

This Week at VA

Episode #52- VA'S Center for Minority Veterans panel discussion

Hosted by Timothy Lawson

(Text Transcript Follows)

[00:00:] PSA:

Male Narrator: VA's round-the-clock hotline can put Veterans who are homeless in touch with the resources and support they earned through their military service. Call 877-424-3838.

[00:00:13] Music

[00:00:23] OPENING MONOLOGUE:

Timothy Lawson (TL): Good morning, everyone. *This Week at VA*. Episode 52. Friday, October 13th. I am your host, Marine Corps Veteran, Timothy Lawson. On today's agenda we have information about Health Care for Re-entry Veterans, a panel discussion from the Center for Minority Veterans, and our Veteran of the Day, Clay Coffey. First, health care for re-entry Veteran services and resources. If you're wondering what this is or if this is a new thing, this is a resource that VA provides. It's been around for a while. Most Veterans who are in jail or prison will eventually re-enter the community and VA's HCRV program is designed to promote success and prevent homelessness among Veterans returning home after incarceration. The services include: outreach and pre-release assessment services for Veterans in prison; referrals and links to medical, mental health, and social services including employment services on release; and short-term case management assistance on release. Now, it's important to know that VA may not provide medical services that are provided by correctional institutions but benefits that are still available in this program helps the Veteran transition back into their lives and into their health care with VA after release. Back in August, the National Women Veterans Summit got cut short due to Hurricane Harvey leading to- uh- a full day's worth- I think a day-and-a-

half's worth- of panels and sessions that did not get to happen. And the Center for Women Veterans has been looking for ways to deliver that material from the summit. So, I offered this podcast as a platform for one of their panels. Uh. So, today's featured interview is actually a panel discussion among four minority Veterans. Four minority women Veterans, I should say. The leader is- of this discussion is Barbara Ward who is the Director for the Center for Minority Veterans, here at VA. She's joined by Ginger Miller, Juanita Mullen, and Teresita Smith. The four of them are going to talk about their experiences being a minority woman Veteran in the Veteran community and their experience in getting care through VA.

[00:02:32] Music

[00:02:35] INTERVIEW:

Barbara Ward (BW): Well. Good afternoon, ladies. Thank you so much for joining me. We are actually going to actually do our podcast today on the Minority Women's Panel that we were supposed to conduct at the Women Veterans Summit which was hosted by the Center for Women Veterans. So, I appreciate your taking the time out of your busy schedule to join me today. I am Barbara Ward. I am the Director for the Center for Minority Veterans and I am a former Air Force nurse. Served two years in the Air Force. And since that time, most of my experience and background has been in private industry. And I did work for the California Department of Veterans' Affairs as the Deputy Secretary for Women and Minority Veterans. And then, I've been in my current position as director since 2012. So, I think I have a pretty good grasp on background in issues and challenges that actually face minority Veterans when we consider about the women Veterans population, overall. So, what I'd like to do is to start out and have each of you introduce yourself and give a little of your background. And then from there, then we'll actually get into the more formal part of asking questions. So, Ginger, would you be willing to start for us?

Ginger Miller (GM): Sure. Absolutely, Barbara. And thank you so much for having me on this panel. I consider it to be an honor. My name is Ginger Miller, I'm a

former- former homeless Veteran. I'm an African American woman Veteran, for those of you who are listening. And I'm also the founder and CEO of Women Veterans Interactive. You know, my background as being a minority woman Veteran, it's been kind of tough. When I first got out of the military, I really didn't know where to look for services for Veterans, and that is one of the reasons why I became homeless. But as I continue this journey, I realize that outreach is so important for Veterans, especially minority Veterans. Of course, for whatever the reasons are, we just don't seek out the services the way that we should. And this is something that has really transformed me into being a strong advocate- not just for minority Veterans, but in particular, women Veterans. And when we peel back the layers, you know, minority women Veterans. It's just so crucial to me that minority women Veterans find out about the services and support that's available to them so that they don't become homeless after leaving the military.

BW:

Thank you, Ginger. Teresita, would you like to go next?

