

**Department of Veterans Affairs (VA)  
Advisory Committee on Women Veterans Meeting Minutes  
Hilton Garden Inn, Georgetown Ballroom  
815 14<sup>th</sup> Street, NW, Washington, DC  
October 26-28, 2010**

**VA Advisory Committee on Women Veterans (ACWV) Members Present:**

COL Shirley Quarles, USAR, Chair	PO2 Davy H. Coke, USN, Retired
COL Matrice W. Browne, USA, Retired	Valerie Cortazzo, USN
CDR Rene' Campos, USN, Retired	Karen Etzler, USAF
Lindsay Long, USMC	SFC Gundel Metz, USA, Retired
Kayla Williams, USA	Barbara Ward, USAF
CMSgt Helena R. Carapellatti, USAF, Retired	

**ACWV Excused:**

COL Gloria Maser, USAR

**ACWV Ex-Officio Members Present:**

Lilly Jackson, Buffalo Regional Office  
(VARO), Veterans Benefits  
Administration (VBA)

COL Adrienne Fraser Darling, Director  
Defense Department Advisory  
Committee on Women in the Services

**ACWV Advisors Present:**

Raynell Lazier  
Chief, Executive Correspondence  
Division, National Cemetery  
Administration (NCA)

**ACWV Ex-Officio Members Excused:**

Pam Langley, Veterans Employment and  
Training Service  
Department of Labor (DOL)

**ACWV Advisors Excused:**

CAPT Angela M. Martinelli, Division of  
Treatment and Recovery Research,  
National Institute of Alcohol Abuse and  
Alcoholism, National Institute of Health,  
Department of Health and Human  
Services (HHS)

Dr. Patricia Hayes, Chief Consultant,  
Women Veterans Health Strategic  
Health Care Group (WVHSHCG),  
Veterans Health Administration (VHA)

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**VA Staff Present:**

Carolyn Bryant, Benefits Assistance Service (BAS)  
Stan Stewart, VHA Office of Research and Development

Zachery Smith, Togas VA Medical Center

**Center for Women Veterans (CWV):**

Dr. Irene Trowell-Harris, Director  
Dr. Betty Moseley Brown, Associate Director  
Desiree Long, Senior Program Analyst

Shannon Middleton, Program Analyst  
Michelle Terry, Program Support Assistant  
Juanita Mullen, Program Analyst

**Guests:**

Heather Ansley, Vets First/United Spinal  
Mary-Lynn Bender, The American Association of Colleges of Osteopathic Medicine  
Lela Campbell, National Center for Health and Behavioral Change  
Tarik Carter, Government Accountability Office (GAO)  
Christina Hardaway, Office of Congressman Rangel  
Naglaa El-Hodirin, GAO  
Sharon Hodge, Vietnam Veterans of America  
Joy Ilem, Disabled American Veterans  
Dawn Jirak, Veterans of Foreign Wars

Nancy Hogan, Senate Veterans Affairs Committee  
Trey Kennedy, Jefferson Consulting  
Sue Mandry, Health Net  
Marie Manteuffel, Society for Women's Health Research  
Alethea Predoux, Paralyzed Veterans of America  
Mark Walker, The American Legion  
Denise Williams, The American Legion

The entire meeting package with attachments is located in the Center for Women Veterans, Washington, DC

\*A written public comment from Cathy Santos, Founder and Board Chairman of the National Alliance of Women Veterans, was submitted and disseminated to the ACWV for consideration.

**Tuesday, October 26, 2010—Georgetown Ballroom**

***Meeting was called to order by the Chair.***

Items discussed included:

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- Introduction of members and visitors.
- Agenda review.
- Approval of minutes from July 27-30, 2010 Advisory Committee site visit in Washington DC.
- Dates reviewed for the upcoming Advisory Committee on Women Veterans meeting; date set for March 29-31, 2011.
- In addition, the Chair thanked the Center for Women Veterans (CWV) for the support provided in constructing the 2010 Advisory Committee Report.

**Update on Department of Labor Initiatives for Women Veterans, Pamela Langley, Chief, Employment and Training Grant Programs Division, Veterans' Employment and Training Service, Department of Labor**

- Discussed unemployment rates of male and female Veterans and many factors that could have contributed to it.
  - Through the third quarter of FY 2010, the unemployment rate for male Veterans was 8.1 percent and the unemployment rate for female Veterans was 8.6 percent.
- Discussed unemployment rates of male and female Gulf War II Era Veterans and many factors that could have contributed to it.
  - Through the third quarter of FY 2010, the unemployment rate for male Veterans was 11.7 percent and the unemployment rate for female Veterans was 12.7 percent.
- Of the 1,518,716 Veterans served at one-stop career centers from June 2009- July 2010, there were 174,129 female Veterans served.
- Female Veterans represented 9.4 percent of all Veterans in the civilian labor force in 2009-2010.
- Gave an overview of female Veterans in Competitive Grant Programs.
  - Purpose is to assist Veterans with employment barriers to re-entering the civilian workforce.
  - Grants awarded to Community and Faith-Based Organizations.
  - In the Homeless Veterans' Reintegration Program (2006 through 2009), there were 13, 786 Veteran participants and 10,194 placements.
    - There were 1, 971 women Veterans and family participants, with 1,506 placements.
  - In the Veterans' Workforce Investment Program (2006 through 2009), approximately 2,700 Veterans were served per year. Approximately 225 female Veterans or 8.3 percent were served per year.

