

DEPARTMENT OF
VETERANS AFFAIRS

ADVISORY COMMITTEE ON WOMEN
VETERANS
2012 REPORT

***Honoring Women Veterans—Yesterday, Today,
and Tomorrow.***

SEPTEMBER 2012

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DEPARTMENT OF VETERANS AFFAIRS
Center for Women Veterans
Washington DC 20420

July 1, 2012

The Honorable Eric K. Shinseki
Secretary of Veterans Affairs
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Shinseki:

As Chair of the Advisory Committee on Women Veterans (ACWV), it is indeed my honor to provide you with the 2012 Report of the Advisory Committee on Women Veterans. The report contains proposed recommendations, with supporting rationales, based on the Committee's assessment of information presented during meetings and site visits. These recommendations are designed to address challenges expressed by the women Veterans' community and to enhance VA's strategic plan for meeting the needs of women Veterans. The ACWV continuously demonstrates a vast capacity to collaboratively support VA's strong history of caring for Veterans, to include women Veterans, and we are proud to be an integral part of this outstanding legacy.

It is evident that VA faces ongoing and complex challenges while transforming its systems and programs to readily meet the many needs of our Veterans, women Veterans in particular. Over the past 2 years, national VA data projections clearly demonstrate that the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) will continue to encounter a growing number of women Veterans relying on VA for benefits and services over the next decade. For VA to uphold its commitment to women Veterans, who have served our country with valor, it is imperative that the needs of women Veterans remain at the forefront while executing ongoing initiatives and planning forward goals.

The ACWV feels confident that the meticulously studied recommendations and rationales delineated in the 2012 report will constructively enhance VA's strategic pursuit of providing the best services to our women Veterans. Clearly, the ACWV's professional talent and commitment to women Veterans are demonstrated by the manner in which it fulfills its charge. Our work is further supported through the unwavering efforts of the Designated Federal Officer (DFO) and the Center for Women Veterans staff. Subject matter experts from the administrations and staff offices, particularly the Women Veterans Health Strategic Health Care Group, and the laser focused insight from our ex-officio members and advisors have been invaluable.

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The Honorable Eric K. Shinseki

I am truly humbled and honored to have served as Chair of the prestigious Advisory Committee on Women Veterans. On behalf of the ACWV, I extend my utmost respect and deepest gratitude to you for allowing us an opportunity to continue to serve our Nation and to assist VA as it commits to the mission of.... ***Honoring Women Veterans--Yesterday, Today, and Tomorrow.***

Respectfully submitted,



Shirley A. Quarles, EdD, RN, FAAN
COL USAR (Retired)
Chair, Advisory Committee on Women Veterans

PART I

Executive Summary

The Advisory Committee on Women Veterans 2012 report provides recommendations and supporting rationales that address the following issues:

- Health Care
- Women Veterans Program Managers
- Mental Health
- Women Veterans Coordinators

The report of the Advisory Committee on Women Veterans (Committee) is submitted biennially by the Committee. The Committee is appointed by the Secretary of Veterans Affairs (Secretary) for a 2- or 3-year term. Current Committee membership includes representation by Veterans from the Air Force, Navy, Army and Marine Corps, as well as the Reserves and Coast Guard. Members represent a variety of military career fields and possess extensive military experience, to include service in the Vietnam War, the Persian Gulf War, and Operation Enduring Freedom/Operation Iraqi Freedom.

A total of 10 recommendations with supporting rationale, as well as responses from the Department of Veterans Affairs (VA), are provided in this report. Recommendations stem from data and information gathered in exchange with VA officials, Department of Labor (DOL) officials, members of House and Senate Congressional Committee staff offices, women Veterans, researchers, Veterans Service Organizations, internal VA reports, and site visits to Veterans Health Administration (VHA), National Cemetery Administration (NCA), and Veterans Benefits Administration (VBA) facilities. The Committee feels confident that the 10 recommendations and supporting rationale will reflect value-added ways for VA to strategically and efficiently address many needs of women Veterans.

Highlights

- VA should conduct an audit of copayments charged to women Veterans for services rendered at VA medical facilities and contracted care, to determine if they were inappropriately charged for preventive screenings.
- As the number of women Veterans who will utilize VA health care services is projected to increase, it is paramount that VA establishes a strategic plan specifying anticipated inpatient mental health care requirements.
- Given that women's roles in the military are evolving to include more exposure to combat and other situations that may adversely impact their

long-term health, it is critical that VA and the Department of Defense jointly develop a strategic plan that addresses the current and future health care needs of this population.

- All data systems should account for gender to ensure the ability to accurately assess women Veterans.
- The same privacy for lactating women that is extended to VA employees should also be extended to women Veterans.
- VHA should consider designating someone other than full-time Women Veterans Program Managers (WVPM) as Veterans Integrated Service Network (VISN) leads.
- Contact information for WVPMs should appear in a standardized location on each medical center's Web site, to facilitate access to this information.
- VA should pursue legislation to allow Servicemembers in the National Guard and Reserves who experience military sexual trauma (MST) during drilling/battle assemblies and annual training to receive free MST-related care from VA medical facilities
- VBA should develop a system-wide outreach strategic action plan that includes regional office-level measurable goals, such as ensuring that all regional office employees relay information regarding benefits and services to women Veterans when they contact the regional office for assistance, and ensuring that Women Veterans Coordinators services are prominently displayed in the facility.
- Having gender-specific demographic data on Veterans using VA programs readily available in print would identify potential outreach target needs and assist other VA offices in tailoring their outreach efforts.

PART II

Summary of Recommendations

1. That the Department of Veterans Affairs (VA) conducts an audit of charges for preventive screenings provided to women Veterans to ascertain if they were improperly billed for preventive screenings, and reimburses women Veterans who were inappropriately charged for such services.
2. That VA develops a system-wide strategic plan which specifies the requirements for service delivery of inpatient mental health services for women Veterans, and that indicates how VA will implement and evaluate these established requirements.
3. That VA proposes to the VA/DoD Joint Executive Council (JEC) that its annual report adopts a component on women Veterans and female Servicemembers which outlines and develops health care service deliverables for enhancing health care for women Veterans.
4. That VA gives highest priority to incorporating women Veterans' health issues into the base-level information technological (IT) framework. Any new IT effort should include the ability to evaluate by gender those factors that impact on women's health, to include reproductive and other gender-specific issues and other outcome treatment plans.
5. That VA develops a system-wide policy that requires VA medical facilities include a designated Lactation area for women Veterans in remodel/redesign projects of outpatient areas. VA facilities should ensure that facility staff, providers and WVPMS are aware of the locations. To ensure compliance with this requirement, it is suggested that this item be added to the privacy inspection checklist.
6. That VA maintains separate full-time women Veterans program managers positions and VISN lead women Veterans program managers positions (VISN leads) to improve health care accessibility for women Veterans.
7. That VA establishes a policy that requires each VA medical facility to consistently display WVPMS' contact information on their respective Web sites.
8. That VA pursues legislation to allow Servicemembers in the National Guard and Reserves who experience military sexual trauma (MST) during drilling/battle assemblies and annual training to receive free MST-related care from VA medical facilities.
9. That the Veterans Benefits Administration (VBA) develops a system-wide outreach strategic action plan that includes regional office-level measurable

goals for both full-time and collateral-duty women Veterans coordinators (WVCs), to include required annual VA Central Office-level reporting requirements.

10. That the VBA enhances its annual benefits report to include gender specific demographic information on women Veterans who receive VA benefits to identify opportunities for targeted outreach to women Veterans.

PART III Recommendations, Rationales, and VA Responses

A. Health Care

Recommendations:

1. That the Department of Veterans Affairs (VA) conducts an audit of charges for preventive screenings provided to women Veterans to ascertain if they were improperly billed for preventive screenings, and reimburses women Veterans who were inappropriately charged for such services.

Rationale: Anecdotally, women Veterans report that they are billed copayments for preventive screenings, such as mammograms and Pap smears. VHA Directive 2011-022, *Copayment for Outpatient Medical Care Provided to Veterans by the Department of Veterans Affairs*,¹ mandates that no copayments be assessed on outpatient visits consisting solely of immunizations or preventive screenings. Because women Veterans may seek these screenings from the women’s clinic, often construed as a specialty clinic, they may be charged as if the screening is a specialty service. Such copayments impose an unfair financial burden on women Veterans, possibly making preventive screenings unaffordable in some cases.

VA should conduct an audit of copayments charged to women Veterans for services rendered at VA medical facilities and contracted care, to include screenings done in the women’s clinics, to identify services for which women Veterans were charged and determine if they were inappropriately charged for preventive screenings. If discrepancies are identified, then women Veterans should be reimbursed.

VA Response: Concur.

| VA Action Plan – Recommendation 1 | | | | | | |
|--|---|---------------|---|------------------------------|----------------|----------------|
| Steps to Implement | Lead Office | Other Offices | Tasks | Due Date | Current Status | Contact Person |
| Consolidated Patient Account Center (CPAC) will develop and pilot an audit by end of 4 th Qtr. Fiscal Year (FY) 2012. | Veterans Health Administration (VHA): Chief Business Office-Consolidated Patient Account Center, Program Management Office. | | Develop extract routines and an associated audit for inappropriate copayment bills and potential refunds. | 4 th Qtr. FY 2012 | Ongoing. | Kathy Root |

¹ VHA Directive 2011-022, *Copayment for Outpatient Medical Care Provided to Veterans by the Department of Veterans Affairs*, www.va.gov.

2. That VA develops a system-wide strategic plan which specifies the requirements for service delivery of inpatient mental health services for women Veterans, and that indicates how VA will implement and evaluate these established requirements.