Teresita Smith (TS):

Yes. Thank you, Barbara. And thank you for this opportunity to speak. As a Pacific Islander from Guam, where I came in to join the Army in 1975. But, actually, went to basic in 1976 as a patient administrator. And after four years, it was such a boring job I needed to change my MOS, so I did. So, I made a move to military intelligence which lead me to my job today. However, myself and two other women from Guam joined the military because of patriotic reasons. Our men are constantly going in- back since Vietnam War- to say 'thank you' to the United States for their men and their women who came to the island after the Japanese took over in World War II. Because, you know, America's- or the US- has been in the island since 1898, the Spanish-American War. And the Japanese came in 1941 and took over. And it was easy for them to take over because the island next door was already Japanese-owned, so. And, while they were there, they were doing a lot of really bad killings and just really bad stuff that if the Americans didn't come in July 21st, 1944, my mother would have been killed. Twice she almost had her head chopped off. So, I probably wouldn't be here today if it wasn't for the American people. So, the patriotism on the island and in CNMI, Commonwealth of the Northern Marianas, which is also Chamorro. But,

also American Samoa, you know, and Hawaii. We're very patriotic for- because of World War II. And that's what my generation saw. Being here today is an honor. Still paying back. We have the Department of Defense. And I have two more years before I can retire from paying back to the American people. I'll then be, like, over forty years. Four decades of just paying back, so. Maybe I might continue on and work with the minority office as an advocate, as a freelance advocate for our Veterans. Who knows? But, yep. Chamorro woman who had a lot of problems. But being retired in 1997, didn't have the capabilities and capacities from my agency to see a VA person. So, I was by myself. But I did seek out VA, so.

BW: Okay. Thank you, Teresita. Juanita, you're next.

Juanita Mullen (JM): Yeah. Thank you, Barbara. Again, I'm Juanita Mullen. I joined the Air Force in 1980. I was- I came- I'm originally from New York State. I'm an enrolled member of the Seneca Nation of Indians and from the Cattaraugus Indian Reservation. I retired in 2000 and after I retired, I worked with the Bureau of Indian Affairs, here in Washington D.C., for about four years prior to coming over to the Department of Veteran Affairs. While I worked for the Bureau of Indian Affairs, I was a self-determination specialist and then also worked at Indian education. So, during my tenure there, I was- I worked with the tribes across the nation and dealing with their contracts and grants. So, aft- in 2004 towards the end, I came over to the Department of Veteran Affairs and worked in the Center for Minority Veterans. And still here as American Indian & Alaskan Native Veterans liaison. So, um. And I'm retired Air Force. And that's it, yeah, for me.

BW: Okay, ladies. Well, now we're going to start with the formal part of answering questions. I had distributed to each of you earlier, in advance of the summit, a couple of articles that actually focused on minority women Veterans. One was entitled, 'Minority Women Veterans, Our Most Invisible Heroes'. And so, with that theme in mind, what I'd like to do is start by asking you what challenges have you, and women from your culture, experienced as a female Veteran. And I will start with you, Ginger.

GM: Okay. As an African American woman Veteran, and for other African American women Veterans, I think sometimes some of the challenges

we face is that we do- I'm not going to say that we're invisible, but as women, we're natural caregivers. You know, we're go-getters. We want to be super women. And then, we tend to take care of everyone else except for ourselves until it's too late. And then you have to cry out for services. Then, we have a tendency to also suffer in silence. Which is bad because when you're serving in the military, you have a sense of pride. And, like, I could speak for myself. I went into the military, into the Navy, in 1988 specifically to get the GI Bill. My parents didn't have a lot. They were immigrants from Honduras. And sometimes in the African American community, some of us don't have a lot and we go into the military because we want to make something of ourselves and we want to be better than our parents were. And then, when you come out and you're suffering through the transition, it's like something happens to that sense of pride that you once had and you're afraid to raise your hand. So, I think as- for African American women Veterans, we have to learn how to raise our hands and ask for the help. And then, you know, each one reach one. Of course, I can speak for myself again. I was ashamed to be homeless. You know, I didn't know where to look for help. I didn't know that the VA had the HUD-VASH program. And had I known, I wouldn't have to be street homeless, you know? So, I think as African American Women Veterans, we have to learn how to reach out. We have to learn how to advocate for each other. So, I think that's one of the biggest issues we have. It's not that we're invisible. I was talking to someone a couple weeks ago and I just started seeing a trend, like, with women Veterans- and this could absolutely pertain to minority women Veterans. When we get out of the military, I don't really think that we become invisible, but it's almost like we disappear. Like- And I pictured women Veterans coming out of, like, a New York City apartment building or, like, a corporate office. And you're a women Veteran, you're getting out of the military, and the crowd is there walking down the street. And we just have a tendency to blend right in because we have to go on with our lives. We have to get a job to take care of my kids. Some of us are single parents. Some of us are going through divorce. And because we are strong women, you know, we just tend to blend right in and put our Veteran status on the back burner. So, in essence, how do we get, you know, minority women Veterans to put your Veteran status in the forefront and keep it there?

