the sexual harassment in detail, with names of those involved and witnesses, and should include the result you want—anything from a public apology to a transfer. It is useful to write out a detailed complaint in advance, instead of sitting down with an EO officer to write out a complaint on the spot. (And there’s no need to limit your comments to the spaces on the form.) This reduces the chance that the person receiving the complaint will put his or her own spin on the case, or tell you what you can and cannot say.

Complaint procedures vary from service to service; it is important to look at the regs for specific procedures and time limits. Complaints should be made within a specific time after the incident (usually 60 days) unless circumstances prevent that. In the Air Force, complaints are made through the local OE officer. In the Army, formal complaints may be made to the Commanding Officer (CO), the Inspector General (IG), chaplain, provost martial, Staff Judge Advocate or others. The Marine Corps has no separate harassment complaint procedure, so complainants choose among traditional grievance procedures such as request mast, IG complaints or complaints under Article 138 (see below). You can also report harassment and make the initial complaint directly to the DoD Inspector General hotline, (800) 424-9098 (or [hotline@dodig.mil](mailto:hotline@dodig.mil)), or to your service’s IG or sexual harassment hotline.

No matter where a complaint is made, it is usually referred to the command for investigation and resolution—your immediate CO, unless he or she is named in the complaint. The CO should assign an independent officer to in-

investigate the complaint, unless the IG or other agency which received the complaint has assigned its own investigator. In the Air Force, the local EO officer conducts the investigation. Each service sets time limits for investigation and response, and you should receive periodic updates if the investigation is lengthy.

In theory the investigator should speak with every witness you mention and consider each issue you raise. Investigators may question other witnesses, look into your own truthfulness or conduct, and add their own take to the incident. To avoid tampering by the investigator or command, it helps to obtain written witness statements and gather other evidence in advance.

The investigator makes a written report, with findings of fact about the incident and recommendations for corrective action. This goes to the CO, who decides whether the complaint is “substantiated” (except in the Air Force, where the EO officer makes this decision). The CO decides what action to take, if any, and is not bound by the investigator’s recommendations. You are entitled to a redacted (sanitized) copy of the investigator’s findings and recommendations, but not necessarily the underlying investigative report or witness statements. The services vary on what you will be told about the CO’s corrective action.

If you are not satisfied, you have the right to appeal. In most services, that means taking the complaint to the CO exercising general court-martial convening authority (GCMCA) over the CO handling the complaint. The Air Force keeps the appeal in the EO system, and the Army says the highest appeal is to the GCMCA. But the DoD Directive, which is controlling, states that you may make a final appeal to the office of the Secretary of your service.

### *Other Complaint Procedures*

Sexual harassment complaint procedures have limited success, particularly if the command is biased. For this reason, you may want to use other traditional grievance procedures instead of or in addition to the EO procedures, to give you more control over the case and its outcome.

One such option is a personal meeting with the CO to discuss the harassment; the Navy and Marine Corps call this a “request mast.” If the command has no “open door” policy, you may need to walk a written request for a meeting up the chain of command; you are not required to tell anyone other than the CO what it is about, and you can simply ignore NCOs’ or lower officers’ attempts to “deny” your request. You may also request this meeting “with counsel present,” and bring your attorney or advocate. If the CO does not

help, you can make the same request to his or her CO, and so on up the chain of command.

Your attorney or advocate, who is not bound by the chain of command, can write directly to your CO, his or her CO or military headquarters, demanding the problem be resolved or that the command be investigated for inaction. If higher military authorities find the problem embarrassing, they may simply lean on your command to resolve the problem and get your advocate out of their hair.

One very useful option is a request for redress of grievance under Article 138 of the UCMJ. (The services have parallel procedures for complaints when the harasser is in another command, for example, Navy Regulation 1150.) In a 138, you begin by asking your CO (preferably in a letter referencing Article 138) to correct a problem of harassment within the command. The letter states how you have been wronged and asks for specific relief, giving details and attaching any evidence. The CO must respond within a reasonable time, set by the regs. If you are not satisfied, you file a formal 138 complaint to the officer with special court-martial jurisdiction over your CO, submitted via your CO, complaining about your CO's failure to solve the problem.

Article 138s get serious attention because they must be reported to service headquarters and can leave a permanent mark in an officer's record. This tends to concern COs and, as with a formal EO complaint, creates a good paper trail of your effort to solve the problem through proper channels. 138 complaints sometimes end in a compromise: the complaint is denied and the officer's record remains clean, but you are given most or all of what you requested. Detailed information about Article 138 complaints can be found at [www.girightshotline.org](http://www.girightshotline.org), [www.girights.org](http://www.girights.org), and [www.nlgmltf.org](http://www.nlgmltf.org). As with EO complaints, use of an independent advocate or attorney is very helpful.

You have an absolute right to ask a member of Congress to investigate and stop the harassment. This can be very effective *if* the Congressional office involved is willing to skip the normal inquiry methods and directly ask your command or military headquarters to take the specific action you request. Routine Congressional inquiries go only to the military's Congressional liaison officer and usually just ask for an explanation, not specific action about the problem; they often receive a boilerplate reply from the liaison officer saying that your rights have been respected and all is well. While this is sometimes helpful, a direct request for action has much more impact.

In some cases, you may choose to speak to the media, directly or through your advocate, using your name or speaking anonymously. "Going public"

places greater pressure on the command to resolve the problem, but often results in retaliation. Legal assistance is extremely important here.

Harassment cases can be taken to federal court, where you may ask for the same corrective action you requested in the original complaint, but not for money damages for pain and suffering caused by the harassment. Courts seldom step in unless a servicemember has tried all available administrative remedies such as an EO complaint, and judges often defer to military discretion about personnel matters. But a court can order the military to enforce its own regulations or order it to do more than the regulations require.