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**Update on the Advisory Committee on Women Veterans 2010 Report, Dr. Irene Trowell-Harris, Designated Federal Official**

- The Congressionally mandated 2010 Report of the Advisory Committee on Women Veterans contains a total of 10 recommendations, with supporting rationale, that are reflective of issues encountered by many women Veterans, are based on information and data presented during briefings at Committee meetings and site visits, and have implications for the entire women Veterans population.
- These recommendations address the following issues:
  - Health care.
  - Training—employee awareness training/ orientation on women Veterans issues, military sexual trauma sensitivity, combat experiences.
  - Women Veterans program managers.
  - Women Veterans coordinators.
  - Rural health.
  - Outreach—media campaign collaboration with CWV.
- Report recommendations submitted to the Secretary on July 1, 2010.
- CWV coordinated with Administrations (VHA, VBA, NCA and staff offices) to obtain VA's responses to recommendations.
- VA's report--to include 2010 ACWV report recommendations, supporting rationale, and VA's responses—was signed by the Secretary and delivered to Congress on September 16, 2010.
- Follow up on recommendations are tracked in a matrix, maintained by CWV staff. Some items may be resolved, while other ongoing issues may require updates.
- Report will be processed for design and reproduction, beginning in October 2010. It will be distributed to VA Administrations and staff offices, Congressional members, ACWV members, various stakeholders, and the general public.
- Report is currently available electronically on CWV's website ([www.va.gov/womenvet](http://www.va.gov/womenvet)).

**Update on the Center for Women Veterans activities, Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans**

- Provided information on outreach activities.
- Discussed VA's strategic goals and the Center's performance measures.
- Discussed the Center's recent and upcoming events such as:
  - CWV will culminate the Her Story campaign with the release of the Her Story documentary on November 10, 2010 in conjunction with Veterans'

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Day. The documentary will be shown via the VA Knowledge Network through March 31, 2011.

- CWV will host the National Summit on Women Veterans' Issues in 2011. The ACWV normally visits VA field facilities for its annual site visit; however in 2011, they will attend and participate in the Summit in lieu of the site visit.
- CWV will plan and execute events for women Veterans during Women's History Month, Memorial Day, Women's Equality Day, and Veterans Day.

**Overview of Veterans Health Administration (VHA) Initiatives, The Honorable Robert A. Petzel, Under Secretary for Health**

- Discussed the delivery system of the future, alignment and variation.
- Explained VHA's vision statement:
  - VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.
  - This care will be delivered by engaged, collaborative teams, in an integrated environment that supports learning, discovery and continuous improvement.
  - It will emphasize prevention and population health, and contribute to the Nation's wellbeing through education, research and service in national emergencies.
- Patient centered means that the patients are in control of their health care, and that the system is designed around the needs of the patient.
- Team care will be the new health care work place.
  - Work is done in teams; members regard each other as peers; are empowered; have data about cost, quality, satisfaction and access; use a continuous improvement process; have time; and work collaboratively.

**Overview of Veterans Benefit Administration Initiatives, Tom Pamperin, Associate Deputy Under Secretary for Policy and Program Management, Veterans Benefits Administration (VBA)**

- VBA FY 2010 women Veterans outreach coordinators accomplishments:
  - Provided guidance and training on securing documentation for military sexual trauma (MST) victims by using DD Form 2910, *Victim Reporting Preference Statement*

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- On July 15, 2010, VBA authorized regional offices (ROs) and pension management centers (PMCs) to accept DD Form 2910, *Victim Reporting Preference Statement*; DD Form 2911, *Forensic Medical Report: Sexual Assault Examination*; and other similar forms as corroborating evidence of a report of MST.
- Partnering with the Center for Women Veterans to provide field women Veterans outreach coordinators with updated program activities and resources to accomplish targeted outreach mission.
- Supported the Women Veterans Forum conducted in July 2010.
- Building collaborative training with VHA Office of Mental Health to conduct sensitivity training for all field Women Veteran Outreach Coordinators and public contact personnel.
- VBA key initiatives:
  - VA schedule for rating disabilities update project: 15 body systems:
    - Four new medical doctors hired, and compensation and pension re-announcing position to attract additional qualified applicants.
    - Revisions to hemic/lymphatic and endocrine systems draft proposed regulations completed in August 2010; currently awaiting cost impact analyses.
    - Mental health criteria status:
      - Mental health working group and sub-working group meet weekly to establish drafting process and draft new criteria.
  - Musculoskeletal forum:
    - Held on August 10, 2010 at Capitol Hilton in Washington, DC; estimated 80 in attendance, including 45 members of the public.
    - Received current medical science information from VA, DoD and private medical experts, and public comment addressing revisions.
    - Forming sub-working groups based upon specific musculoskeletal areas.
  - E-benefits:
    - One stop shop for personalized VA/DoD benefits and services.
    - Uniform, transparent navigational framework for this web-portal.
  - Virtual Lifetime Electronic Record:
    - Provides role-based access including Service member/Veteran.
    - Offers life-long personnel, benefits, and health information.
    - Is phased, using industry best practices, including common services/joint applications.
- Disability compensation highlights:

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- Pending workload indicates an average of 22 years from the date of discharge to the date the initial compensation claim is received.
- Although VBA continues to see claims for common conditions, the number of Veterans that file initial claims for eight or more disabilities has increased.
- Factors in growth of disability claims:
  - Improved and expanded outreach.
  - Operations Enduring Freedom and New Dawn.
  - Aging of Veteran population.
  - New presumptive illnesses for Vietnam War Veterans:
    - Estimated 250,000 claims.
  - Current economy.

**Overview of National Cemetery Administration (NCA) Initiatives, Steve Muro, Acting Under Secretary for Memorial Affairs**

- Responsibilities:
  - Provide burial space for Veterans and maintain cemeteries as National shrines.
  - Administer the Federal grants program for construction of state Veterans cemeteries.
  - Furnish headstones and markers.
  - Administer the Presidential Memorial Certificate Program.
  - First Notice of Death (FNOD) program.
- FNOD program:
  - June 2008 - agreement between the Under Secretaries for Benefits and Memorial Affairs to transfer responsibility from VBA to NCA.
  - FNOD resulting in burial in a National cemetery, application for a government-furnished headstone or marker, or application for a burial flag.
  - FY 2009- NCA captured and entered data into VA information systems that ensured the necessary discontinuance of approximately \$17.4 million in monthly compensation payments for deceased Veterans.
- American customer satisfaction index 2007 survey, an internationally accepted measure of customer satisfaction:
  - Highest score in customer satisfaction ever awarded to a Federal agency or private organization (rating of 95 out of possible 100).
  - Respondents who believed that NCA served their loved ones in a respectful way- 98 percent.
  - High scores achieved through development and application of operational standards and measures.
- Status of National cemeteries:

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- Open- 71.
- Cremation Only- 20.
- Closed- 40.
- Total- 131.
- Eligibility:
  - Any member of the armed forces of the United States who dies on active duty.
  - Any Veteran who was discharged under conditions other than dishonorable.
  - National Guard members and reservists with 20 years of qualifying service who are entitled to retired pay, or would be entitled, if at least 60 years of age.
  - Spouses and minor children.
  - Certain eligible parents.
- Veteran Medallion *P.L. 110-157*:
  - Became available to the public in June 2010:
    - Displays branch of service.
    - Comes in three sizes- 5, 3 and 1.5 inches.
    - Can be used in lieu of a headstone or marker at a private cemetery.
    - Death occurred on or after November 1, 1990.
- State cemetery grant programs:
  - VA provides 100 percent of development costs.
  - More than \$438 million awarded since 1980.
  - Forty states and territories have received grants.
  - There are 79 operational; and 7 cemeteries under construction.
  - There were 26,800 interments in FY 2009.
- New initiatives:
  - New cemetery policy is for an un-served Veterans population of 80,000.
    - New cemeteries to be established in Melbourne/Daytona, Florida; Buffalo/Rochester, New York; Tallahassee, Florida; Omaha, Nebraska; and Southern Colorado.
    - Urban initiatives in New York City, New York; San Francisco, San Jose, Oakland and Los Angeles, California; and Chicago, Illinois.
- Memorial walls:
  - Memorial walls will be included in designs of new cemeteries or expansions of existing cemeteries.
  - Walls or other structures will display individual memorial markers for deceased eligible Veterans, spouses and dependents.
  - Conserves will offer limited burial space that might otherwise be used for interment of remains.

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- Not for use within original grounds of historic cemeteries; may be placed in newly designed expansions of historic cemeteries.
- NCA National outreach:
  - Biennial Women Marines Association.
  - A Forum on Women Veterans.
  - Eligibility Fair for Women.
  - Federally Employed Women (FEW).
  - Gold Star Wives.
  - LULAC National Women's Conference.
  - National Council of Negro Women's Black Family Reunion.
- NCA assistance to Arlington National Cemetery (ANC):
  - At the request of the Secretary of the Army, NCA is helping ANC during this period of transition.