BW: Okay, great. Excellent insights that you shared. So, Teresita. I know with your having served on advisory committee that you've been very active with Chamorro women Veterans. So, what unique challenges do you feel that they face as women Veterans?

TS: Asian Americans, Filipinos, if they just like to go home to the Philippines, there's only one CBOC there, right? Like, 19,000 Filipino Americans go back to the islands. A lot of the people from the islands want to go back home. But maybe because their children are going to college here, they don't go back home. So, I stayed here. So, I'm fortunate. But a lot of Chamorro women or Samoan women or men, when they go back to the island, huge problems with transitioning. Of course, no job for them. They are on a small island. The capabilities and capacities that VA have- have or even more than have- is not there. Why? Geographical location. It's just too far. The only hospital we have is in Hawaii. Guam has a CBOC but it's small. So, if Guam- if Micronesia- You got the federal states of Micronesia, you got the Commonwealth of Northern Marianas. You got all these other islands now like Ponape and Pohnpei and Koshare who are joining the military. And the- it's- the issues of them coming out of the military, or maybe even because they're wounded warriors now, it's a lot. It's really bad. Because there's no hospital, they have to travel to Hawaii.

BW: Hmm.

TS: And that's really costly to go to Hawaii. A lot of them want to go to the Philippines, but we don't own the Philippines, you know? We're not part of the Philippines. But Hawaii is eight hour's flight. Just to get to Hawaii from my island. It's even farther for the Philippines, for the Asian Americans. But, yeah. Transition, if you do go back, it's a major issue with medical, with health benefits, and cemetery. You know, we only have a small cemetery. Samoa, they bury you in front of the house.

BW: Hmm.

TS: No problem. But what if they run out of space? You know, where are they going to bury this person? So, it's just different for each place and, you know, it's really- I think VA really needs to help us, help the Pacific

Islanders and the Asian Americans on that side. Puerto Rico and U.S. Virgin Islands, you know, they're okay. But because of the geographic location, can you imagine if Korea did shoot that nuke off and even get close to the island? How are they going to get to the island?

BW: Hmm.

TS: And there's so many Veterans there. How we going to treat the Veterans- how is VA going to treat the Veterans there?

BW: And we're going to get to that—

TS: Yeah.

BW: in a later question.

Unknown: [Laughter]

TS: Okay.

BW: Okay, Juanita. From my having worked with you and been to some of the pow wows and events that you have hosted and participated in, I think Native American Veterans are really unique from a cultural standpoint. So, what challenges does that create for Native American women Veterans?