### *Retaliation*

Women often decide not to report harassment out of fear of retaliation. This is a real concern—women who file harassment complaints, or even mention the idea, may face “adverse personnel action” such as denial of promotion, disciplinary action, or reassignment (allegedly unrelated to the complaint). Unofficial harassment—bullying, threats, or even hazing—can also be a problem. Occasionally commands respond with unwanted mental health evaluations. A hostile CO may use psychological problems (or invent them by giving doctors misinformation) to discredit your complaint, affect your career, or process you for involuntary discharge.

Reprisals for making or threatening to make a complaint about sexual harassment violate the EO regs and Article 92 of the UCMJ (failure to obey a lawful regulation). All of the complaint procedures mentioned above can be used to protest reprisals and ask that any “adverse personnel action” be withdrawn. In addition, you can complain to the IG under the provisions of the Military Whistleblower Protection Act, discussed in DoD 7050.6. This policy makes it illegal for anyone to retaliate if you complain to a Member of Congress, the IG, or others who should receive reports about violation of regulations (like sexual harassment or retaliation for reporting harassment). The IG must investigate not only the retaliation, but also the original harassment complaint. Here, too, documentation and outside assistance are extremely helpful. If the retaliation has affected your career or record, the Whistleblower policy allows an expedited petition to the Board for Correction of Military/Naval Records. (See chapter 16.)

Because retaliation by psychiatrists has become a significant problem, DoD now has special provisions to protect servicemembers subjected to involuntary psychiatric evaluation or treatment. Under DoD Instruction 6490.4 and related service regulations, a CO must give advance written notice of the eval-

uation and a written statement of the behavior that allegedly warrants evaluation. If you're ordered to see a mental health worker, the CO must inform you of the right to consult a JAG or other attorney and to complain to the IG if the evaluation seems inappropriate or retaliatory. You are also entitled to a second opinion from a military or civilian professional. As under the whistleblower policy, the IG must investigate the original complaint as well as an evaluation you consider to be retaliatory.

Harassment complaints, and complaints about retaliation, are not simple. Commands often ignore complaints or "solve" them with band-aid measures, and the danger of retaliation is real. Complaints require good documentation and a lot of determination. But with advocacy and support from Veterans for America (VFA) or other groups concerned with servicemembers' rights, listed in the Resources appendix of this book, they can have a real impact.

### ***Sexual Assault and Rape In The Military***

The current DoD Sexual Assault Prevention and Response policy, in place since 2006, represents the most recent attempt to "solve" the very serious problem of sexual assault in the military. Under Department of Defense Directive 6495.01, sexual assault is defined as:

*...intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent. It includes rape, nonconsensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling), or attempts to commit these acts. Sexual assault can occur without regard to gender or spousal relationship or age of victim. 'Consent' shall not be deemed or construed to mean the failure of the victim to offer physical resistance. Consent is not given when a person uses force, threat of force, coercion, or when the victim is asleep, incapacitated, or unconscious.*

Department of Defense (DoD) policy requires all commands to take action to prevent sexual assaults, prosecute offenders and treat victims with dignity and respect for their privacy. Unfortunately, assaults remain commonplace, and many commands downplay or ignore them. Some use creative methods to claim that assaults weren't assaults, and some harass or punish those who report assaults.

Sexual assault is punishable under the Uniform Code of Military Justice. Article 120 covers rape, aggravated sexual assault and similar offenses; sodomy (oral and anal sex) is punishable under Article 125; and some related offenses are charged under Article 134, the general article. DoD policy emphasizes court-martial of assaulters, but commanding officers (COs) have almost total discretion in deciding whether or how to punish them. The policy has limits, and local commands are not consistent in enforcing it. Veterans for America (VFA) urges women who have been assaulted to report the assault and get legal assistance and personal support as soon as possible. Help is available from rape crisis centers, organizations listed in the Resources section at the end of this book, and particularly the Miles Foundation, which provides legal and other support in these cases. (Miles can be reached at [hometown.aol.com/milesfndn](http://hometown.aol.com/milesfndn), and (203) 270-7861.) VFA has compiled a database of rape crisis centers at [www.veteransforamerica.org](http://www.veteransforamerica.org). A detailed discussion of sexual assault reporting and complaint procedures can be found at [www.nlgmltf.org](http://www.nlgmltf.org). These resources can help you use the military's assault reporting system and other military services effectively.

It is useful for all readers, women and men, to become familiar with the policy and their rights, whether or not there is an immediate need. If you know the policy, the correct military procedures and some sources of help, you protect not only yourself but other servicemembers.

DoD Directive 6495.01 and DoD Instruction 6495.02 are the highest military authority on sexual assault policy. They can be found on a dedicated DoD Web site, [www.sapr.mil](http://www.sapr.mil). (Regs can be found under "policy" on the home page.) Each military service has its own regulations, which must comply with DoD. No branch of service or command can deny a right available in the DoD regulations.

### ***Useful Regulations on Sexual Assault:***

- Department of Defense: DoD Directive 6495.01, "Sexual Assault Prevention and Response (SAPR) Program"
- DoD Instruction 6495.02, "Sexual Assault Prevention and Response Program Procedures"
- Army: AR 600-20, "Army Command Policy," Chapter 8, "Sexual Assault Prevention and Response Program"
- Navy: SECNAVINST 1752.4A, "Sexual Assault Prevention and Response"

- Marine Corps: MCO 1752.5A “Sexual Assault Prevention and Prevention Program”
- Air Force: An Air Force Instruction is pending; the AF uses the DoD Instruction and Directive in the interim.