**Update on Rural Health Initiatives and 2010 Report on the Advisory Committee on Women Veterans, Dr. Mary Beth Skupien, Director, Office of Rural Health, VHA**

- Veterans Rural Health Resource Centers (VRHRCs):
  - Three regional centers: White River Junction, Vermont; Iowa City, Iowa; Salt Lake City, Utah.
  - Function as field-based clinical laboratories for demonstration projects/pilot projects.
  - Serve as rural health experts.
  - Act as educational and clinical repositories.
  - Provide programmatic support to the Office of Rural Health (ORH).
- Veterans' Rural Health Advisory Committee (VRHAC)
  - Federal advisory committee, created to advise the Secretary of Veterans Affairs on health care issues affecting enrolled Veterans residing in rural areas.
  - Evaluate current program activities and identify barriers to providing rural health care services.
  - VA may adopt recommendations to enhance or improve VA rural health care services.
- Rural mobile clinics:
  - Funding four pilot project mobile clinics since 2008: Togus, Maine; Cheyenne, Wyoming; Puget Sound, Washington; Clarksburg, West Virginia.
  - Togus, Maine – Full-time nurse practitioner trained to provide comprehensive primary care, according to VHA standardized protocols for women Veterans.

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- Gender specific services include breast and cervical cancer screening, gynecological care and maternity care.
- Licensed social worker available to provide mental health screening.
- An executive summary with recommendations is in the process of being completed that will guide the planning and implementation of future mobile clinics.
- Priorities of ORH:
  - Web-based reporting system developed with listing of all projects, with access for all ORH staff.
  - Monitoring and tracking all ORH projects quarterly.
  - Communications plan developed for ORH.
  - Strategic plan update in FY 2011, with involvement of stakeholders.
  - Increase collaboration and communication with existing and new partners.
  - Monitor and track the activities of the VA/Indian Health Service memorandum of understanding (MOU) subgroups.
  - Regular site visits to the field.
  - Complete a comprehensive needs assessment of Veterans with Veterans Resource Centers and VRHRCs participation.
  - Realignment of VRHRCs under ORH (direct supervision).
  - Collaboration and education symposia planned and managed by ORH staff (focus women Veteran and homeless Veterans).
  - Advocating for three new positions in ORH to meet infrastructure needs.
- ORH culture:
  - ORH will be a "Veteran-centered" program with mission-driven staff.
  - Open communication will be paramount.
  - Teamwork and collaboration will occur at all levels and with many partners.
  - Continuous improvement will be the norm, with accountability and evaluation of programs/projects.
  - Innovation will be encouraged and rewarded.
  - Increased use of technology for all processes and activities.
  - Decisions for change will be driven by data and evidence based practices.
  - Successes celebrated for advocating and providing improved access to high quality care for rural Veterans.

**Update on Legislative Issues Affecting Women Veterans, The Honorable Joan M. Evans, Assistant Secretary for Congressional and Legislative Affairs**

- Major areas of Congressional member focus:
  - Assessing services VA is providing for women Veterans.

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- Implementing, in a timely manner, recently enacted women Veterans care provisions.
- Improving the claims process for women, so their combat service is not questioned.
- Reviewing care model to address military sexual trauma.
- Providing child care so all Veterans are able to seek care at VA.
- Cultivating and enhancing capabilities of all VA staff, with regard to the needs of women Veterans.
- Ensuring the women Veterans program managers are effective.
- Newly enacted legislation.
- Title II of Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, contains **six** provisions that impact the care and services VA provides to women Veterans:
  - Conduct a study of the barriers to health care for women Veterans:
    - VA is seeking expert review of the recently completed National Survey of Women Veterans to develop a contract proposal for this required large scale study.
    - VA will then develop a statement of work for a contract to conduct this study.
  - Train and certify mental health providers on care for Veterans suffering from sexual trauma and post traumatic stress disorder (PTSD):
    - VA has determined that establishing a one-time mandatory training requirement for all mental health providers on these issues will best fulfill the requirements of the new law.
    - VA anticipates that the one-time requirement for all mental health providers currently employed can be initiated beginning the second quarter of fiscal year FY 2011.
    - All new hires will be expected to complete the training prior to beginning clinical duties.
    - VA is developing a shorter, targeted training course on sexual trauma designed specifically for primary care providers; VA anticipates it can begin providing this training by the end of FY 2011.
    - Content on MST has already been added to existing mandatory training materials for all trainees in VA.
  - Conduct a pilot program on group counseling for women Veterans newly separated from service in the armed forces in retreat settings:
    - VA has developed the contract requirements to solicit proposals, including outcomes for evaluating the pilot; identified three target areas that can conduct the retreats and the Vet Centers and staff that will host and support each retreat; identified organizations with the

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experience and capacity to respond to the request for proposals to sponsor the retreats; and issued a solicitation that closed on September 24, 2010.