JM: Okay. And then, Native American culture is- our culture is pretty unique because we have 567 federally recognized tribes throughout the United States and Alaska and each tribe is different. We cannot assume that any one of them are the same. And depending on the tribe- One of my experiences was that when I went to a tribe up north, northwest area, we were doing a stand-down. And it was for all- I was having a meeting with Veterans at a tribe. And then when I showed up, there was no female Veterans in that meeting. They had female Veterans. But before I went up there, I was told that- from a female Veteran from that tribe- that they weren't invited to come because the males consider a Veteran who has fought in a war. If you didn't fight in a war, then

you're not considered a Veteran. And then some tribes don't look at female Veterans as a Veteran. And, um. And so, I was told this ahead of time and they proved my point because when I went into the meeting, it was all males and they were surprised I was a female Veteran. And I asked them, I go, "Where are the females?" They said they put the word out but they didn't come. And then I attended another event where it was a stand-down for all Veterans within a tribe. And I did have a female native Veteran show up but the problem that she had was she was able to drive. They- With some of the tribes out west are so far from, you know- Like, if you have, like, near a VA facility or even if it's within their community of a certain area in the tribe, it's pretty far, depending on a distance. She was able to get to the stand-down but she didn't have enough gas money to get back. And I think this is a lot of the reasons why a lot of female Veterans don't attend certain VA functions, because of the distance. And then, also depending on where the tribe is located, they have- You know, we deal with racism. And that prevents us from coming, you know, forth and that. And so- But, again, it depends on the tribe. And also, I talked to another female Veteran. And since she was in the military, she retired from the service after 20 years. And that's a long time to be away from your tribe and your culture and your family members. And when she retired and went back, she had a hard time with the tribe accepting her back into the community because she's been gone for so long. And so, these are some of the issues that Native American female Veterans have to deal with.

BW: Okay. Well, now, since you brought up the topic of racism, that was one of the challenges that one of the articles that I sent to you actually addressed. Do you feel that as a female Veteran- from your different racial, ethnic, cultural backgrounds- that racism presents different unique challenges for you as a female Veteran? Ginger?

GM: I say absolutely, yes, as the founder and CEO of Women Veterans Interactive. You know, it's a great non-profit organization that I started back in 2011. We have done tremendous work in the women Veteran's community. But, yet and still we remain underfunded. You know, we get turned down for a lot of grants, we get turned down for a lot of sponsorships. We get a lot of doors closed in our face. But then, when

you look at, you know, the other non-profit organizations who are run by Caucasian men, they all have 13, 14, 15 million-dollar budgets. And then, you say to yourself, "Okay, this is not just a women Veteran's problem, but this is a minority women Veteran's problem." You know, I'm an African American CEO. There's nothing I can do about that. And then when you take a step back and you look at women Veterans as a whole, you know, the women's memorial is in danger of being closed down but due to lack of funding. So, if the women memorial is due- is having these issues, what's going to happen to the rest of us? You know? And that's something for all women Veterans. You know, it's run by Caucasian women Veterans and was founded by a Caucasian women Veteran. And if they don't want to fund that, you know, what's going to happen to my organization, Women Veterans Interactive? But I'm fortunate enough that this is something that I'm really passionate about. So, I continue to dig, dig, dig, and dig and, you know, form the right partnerships to help move the mission of the organization. But our forward- But I just really think, in all honesty, that- You know, it's 2017. Women Veterans are the fastest growing population of the homeless segment and it's a sad state of affairs. When you look across the board, most of the non-profits- well, a few of them- are run for women Veterans by African American women Veterans and we struggle. We struggle for funding. Yet and still, you know, you have organizations who are run by Caucasians. They'll get a grant, let's say, for \$750,000 to do Veteran outreach, to point Veterans in the right direction, to get the services. But when they point them in our direction, we don't have the funding to provide the services. So, it's kind of like, 'Does that really make sense?' Absolutely not. So, I think, you know, as a CEO of Women Veterans Interactive, I come up against racism every day in this Veteran arena and I think it's a sad state of affairs. I believe it was last week I made a post on the Women Veterans Interactive Facebook page in regards to the diversity conference- the leadership and diversity conference we have coming up- and a gentlemen took it upon himself- Because the first photo I put up was of, like, the boat cruise and the conference. And it had, like- it may have been one photo and it had African American women in it. We have all women Veterans, you know? From all areas, all ethnic backgrounds, to come to the conference. And he said, "Well, here we go. Wherever you see the word 'diversity', it means that, you know, African Americans are coming

out to, like, showboat and entertain and have a good time and to degrade white people.” And he said, “I can tell you what. As a combat era Veteran, I can tell you all to ‘bleep’ yourselves—

BW: Mm-mm.