Rationale: Findings from the Government Accountability Office's (GAO) 2010 Report examining VA's services for women Veterans² indicated that, of the 19 medical facilities (9 VA medical centers and 10 community based outpatient clinics) visited, none of the medical centers had inpatient mental health units dedicated for women Veterans. The report further indicates that eight medical centers offered mixed-gender inpatient mental health services or residential mental health treatment programs, and two offered specialized residential treatment programs specifically designed for women Veterans.

GAO noted that VA has nine facilities with women Veterans-specific inpatient programs. (See footnote 2 on p. 2.) Facilities continue to have challenges with providing appropriate space to safely provide inpatient mental health care for women Veterans. (See footnote 2 on p. 2.) As the number of women Veterans who will utilize VA health care services is projected to increase, as well as the number of women Veterans who will have served in theaters of conflict, it is paramount that VA establishes a strategic plan specifying anticipated inpatient mental health care requirements.

VA Response: Concur in Principle.

VHA currently has in place a plan to meet the needs of women Veterans requiring inpatient or residential care. As a result, a new system-wide strategic plan does not need to be developed. Currently, each VISN must have inpatient and residential treatment programs that can accommodate the needs of women Veterans. In Quarter 1 of FY 2012, every VISN had the capacity to serve women requiring residential treatment (203 programs nationally, including 6 women-only programs and 47 programs with dedicated tracks for women Veterans). In accordance with VHA Handbook 1160.01 on *Uniform Mental Services in VA Medical Centers and Clinics*, inpatient and residential care facilities are to have separate and secure sleeping arrangements for women, which should include door locks and close proximity to staff. VHA Handbook 1160.01 also specifies requirements for gender-specific services for women Veterans admitted for residential treatment. When sub-specialty care needs are required for residential services that are not available in a VISN, Memoranda of Understandings are to be created with other VISNs that have these services. Currently, requirements for inpatient and residential care for women Veterans are monitored through VHA's Office of Mental Health Operations (OMHO) site visits. Facilities that are not in compliance with these requirements are asked for action plans with quarterly updates on progress, which are submitted to OMHO. The

² VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Revise Oversight Processes, March 2010, www.gao.gov.

Comprehensive Mental Health Information System Dashboard also tracks, on a quarterly basis, the percentage of Veterans in inpatient mental health and residential settings who are women at each facility, offering further data to be reviewed both prior to OMHO site visits and at other intervals by the VISN and facility mental health leadership. The residential treatment programs are also required to report on safety and security requirements specific to women Veterans as part of the Annual Safety and Security Assessment, and to provide an action plan and quarterly updates when requirements are not met. Programs also provide a narrative detailing the scope of gender specific services as part of their annual narrative submitted to VHA's Office of Mental Health Services.

3. That VA proposes to the VA/DoD Joint Executive Council (JEC) that its annual report adopts a component on women Veterans and female Servicemembers which outlines and develops health care service deliverables for enhancing health care for women Veterans.

Rationale: Given that women's roles in the military are evolving to include more exposure to combat and other situations that may adversely impact their long-term health, it is critical that VA and DoD jointly develop a strategic plan that addresses the current and future health care needs of this population. GAO reports that the number of women Veterans will increase by more than 17 percent by 2033. (See footnote 2 on p. 2.) Including a component on women in the JEC's annual report would allow VA and DoD to address the barriers that impede women Veterans' receipt of VA's benefits and services and establish a joint plan--which the JEC would oversee--that would close the gaps in information that may exist.

VA Response: Concur in Principle.

Information in VA/DoD's Annual Report to Congress is submitted by joint VA/DoD Working Groups. It would appear that such a work group would be established under the Health Executive Council and not the Joint Executive Council. VA will develop a proposal on this topic for discussion during the upcoming fiscal year.

4. That VA gives highest priority to incorporating women Veterans' health issues into the base-level information technological (IT) framework. Any new IT effort should include the ability to evaluate by gender those factors that impact on women's health, to include reproductive and other gender-specific issues and other outcome treatment plans.

Rationale: Integral to changing VA's culture, the focus needs to be on systems and programs that recognize the unique needs of women Veterans. In the past, VA has had limited capability to assess information based on gender and on some instances VA has had to re-engineer IT programs/systems to accomplish this. As the women Veterans population grows, this becomes more important. Currently, women comprise 14.5 percent of all active duty military. The median

age of women Veterans using VA is currently 48 years, and the projection is that the proportion of women Veterans will increase to nearly 20 percent by 2033.

Failure to incorporate women Veterans' considerations may negatively impact the care women Veterans receive and result in disparities in the level and quality of care received. In the effort to change VA's culture to incorporate women Veterans, it is also necessary to change systems and programs to recognize the needs of women Veterans. All data systems should account for gender to ensure the ability to accurately assess women Veterans. Current systems/programs do not adequately reflect the presences and unique needs of women Veterans.

VA Response:

VHA: Concur-in-Principle.

Within our existing IT framework, VA has high quality gender data and is currently able to produce quarterly and annual reports of our current clinical performance measures stratified by gender. However, our current data structure is inadequate for real-time electronic performance measurement. It is also difficult within current data architecture to identify reproductive health issues or develop and track gender-specific treatment plans. Implementing the full intent of this recommendation would require enhancements within the data architecture of VA's Veterans Health Information Systems and Technology Architecture (VistA) that fall under the purview of VA's Office of Information and Technology (OIT). Those VistA changes are feasible from a technical standpoint, as a similar population health reporting framework, known as "iCARE," has been developed within the Indian Health Service's Resource and Patient Management System data architecture. Adapting iCARE to the VistA environment would also help bring VA into compliance with the provisions of "meaningful use," which prescribes the technology necessary to meet efficiency goals, as discussed in Attachment A of the Office of Management and Budget's Memorandum on Health Information Technology Guidance (Sept. 17, 2010).

OIT: Concur-in-Principle.

OIT concurs in principle with the recommendation. The Breast Cancer Clinical Case Registry, Computerized Patient Record System, and Notification of Teratogenic Drugs are VA projects that will improve the quality of health care delivered to women Veterans. With the exception of the notification of teratogenic drugs initiative, these works are not presently funded, but will be provided as part of the FY 2013 Budget Operating Plan process.

- 5. That VA develops a system-wide policy that requires VA medical facilities include a designated Lactation area for women Veterans in remodel/redesign projects of outpatient areas. VA facilities should ensure that facility staff, providers and WVPMs are aware of the locations. To**

ensure compliance with this requirement, it is suggested that this item be added to the privacy inspection checklist.

Rationale: According to VA data, an increasing number of women Veterans are of childbearing age. To access care, they may need to either bring their infants to appointments or express breast milk while at VA facilities. During the 2011 National Training Summit on Women Veterans, women Veterans expressed concern about not being provided space for lactation upon request while at VA medical facilities. VA currently "encourages" lactation space be provided to patients. We believe providing the space should be mandatory, not merely encouraged. Amendments to the Patient Public Protection Care Act in section 4207, 7B, states that employers with more than 50 employees are required to provide a place other than a bathroom that is shielded from view and free from intrusion from co-workers and the public which may be used by employees to express breast milk. The same privacy extended to VA employees should also be extended to women Veterans under the patient centered initiatives.

VA Response: Concur.

VA is supportive of making certain that women Veterans have access to private and safe rooms for lactation. Breast feeding has numerous positive benefits for mothers and their children. Breastfeeding is the ideal method of feeding and nurturing infants. Human breast milk is the most complete form of nutrition for infants. Breastfeeding protects an infant from a wide array of infectious and noninfectious diseases. Supportive environments within VA must be available to women Veterans who are breastfeeding.

VA will establish policy that all new construction must have lactation rooms. VHA has developed guidance for lactation rooms in design guides for new construction of outpatient women’s clinics. For existing space availability, lactation rooms must be added as a scoring priority for the Strategic Capital Investment Process (SCIP) for remodeling and construction. For existing space, VA will ensure staff has awareness of appropriate available areas where Veterans can lactate in safety and privacy.

Actions to Implement

| VA Action Plan – Recommendation 5 | | | | | | |
|---|-------------------------------|----------------------|---|-----------------|-----------------------|-----------------------|
| Steps to Implement | Lead Office | Other Offices | Tasks | Due Date | Current Status | Contact Person |
| VA will establish policy that all new construction must have lactation rooms. | VHA: Capital Asset Management | | Include section in new Capital Directive that mandates lactation rooms in all newly constructed space, where appropriate. | 10/1/12 | Open. | Brandi Fate |

| VA Action Plan – Recommendation 5 (continued) | | | | | | |
|---|-------------------------------|----------------------|--|-----------------|-----------------------|-----------------------|
| Steps to Implement | Lead Office | Other Offices | Tasks | Due Date | Current Status | Contact Person |
| VA will add a lactation room survey to the Administrative Rounds Checklist. | VHA: Environmental Programs | | Add lactation room survey to the Administrative Rounds checklist. | 10/1/12 | Open. | Aubrey Weekes |
| VA will add lactation rooms to the scoring priority of the SCIP process remodeling and construction schedule. | VHA: Capital Asset Management | | Add to new SCIP guidance for FY 2015, to include requirement for lactation room in new space, where appropriate. | 1/30/13 | Open. | Brandi Fate |

B. Women Veterans Program Managers

Recommendations:

- 6. That VA maintains separate full-time women Veterans program managers positions and VISN lead women Veterans program managers positions (VISN leads) to improve health care accessibility for women Veterans.**

Rationale: VISN leads' responsibilities may impede WVPMs' ability to perform their regular full-time WVPM duties, thus reducing the amount of time they could devote to assisting women Veterans. Some VISN leads estimate that at least 50 percent of their time is devoted to VISN lead administrative responsibilities. Anecdotally, women Veterans report difficulties in obtaining timely assistance from their designated WVPM. Since there is no requirement for VISN leads to be WVPMs or former WVPMs, VHA should consider designating someone other than full-time WVPMs a VISN leads.