- Only one proposal was submitted, and the proposal did not meet all of the requirements of the solicitation. VA reopened the solicitation for 2 weeks on October 18, 2010.
- Ensure the Advisory Committee on Women Veterans includes women Veterans who are recently separated from the service:
  - VA was in compliance with this requirement before the law was enacted and continues to include representation meeting this standard.
- Carry out a pilot program to assess the advisability and feasibility of providing assistance to qualified Veterans to obtain child care:
  - VA may need to draft and publish regulations that define the scope of services that will be provided as child care assistance.
  - VHA's Office of Public Health is working with the Office of General Counsel and VHA's Office of Regulatory Affairs to determine if such regulations are necessary.
- Furnish health care services to a newborn child of a woman Veteran who is receiving maternity care furnished by VA:
  - VHA has begun working with the Office of Information and Technology (OI&T) to develop the IT platforms necessary to implement this change.
  - VA provided initial guidance to field facilities on the change in fee basis authority on August 18, 2010 and submitted a procedure guide to further help field staff implement this proposal in October.

Discussion/Wrap-up, Colonel Shirley Quarles, Chair

**Wednesday, October 29, 2010**

**Overview of Mental Health Services and Update to 2010 Report of Advisory Committee on Women Veterans (Recommendation 1--That the Department of Veterans Affairs (VA) establishes more collaborative partnerships that would enable women Veterans, especially those with children, to receive comprehensive recovery treatment through established alcohol and drug abuse programs; and Recommendation 3--That VA establishes more gender-specific health treatment programs for women Veterans, such as "women only" PTSD programs and Military Sexual Trauma (MST) programs). Dr. Susan McCutcheon, Director, Family Services, MST, and Women's Mental Health, Office of Mental Health Services, VHA**

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- Update on Recommendation 1:
  - VHA offers specialty treatment to foster recovery from alcohol and drug problems with more than 260 plus programs across VA.
  - More than one-third of these programs offer specialized services or groups for women Veterans.
  - Staff in VA's specialty drug and alcohol treatment programs are highly experienced with arranging housing and other services for patients to allow them to engage in treatment.
  - One of the primary pillars of the Five-Year Plan to End Homelessness Among Veterans is the continued development of community partnerships, requiring close collaboration with Federal, state, local, and tribal governments; faith-based, non-profit and private groups.
  - VA assists community-based organizations with the provision of services for homeless Veterans, through VA's Grant and Per Diem (GPD) Program, by providing GPD payments to community-based organizations.
  - Some of these projects are specifically for women Veterans while others have capacity to serve women Veterans within their program.
- Update on Recommendation 3:
  - VA strongly encourages sites to give Veterans.
  - Treated for military sexual trauma (MST) the option of same-sex provider, or opposite-sex provider if trauma involved a same-sex provider.
  - Treated for other mental health (MH) conditions the option of a consultation from same-sex provider regarding gender-specific issues.
- All VA facilities must accommodate and support women and men with safety, privacy, dignity, and respect.
- All inpatient and residential care facilities must provide separate and secured sleeping accommodations for women.
- Mixed gender units must ensure safe and secure sleeping and bathroom arrangements including, but not limited to, door locks and proximity to staff.

**Prosthetic Services for Women, Dr. Billie Randolph, Deputy Chief Prosthetics Officer, Prosthetics Services, VHA**

- Patient population served by Prosthetic and Sensory Aids Service (PSAS) :
  - Served 38.26 percent of the 5.7 million patients treated by VA in FY 2009.
  - Includes Veterans who have amputations, spinal cord injury and dysfunction, sensory impairments (vision and hearing), cardio-pulmonary disease, traumatic brain injury, post traumatic stress, neurological dysfunction, muscular dysfunction, diabetes, peripheral vascular disease, and cancer.

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- Also includes those who require geriatric care, orthopedic care, and burn care and support.
- PSAS services include artificial limbs/custom bracing, automobile adaptive equipment (AAE), blind aids, assistive listening devices, clothing allowance, home improvements and structural alterations (HISA), home oxygen, medical equipment and supplies, restorations, service dogs, surgical implants, wheelchairs and accessories, adapted sports and recreational equipment.
- Prosthetics women's workgroup (PWW):
  - PWW was created to enhance the care of women Veterans in regards to technology, research, training, repair and replacement of prosthetic appliances.
  - It is a subgroup of the Prosthetics Clinical Management Program (PCMP).
- Other women-specific prosthetic items include nursing bras, bathing suits (post-mastectomy), pregnancy abdominal binder (maternity support) and eyeglass frames designed for women.
- Outreach:
  - Personalizing care for women Veterans brochure;  
[www.prosthetics.va.gov](http://www.prosthetics.va.gov).
  - More than 58,000 visitors in FY 2010.
  - Average 229 visits per day.
- Inquiry Routing and Information System (IRIS) inquiries:1,331 resolved in FY 2010.

**Readjustment Counseling Services, Dr. Alfonso Batres, Director, Readjustment Counseling Service, and Alice Ford, Team Leader, Alexandria, VA Vet Center**

- Readjustment counseling offers a wide range of services to eligible Veterans and their families in the effort to make a successful transition from military to civilian life.
- Services offered at Vet Centers nationwide include:
  - Counseling for Veterans and their families.
  - Marital and family counseling for military related issues.
  - Bereavement counseling.
  - Military sexual trauma counseling and referral.
  - Demobilization outreach and services.
  - Substance abuse assessment and referral.
  - Employment.
  - VHA referral.
  - VBA referral.
  - Veterans community outreach and education.