The regs are not always clear or easy to read, and the “commander’s checklist” and sample forms in the regs may be the best starting point in understanding the policy. Service regs and information on the policy can be found on a number of military Web sites:

Army: [www.sexualassault.army.mil](http://www.sexualassault.army.mil)

Navy: [www.persnet.navy.mil/pers66/savi/html/savi.html](http://www.persnet.navy.mil/pers66/savi/html/savi.html)

Marine Corps: [www.usmc-mccs.org/sapro](http://www.usmc-mccs.org/sapro)

Air Force: USAF uses the DoD Web site, [www.sapr.mil](http://www.sapr.mil)

Although these Web sites are helpful, they reflect a military point of view and may make the procedures sound easier and more effective than they are.

In theory, each base, ship and major command must assign a Sexual Assault Response Coordinator (SARC) and Victims Advocates to respond to sexual assault complaints. In 2005, the military reported it had trained a thousand SARCs and Advocates and had an office available at each major installation. A SARC or Advocate is supposed to be on call 24/7, even in deployed areas, so that response to sexual assaults should be immediate. Local contact information and service sexual assault hotline numbers should be posted publicly at all commands.

The current policy is designed to encourage reporting of assaults, by allowing confidential (restricted) as well as non-confidential (unrestricted) reports; only unrestricted reports permit investigation of the assault and prosecution of the offender. If you report a sexual assault, a SARC or Advocate should respond at once, to help you get immediate medical care if needed, ensure on-going access to medical and psychological care and provide information about the policy, reporting and your rights. In addition, an Advocate should offer to accompany you to all medical appointments and to interviews or legal proceedings if you have made an unrestricted report and there is an investigation. He or she should assist in maintaining as much privacy for you as possible whether the report is restricted or unrestricted.

While the SARC or Advocate should offer this information and help, you are not required to accept it. You have no obligation to speak with him or her, and he or she should leave if you ask. While these personnel can be helpful, it

is important to remember that most Advocates have limited training and are performing collateral (additional) duties. They are not advocates in the legal sense and do not argue on your behalf about your rights, but they should provide information to help you make decisions about the case and be your own advocate. If the case goes to court-martial or other legal proceedings, a SARC or Advocate can be ordered to testify about statements you have made to him or her.

### *Restricted Reporting*

You have the right to make a restricted (confidential) report by reporting the assault directly to a SARC, Advocate or medical personnel. Some services have added to this list—the Marine Corps uses Uniformed Victims Advocates in addition to the Victims Advocates available through its family services programs. Chaplains may be able to receive restricted reports, though the DoD regulations are unclear. A restricted report provides the greatest privacy, as only these individuals should know that you have been assaulted. While the CO will be told that an assault has occurred, he or she should not be given your name or that of the assaulter. But this means the person will not be investigated or prosecuted, unless independent evidence exists.

Your report won't be restricted if you tell the “wrong” person about the assault. A report to military law enforcement personnel or other command personnel will normally be reported in full to the CO. Civilian law enforcement often forward their reports to your command or base/ship security, and confidentiality is lost. If the command receives information about the assault from an independent source (for example, a friend of the assaulter), it may investigate the case on the basis of that information.

With restricted reporting, you still have full medical and psychological care. You can request (or refuse) a “sexual assault forensic exam” or rape kit to document the assault. Information and evidence you give will be kept for a year, identified by a number rather than your name. You are not required to talk to investigators or other law enforcement personnel, or to anyone from the command. Since a report can be changed from restricted to unrestricted at any time within a year, some women choose to start with a restricted report and then take time to consider their options. However, an unrestricted report cannot be changed to restricted. SARCs and Advocates are supposed to encourage unrestricted reporting, but in theory will not pressure you about this.

If you make a restricted report, the SARC, Advocate or medical personnel will ask you to sign a “Victim Reporting Preference Statement” (DD Form 2190). The form explains your rights and the limits of restricted reporting, describing some of the circumstances in which you may lose confidentiality. For example, if medical personnel think that you pose a danger to yourself or others, or that your performance of duties may be affected, they are allowed to inform the CO.

### *Unrestricted Reporting*

An unrestricted report may be made to any personnel. If you report the assault to law enforcement or command personnel, they should notify the SARC as well as the command, and the SARC or Advocate should respond immediately with the same assistance as in a restricted report.

This form of reporting allows you to request a no-contact order or other protection from the assaulter. The SARC or Advocate should explain the process for requesting a military protective order and the possibility of moving or transferring you or the assaulter for your safety, and should assist you in making the request. But these decisions rest with the CO, who is not required to confine the assaulter or take any other action. If the CO fails to protect you, you can make a separate report and complaint about this. Civilian legal help is often useful in persuading the command to provide necessary protection.

Although you have less confidentiality than with a restricted report, the policy still requires that your privacy be respected. The CO and other personnel involved are supposed to ensure that information about the assault is limited to those with a need to know. Unnecessary and repetitious questioning is not allowed, and the regs say that gossip and rumors should be dealt with firmly.

The CO and law enforcement personnel must investigate assault reports; you are not required to cooperate in this process, but should expect some pressure to do so. Reporting a sexual assault and cooperating in legal proceedings can be a painful experience, even if the military follows all of the rules. Sexual assault response training materials advise law enforcement, commands, and legal personnel to be sensitive about the trauma caused by an assault and avoid “re-victimization” with unnecessary, repetitious or humiliating questions. You should not be questioned about unrelated sexual behavior or your personal sexual preferences or orientation. If any of this occurs, you can halt the interview and speak with an attorney or advocate before deciding whether to

continue. Military investigators or police who violate these provisions of the regs can be subject to disciplinary action.

Security and law enforcement personnel do not decide whether or how to prosecute the offender. This is left to COs, usually those with authority to convene special or general courts-martial. If the offender is court-martialed or processed for misconduct discharge, you may be asked to be a witness. An Advocate or another support person of your choice can accompany you to meetings and legal proceedings. Civilian rape crisis centers often have trained volunteers who can support and advocate for you during investigations and prosecutions. While attorneys for the accused have some leeway in trying to disprove your report, under military law they may not raise unrelated personal issues or badger or humiliate you in interviews or in court.