GM: because my wife is a Mexican woman Veteran and something, something, something.” And I’m thinking to myself, like, “Wow. So, your wife is a Mexican. So, you must be getting,” this is real talk—

BW: Mhmm.

GM: “You must be giving her a hard way at home because I would hate to be your wife.” But what I said to him was, I said, “You know what? The word ‘diversity’ here means it’s for all women Veterans from all races, all backgrounds, all eras, all services.” I said, “So, rather than, you know, Women Veterans Interactive go and ‘blank’ ourselves, what I will do is extend the invitation to you and your awesome wife to come to the conference this year.” I said, “All you have to do is make it to DC and I’ll do the rest.” And he never responded. So that’s racism at its best.

BW: Mhmm.

GM: Lack of funding. And then putting up with folks like that who don’t understand, you know, the word ‘diversity’, or the cultural differences—

BW: Mhmm.

GM: that we have as women Veterans in the military.

BW: Okay. Well let’s look at- thinking in terms of uniqueness for women Veterans and your personal experiences in utilizing the VA’s- Sort of started down that path. So, I’d like to explore that a little bit more. Do you feel- and especially Teresita, since you serve on the advisory committee or have served on it- do you feel that there are disparities in

treatment from that standpoint because you are a minority women Veteran?

TS: A huge disparity for the minority women Veterans, or any minority Veterans, on the islands.

BW: Okay.

TS: Huge disparity. However, the minority of Veterans from the Pacific Islanders here in the United States, not as much because we have- we have the VA, you know, there. But- like I said, again, and earlier- that the culture and traditions and how that Pacific Islander was raised, especially if they were raised on the island—

BW: Mhmm.

TS: it's gonna be hard, and this is also with Asians. We don't go out and seek. I feel good, I don't want the benefit, I don't need the benefit. Let another soldier get the benefit who needs it, you know. So, it's out there, yes, but I don't need it, you know. Let them have it and don't worry about me. So, that- that mentality of the Pacific Islander or the Asian Americans who were born out of the United States. But is oh-so true with the same group in California, or Hawaii, or Washington state, or here, in DC. Because that family nucleus is there and that family nucleus is always connected with everybody else. So, it's always the same. So, you know- It's there, but I won't go out and reach out for it. But for race, our largest- our largest negative for us is that ignorance. Ignorance of playing American people. That Samoans and Chamorros, especially a Chamorro- Let's say Samoans. They're not but football players. Chamorros, they can't speak English, they're not US citizen. These Pacific Islanders are immigrants. They got a green card, you know. They're not US. People just don't know. And you're born in Guam, you're a US citizen. You've been US citizen since the day you were born. American Samoa, they're not US citizen but if they wanted, they got it. And they can travel anytime they want. But if they want it, they got it. Automatic. It's the same way with any Pacific Island. Puerto Rico? Same way. US Virgin Islands, same way. So, we speak English in Guam. We speak English and American Samoa. American Samoa is

more stronger with their language, so they might have- might have a little bit problems when they come to the United States. But with the Chamorros, everything is mandatory English until 19- late 1970's when Guam started fighting for their culture and tradition and said, "Okay, let's do dual language." Before it's nothing but English. You don't speak Chamorro anywhere. You don't speak Chamorro in the school, you don't speak Chamorro at work. It's just English—

BW: So, can I just interrupt you for a moment? I'm trying to get to the point of Asian American, Pacific Islander women and their experience utilizing VA services. Do you feel that there are health disparities or cultural issues from that perspective?

TS: Yes, medically. Do they really know my problems? Diabetes, heart disease. Prevalent.

BW: Okay.

TS: Cancer. With Pacific Islanders, especially, diabetes, cancer, and heart disease. But do they know? I am so grateful for Doctor Urchin from the Center of- she just got her award, from the Black Caucus.

BW: Oh, Doctor Uchendu.

TS: Yes.

BW: Mhmm.

TS: Her work—

BW: The Office of Health Equity.

TS: Her work—

BW: Mhmm.

TS: She's identifying minority Veterans. She's identifying who I am and what I have inside. So, VA health can treat me the way I should be treated and not treat me because it's the norm.