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- Vet Center staff:
  - Over 72 percent of all Vet Center staff are Veterans and 51 percent are combat Veterans.
  - Over 37 percent of all Vet Center staff served in Iraq, Afghanistan, or both.
  - Over 60 percent of Vet Center direct counseling staff are VHA qualified mental health professionals (licensed psychologists, licensed social workers, and nurses).
  - Women represent 42 percent of all Vet Center staff.
- In FY 2010:
  - Vet Centers provided 191,508 Veterans and families assistance-- represents 1,273,035 visits.
  - Of all Veterans receiving Vet Center services, 74,666 (39 percent) were not seen at any other VHA facility.
  - Within the total services listed above 16,134 Veteran families were provided 72,717 visits.
- FY2010 woman Veterans data:
  - Vet Centers provided 7,856 women Veterans with 51,655 in-center visits.
  - Of all female Veterans receiving Vet Center services, 54 percent served in either Iraq or Afghanistan.
  - There was a 17 percent increase since FY 2009 in number of new women Veterans seeking in-center services.
  - Vet call center staff have received training from the Office of Information and Technology, VA National Suicide Hotline, and the VA 24/7 primary care triage hotline (Dayton, Ohio).
  - Warm handoff capacity has been established with the VA suicide hotline and Dayton primary care triage hotline.
  - The call center has already made referrals to the suicide hotline; both the warm handoff and outcomes of the referrals have been effective.

**Update on Vietnam Era Women Veterans Research, Dr. Kathryn M. Magruder,  
Research Health Scientist, Charleston, VA Medical Center**

- Survey used to assess the prevalence of posttraumatic stress disorder (PTSD) and other mental and physical health conditions for women Vietnam Veterans, and to explore the relationship between PTSD and other conditions, and the Vietnam deployment experience.
- Study will consider women Vietnam Veterans who may have had direct exposure to traumatic events.
- Will seek to contact approximately 10,000 women for participation in a mailed survey, telephone interview and a review of their medical records.
- The three primary study aims are:

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- To determine the prevalence of lifetime and current psychiatric conditions, including PTSD, among women who served during the Vietnam Era.
- To characterize the physical health of women who served during the Vietnam Era, and
- To characterize the level of current disability in women who served during the Vietnam Era.
- Represents to date the most comprehensive cohort to be developed on a group of women Vietnam Veterans, and will inform future research on women Veterans in future war cohorts—which will lay the groundwork for planning and providing appropriate services for these often overlooked women Veterans, as well as for the aging Veterans population today.
- Study received Central Institutional Review Board (IRB) approval on February 23, 2010, with an effective date of October 30, 2009.
- The first phase of the study, the record verification at the National Personnel Records Center (NPRC), is expected to begin in November 2010.
- The next phase of the study, the mail survey to potential participants, is expected to begin in early 2011.

**Update on 2010 Report of Advisory Committee on Women Veterans  
(Recommendation 4--That VA establishes a women Veterans awareness training program in an effort to educate new employees about the changing roles of women in the military, their combat-related exposures, and MST sensitivity, and Recommendation 10-- That VA collaborates with the Center for Women Veterans on media campaigns to ensure the consistent inclusion of women Veterans in posters, printed materials, brochures, Web sites, videos and news releases).  
Dr. John Garvin, Director of Leadership, VA Learning University (VALU), and Rita Treadwell, Consultant, VALU, Human Resources Administration (HRA)**

- VALU sponsored events and program:
  - Quadrennial National Summit on Women Veterans' Issues (June 2008).
  - Salute to Women Veterans, live broadcast- now available on VA Knowledge Network (March 2010).
  - Women Veterans' Forum at WIMSA – video Women's Memorial Program.
  - "Her Story" – compilation of nine women Veterans sharing their personal stories (350 DVDs).
- Moving forward:
  - Awareness Training (update on recommendation #4) - Develop new VA employee training modules (orientation, handouts, references).
  - Media Campaigns (update on recommendation #10) - women Veterans stories, updates, encouragement, celebration:
    - Television commercials, feature highlights.

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- Magazines.
- Social networking (i.e. Facebook/MySpace, Flickr).
- Conferences/event planning.
- Schedule a meeting with CWV leadership within 90 days.
- Access needs and identify resources.
- Create a requirements documents/MOU of proposed projects.