Throughout the investigation and legal proceedings, you are entitled to monthly updates from the SARC about the status of the case. If you feel the case is being ignored or handled improperly, you can complain higher in the chain of command. Some of the complaint procedures described in A.2, above, can also be used to encourage prompt action.

### *Protecting Yourself*

Retaliation and harassment, specifically prohibited by the sexual assault policy, are nonetheless common. While some reprisals may be minor, others can hurt chances for advancement or lead to involuntary discharge, and some women have been verbally abused or hazed for filing reports. The problems and complaint procedures parallel those discussed in subsection A.3, above, about harassment.

Sometimes an assault report or investigation reveals that you violated regs, as by illegal drinking at the time of the assault. Under current policy, COs have discretion to postpone legal action against you for such “collateral” misconduct until the assault case is concluded, and are encouraged to consider this. The regs do not suggest such legal action be dropped permanently. Hostile commands sometimes exaggerate or invent collateral misconduct, and assaulters have been known to claim that women who report assaults are lesbians who rejected friendly flirting.

The sexual assault regs have explicit provisions for complaints about harassment and reprisals. These complaints can be made through the SARC, the CO, their superiors or the IG. Retaliation for complaints or reports also violates the Military Whistleblower Protection Act, and warrant Whistleblower complaints to the IG, as discussed in subsection A.3, above.

One of the best ways to protect your safety and your rights is to learn about the sexual assault policy when you don't need it. You can jot down military Web sites and the hotline numbers for your service, find out who the local SARC and Advocate are and locate civilian legal groups and the nearest rape crisis center. If your command is not publicizing the policy and training members in sexual assault prevention, or hasn't set up a real SARC and Advocate system, you can request that they do so, make a formal complaint, or ask a civilian legal rights group to complain about the problem. If the command permits inappropriate language, sexually degrading comments about and pornographic pictures of women, or any sort of sexual harassment, indicating that sexual abuse may be tolerated,, you can use the complaint procedures discussed in subsection A.2, above. This pro-active approach will help you later if you need it, and will also help other victims of assault.

### ***Women's Health Care in the Military***

Women in the service use military treatment facilities for their health care needs. There are several regional "flagships" for health care, but most military treatment facilities are primarily equipped to address general medical and surgical needs. Specialized care (beyond "babies and bones") is generally available by referral to community providers or from flagships. It is important to receive a "Non-Availability" Statement (NAS) anytime you need inpatient care that is unavailable from the military facility or TRICARE may not pay its share. For military retirees or dependents, TRICARE or TRICARE for Life are intermediaries that reimburse care generally contracted from community providers. The TRICARE Web site details eligibility and coverage for services ([www.tricare.mil](http://www.tricare.mil)); also see Chapter 9 of this Guide.

Essentially, there are three options for beneficiaries—TRICARE Standard, TRICARE Extra and TRICARE Prime. TRICARE for Life is a plan that is available only to people who are eligible for both Medicare and TRICARE. It works as a "wraparound" for Medicare's part A and B, covering out-of-pocket expenses that Medicare does not cover, including a prescription drug benefit. For all of the TRICARE packages there are also additional coverage options for prescription drugs, mental health and dental care. Generally, out-of-pocket costs are highest for Standard coverage and lowest for Prime, but Standard gives you the most flexibility in picking providers. With Standard you can gen-

erally choose any civilian provider (within or outside of the TRICARE network) and TRICARE will reimburse its share.

For more information about TRICARE options, another Web site, [www.military.com](http://www.military.com), offers a detailed explanation of TRICARE packages and benefits, including how to file claims and copayment requirements under each plan and guidance for how to choose the best plan. It also spells out maternity benefit options.

In a DoD study of women in service, women dependents of non-active-duty servicemembers expressed a far greater tendency than active-duty servicewomen to have a personal doctor; to receive needed health care services; and to get care quickly. Consequently, active-duty servicemembers gave lower overall satisfaction ratings to the DoD health care they received than did civilians. If you are active-duty you must use the military network (TRICARE Prime), but you can choose a point-of-service option. The Point-of-Service coverage option allows active-duty servicemembers to receive care outside of the network (much like TRICARE Standard), but it is subject to significant out-of-pocket payments. However, if flexibility in choosing providers is a priority for you or your family and, if you, like many other servicewomen, are dissatisfied with military health care, TRICARE Prime's Point-of-Service coverage may be worth the additional expense.

Regional TRICARE Service Centers, staffed by TRICARE intermediaries (the organizations that arrange networks and administer claims) handle any questions or concerns about coverage, claims or eligibility. Most TRICARE Service Centers are located in military treatment facilities, but some are elsewhere. There are three regions—north, (877) TRICARE), south, (800) 444-5445, and west, (888) TRIWEST). Complaints about care in military facilities are subject to the review of the service branch or Department's IG.

### ***Deployment Concerns***

Clearly, the threat of deployment in wartime overshadows almost any other concern among servicemembers and their families. Congress has responded to concerns raised by DACOWITS and mental health task forces regarding stabilizing and supporting military families during deployments. Many sections of the recently enacted National Defense Authorization Act of 2008 attempt to ease life for family members with deployed loved ones. In particular, with regard to single parent families, Congress stated:

(1) single parents who are members of the Armed Forces with minor dependents, and dual-military couples with minor dependents, should develop and maintain effective family care plans; and (2) the Secretary should establish procedures to ensure that if the single parent or both spouses of a dual-military couple are required to deploy to an area of hostile fire or imminent danger, appropriate steps are taken to ensure adequate care of the minor dependents.