BW: Mhmm

TS: So, yes. There's issues with, especially health, mostly health.

BW: Okay.

TS: You know.

BW: Okay. So, Juanita. I know that we did our site visit in New Mexico where we saw a lot of tribes and natives and they expressed various concerns. So, what do you think the biggest challenges are for Native American women Veterans who utilize VA services? Or are there any?

JM: Okay. When we did the Albuquerque site visit, one of the issues that came up was that, due to our cultural, we- to our culture, that they prefer a face-to-face. And then, one of the issues was that the distance- that they were not able to come in because of the distance of traveling to the VA Medical Center. And so, and this is why they're not coming in. And so, and this is why they were- they were asking for a face-to-face meeting so we can get the VA to go out to them to get them enrolled. And those were, like, the two main ones during that site visit.

BW: Okay. So, we do have a limited amount of time. So, I am going to toss out a final question for each of you to answer. We've heard from women Veterans' perspective about being disrespected when they go into VA facilities. Lack of privacy in VA Medical Centers, and those type things. If you had to make one suggestion to VA regarding caring for minority women Veterans, what would it be?

GM: My—

BW: Ginger?

GM: recommendation would be- You know, I love the women's clinic. I think they did a great job. It looks, you know, pleasing to the eye. But I would love to see, like, real doctors. You know, not- And this is not to doubt anybody. Not, like, a physician assistant. But the few times that I have been to the women's clinic and to see a regular doctor, even, at the VA hospital, I was misdiagnosed three times.

BW: Okay.

GM: And given the wrong medication. So, I think they really need to take care of women Veterans, minority women Veterans, better by giving us real services, like real doctors. I think that our health care should be comparable to that of someone who is on the outside and have benefits from their corporate job, or whatever. They really need to take it up another level.

BW: Okay. So, just to clarify for women Veterans who will listen to this podcast—

GM: Mhmm.

BW: when you say real doctors, can you define that?

GM: Sure. Every caretaker that I have seen, I've never seen, like, an MD doctor in the women's clinic.

BW: Oh, okay.

GM: It's always been, like, a physician's assistant or a nurse practitioner or something else. And even when you go for, like, your gynecological services, can we have a gynecologist for that?

BW: Okay.

GM: Like, that would be great.

BW: Okay.

GM: And just to take it a step further, the last time I went, I was given medication because they thought I had something wrong with one of my kidneys but then the medication I was given was for depression. And when I went to a urologist outside with the Choice Program, they said, "What are you doing taking this medication? This is one of the reasons why you're feeling the way that you are." So, if I had a real MD, then maybe that would not have happened.

BW: Okay. Okay, Teresita, same question. What would be your one recommendation for VA in providing care for minority women Veterans?

TS: If I was the VA hospital President.

BW: Director.

TS: Director in Washington DC, I would clean up the front door. I would put a person with a tag saying, you know, you're help. And every person that comes in that door is stopped and asked, "What can I do for you? How can I help you?" And if they see a woman coming in, go ahead and assume she's a Veteran. If they see a woman coming with a man, assume she's a Veteran. Not just see the man and say, "What can I do for you?" My experience with Washington DC VA hospital is minimum and, like I said, I went there as soon as I retired in '97 and say, "Hi. I'm here. I am a Veteran." They gave me a card and I was an orange card and that was the last time. I didn't like the view; I didn't like the environment. I felt really- I felt really- Like, I went backwards. Like, I went back in time. Because being in active duty, the military hospital is clean, the environment is clean. You're seeing, you know, a lot of good stuff that you feel comfortable in active duty hospitals. And then to come out of that and go into an environment as what it was back in the '90's and probably even today at VA hospitals—

BW: But you have not been to the DC VA Medical Center—

TS: Right.

BW: since the '90's, correct?

TS: Right. Well, I went in there in 2000 because, you know, I had to go back for my consultation—

BW: But that's still- This is 2017.

TS: Yeah, yeah.

BW: Okay.

TS: Right, absolutely. So, did they renovate?

BW: Well they have a beautiful women's clinic in D.C.