**Update on VA's Initiatives for Homeless Veterans, Dr. Susan Angell, Executive Director, Veterans Homeless Initiatives, Office of Public and Intergovernmental Affairs**

- A homeless Veteran lacks a fixed, regular, and adequate nighttime residence; resides in a public or privately operated shelter or institution; and resides in a place not designed for use as a regular sleeping accommodation for human beings.
- A chronically homeless Veteran is one who has been continuously homeless for one year or more, or has had at least four episodes of homelessness in the past three years.
- The average homeless Veteran served in the post-Vietnam era (1975-1990); is 51, male, single, and almost equally likely to be African-American or Caucasian; and is unemployed with an income of less than \$125 per week.
- At the time of contact with VA, the average homeless Veteran is living either outdoors or in a shelter, and suffers from medical and mental health/substance use disorders.
- Minority Veterans are overrepresented, 53 percent of total in the homeless population.
- Women Veterans represent 6.8 percent of the homeless Veterans population.
- Women Veterans are the fastest growing segment of the OEF/OIF homeless population.
- A plan to end homelessness among Veterans:
  - The President and Secretary are committed to ending homelessness among Veterans.
  - To achieve this goal, VA has developed the Plan to End Homelessness Among Veterans.
  - VA is committed to eliminating homelessness among Veterans over the next four years; this initiative sets the elimination of homelessness as the goal in order to energize government agencies to do all they can.
  - The plan focuses on the prevention of homelessness, permanent supportive housing, mental health and substance abuse treatment, and education and employment assistance.
- VA's Comprehensive Plan to End Homelessness Among Veterans

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- The VA Plan to End Homelessness Among Veterans will assist every eligible homeless or at-risk Veteran willing to accept services.
- The goal is to help Veterans acquire safe housing; needed treatment services; opportunities to return to employment; and benefits assistance.
- These efforts are intended to end the cycle of homelessness by preventing Veterans and their families from entering homelessness.
- Our “no wrong door” philosophy will ensure that all Veterans seeking to prevent or exit homelessness will have timely access to programs and services.
- When a Veteran seeks assistance—whether at a Medical Center, a regional office, or a community organization—appropriate services will be offered.
- This philosophy is built upon six pillars that encompass a wide continuum of interventions and services to end homelessness among Veterans:
  - Outreach/education.
  - Treatment.
  - Income/employment/benefits.
  - Community partnerships.
  - Prevention.
  - Housing/supportive services.

Wrap-up/Adjourn, Colonel Shirley Quarles, Chair

**Thursday, October 28, 2010**

**VHA Update on Prevention Services for Women Veterans, Dr. Linda Kinsinger, Chief Consultant, Preventive Medicine, National Center for Health Promotion and Disease Prevention, VHA**

- Prevalence of chronic disease in women in VHA primary care:
  - Obesity (body mass index [BMI]  $\geq 30$ ) – 37 percent.
  - Hypertension – 32 percent.
  - Depression – 33 percent.
  - Diabetes – 12 percent.
  - Post Traumatic Stress Disorder – 12 percent.
- The World Health Organization estimates that:
  - Women comprise at least 80 percent of all heart disease, stroke, and type 2 diabetes patients and represent more than 40 percent of cancer victims.
  - These diseases would be prevented if people were to stop smoking, start eating healthy, and get into shape.

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- VHA preventive care program is one of the Secretary's transformational initiatives.
  - Includes:
    - New facility-level positions to support a health promotion/disease prevention program.
    - Close integration with patient aligned care teams (primary care, specialty care, Women's Health, mental health, etc.).
    - New tools, resources for Veterans, staff.
    - Veterans encouraged to be involved in their health care, be tobacco free, eat wisely, be physically active, strive for a healthy weight, limit alcohol, get recommended screening tests and immunizations, manage stress, and be safe.

**Greetings and Comments, John R. Gingrich, Chief of Staff**

- As of FY 2010 third quarter, 8.19 million Veteran enrollees received award-winning health care in the Nation's largest integrated health care system.
- VA supports family caregivers through caregiver education and training on the Veterans' needs, family support services, temporary lodging, home-based primary care and other in-home care.
  - VA also provided respite care for caregivers, such as in-home care, adult day health care, and institutional placement.
- VA provides benefits for equipment, home adaptation, automobile grants, transportation assistance, compensation and pension, and aid and attendance.
- VA remains committed to its intense campaign of ending homelessness among Veterans.
  - VA organized many collaborative events with other federal, state and local agencies, such as the National Summit on Veteran Homelessness in November 2009.
    - More than 1,200 attendees from across federal, state, and local levels (public and private) participated.
  - VA created a National Registry for Homeless Veterans.
  - VA established a National Homeless Hotline (1877-4AID VET).
- VA has launched an aggressive campaign to attack the claims backlog on multiple fronts:
  - By 2015, VA's objective is to ensure that VBA takes no more than 125 days to rate a claim, and does so with 98 percent accuracy.
  - VBA expanded its workforce by more than 3,500 staff members, and began accepting on-line applications for initial disability benefits.

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- Invested in a paperless Veterans benefits management system that will be deployed in fiscal year 2012.
- VBA began using a new automated “fast track” system to process claims for three new Agent Orange- related presumptive conditions.
- As of November 8, VA has issued over \$6.01 billion in Post-9/11 GI Bill benefit payments to 401,911 individuals and their educational institutions.