Stay tuned to VFA's Web site to learn more about the policy the military puts in place.

The MilitaryOneSource web site, [www.militaryonesource.com](http://www.militaryonesource.com), and 24/7 hotline, (800) 342-9647, are resources you should be aware of if you or a loved one are deployed. There are also family service centers, some which host support groups for children on most major military bases. DACOWITS states that deployment concerns account for most women now leaving service and for families encouraging loved ones to leave. It is important to be aggressive in seeking the benefits and information that are due you and your family regarding deployment. Don't take "no" for an answer—at least not at the lowest command levels—and obtain legal assistance if you need it.

### ***Discharges Related to Family Concerns***

Because family responsibilities often fall primarily on women, it may be important for you to know about discharges related to pregnancy, parenthood and family hardship or dependency. Some commands are completely unsympathetic to family needs, and some ignore their duty to help members take care of those needs. If you need to get out of the service to attend to family problems, it will pay to look at all of the reasons for discharge, even those unrelated to families. Pregnancy, parenthood and hardship and dependency discharges may be most appropriate, but many soldiers qualify for other discharges as well.

You can find the regulations and information on discharges on several Web sites, including [www.girights.org](http://www.girights.org), [www.sdmcp.org](http://www.sdmcp.org) and [www.nlgmltf.org](http://www.nlgmltf.org) (check under discharges and "getting out.") The success of discharge requests improves if you become familiar with the regulations and have assistance from

a civilian counselor or attorney. (For more information, see chapters 15 and 18 which relate to discharge.)

### ***Women Veterans***

As women make up a bigger part of the VA's patient populations, they will find that VA medical centers, particularly in the VA's biggest "referral" centers in large cities, can now expertly meet their health care needs, including for gender-specific care. Congress continues to play an active role in crafting a bigger role for the VA in women's health care and in benefits delivery.

Each VA medical center and each VA Regional Office has a women's coordinator assigned to it. There is also a Director of the Center of Women Veterans, who reports to the Secretary of Veterans Affairs and a Women Veterans Health Program within the Veterans Health Administration. These management activities were added to better ensure that women's needs are adequately addressed.

### ***Health Care for Women Veterans***

Chapter 9 of this book is devoted to medical benefits delivery and any specific information about eligibility, copayments, and services is addressed there. In sum, however, women veterans are eligible for the same types of care and services as men in addition to most of their gender-specific health care needs. All veterans are required to apply for care with a 10-10EZ form available at your local VA medical center, through the VA's health care information line, (877) 222-8387, and online at [www.1010ez.med.va.gov/](http://www.1010ez.med.va.gov/). Gender-specific health care needs may be met differently from other health care needs (see below for the section on fee-basis care).

### ***Gender-Specific Health Care***

More than a decade ago, Congress authorized gender-specific health care services for women, and has since also approved military sexual trauma counseling and treatment in addition to maternity and some infertility care.

### ***Gender-Specific Services***

#### **Offered by or Through the VA**

Breast exams

Mammographies

- Hormone replacement therapy
- Pap smears and treatment for abnormal Pap smears
- Prescriptions for oral or implantable contraceptives
- Diaphragms
- Sterilization, in some cases
- Cervical cancer vaccine ( ages 18-26)
- Menopause
- Osteoporosis
- Some types of infertility care (excluding in-vitro fertilization)

Abortions and abortion counseling are expressly excluded from VA's benefits package.

To the extent possible, the VA provides these services at its facilities, but if it does not have them available it will pay non-VA providers to offer them to enrolled and eligible VA patients. One important service always provided by contract—maternity care—is addressed below. For more information about eligibility for the fee-basis care see Chapter 9 and the fee-basis care section below. To find out about where to receive VA care in your community, see [www.va.gov](http://www.va.gov) and click “find a facility.” You can also call (800) 827-1000.

Fifty VA medical centers now have women's health centers which offer care devoted to women's needs, often in settings that are a bit more private than primary care clinics. Other medical centers have primary care teams that are devoted to women, but others randomly assign women veterans to physicians as they would men. Every VA medical center has a women veterans' program manager and every community-based outpatient clinic has a women's liaison. These individuals often have collateral duties, so if you don't reach them at first, keep trying. They offer an important link to your services. Call your local VA medical center and ask for the women veterans' program manager.

If your requests for medically necessary care are not handled appropriately, you should first try the facility's patient advocate. The Board of Veterans' Appeals handles any denial of claims for VA medical care. Again, finding legal assistance or help from a veterans service organization may be useful in seeking your earned benefits.

### *Fee-Basis Care*

The VA's fee-basis health care program offers services through outside providers, to be used when the veteran lives too far from a VA facility that offers

medically necessary care, or when the VA is unable to furnish the type of care or services required. Eligibility for fee-based care is generally limited to those who live too far from available services, those obtaining service-connected care and care in medical emergencies. If you have questions about your eligibility, contact the health benefits call center at (877) 222-VETS from 8 a.m. to 8 p.m. Eastern Time or the fee-basis care office at your local VA medical center.

VA Form 10-7078 authorizes payment for use of non-VA facilities. In addition to by use of the numbers above, it can be found online at [www.va.gov/vaforms/medical/pdf/vha-10-7078-fill.pdf](http://www.va.gov/vaforms/medical/pdf/vha-10-7078-fill.pdf). Authorization for invoices allows you to obtain outpatient medical services from the licensed physician of your choice for the approved conditions and services listed on the form. Be aware that there are limits placed on the number of visits and the length of treatment. Except in emergencies, the VA will authorize payments only prior to treatment.