VA Response: Concur.

VHA Handbook 1330.02 addresses this issue. Under the section Scope, which describes the role of the full-time WVPM, the issue of shared positions of Lead WVPM and WVPM are discussed: Each facility must designate a full-time WVPM to assess the need for, and implementation of, services for eligible women Veterans, and to provide leadership and oversight to ensure that identified needs are met at the facility. Where facilities are administratively combined as a Health Care System (HCS), the HCS must have a minimum of one full-time WVPM. As the facility position must be full-time, a facility WVPM cannot also serve as the Lead WVPM for the VISN. Each VISN must also designate a lead WVPM who is **not** a facility WVPM.

7. That VA establishes a policy that requires each VA medical facility to consistently display WVPMs' contact information on their respective Web sites.

Rationale: Findings from the 2010 GAO report noted that contact information for WVPMs was either missing or hard to find on most facility specific Web sites. Per this report, it was stated, "It is important that VA provide women Veterans more complete information on key contacts at local facilities" (p. 18). (See footnote 2 on p.2) This information should appear in a standardized location on each Web site, to facilitate access to this information. It should be listed in a consistent manner, among the facilities' contact information listing.

VA Response: Concur.

Actions to Implement

| VA Action Plan – Recommendation 7 | | | | | | |
|--|--------------------------------|---|---|-----------------|--|-----------------------|
| Steps to Implement | Lead Office | Other Offices | Tasks | Due Date | Current Status | Contact Person |
| Develop memorandum from Deputy Under Secretary for Health for Operations and Management to communicate requirement to VISNs and facilities with a deadline of 9/30/2012. | VHA: Communications Management | VHA: Deputy Under Secretary for Health for Operations and Management (DUSHOM) | Draft memorandum, outlining requirement and directing recipients to example on intranet site. Submit to 10N for review and concurrence. | 9/30/12 | Draft completed. | Dan Bruneau |
| Instructions and sample content for posting placed on intranet site. | VHA: Web Communications | None | Develop content, utilizing previous similar postings. Post pre-memorandum distribution. | 9/30/12 | Open. | Matt L. Rutherford |
| Memorandum distributed to field. | DUSHOM | None | | 9/30/12 | Pending development and clearance of memorandum. | TBD |
| Field compliance monitored, recorded. | VHA: Web Communications | None | Bi-weekly checks of Web sites until posting deadline. | 9/30/12 | Open. | Matt L. Rutherford |

C. Mental Health

Recommendation:

- 8. That VA pursues legislation to allow Servicemembers in the National Guard and Reserves who experience military sexual trauma (MST) during drilling/battle assemblies and annual training to receive free MST-related care from VA medical facilities.**

Rationale: Per VHA Directive 2010-033, Military Sexual Trauma Programming, Veterans and eligible individuals who experienced MST while on active duty or while on active duty for training can receive free MST-related care, without having to file a disability claim, acquiring service connection status, or providing evidence of the sexual trauma.

According to 38 U.S. Code Section 1720D,³ VA must provide treatment for “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training.” In the same section, sexual harassment is further defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.”

Although this benefit extends to Reservists and members of the National Guard activated to full-time duty status in the Armed Forces and those who experience MST during active duty training, it does not extend to Reservists and members of the National Guard who experience MST during routine weekend drills/battle assemblies and annual training. VA should seek legislation that would expand the definition of MST to also cover these additional categories.

VA Response: Concur-in-Principle.

VA is exploring possible solutions that would extend treatment options to eligible Veterans and non-Veterans who experience military sexual trauma during weekend drills/battle assemblies and annual training. Under title 38 U.S.C. § 1720D, VA is only authorized to provide treatment for military sexual trauma to Veterans. The term “Veteran” has a particular meaning in title 38 of the U.S.C. The recommendation does not appear to limit this coverage to “Veterans,” as that term is defined in title 38 of the U.S.C., and would require VA to extend these services to members of the Reserves and National Guard who do not meet that definition. We note, however, that Veterans who experience MST during annual training are eligible under section 1720D for VA treatment of the trauma.

³ United States Code, www.gpo.gov/uscode.

D. Women Veterans Coordinators

Recommendations:

- 9. That the Veterans Benefits Administration (VBA) develops a system-wide outreach strategic action plan that includes regional office-level measurable goals for both full-time and collateral-duty women Veterans coordinators (WVCs), to include required annual VA Central Office-level reporting requirements.**

Rationale: VA faces significant challenges in educating women Veterans about the benefits to which they are entitled. Many women Veterans do not self-identify as Veterans, may not know they are eligible for VA services, lack knowledge about VA's benefits and services, and may not be aware of the resources (such as WVCs and Veterans service representatives) available to help guide them through the benefits process. Outreach to women Veterans is an important tool for providing women Veterans with the information they need to access these benefits.

A regional office's (RO) outreach initiatives may sometimes be in competition with its workload requirements, spreading outreach resources (staff, time dedication, funding, etc) too thin to effectively reach targeted Veterans populations. Although the ACWV appreciates that each respective VARO's workload may present limitations in allowing staff to dedicate time for regular outreach efforts, not having a system-wide strategic action outreach plan in place significantly limits women Veterans' access to VA's benefits and services.

It would be beneficial if VBA develops a system-wide outreach strategic action plan that includes RO-level measurable goals, such as ensuring that all RO employees relay information regarding benefits and services to women Veterans when they contact the RO for assistance, and ensuring that WVC services are prominently displayed in the facility. There should also be RO-level measurable goals for full-time and collateral-duty WVCs that require annual reporting to VA Central Office.

VA Response: Concur.

VBA continues to make significant progress in increasing outreach to women Veterans. VBA RO employees have a list of the WVCs, and access to VBA's intranet site that lists WVCs by RO, under the link for Benefits Assistance Service (BAS). WVCs' name and contact information are displayed in the public contact area, allowing visitors the option of discreetly contacting the WVC when it is best for them.

VBA is developing standard operating procedures (SOPs) for full-time and part-time WVCs that clarify their duties and responsibilities. The SOP will provide guidance and recommendations to assist WVCs in conducting consistent and robust outreach to women Veterans. The SOP will further ensure that women Veterans receive access to the information, benefits, and services to which they are entitled and their issues are addressed in a similar and consistent manner at each RO.

VBA is also developing an outreach campaign targeted toward women Veterans. This outreach campaign will be harmonized with the Department’s ongoing initiative to pursue a more “enterprise-wide” approach to outreach efforts for women Veterans. The ROs will prominently display information on benefits specific to women Veterans at the VA facility and within the Veteran community. This targeted campaign includes relevant messaging and outreach materials to include print, video, and web products. These products are designed to inform women Veterans of VA benefits and services. VBA will also establish outreach metrics to evaluate campaign success.

Actions to Implement

| VA Action Plan—Recommendation 9 | | | | | | |
|---|--------------------|--|--|-----------------|-----------------------|-----------------------|
| Steps to Implement | Lead Office | Other Offices | Tasks | Due Date | Current Status | Contact Person |
| SOP | BAS | Office of Field Operations (OFO) ROs | Draft SOP to standardize the duties and responsibilities of WVC. | 10/01/2012 | Open. | BAS |
| | | | Field SOP through WVC focus group. | 10/01/2012 | Open. | BAS/OFO |
| | | | Finalize SOP. | 10/01/2012 | Open. | |
| | | | Implement/Deploy SOP. | 10/01/2012 | Open. | |
| Outreach Campaign (Special emphasis Women Veterans) | BAS | OFO VBA (Business Lines and VBA Offices) BAS | Analyze. | 09/30/2012 | Completed. | BAS |
| | | | Design materials. | 09/30/2012 | Completed. | BAS |
| | | | Develop content. | 09/30/2012 | Open. | BAS |
| | | | Campaign. | 09/30/2012 | Open. | |
| | | | Evaluate. | 09/30/2012 | Open. | |

10. That the VBA enhances its annual benefits report to include gender specific demographic information on women Veterans who receive VA benefits to identify opportunities for targeted outreach to women Veterans.

Rationale: There is a need for better, more accurate demographic data on Veterans using VA programs, which will help to identify areas where more targeted outreach efforts can be deployed. Having this information readily available in print would identify potential outreach target needs and assist other VA offices in tailoring their outreach efforts. The report presents demographic information stratified by state. Including information on how women Veterans use VA’s benefits may present opportunities for local VA offices to partner with states’ Departments of Veterans Affairs. Presenting gender-specific information in the report could assist each respective state in its efforts to identify and meet the needs of local women Veterans.

VA Response: Concur.

The Annual Benefits Reports (ABR) currently contains gender-specific data including a summary of recipients of compensation and pension. VBA will explore additional opportunities to incorporate any available gender-specific demographic data in the ABR. (www.vba.va.gov/REPORTS/abr/)

Actions to Implement

| VA Action Plan—Recommendation 10 | | | | | | |
|---|-------------|--|---|------------|----------------|----------------|
| Steps to Implement | Lead Office | Other Offices | Tasks | Due Date | Current Status | Contact Person |
| Collaborate with Performance Analysis and Integrity (PA&I) to determine the steps and feasibility of enhancing the ABR with available gender specific demographic data. | BAS | PA&I Office of Field Operations | Coordinate meeting with PA&I to discuss current data and ABR. | 12/31/2012 | Open. | BAS |
| | | | Identify additional stakeholders as required. | 12/31/2012 | Open. | |
| | | | Create a plan for implementation, if feasible, for ABR 2013. | 12/31/2012 | Open. | |

PART IV
Appendices

Appendix A Historical Perspective

For many years there was a lack of attentiveness to addressing the needs of Women Veterans. The 1980 Census was the first time that American women were asked if they had ever served in the Armed Forces, and an astonishing 1.2 million said “yes”. Because very few of these newly identified Veterans used VA services, Congress and VA began a concerted effort to recognize and inform them of their benefits and entitlements. Activities were initiated to increase public awareness about services for women in the military and women Veterans.