TS: [Laughter]

GM: Mhmm.

TS: Oh, yes. I heard about the clinic—

GM: Mhmm.

TS: from women Veterans—

BW: Mhmm.

TS: from my agency.

BW: Okay, good.

TS: They love the cancer treatment.

BW: Mhmm.

TS: She feels like she's a queen when she gets into that—

BW: Well, that's great.

TS: cancer treatment. She loves it. She talks highly about the clinic in Washington DC.

BW: Okay, good.

TS: Yes, so.

BW: Okay, Juanita, from your perspective- since you are a VA employee and utilize VA's services- if you could make one recommendation to the department about care for minority women, specifically Native American women Veterans, what would it be?

JM: I think my number one would be to be more culturally competent. Because not all minority women Veterans do this, you know, have the same approach to medications or whether we are receiving it. So, I think they need to be more culturally competent. Like, from the native side, that when I go- I'm on so many- I'm on medications for my health care. And when I go home and my family sees all the medication I'm taking- especially in our culture, they're more medicinal, more natural- and they try to say that- they tell me that I'm on too many meds, that meds is not good for my system. So, they try to get me to be more medicinal type—

BW: Mhmm.

JM: the homo, the home remedies, and that. So, I think they should look more into the more natural. But, again, cultural competency is- They need to look at each one of our minority groups and see which, you know, better- better treatments for us.

BW: Okay. Well the good news is, I attended —

JM: Mhmm.

BW: a senior leaders business meeting within the past two weeks. And we had a panel of millennial Veterans—

JM/TS: Mmm.

GM: Good.

BW: mainly, although there was one Vietnam Veteran. And they talked about all of the alternative treatments, that it's a part of this 'whole health' concept. So, Veterans were actually speaking about, instead of using a lot of drugs, acupuncture—

JM: Mhmm.

BW: meditation, doing more healthier things in terms of diet and stuff. So, the VA is definitely on track with that. So, I do want to say, just so that all the women Veterans that listened to the podcast, we did not leave out Hispanic women Veterans. Melissa Castillo was supposed to be on our panel and we will be including an interview with her so that we have the benefit of looking at all of the ethnic groups of women Veterans that utilize VA services. So, I would like to thank you, ladies, for taking the time to share with us your experiences as minority women Veterans. And that concludes our podcast.

TS/ JM/GM: Thank you.

[00:35:37] Music

[00:35:40] PSA:

Narrator: There are nearly 2 million women Veterans who served and deserve the best care anywhere.

Woman 1: VA is dedicated to meeting the unique needs of all women Veterans. VA offers comprehensive primary care and women's health specialty care.

Narrator: Women Veterans who are interested in receiving care at VA should call the women Veterans call center, at 855-VA WOMEN [855-829-6636].

Woman 1: Or contact the nearest VA medical center and ask for the women Veterans' program manager. Visit www.VA.gov/womenVet [Link to Center for Women Veterans].

[00:36:09] Music

[00:36:13] CLOSING MONOLOGUE:

TL: The Center for Minority Veterans was founded in 1994. The Center director serves as principal adviser to the Secretary on the adoption and implementation of policies and programs affecting minority Veterans. The Center- The Center serves as an advocate for minority Veterans by conducting outreach activities to promote the awareness and use of VA benefits and services. To learn more about the Center, visit www.VA.gov/CenterforMinorityVeterans [Link to Center for Minority Veterans's website], all one word. Today's Veteran of the Day is Clay Coffey. Clay served as an infantryman in the Army from 2008-2011. During his service, he deployed in support of Operation Iraqi Freedom. He spent one year as the president of his SVA chapter at North Lakes College and successfully raised thousands of dollars for scholarships for student Veterans through his coordination of the 5K held on campus. Unfortunately, earlier this week, Clay passed away in a motorcycle accident. We honor his service. To read Clay's full write-up [Link to Clay's VOD write-up: <https://www.blogs.va.gov/VAntage/42181/army-veteran-clay-coffey/>], and to nominate your own Veteran of the Day, visit blogs.VA.gov [Link to VA's blog page].