### *Maternity Care*

As younger veterans of Iraq and Afghanistan return, Congress and the VA must also reconsider VA's policy on maternity care. Women veterans in their childbearing years with choices in health care coverage may not choose a provider that does not provide obstetrical care (the VA generally pays for such care from affiliated medical schools or local community providers) and does not pay for newborn care beyond the first two weeks. If a mom is considered "high-risk," this limitation on newborn care results in VA women veterans program managers scrambling to seek different funding options, such as Medicaid, for coverage of the infant who may need more than two weeks of care if they are born prematurely, are low-birth weight, or have other complications associated with high-risk pregnancies.

### *Women of Operations Iraqi and Enduring Freedom*

Veterans of Iraq and Afghanistan are likely to shape VA services in the years to come.

Ongoing conflicts in Iraq and Afghanistan have exposed more women, previously in jobs behind the frontline, to combat. Although women are still restricted from positions in direct combat, their presence anywhere in theater potentially exposes them to the same risks as men. While the VA restructures its programs that serve special rehabilitative needs to meet the acute needs of younger veterans with new injuries, women must fight to remind its leaders to also keep their needs in mind.

Women in theater are also exposed to virtually all of the same stressors as men. Besides the constant threat of danger, a toll has clearly been taken by tours of indefinite duration, worries about life back home, buddies who are killed or wounded, and exposure to death and maiming. Estimates vary about the rates at which veterans of Iraq are experiencing Post-Traumatic Stress Disorder (PTSD), but they are generally thought to be high (15-20%). Some studies indicate that women and people of color may be more likely to have PTSD after exposure to wartime violence than non-minority men. According to the VA, more than a third of incoming veterans of current operations are demonstrating a need for some type of post-deployment mental health care, including PTSD, substance abuse, depression and anxiety. The VA is bolstering its services for PTSD by adding sites and employees to vet centers, but there may still be problems with access to care. If you are seeking such services, contact your local Vet Center or VA facility.

### *Differences Between Male and Female Veterans*

While some research indicates that racial and gender inequities in health care are improving, there are still studies that show that women and minorities' care is sometimes worse than care for the same conditions in men. This is particularly true for minority women, who are treated far less aggressively than men with similar conditions. The VA has documented more consistent health care delivery for veterans regardless of race or gender than most health care providers offer, but there are still issues to address. For example, more minorities should be included in clinical trials for new pharmaceutical treatment and therapies. VA providers also demonstrate a preference to treat cardiac diagnoses for Caucasian veterans invasively while using less aggressive, and possibly less effective, techniques for some minority veterans.

African American and Hispanic servicemembers accounts for a higher percentage of women servicemembers than of men servicemembers. Ethnicity and culture affect women's tendencies to develop some conditions and their treatment needs. Being in a minority may also affect the way providers treat women veterans of color—this can be good and bad. Providers need to know if people in a minority are more likely to have certain health risks, but unless there are problems associated with minority status (this is the case in some treatments being studied for Hepatitis C, for example) they also need to offer the same care for the same sorts of conditions. Unfortunately, there is evidence that some providers don't.

If you believe you are not being treated fairly because of being a woman or because of being part of a minority group you should first contact the patient advocate at the facility. If the response is not helpful, the VA's Inspector General also has a hotline to report problems: (800) 488-8244, open Monday-Friday from 8:30 AM to 4:00 PM Eastern Time.

### *Women as VA Research Participants*

The VA recently launched an initiative to include more women in research studies. Because the VA is a major teaching and research site, this initiative targeting women veterans is important. Being involved in clinical trials, for example, means women veterans may be able to get cutting-edge therapy and pharmaceuticals to which they would otherwise lack access. The VA's Office of Research and Development lists studies underway, including those that are seeking women to participate in research. For more information about research trials involving women please see [www.va.gov/ord](http://www.va.gov/ord). If you elect to participate, you have the right to be informed about the advantages and risks of participating in the trial in language you understand. If you want to participate, don't be afraid to ask questions and if you don't want to participate, feel free to refuse.

Targeting women, including women of color, will also allow the VA to better identify unique health issues for these groups. For example, there is some thought that minority women may be more prone to PTSD. In the OIF/OEF population, women veterans are also seeking VA mental health care at greater rates than men. These issues will continue to be studied and women veterans should stay tuned to Veterans for America's Web site for updates.

### *Mental Health for Women Veterans*

The VA has many mental health programs which address issues from serious chronic mental illness and homelessness to substance abuse and readjustment from deployment. Under the recently passed National Defense Authorization for 2008, the VA and the Department of Defense are required to report on the programs available to serve female veterans and service members with mental health care needs, report whether programs are adequate and to develop a policy to address their needs. Veterans for America's Web site will detail further developments.

Women are served by all of the VA's mental health programs. As a smaller population within the largely male patient population, however, women might have specific concerns—particularly if they are seeking care for situations that have involved abusive men.

Many VA counseling services—including substance use disorders treatment and readjustment counseling—involve group meetings. If there are small numbers of women seeking care at a facility or for a specific problem, then you may feel isolated or that the group is not speaking to your concerns—particularly if you have concerns about relationships with men. Some women, however, will enjoy the camaraderie of being placed in groups made up mostly of men so they can share their reactions to common experiences of deployment or service. Women who have readjustment issues from Iraq and Afghanistan might be far more at ease discussing them among the men they served with than among women civilians, for example. A skilled counselor will be able to understand your needs, and if group counseling is right for you, place you in a group that shares your issues. You may also have concerns about using male counselors or seeking treatment in places, like Vet Centers, which are predominantly used by men.

If you don't like the options for treatment in your area, talk to a women veterans program manager or patient advocate at the closest VA medical center. It may be possible for women to use fee-based care in some circumstances.

### *Counseling and Treatment for Military Sexual Trauma*

The VA provides counseling to any veteran who is suffering as a result of a sexual harassment or a personal assault or battery of a sexual nature, which occurred while on active duty or active duty for training. While every medical center is required to provide assessment and referral to military sexual trauma counseling, not every center offers such services. If you need counseling, call your local VA medical center or Vet Center and ask for the military sexual trauma coordinator or the women veterans program manager. Every VA medical center has identified a psychotherapist as its point of contact for military sexual trauma, as well as a women veterans program manager.