Soon after the 1980 Census, Congress granted Veteran status to women who had served in the Women’s Army Auxiliary Corps during World War II. In 1982, at the request of Senator Daniel Inouye, the General Accounting Office (GAO) conducted a study and issued a report entitled: “Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits.” This study found that:

- Women did not have equal access to VA benefits.
- Women treated in VA facilities did not receive complete physical examinations.
- VA was not providing gynecological care.
- Women Veterans were not adequately informed of their benefits under the law.

At the same time, VA commissioned Louis Harris and Associates to conduct a “Survey of Female Veterans: A Study of the Needs, Attitudes, and Experiences of Women Veterans,” published in August 1985, to determine the needs and experiences of this population. This survey found that 57 percent of the women did not know they were eligible for VA services, benefits, and programs. Another particularly troublesome finding was that women Veterans reported twice the rates of cancer as compared to the women in the general adult population, with gynecological cancers being the most common.

In November 1983, Congress passed Public Law 98-160, “Veterans’ Health Care Amendments of 1983,” mandating VA to establish an Advisory Committee on Women Veterans. The charge to the Committee was broad. Not only were they tasked with assessing the needs of women Veterans with respect to adequate access to VA programs and services, but they were also empowered to make recommendations for change. The Committee was entrusted with the responsibility to follow up on these activities and to report their progress to Congress in a biennial report.

The following events and data highlight recent Administration, Congressional, VA, and Advisory Committee on Women Veterans efforts to address the needs of Women Veterans.

2009 Charter for the Advisory Committee on Women Veterans approved by Secretary of Veterans Affairs.

Director of the Center for Women Veterans is designated to represent the Department on the White House Interagency Council on Women and Girls, which was created to ensure that American women and girls are treated fairly in all matters of public policy.

GAO released its report, "VA Health Care: VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Improve Oversight Processes," detailing its findings on VA's health services for women Veterans gathered from several visits to VA medical centers.

On May 20, the Center Director, Advisory Committee chair, and other women Veterans' advocates participated in a roundtable discussion with the House Committee on Veterans' Affairs regarding the Department's current services for women Veterans, as well as developing an implementation plan to enhance services for women Veterans.

On July 1, President Barack Obama signed S.614, a bill awarding the Congressional Gold Medal to women who served in the Women Airforce Service Pilots program, which was established during World War II; 1,102 women volunteered and 38 women pilots died during service to their country.

On November 19, Secretary of Veterans Affairs, Eric K. Shinseki, announced that the Department would launch a comprehensive study of women Veterans who served in the military during the Vietnam War, to explore the effects of their military service upon their mental and physical health.

2010 In March, the Center for Women Veterans initiated the "Her Story" campaign during Women's History Month, highlighting the many accomplishments of women who are serving and women Veterans. Initially a yearlong campaign, "Her Story," was designed to recognize the contributions of women Veteran employees, highlighting their military service and their continued commitment to the service of our great Nation. This campaign served as a catalyst for a documentary on women Veterans' experience in the military and encouraged other facilities in the field to engage in ongoing recognition of women Veteran employees.

Public Law 111-163, the "Caregivers and Veterans Omnibus Health Services Act of 2010," authorizes VA to carry out a 2-year pilot program to assess the feasibility and advisability of childcare for "qualified Veterans who are the primary caretaker of a child." It also authorizes VA to provide health care to newborn children of qualifying women Veterans for up to 7 days, and increases focus on research for women Veterans.

On July 14-16, VA hosted a Women's Health Services Research Conference. The theme was, "Using Research to Build the Evidence Base for Improving the Quality of Care for Women Veterans." This important VA research conference brought together investigators interested in pursuing research on women Veterans and women in the military with leaders in women's health care delivery and policy—within and outside VA—to significantly advance the state and potential impact of VA women's health.

On July 28, at the Women's Memorial, VA sponsored a daylong forum for women Veterans' advocates and VSO's. The purpose of the forum was to highlight enhancements in VA services and benefits for women Veterans. Members of the Advisory Committee on Women Veterans attended as part of their site visit to Washington, DC.

There were 1.8 million women Veterans in the Nation, comprising 7.7 percent of the total Veterans population. As the number of women in the military increases, it is estimated that 10 percent of all Veterans will be women by the year 2020.

There were currently over 60 research projects funded by VA's Health Services Research and Development Service addressing women Veterans' issues.

VA conducted the National Survey of Women Veterans. More than 3,500 women Veterans participated (phone interviews). The purpose of the study was to identify the current status, demographics, VA experiences, and health care needs of women Veterans; determine how health care needs and barriers to VA health care use differ by period of military service; and to assess women Veterans' health care preferences in order, to address VA barriers and health care needs.

2011 In March, VBA instituted staff training for staff processing claims on personal assault related Post-traumatic Stress Disorder (PTSD) claims, and initiated the development of an electronic tracking and reporting system to identify and track claims involving personal assault trauma.

VHA's women Veterans call center launched in June 2011, to solicit input on ways to enhance the health care services VA provides to women Veterans, determine why they are not using VA and whether they are aware of the gender-specific services we offer, and inquire about additional services women Veterans would like to see VA offer.

On July 15-17, during the fifth National Training Summit on Women Veterans, members of the Advisory Committee on Women Veterans (ACWV) served as facilitators for the various workshop sessions. Secretary Shinseki announced to Summit participants that VA would establish a Women Veterans Task Force, with the charge of developing a comprehensive VA action plan for resolving unmet gaps in service and how VA serves women Veterans.

In July, VA announced its child care pilot initiatives for Veterans—a continuing effort to improve access to health care for eligible Veterans, particularly the growing number of women Veterans. The three sites selected are in Northport, New York; Tacoma, Washington; and Buffalo, New York.

A special supplement of the journal *Women's Health Issues*, published July 13, highlighted VA's tremendous growth and diversity in VA women's health research.

Charter for the Advisory Committee on Women Veterans was renewed.

VA begins to implement components of the Caregivers and Veterans Omnibus Health Services Act of 2010, Section 205 (Public Law 111-163):

- In October, the 2-year child care pilot program began in Buffalo, New York (VISN 2).
- Newborn care provided for 7 days for women Veterans receiving VA maternity care.

Rural mobile health clinic pilot hires staff to ensure that women Veterans can receive comprehensive primary care according to VHA standardized protocols for women Veterans.

By November, nearly 1.9 million (8 percent) of the 22.2 million total Veterans population are women.

In response to recommendation 6 of the 2010 ACWV report, which recommended that VA provides full-time women Veterans coordinators in regional offices serving a catchment area of at least 14,000 women Veterans, VBA identified 14 regional offices that will begin to offer a full-time women Veterans coordinator.

2012 On May 14, the VA Women Veterans Task Force draft report was published in the Federal Register and announced by VA news release for Veterans, stakeholders, and the public to review and comment.

VA Learning University (VALU), in partnership with Booz Allen Hamilton, is developing a training module, "Serving Women Veterans e-Learning Course" for VA employee new hires and current VA employees, to raise awareness of their responsibility to treat women Veterans with dignity and respect.

Newly created child care pilot program offered in Dayton, Ohio (VISN 2).

Appendix B

VA Advisory Committee on Women Veterans

Current Membership Profile

Colonel Shirley Quarles, R.N., F.A.A.N, Ed.D., U.S. Army Reserves, Retired, Chair, served in the U.S. Army Reserve Nurse Corps, with 28 years of both active and reserve service. Dr. Quarles is also Professor and Department Chair at the Medical College of Georgia Health Sciences University—School of Nursing, and an affiliate Professor at Emory University, School of Nursing in Atlanta, Georgia. Prior to these roles, she served as Director of Women’s Health Research Initiatives and Clinical Practice Guidelines Coordinator for the Atlanta Research and Education Foundation at the Atlanta VA Medical Center. Dr. Quarles was mobilized in support of both Desert Shield Storm (Assistant Officer in Charge of the Mobilization/Demobilization Center, Fort Bragg, North Carolina) and Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) (General Staff Officer—G1, 81st Regional Readiness Command, Birmingham, Alabama). Dr. Quarles completed her post doctoral studies in Clinical Nursing Interventions at Emory University’s School of Nursing, received an Ed.D. in Higher Education Administration and Research Education, a M.Ed. in Community Health Education, and a B.S. in Nursing Science. As a Colonel, Dr. Quarles completed US Army War College and received a Master’s Degree in Strategic Studies (MSS). She is also a former council member of the Tri-Service (U.S. Army, Navy, and Air Force) Nursing Research Program. Dr. Quarles was selected as a Fellow in both the American Academy of Nursing (2008) and the American Council on Education (2011). She has been actively engaged with the Advisory Committee on Women Veterans since 2005.

Commander Sherri Brown, U.S. Coast Guard Reserve, graduated from the U.S. Merchant Marine Academy in 1992, with a bachelor’s of science degree in Marine Transportation and received her juris doctorate degree from the George Washington University Law School. She is also a member of the Virginia bar. Commander Brown is currently the Senior Vice President for Service to the Armed Forces for the American Red Cross. In this role, she provides oversight and direction for worldwide American Red Cross programs and services for military members, Veterans, and their families. Prior to assuming her position at the American Red Cross, she served in several positions with the Internal Revenue Service (IRS), where her accomplishments included development of the IRS’ five-year Strategic Plan and leading the development of legislative change proposals to help reduce the “Tax Gap.” Commander Brown also serves as the legal advisor to the Reserve Branch Chief for Contingency Planning for the Fifth Coast Guard District.

Colonel Matrice W. Browne, M.D., F.A.C.O.G., U.S. Army, Retired, was commissioned in the U.S. Army in 1980. During her career, she served as assistant head of the education division in the department of obstetrics/gynecology at the Uniformed Services University of the Health Sciences (USUHS), Bethesda, Maryland; obstetrics/gynecology physician and chief of obstetrics/gynecology service at Dewitt

Army Community Hospital, Fort Belvoir, Virginia; chief of ambulatory obstetrics/gynecology service at Walter Reed Health Care System, Washington, DC; and chief of the department of Women's Health and chair of Patient and Family Centered Care at Blanchfield Army Community Hospital in Ft. Campbell, Kentucky. She received many awards and recognitions, to include: the Joint Service Commendation Medal, for mentoring and recruitment of the USUHS students into the career of obstetrics and gynecology; the APGO Excellence in Teaching Award; USUHS Mentor of the Year; the Order of Military Merit; and the Legion of Merit. She earned a bachelor's degree from University of Texas at San Antonio in 1980 and a medical degree from USUHS in 1985. In 2006, after nearly 26 years on active duty, Dr. Browne retired and began her private practice in Olney, Maryland, specializing in women's health and gynecology—from adolescent to post menopausal care—to include surgical management of gynecological problems, and preventative care. She also holds faculty positions at USUHS and Meharry Medical College.

Lieutenant Colonel Jack Phillip Carter, Jr., U.S. Marine Corps, Retired, enlisted in 1968, achieving the rank of gunnery sergeant and then was commissioned as an officer in 1976, through the Marine Corps Enlisted Commissioning Program. He has a bachelor's degree in history from Salisbury State University. Colonel served in numerous leadership positions throughout his military career to include executive officer and training officer for the 9th Motor Transport Battalion in Okinawa; operations officer for the 1st Battalion, 5th Marines, and as its Executive Officer during Desert Shield and Desert Storm; commanding officer for the 1st Recruit Training Battalion in San Diego, where his unit was recognized by the California legislature; and instructor and director of curriculum and media relations at the Armed Forces Staff College in Norfolk, Virginia. For his service in the Persian Gulf War, Colonel Carter was decorated for valor. His various medals include the Legion of Merit, the Navy Marine Corps Commendation Medal with "V", the Defense Meritorious Service Medal, the Meritorious Service Medal, the Navy-Marine Corps Achievement Medal, and the Combat Action Ribbon. He possesses extensive expertise in long range planning and team building, and is an accomplished briefer and public speaker. Colonel Carter is currently the lead detective of the economic crimes section for the Sarasota Police Department in Florida.

Valerie Cortazzo served in the U.S. Navy from May 1981 to June 1987. She is a former employee of the Pittsburgh VA Health Care System, and has been a leading advocate for Veterans in southwestern Pennsylvania, specializing in mental health and women's issues. She has an associate's degrees in paralegal studies, business management, and general studies. She graduated, with high honor, from Indiana University of Pennsylvania in August 2010, earning a dual bachelor's degree in business management and human resources. Ms. Cortazzo is a founding member of the Coalition for Veterans Advocates and continues to volunteer numerous hours helping Veterans and their families. Ms. Cortazzo is a service-connected disabled Veteran and holds membership in multiple Veterans service organizations. She is actively engaged in activities that increase Veterans' awareness of VA benefits, and frequently volunteers to assist Veterans, as well as those who are homeless, poor, and suffer from substance abuse.

Karen Etzler served in the U.S. Air Force as a pneudraulic aircraft mechanic from September 1974 to March 1978, and a personal affairs counselor from March 1978 to August 1979. After a two year break in service, Ms. Etzler re-enlisted as a personal affairs counselor from October 1981 to August 1984. She attained the rank of staff sergeant. Ms. Etzler earned an associate's degree in general studies from Central Texas College in 1984. Her awards include the Missouri Veterans Commission employee of the quarter, Air Force Commendation Medal, and First Oak Leaf Cluster. She served as a Veterans service officer for 11 years, assisting Veterans with their earned VA benefits, and was also appointed as the State of Missouri Women Veterans Coordinator from July 2005, until her retirement in September 2010. She has served on the executive committee of the National Association of State Women Veteran Coordinators (NASWVC) since 2006, currently serving as Co-Conference Chair. She holds membership in multiple VSO's and has two children currently serving in the military.

Captain Nancy A. Glowacki, U.S. Army Reserves, Retired, enlisted in 1994 and received her commission in 1998. She served as the liaison officer for the 4th Psychological Operations (PSYOP) Group, Fort Bragg, serving as the command's subject-matter expert on reserve component issues, and facilitated the mobilization and deployment of reserve forces in support of Operation Enduring Freedom and Operation Iraqi Freedom. Captain Glowacki also served as commander of the Product Development Detachment for the 324th Tactical PSYOP Company in Aurora, Colorado, and the Multinational Division (North) in Bosnia-Herzegovina, leading mission analysis, intelligence gathering, target selection, and development of multi-media advertising campaigns, and was instrumental in the planning and execution of the largest psychological operations reserves mobilization in history. She was medically discharged as a captain in 2005. Captain Glowacki then worked for the Department of Veterans Affairs as the primary coordinator for a national Vocational Rehabilitation and Employment initiative targeting Servicemembers pending medical separation from the military. She received a bachelor's degree in technology from Pittsburg State University, a masters degree in business administration from Baker College Center for Graduate Studies, and a doctorate of management from University of Phoenix. Captain Glowacki currently owns a consulting firm, specializing in employment and special challenges of disabled Veterans and Veterans of the Global War on Terrorism.

Colonel Nancy Kaczor, U.S. Air Force, Retired, served more than 26 years. Throughout her career, Colonel Kaczor served in various leadership positions at base, wing, major command, and combatant command-levels. She served as commander of the 386th Expeditionary Mission Support Group in Ali Al Salem AB, Kuwait, responsible for expeditionary combat support for combat operations in Iraq and Afghanistan and command oversight and accountability for Air Force security forces, civil engineers, and communications personnel embedded in Army units in Kuwait, Southern Iraq, and Saudi Arabia. Colonel Kaczor was appointed as a senior military liaison to the Joint Staff Logistics Directorate and Headquarters European Command during Operations Nobel Eagle, Enduring Freedom, and Iraqi Freedom. She also served as the contingency

support team commander in Kosovo, and a senior official inquiries officer for the Air Force Inspector General at the Pentagon, where she investigated allegations of serious misconduct against senior officials. Her awards and decorations include the Defense Superior Service Medal, Legion of Merit, and Bronze Star. Colonel Kaczor retired from the Air Force in 2007. Following her retirement, Colonel Kaczor served as the senior aerospace science instructor for Greenfield High School's Air Force Junior ROTC program in Wisconsin. She is active in a number of service organizations and programs, to include The American Legion, American Veterans, United Church of Christ Confirmation Mentor program, Wisconsin Honor Flight, schools, and her Neighborhood Association Board.

Lindsay Long served in the U.S. Marine Corps from 1997 to 1998 as an aviation electronics technician trainee. She was meritoriously promoted to the rank of private first class and then lance corporal. Ms. Long is currently a utility operator at the Oak Ridge National Laboratory and serves as the American Indian representative for the Department of Energy's Native American Committee. She has an associate's degree in environmental health. Ms. Long is a member of various state and non-profit women Veterans' organizations, such as the Women Marines Association, Women Veterans of America, and the East Tennessee Women Veterans Network, and volunteers to assist with various local homeless Veterans initiatives. Ms. Long is the Program Coordinator for Casting for Recovery, East Tennessee, as well as a member of the International Brotherhood of Electrical Workers. She is as a member of the Hopi and Ohkay Owingeh (formerly San Juan Pueblo) tribes.

Specialist Latoya Lucas, U.S. Army, Retired, served from 1999-2004 as a heavy construction equipment mechanic/driver. She deployed to Iraq with the 52nd Engineer Battalion Combat Heavy in support of Operation Iraqi Freedom in 2003. While serving there, Specialist Lucas was critically wounded during an enemy ambush in Mosul, Iraq. In addition to the Purple Heart medal she received for being wounded in combat, Specialist Lucas earned an Army Combat Action Badge for her participation during combat action, the Meritorious Service Medal for exceptionally meritorious service and dedication to duty, an Army Commendation Medal for dedication, loyalty, and courage while logging over 1000 miles of combat theater driving. She was medically retired in 2004. Currently, Specialist Lucas is a motivational speaker and is actively involved with organizations dedicated to disabilities and Veterans service. She currently serves as the chairperson for the Veterans Committee of the North Carolina Traumatic Brain Injury Advisory Council.

Sara McVicker, U.S. Army, served in the Army Nurses Corps from 1968-1971, to include a tour in Vietnam where she was a staff nurse and head nurse at the 71st Evacuation Hospital and received a Bronze Star for meritorious service. She received a bachelor of science in nursing from the University of North Carolina at Chapel Hill, School of Nursing and a master of nursing from Emory University, Nell Hodgson Woodruff School of Nursing. She was an instructor and assistant professor at the University of Virginia School of Nursing; started the infection control program at Richland Hospital in Columbia, South Carolina; and then joined the Department of

Veterans Affairs as an infection control practitioner. Ms. McVicker retired after 27 years in the Veterans Health Administration, where her last position was as clinical program manager for the Office of Primary and Ambulatory Care in VA Central Office. She is currently active in Vietnam Veterans of America, serving as Secretary for the Maryland State Council and on the National Board of Directors.