Sexual trauma is psychological trauma, which, in the judgment of a mental health professional, resulted from a physical assault of a sexual nature, battery (touching) of a sexual nature or sexual harassment. Sexual harassment is defined as repeated, unwanted advances, requests for sexual favors and other verbal or physical contact of a sexual nature which is threatening in character. Treatment for military sexual trauma is not limited to women veterans and is mandatory, meaning that the VA must provide treatment and counseling to any eligible veteran. Veterans may receive counseling at private outpatient facilities in some circumstances (see section above on fee-based care). You are also eligible for treatment for physical conditions resulting from the sexual trauma at

no cost. For example, if your neck was injured during a sexual assault in the military, you can receive treatment for your neck injury. You do not incur inpatient, outpatient, or medication co-payment charges associated with such counseling or treatment, even if you are not service-connected and have income above the means-test threshold.

In almost all cases, mental health professionals accept a veteran's version of traumatic events occurring on active duty. This allows them to provide treatment for any resulting mental or physical conditions free of charge, even if the incident happened long ago. If you believe you are entitled to compensation for these conditions, keep your sexual treatment and counseling files (see below for more on compensation for PTSD and conditions secondary to sexual assault below).

As part of the VA's National Center for PTSD, the VA Palo Alto Health Care System has established a Women's Mental Health Program that includes its Women's Trauma Recovery Program (WTRP)—the first and only program of its kind in the nation. The WTRP serves women of all eras and has expanded its treatment program to include war-zone related stress, as well as Military Sexual Trauma (MST) related to in-service sexual assault. To request additional information you can go to its Web page at [www.womenvetsptsd.va.gov](http://www.womenvetsptsd.va.gov) or contact the program coordinator at (650) 493-5000 ext. 27373.

### *Privacy and Other Access Concerns*

Clinics which see predominantly male veterans may not provide adequate privacy accommodations for women veterans. In addition, psychiatric, residential, and homeless programs may also have a problem accommodating women veterans. Often at existing VA mental health facilities women must share wards and bathroom facilities with men, which may create additional anxieties about privacy and safety, particularly if you are already feeling nervous or have been sexually abused. VA must ensure that its mental health programs—particularly those in inpatient settings—are able to accommodate privacy standards. If you are concerned about privacy at your facility in any setting (this may be especially likely if you've experienced sexual assault), ask a patient advocate or a women veterans program manager for assistance in addressing your concerns.

Until the VA is aware of a problem, it will not fix it. Women need to share their concerns with facility administrators and also be part of management advisory councils that are in regular contact with VA officials at the network and facility level. Many of the veterans' service organizations are integrally in-

volved in these processes, so sharing concerns with these groups that tend to have some clout with VA officials is a good way to ensure the VA will take complaints seriously.

The VA must address how to make some of these inpatient and residential services accessible to the mothers of dependent children. Veterans for America (VFA) has found that a third of the women deployed to OIF/OEF are single parents. The VA has provided some grants for homeless programs in the community that pay for the care of veterans with dependents. If a woman needs inpatient or residential services, she will need to have a place to keep her children while she gets care. Some VA facilities may be aware of local community resources that can help, but if you are in this situation you may be on your own. A good place to start may be your local Department of Social Services. To find the department(s) in your state, check in the government listings in your yellow pages, under your city, county, or state. You can also search online for “social services.”

### ***Disability Compensation***

In general, women, even those who served in eras with less exposure to combat, are compensated for service-connected injuries at greater rates than men. This may not be surprising since women, generally, are more likely than men to recognize symptoms that require health care or to seek treatment. The VA offers disability compensation for conditions “incurred or aggravated” by military service. Generally, a vet must prove an association (but not necessarily the cause) between her service and her condition.

If you are chronically ill or injured and believe that military service caused or worsened a medical condition, you should file a claim. VA Form 21-526 is the application for disability compensation. The application and very general information assisting veterans in filing is found on the VA’s website: [vabenefits.va.gov/vonapp](http://vabenefits.va.gov/vonapp). (Also see Chapter 3, on compensation.)

Women’s gender-specific health conditions may also result in different sorts of claims for compensation than your regional office is used to addressing. Breast, ovarian and cervical cancer may be service-connected if incurred during or as a result of military service, for example. Women recently won a significant legislative victory in obtaining special compensation for the removal of breasts. Another special case is seeking compensation for injuries, including

PTSD, that are the result of military sexual trauma. This is discussed in detail below.

The VA has assigned women veterans benefits coordinators in its regional offices the task of assisting women in the adjudication of their claims. These should be familiar with some gender-specific issues. Ask your regional office to connect you to the women's coordinator. If you need to find your regional office, call (800) 827-1000. In addition, many veterans' service organizations have free service programs that can assist veterans with filing claims. Congressionally chartered veterans service organizations that often have service representatives experienced in working through the VA claims processes are found at [www1.va.gov/vso](http://www1.va.gov/vso).

Women eligible for survivor benefits (payments to dependents who have lost family members due to injuries or illnesses incurred during military service) and CHAMPVA (a health insurance program for dependents) can also be assisted by women benefits coordinators.

If your claim is denied, you can appeal it. Again obtaining your benefits can require a lot of persistence. Get the help you need and keep trying.

### *Proving Service Connection for PTSD Secondary to Personal Assault*

The VA allows different standards of proof to link Post-Traumatic Stress Disorder (PTSD) as a condition secondary to military sexual trauma than are generally accepted for purposes of compensation. If you are a victim of military sexual trauma, Veterans for America (VFA) advises you to report it and to seek medical treatment. Treatment and counseling are important to your recovery and may also safeguard your likelihood of receiving compensation. If you decide to seek compensation for conditions related to military sexual trauma, you should submit any medical records associated with sexual trauma counseling or treatment.