Sergeant First Class Gundel Metz, Women's Army Corps, U.S. Army, Retired, enlisted in 1975. After completing Basic Training in Ft. McClellan, Alabama, she successfully completed the German language course at the Defense Language Institute in Monterey, California. She spent her twenty year career as an administrative specialist and chemical operations specialist, serving in various leadership positions. Her duty assignments included posts in Germany; Ft. Benning, Georgia; Ft. Campbell, Kentucky; and Camp Casey, Korea. She earned her bachelor's of science degree in public management from Austin Peay State University in Clarksville, Tennessee. Sergeant Metz's awards include four Meritorious Service Medals, three Army Commendations Medals, three Army Achievement Medals, six Good Conduct Medals, one National Defense Service Medal, and the Korean Defense Service Medal. She retired from the Army in 1995. Sergeant Metz began working for the Wisconsin Department of Veterans Affairs in March 2001, retiring in July 2011. In 2004, she was appointed as the State Women Veterans Coordinator (SWVC) by Secretary Scocos of the Wisconsin Department of Veterans Affairs. In addition to serving as the SWVC, she also serves as a Veterans benefit specialist, assisting Veterans in applying for their state and Federal benefits. Sergeant Metz has been active with the National Association of Women Veterans Coordinators since 2006.

First Sergeant Delphine Metcalf-Foster, U.S. Army Reserves, Retired, served from 1976-1996, as Chief advisor to the company commander. She also was also employed as a quality assurance work leader for the Department of the Navy from 1975-1996. First Sergeant Metcalf-Foster has a bachelors of arts in liberal studies from Sonoma State University, and an associate's degree in psychology from Solano Community College. From 1990-1992, she deployed in support of Operations Desert Storm/Desert Shield, receiving the Bronze Star Medal for meritorious service. She also earned the Army Commendation Medal and the Army Achievement Medal. First Sergeant Metcalf-Foster currently serves as an active member of Representative George Miller's VA advisory board, a member of Disabled American Veterans (DAV) Department of California's Women's Committee, DAV's National Executive Committee person for California, and a member of DAV's National Board of Directors. She is also a former DAV Department of California Commander and worked closely with DAV's National Organization to build better lives for disabled Veterans, their families, and survivors.

Lieutenant Colonel Terry Moore, U.S. Air Force, Retired, served in several operational Commands at the base, group, wing and major command levels, including a remote tour to the Republic of Korea, Joint Task Force Bravo at Soto Cano AB, Honduras, and Operation Provide Comfort in Turkey. She was commander of the 62d Maintenance Squadron at McChord Air Force Base (AFB) in Washington; maintenance officer-in-charge of the 319th Maintenance Squadron and the 319th Blue and Red Sortie

Generation Flights; United States Transportation Command Business Center's Assessment and Standards team member; senior executive officer for Air Mobility Command, Directorate of Logistics; and Air Force Academy Directorate of Curriculum and Scheduling staff officer. She earned master's degrees in adult education from the University of Southern Maine and in advanced study of air mobility (ASAM) from the Air Force Institute of Technology, and is a 1999 distinguished graduate of the Air Command and Staff College. Lieutenant Colonel Moore retired from the United States Air Force in 2003. She currently serves as chair of the Maine Women Veterans' Commission, Governor of Maine aide-de-camp, Board of Trustees for Maine Veterans' Homes, and as a member of advisory committees, as well as professional and Veterans service organizations.

Robin Patrick, U.S. Navy Reserves and Army National Guard, served in the U.S. Navy from 1979-1983 and the U.S. Navy Reserves from 1983-1987 as an aviation mechanic, and the Virginia Army National Guard from 1987-1990 in administration. She received a bachelor of science in special education and a masters of arts in urban education/counseling from Norfolk State University. She is a retired special education counselor for the Portsmouth, Virginia/Virginia Beach Public Schools. She also served as chairperson and vice-chairperson for the Virginia Beach Mayor's Committee for Disabled Persons. Ms. Patrick is active in Veterans service activities, such as working with community churches to create a Veterans outreach program, coordinating homeless Veterans initiatives in Virginia and rural North Carolina, and organizing monthly educational and social outings for women Veterans. She is an active member of Disabled American Veterans, and serves as the chairperson for the Community Resource Network, which provides advocacy to homeless Veterans, disabled adults, and families.

Colonel Felipe Torres, U.S. Marine Corps, Retired, served in various leadership positions throughout his military career. He enlisted in 1966 and was selected for Warrant Officer in 1972 and then selected for Officer Candidate School and the Basic School in 1973. Colonel Torres received a masters degree in management from Webster University, a bachelor of applied arts and sciences degree in occupational education from Southwest Texas State University, and completed doctoral work at the University of the Incarnate Word. His career included service in the Republic of Vietnam from February 1968 to March 1969, where he was meritoriously combat-promoted twice and awarded the Silver Star Medal. His many military accomplishments include building and directing the Marine Corps Corrections School at the Air Force Security Police Academy, Lackland Air Force Bases in 1982; and serving as Commanding Officer, Headquarters and Service Company, Security Battalion at Quantico Marine Corps Base in 1985, as commanding officer of the Military Police Company at Camp Pendleton in 1986, as the Advisor to the Commandant of the Marine Corps on Equal Opportunity Matters and as Head, Manpower Equal Opportunity Branch. Colonel Torres retired in November 2000 after more than 34 years of active service. He was appointed to the Department of Defense Advisory Committee on Women in the Services (DACOWITS) from 2007-2011, and served as the Chairman of the Women's Wellness Subcommittee, receiving a Medal for Exceptional Public Service

in 2011 from the Office of the Secretary of Defense for his outstanding service as a member of DACOWITS.

Barbara Ward, BSN., M.P.A., U.S. Air Force served during the Vietnam War era, as an officer and staff nurse at Scott AFB Medical Center, Illinois. She currently serves as the Deputy Secretary of Women and Minority Veteran Affairs in California, and is responsible for outreach efforts, policy development of issues related to women and minority Veterans, and issues that require legislative solutions at the local level. She is a licensed R.N. in the State of California, with a bachelors of science degree in nursing from Florida Agricultural & Mechanical University in Tallahassee, Florida and a masters degree in public administration—with a focus in health care administration—from Golden Gate University in California. Ms. Ward is a visiting professor at DeVry University. Her background includes extensive experience in health care administration, workers' compensation and the health insurance industry. She has held several executive level management positions in private and public health care facilities. Ms. Ward is a member of the Governor's Committee on Employment of People with Disabilities, and the Mental Health Service Act Steering Committee, representing the interests of Veterans. She is a board member of various community service organizations and member of several Veterans service organizations. She has been recognized by several community and Veterans service organizations for her passion and commitment in serving the community and Veterans.

Kayla Williams served in the U.S. Army from 2000 until 2005. As a soldier with the 101st Airborne Division, she participated in the initial invasion of Iraq in 2003, serving as the commander's interpreter during combat operations. Ms. Williams authored *Love My Rifle More Than You: Young and Female in the U.S. Army*, sharing her experiences as a woman in the military. She has testified before Congress to advocate for women Veterans' issues. Ms. Williams received a bachelor's degree in English literature from Bowling Green State University in 1997 and a master's degree in international relations from American University in 2008. She is a Truman National Security Project fellow and a member of the Army Education Advisory Committee. Ms. Williams has been employed by RAND Corporation since 2007 and currently serves as a project associate, conducting research and analysis on intelligence, defense, military, and Veterans' issues.

Appendix C

Summary of Site Visits for 2010-2012

The Advisory Committee on Women Veterans generally conducts a site visit each year to a VA health care facility that has an active program for women Veterans. The site visit provides an opportunity for Committee members to compare the information that they receive from briefings by VA officials with actual practices in the field.

Washington, DC:

The Committee conducted a site visit on July 27-30, 2010, in Washington, DC. Briefings were held at the Veterans Benefits Administration, and the Washington DC VA Medical Center (DC VAMC). The Committee received numerous briefings from leadership and key staff members from the Veterans Benefits Administration, the Benefits Assistance Service, the Appeals Management Center, the Board of Veterans' Appeals, the DC VAMC, Readjustment Counseling Service, and VA Capital Health Care Network (VISN 5). Members of the Committee also attended VA's inaugural Forum on Women Veterans—a one-day event held at the Women's Memorial in Arlington, Virginia, to engage and educate Veterans service organizations and women Veteran advocates about enhancements in VA services for women Veterans. The site visit concluded with an exit briefing by DC VAMC leadership.

Appendix D

Briefings to the Advisory Committee on Women Veterans (2010-2012)

The Advisory Committee received the following briefings during the period covered by this report:

Office of the Secretary and Center for Women Veterans (CWV)

- The Honorable W. Scott Gould, Deputy Secretary of Veterans Affairs, Greetings, comments, presentation of certificates for new members, March 2010.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, training on the process for 2010 Committee Report timeline, March 2010.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, briefing on purpose of the ACWV site visit, July 2010.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, Update on 2010 Report, October 2010.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, update on the Advisory Committee on Women Veterans 2010 report and briefing on the duties/responsibilities of advisory committee members, March 2011.
- John Gingrich, Chief of Staff, Veterans Affairs, Greetings and briefing on Department initiatives, October 2010, March 2011, October 2011, March 2012.
- Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans, Update on Center for Women Veterans and activities, March 2010, October 2010, March 2011, October 2011, March 2012.
- Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans, update on the 2011 Summit on women Veterans, July 2011.
- Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans, training on role of Committee members at 2011 National Summit on Women Veterans' Issues, July 2011.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, update on process for 2012 report timeline, July 2011, March 2012.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, update on ACWV reports and Task Force on Women Veterans, October 2011.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, briefing on the duties and responsibilities of advisory committee members/ update on Task Force on Women Veterans and 2012 report process, March 2012.

Veterans Benefits Administration (VBA)

- Bonnie Miranda, Associate Deputy Under Secretary for Management, Entrance Briefing/Welcome of Leadership and Introduction, July 2010.
- Alison Rosen, Assistant Director of Program Management for Education Service, Overview of Post 9/11 GI Bill, July 2010.
- Edna MacDonald, Assistant Director for Compensation and Pension, Briefing on Claims Processing and Appeals, July 2010.

- Karen Gooden, Chief, Client Services, Benefits Assistance Service, Overview of the Benefits Assistance Service, July 2010.
- Emmett O'Meara, Assistant Director, Appeals Management Center, Overview of the Appeals Management Center, July 2010.
- Diana Rubens, Associate Deputy Under Secretary for Field Operations, Overview of VBA's Women Veterans Initiatives, March 2010.
- Karen Gooden, Chief, Outreach, Compensation and Pension Service, briefing on Women Veterans Coordinators Time Allotted for Workload /Update on Special Monthly Compensation Payments, March 2010.
- John R. Capozzi, Chief, Contract Management Staff, Compensation and Pension Service, briefing on contract exam, March 2010.
- Tom Pamperin, Associate Deputy Under Secretary for Policy and Program Management, overview of Veterans Benefit Administration initiatives, October 2010.
- Brad Flohr, Assistant Director, Compensation and Pension Policy Staff, update on PTSD policy and PTSD markers, October 2010.
- Jeff Moragne, Assistant Director for Outreach and Client Services BAS, update on 2010 Report of the Advisory Committee on Women Veterans (Recommendation 6; Recommendation 7; and Recommendation 10), October 2010.
- Tom Pamperin, Deputy Under Secretary for Disability Assistance, overview of Veterans Benefit Administration initiatives, March 2011.
- Edna MacDonald, Deputy Director of Operations, Compensation and Pension, briefing on claims processing and appeals, March 2011.
- Karen Gooden, Chief, Client Services, Benefits Assistance Service, overview of BAS, March 2011.
- Edna MacDonald, Deputy Director of Operations Compensation and Pension Service, update on addition of identifiers due to MST, July 2011.
- The Honorable Allison A. Hickey, Under Secretary for Benefits, overview of VBA initiatives, October 2011.
- Janice Jacobs, Deputy Under Secretary for Disability Assistance, status on WVCs position description/update on VBA's Outreach Strategic Plan/informing women Veterans about changes in benefits regulations/allotted time for WVCs for outreach and women Veterans-specific collateral duties/VBA pamphlet for women Veterans/ update on 2010 Report of the Advisory Committee on Women Veterans (Recommendation 6, Recommendation 7, and Recommendation 8), October 2011.
- Christi Greenwell, Acting Assistant Director, Client Services and Military Outreach, BAS, overview of the BAS/discussion on women Veterans outreach initiatives, March 2012.
- Edna MacDonald, Deputy Director, Compensation Services, Briefing on Claims Processing, March 2012.

Veterans Health Administration (VHA)

- Sanford Garfunkel, Network Director, VISN 5, welcome, July 2010.
- Dr. Archana Sharma, Chief Medical Officer, VISN 5, overview of VISN 5 Facilities, Programs, Demographics, July 2010.
- Dr. Veronica Thurmond, Lead Women Veterans Program Manager, overview of VISN 5 Women Veteran Services, July 2010.
- Fernando Rivera, Medical Center Director, DC VAMC, overview of DC VAMC Facility/Programs/Demographics July 2010.
- Dr. Robin Peck, Medical Director Women's Health/CBOC Team Leader, briefing on services provided by DC VAMC Women's Health Clinic, July 2010.
- Gale Bell, Women Veterans Program Manager, presentation on Washington DC VAMC Women Veterans Program, July 2010.
- Linda Hudson, Women Veterans Program Manager, Presentation on Baltimore VAMC Women Veterans Program, July 2010.
- Amy Theriault, Women Veterans Program Manager, Presentation on Martinsburg VAMC Women Veterans Program, July 2010.
- Tamia Barnes, Readjustment Counseling Therapist, Readjustment Counseling Service, briefing on Silver Springs Vet Center, July 2010.
- Michelle Kennedy, Nurse Practitioner, DC VAMC, briefing on War Related Illness and Injury Study Center, July 2010.
- Dr. Steven H. Krasnow, Chief, DCVAMC, briefing on Oncology Services, July 2010.
- Jean Langbein, OEF/OIF Program Manager, briefing on DCVAMC OEF/OIF Services, July 2010.
- Dr. Karen Blackstone, Director, DC VAMC Palliative Care Services, briefing on DC VAMC Geriatrics/ECS/Palliative Care, July 2010.
- Dr. Joel Scholten, Associate Chief Of Staff, Physical Medicine and Rehab Services, DC VAMC, briefing on DC VAMC Polytrauma Services, July 2010.
- Dr. Stacey Pollack, Chief, Trauma Services, DC VAMC, briefing on Trauma Services, military sexual trauma, July 2010.
- Nathaniel Banks, Chief, Domiciliary, briefing on DC VAMC Mental Health Services-Telehealth/Inpatient/CBOC, July 2010.
- Sevena Boughton, Chief, Social Work Services, briefing on DC VAMC social work services and homeless Veterans services, July 2010.
- Nathaniel Banks, Chief, Domiciliary, briefing on DC VAMC domiciliary and homeless Veterans services, July 2010.
- Anselm Beach, Chief, Office of Diversity and Inclusion, briefing on quality care cultural Competency, July 2010.
- Diane Phillips, Planetree Coordinator, briefing on DC VAMC Outreach initiatives, July 2010.
- Odeal Scott-Bedford, Chief, Facilities Management Services, briefing on Construction - Women's Pavilion, July 2010.
- Dr. Antonette Zeiss, Deputy Chief, Mental Health Services, update on 2008 Report recommendation 4, March 2010.
- William Schoenhard, Deputy Under Secretary for Management and Operations, overview of VHA's women Veterans initiatives, March 2010.

- Jahmal Ross, Director, Environmental Programs Service, Update on 2008 Report recommendation 7, March 2010.
- Dr. Patricia M. Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group, Overview of VHA and the Women Veterans Health Strategic Health Care Group, women Veterans health, update on 2008 ACWV Report recommendations, March 2010, July 2011, March 2012.
- The Honorable Robert A. Petzel, Under Secretary for Health, overview of VHA initiatives, October 2010.
- Dr. Susan McCutcheon, Director, Family Services, MST, and Women's Mental Health, Office of Mental Health Services, overview of mental health services and update to 2010 Report of Advisory Committee on Women Veterans (Recommendation 1; and Recommendation 3), October 2010.
- Dr. Billie Randolph, Deputy Chief Prosthetics Officer, Prosthetics Services, Prosthetic Services for Women, October 2010, October 2011.
- Dr. Alfonso Batres, Director, Readjustment Counseling Service, and Alice Ford, Team Leader, Alexandria, VA Vet Center, readjustment counseling services, October 2010.
- Dr. Linda Kinsinger, Chief Consultant, Preventive Medicine, National Center for Health Promotion and Disease Prevention, update on prevention services for women Veterans, October 2010.
- Dr. Robert Jesse, Principal Deputy Under Secretary for Health, overview of VHA initiatives, March 2011.
- Vivian Stahl, Librarian, Library Service, article review and briefing on library services, March 2011.
- Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group, Overview of the Women Veterans Health Strategic Health Care Group and Update on 2010 ACWV Report (Recommendation 2; and Recommendation 5), March 2011.
- Bonnie Graham, Transformation Lead, Office of Patient Centered Care and Cultural Transformation, overview of Office of Patient Centered Care and cultural transformation, March 2011.
- Holley Niethammer, Chief, Policy Division, National Fee Program, briefing on fee basis and fee-based care for women Veterans, July 2011.
- Dr. Jan Kemp, National Program Director for Suicide Prevention, Canadaigua VA Medical Center, briefing on Veterans Crisis Line and DoD-VA Suicide Prevention Conference, July 2011.
- Deborah Amdur, Chief Consultant, Office of Care Management and Social Work, update on caregivers program, July 2011.
- Dr. Sonja Batten, Deputy Chief Consultant for Specialty Mental Health, Office of Mental Health Services, VHA and Dr. Susan McCutcheon, Director of Family Services, MST, and Women's Mental Health, Office of Mental Health Services, Inpatient Mental Health Care for Women Veterans, Update on Mental Health Strategic Health Plan and an Update on 2010 Report of the Advisory Committee on Women Veterans (Recommendation 1 and Recommendation 3), October 2011.

- Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group, discussion on women Veterans health issues and initiatives/standardization of outreach requirements for WVPs, October 2011.
- John Hale, Chief Communications Officer, Web Communications, VHA, discussion on standardization of access to WVPs contact information on VA Websites, October 2011.
- Mr. William Schoenhard, Deputy Under Secretary for Health for Operations and Management, overview of VHA initiatives, October 2011.
- Tamia Barnes, Counselor, Silver Spring Vet Center, Readjustment Counseling Service (RCS) and Greg Harms, Program Analyst, RCS, briefing on RCS, October 2011.
- Dr. Robert D. Kerns, National Program Director for Pain Management, Briefing on Pain Management, October 2011.
- Dr. Madhulika Agarwal, Deputy Under Secretary for Health for Policy and Services, overview of VHA initiatives, March 2012.
- Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group, overview of the Women Veterans Health Strategic Health Care Group/discussion on women Veterans health initiatives, March 2012.
- Dr. Leslie Arwin, Medical Officer, Office of Disability and Medical Assessments, VA Ann Arbor VA Health Care System, VHA and Keith Stabler, Policy Analyst, Compensation Service, briefing on disability benefits questionnaires, March 2012.
- Janice Furtado, Family Counselor, Brockton Vet Center, Readjustment Counseling Service, briefing on RCS, March 2012.
- Dr. Sonja Batten, Deputy Chief Consultant for Specialty Mental Health, Office of Mental Health Services, briefing on mental health care for women Veterans/treatment for military sexual trauma, March 2012.