Veterans claiming service connection for disability resulting from an in-service personal assault face unique problems documenting their claims. The VA defines personal assault or personal trauma as an event of human design that threatens or inflicts harm. It does not have to be sexual in nature. It defines sexual trauma as a physical assault of a sexual nature or battery of a sexual nature which may result in lingering physical, emotional or psychological symptoms. Veterans can be compensated for conditions, such as PTSD, associated with either form of assault.

Many victims of personal or sexual assault suffer from PTSD, which is a recurrent emotional reaction to a traumatic event, such as a sexual assault. In

many cases, victims don't realize they are suffering from the disorder. If you believe you are struggling with PTSD, check out the VA's Web site at [www.ncptsd.va.gov/ncmain](http://www.ncptsd.va.gov/ncmain), which includes information about symptoms and where to get help.

Most often personal assault in the military involves female veterans, but male veterans may also have been victims of personal assault. Because personal trauma or assault is so sensitive, the VA realizes that many incidents go unreported; thus victims may find it more difficult to produce evidence of the incident (or stressor). Even if the veteran's military records don't document a personal assault, the VA will consider other evidence to establish an in-service incident and it is required to tell you this. Developing alternative sources of evidence can be vital to obtaining compensation.

The VA amended its compensation regulations to add a new section for PTSD claims based on in-service personal assault (CFR 38, Sect. 3.304(f)(3)). The regulation states that the VA will not deny a claim for PTSD based on personal assault without first advising the veteran that evidence other than that found in the military service records can be submitted. The VA must then allow the veteran the opportunity to submit such evidence. The regulation describes some types of sources of evidence, other than medical service records, that can be used to support a PTSD claim based on a personal assault.

### **Acceptable Sources Of Documentation To Prove PTSD Secondary To Personal Assault**

- Rape crisis centers
- Civilian police reports
- Mental health counseling centers
- Hospitals
- Medical records from civilian physicians
- Statements from family members
- Statements from roommates
- Statements from fellow service members
- Personal journals or diaries
- Statements from clergy

Behavior changes following the claimed assault can be relevant evidence which is documented by the above sources. Behavior changes that may establish credibility of the stressor include, but are not limited to:

- Request for a transfer to another duty assignment
- Changes in performance and performance evaluations
- Substance abuse such as alcohol or drugs
- Increased use of over-the-counter medications
- Increased or decreased use of prescription medications
- Increased use of leave without an apparent reason
- Visits to a medical or counseling clinic or dispensary without a specific ailment or diagnosis
- Obsessive behavior such as overeating or undereating
- Treatment for physical injuries around the time of the trauma
- Unexplained episodes of depression, panic attacks or anxiety
- Pregnancy tests around the time of the incident
- Tests for HIV or sexually transmitted diseases
- Breakup of a relationship
- Unexplained economic changes
- Unexplained social behavior changes

The VA may submit any evidence that it receives to an appropriate medical or mental health professional for an opinion as to whether it indicates that a personal assault occurred. Any evidence that would tend to support that the claimed stressor occurred should be submitted. In addition to advising the claimant about these potential sources of evidence, the VA may actually assist you in obtaining evidence, including statements from witnesses or alleged perpetrators you identify.

In addition, the VA General Counsel held that an individual who suffers from Post-Traumatic Stress Disorder as a result of a sexual assault that occurred during inactive duty for training may be considered service-connected, for purposes of VA benefits.

Veterans must remember that even with credible evidence that the incident occurred, a medical diagnosis of PTSD and a link of the current symptoms to the incident must be submitted. Evidence of the incident (or in-service stressor), the diagnosis of PTSD and the establishment of a link between current symptoms and the in-service stressor is needed for an award of disability compensation. (For more information on filing compensation claims for PTSD see Chapter 3, subchapter 4, part (b).)

## ***Conclusion***

Women servicemembers and veterans must be ready to fight. Sexism in the military and the VA does still exist. Women must understand that the bureaucracies are not always suited to meet their unique needs. Knowing the appropriate reporting channels, reporting instances of injustice and abuse, and advocating for change in the systems is the next battle women servicemembers and veterans must wage and win for themselves and future generations of women servicemembers.

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**Kathleen Gilberd** is a paralegal military counselor, who assists servicemembers and veterans in voluntary and involuntary discharge cases, discharge upgrades and Board for Correction of Military/Naval Records cases, sexual harassment and racial discrimination complaints, and medical (disability evaluation system) proceedings. Ms. Gilberd is a graduate of the University of California, Berkeley; she first became interested in military law there when soldiers at nearby Fort Ord asked for help with a demonstration against the Vietnam war at their base. This taught her a great deal about servicemembers' rights, and the lack thereof, and led to professional and pro bono work as a military counselor beginning in 1973. Her work has ranged from Navy sailors' protests of dangerous shipboard conditions to participation on the legal team for Col. Margarethe Cammermeyer in a successful lawsuit against the pre-"Don't Ask, Don't Tell" policy, and now to challenges to the Army's and Ma-

rine Corps' efforts to discharge combat veterans with PTSD for misconduct or "personality disorder."

For more years than she cares to remember, Ms. Gilberd has served as the chair or co-chair of the National Lawyers Guild's Military Law Task Force, and she contributes regularly to its legal journal, *On Watch*. She has written extensively and, she says, boringly, on military administrative law, including contributions to the military counseling manual, *Helping Out*, Clark Boardman Callahan's *Sexual Orientation and the Law*, and other legal manuals. She also serves on the advisory committee of the national GI Rights Network.

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