Office of Survivors Assistance

- Debra Walker, Director, Office of Survivors Assistance, briefing on services provided by the Office of Survivors Assistance, July 2011.

National Cemetery Administration (NCA)

- The Honorable Steve Muro, Under Secretary for Memorial Affairs, overview of NCA initiatives, October 2010, March 2011, March 2012.

Services for Women Who Are Homeless

- Dr. Susan Angell, Executive Director, Veterans Homeless Initiatives, Office of Public and Intergovernmental Affairs, update on VA's initiatives for homeless Veterans, October 2010, March 2011.
- Dr. Susan Angell, Executive Director, Veterans Homeless Initiatives, update on VA's Veterans' Homeless Prevention Demonstration Program, October 2011.
- Stacy Vasquez, Deputy Director, Homeless Veterans Initiative Office, Office of Public and Intergovernmental Affairs, overview of VA's Office of Homeless Programs, March 2012.

Rural Health

- Dr. Mary Beth Skupien, Director, Office of Rural Health, update on rural health initiatives and 2010 report on the Advisory Committee on Women Veterans, October 2010, October 2011.
- Dr. Serena Chu, Program Analyst, Office of Rural Health, Update on Rural Health Initiatives and 2010 Report of the Advisory Committee on Women Veterans, March 2011.

Legislative Initiatives and Hill Site Visits

- The Honorable Joan Mooney, Assistant Secretary for Congressional and Legislative Affairs, update legislative issues affecting women Veterans, October 2010, October 2011.
- Christopher O'Connor, Associate Deputy Assistant Secretary, Office of Congressional and Legislative Affairs, update on legislative issues affecting women Veterans, March 2012.

Research and Surveys

- Dr. Kathryn M. Magruder, Research Health Scientist, Charleston, VA Medical Center, Update on Vietnam Era Women Veterans Research, October 2010.
- Dr. Seth Eisen, Director, Health Services Research and Development Services, update on VA's research portfolio for women Veterans, October 2010.

Defense Advisory Committee on Women in the Services (DACOWITS)

- COL Denise Dailey, Military Director DACOWITS, update on DACOWITS activities, October 2008.

Office of General Counsel

- Jonathan Gurland, Office of General Counsel, ethics issues, February 2009, March 2010.
- E. Anne Kopley, Office of General Counsel, ethics issues, March 2011, March 2012.

Veterans Employment

- Mary M. Santiago, Director, Veterans Employment Services Office, update on VA's Veterans employment initiatives, October 2011.

Board of Veterans' Appeals

- The Honorable James P. Terry, Chairman, Board of Veterans Appeals, Overview of the Board of Veterans Appeals, July 2010.

Office of Public and Intergovernmental Affairs

- Nathan Naylor, Deputy Assistant Secretary for Public and Intergovernmental Affairs, update on VA outreach to women Veterans, March 2010.
- Nathan Naylor, Deputy Assistant Secretary for Public and Intergovernmental Affairs, update on 2010 report of the Advisory Committee on Women Veterans (Recommendation 10), October 2011.

VA Learning University

- Dr. John Garvin, Director of Leadership, VA Learning University (VALU), and Rita Treadwell, Consultant, VALU, Human Resources Administration (HRA), update on 2010 Report of Advisory Committee on Women Veterans (Recommendation 4; and Recommendation 10), October 2010.
- Alice Muellerweiss, Dean, VA Learning University (VALU), update on 2010 report of the Advisory Committee on Women Veterans (Recommendation 4)/enhancing VA staff's education on women Veterans' issues, March 2012.

Department of Labor

- Pamela Langley, Chief, Employment and Training Grant Programs Division, Veterans Employment Training Service, update on Department of Labor initiatives, October 2010.
- Sara Manzano-Diaz, Director, Women's Bureau, Department of Labor initiatives for women Veterans, October 2011.

Department of Defense

- Major General Mary Kay Hertog, Director, Sexual Assault Prevention Response Office (SAPRO), Briefing on SAPRO, March 2012.

Appendix E

2011 Charter of the Advisory Committee on Women Veterans

DEPARTMENT OF VETERANS AFFAIRS
CHARTER OF THE
ADVISORY COMMITTEE ON WOMEN VETERANS

1. OFFICIAL DESIGNATION: Advisory Committee on Women Veterans
2. AUTHORITY: The Committee is authorized by statute, 38 U.S.C. § 542, and operates under the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. App.
3. OBJECTIVES AND SCOPE OF ACTIVITY: The Committee provides advice to the Secretary with respect to the administration of benefits by the Department of Veterans Affairs (VA) for women Veterans; reports and studies pertaining to women Veterans; and the needs of women Veterans with respect to health care, rehabilitation benefits, compensation, outreach, and other relevant programs administered by VA.
4. DUTIES OF THE COMMITTEE: In carrying out its primary responsibility of providing advice to the Secretary of Veterans Affairs, the Committee will provide a report to the Secretary not later than July 1 of each even-numbered year which includes (1) an assessment of the needs of women Veterans and the benefits and programs provided by VA to meet those needs, (2) a review of the programs and activities at VA that affect women Veterans, and (3) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.
5. OFFICIAL TO WHOM THE COMMITTEE REPORTS: The Committee reports to the Secretary through the Director, Center for Women Veterans.
6. OFFICE RESPONSIBLE FOR PROVIDING SUPPORT TO THE COMMITTEE: The Center for Women Veterans is responsible for providing support to the Advisory Committee on Women Veterans.
7. ESTIMATED ANNUAL OPERATING COSTS IN DOLLARS AND STAFF-YEARS: The estimated annual operating costs for the Committee are \$190,000 and .75 staff-years. All members will receive travel expenses and a per diem allowance in accordance with the Federal Travel Regulation for any travel made in connection with their duties as members of the Committee.
8. DESIGNATED FEDERAL OFFICER: The Designated Federal Officer (DFO), a full-time VA employee, will approve the schedule of Committee meetings. The DFO or a designee will be present at all meetings, and each meeting will be conducted in accordance with an agenda approved by the DFO. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so.
9. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Committee is expected to meet at least three times annually.

10. DURATION: There is a continuing need for the Committee to assist the Secretary in carrying out the responsibilities under 38 U.S.C. § 542.

11. TERMINATION DATE: Authorized by law for an indefinite period, the Committee has no termination date.

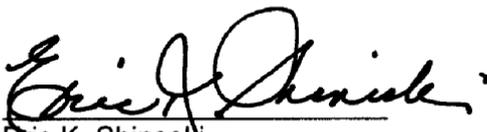
12. MEMBERSHIP AND DURATION: By statute, the Committee shall consist of members appointed by the Secretary from the general public, including representatives of women Veterans; individuals who are recognized authorities in fields pertinent to the needs of women Veterans, including the gender specific health-care needs of women; and representatives of both female and male Veterans with service-connected disabilities, including at least one female Veteran with a service-connected disability and at least one male Veteran with a service-connected disability. The Committee shall include ex officio members as specified by statute. The Secretary shall determine the number and terms of service of members of the Committee, except that a term of service of any such member may not exceed 3 years. The Secretary may reappoint any such member for additional terms of service.

The Committee will be comprised of not more than 12 members. Several members may be Regular Government Employees, but the majority of the Committee's membership will be Special Government Employees.

13. SUBCOMMITTEES: The Committee is authorized to establish subcommittees, with the DFO's approval, to perform specific projects or assignments as necessary and consistent with its mission. The Committee chair shall notify the Secretary, through the DFO, of the establishment of any subcommittee, including its function, membership and estimated duration. Subcommittees will report back to the Committee.

14. RECORDKEEPING: Records of the Committee shall be handled in accordance with General Records Schedule 26 or other approved agency records disposition schedules. Those records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. § 552.

15. DATE CHARTER IS FILED:

Approved:  Date: 10/28/11
Eric K. Shinsek
Secretary of Veterans Affairs

Appendix F Center for Women Veterans Mission and Goals



THE CENTER FOR WOMEN VETERANS was established by Congress in November 1994 by P. L. 103-446 to monitor and coordinate Department of Veterans Affairs (VA) programs for women Veterans.

OUR MISSION

The mission of the Center for Women Veterans is to ensure that:

- ◆ Women Veterans receive benefits and services on par with male Veterans.
- ◆ VA programs are responsive to gender-specific needs of women Veterans.
- ◆ Outreach is performed to improve women Veterans' awareness of services, benefits, and eligibility criteria.
- ◆ Ensure that momentum is Veteran-centric, results driven, and forward looking. Women Veterans are treated with dignity and respect.

The Director, Center for Women Veterans, serves as the primary advisor to the Secretary of Veterans Affairs on all matters related to policies, legislation, programs, issues, and initiatives affecting women Veterans.

OUR GOALS

- ◆ Engage and empower women Veterans through effective targeted outreach, education, and monitoring of VA's provision of benefits and services for women Veterans.
- ◆ Identify policies, practices, programs, and related activities that are unresponsive or insensitive to the needs of women Veterans and recommend changes, revisions or new initiatives to address these deficiencies.
- ◆ Foster communication among all elements of VA on these findings and ensuring the women Veterans' community that women Veterans' issues are incorporated into VA's strategic plan.
- ◆ Monitor and coordinate VA's administration of health care, benefits services, and programs for women Veterans.
- ◆ Promote and provide educational activities on women Veterans' issues for VA personnel and other appropriate individuals.
- ◆ Encourage and develop collaborative relationships with other Federal, state, and community agencies to coordinate activities on issues related to women Veterans.
- ◆ Serve as an advocate for a cultural transformation (both within VA and in the general public) in recognizing the service and contributions of women Veterans and women in the military.
- ◆ Coordinate outreach activities that enhance women Veterans' awareness of new VA services and benefits.
- ◆ Promote research activities on women Veterans' issues.