**Update on PTSD Policy and PTSD Markers, Brad Flohr, Assistant Director,  
Compensation and Pension Policy Staff, VBA**

- Determining service connection, claim needs:
  - Credible supporting evidence of an in-service stressor.
  - Clear diagnosis of PTSD, established by medical evidence.
  - Nexus between current symptoms and claimed stressor.
- A stressor is considered:
  - Feelings of intense fear, helplessness, and horror.
  - Re-experiencing of event.
  - Significant alterations in mental or physical life.
  - Outside range of usual human experience.
  - Experienced alone or with others.
- Types of Stressors for PTSD Claims
  - Combat – any engagement with or against the enemy.
  - Non-combat – other life threatening situations:
    - May include natural disasters.
    - Not limited to a single incident.
    - Military sexual trauma.
- Stressor determinations:
  - Corroboration of the claimed stressor is not necessary when credible supporting evidence shows combat participation and the stressor is based on combat.
  - The sufficiency of the stressor(s) to cause PTSD is a medical determination, not a rating determination.
- Non-combat evidence requirements:
  - Service treatment records.
  - Pages from military personnel record.
  - Statement from Veteran.
  - Joint Services Records Research Center (JSRRC).
  - National Archives and Records Administration (NARA).
  - Marine Corps University Archives (MCUA).

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- Development in Claims for PTSD based on MST/Personal Assault 38 CFR 3.304(f)(4):
  - Records from law enforcement agencies.
  - Rape crisis centers.
  - Mental health counseling centers.
  - Hospitals.
  - Tests for sexually transmitted diseases.
  - Statements from family members, roommates, fellow service members.
  - Evidence of behavior changes/performance deterioration; request for transfer; substance abuse or other mental indicators of depression/anxiety.
  - In certain cases, evidence may be submitted for review by mental health professional for opinion.
- Recent developments in PTSD:
  - 38 CFR §3.304(f)(1):
    - PTSD diagnosis in service.
    - Claimed stressor related to service:
      - Claimed stressor consistent with places, types and circumstances of service.
    - Relaxed stressor verification requirements:
      - Proposed regulation published in Federal Register on August 24, 2009. Relaxes evidentiary requirements in certain cases of fear.
      - Final rule published July 13, 2010.

**Jeff Moragne, Assistant Director for Outreach and Client Services Benefits Assistants Service (BAS), VBA**

- BAS completed 40 outreach events as of October, 2010.
- Discussed update to recommendation 4 that VA establishes a women Veterans awareness training program in an effort to educate new employees about the changing roles of women in the military, their combat-related exposures, and MST sensitivity:
  - Military Sexual Trauma sensitivity training has been requested from the VA Office of Mental Health.
- Discussed update to recommendation 6 that the Veterans Benefit Administration (VBA) establishes permanent full time Women Veterans Coordinator (WVC) positions in VA regional offices (RO) that serve a catchment area that has greater than 40,000 women Veterans--to direct assistance to women Veterans accessing benefits and services through VA:

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- For FY 2011, VBA authorized 14 full-time coordinators to stations that meet the criteria.
- Discussed update to recommendation 7 that duties and functions of WVCs be standardized for consistency of services provided to women Veterans and that these duties be evaluated in each VA regional office (VARO) during the scheduled internal Compensation and Pension Services site visit to ensure compliance and efficiency:
  - A new position description is being drafted that will include the existing standards and incorporate activities that will achieve VBA's strategic outreach goals.
- Discussed update to recommendation 8 that VBA conducts Area conferences every 2 years for WVCs and others who provide women Veterans-specific services, in an effort to build greater communication, collaboration of functions, and awareness of issues, concerns, policies and programs for women Veterans in their respective areas:
  - Preliminary discussions with the Center for Women Veterans began October 2010 regarding how this conference can best meet the needs of VA and our external partners.
- Discussed update to recommendation 10 that VA collaborates with the Center for Women Veterans on media campaigns to ensure the consistent inclusion of women Veterans in posters, printed materials, brochures, Web sites, videos and news releases):
  - A script has been developed by the BAS Social Media depicting women Veterans exclusively.

**Update on VA's Research Portfolio for Women Veterans, Dr. Seth Eisen, Director, Health Services Research and Development Services, VHA**

- Established VA Women's Health Research Agenda – 2004.
- Established research priorities: women Veteran health conditions, populations, and organization of care:
  - In 2005 – 2009: VA Health Services Women Veterans Research substantially expanded:
    - Access and utilization.
    - Organizational factors.
    - Quality of care.
    - Post-deployment
    - Mental health issues
    - Women Veterans research – military sexual trauma (MST).

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- Multiple studies funded in last four years that address health impacts of sexual assault, MST, other military or combat trauma are completed or nearing completion.
- Future research needs include:
  - Easing transitions from military to civilian life.
  - Impact of military service on families.
  - Interventions to improve outcomes (particularly for disorders for which gender related differences may exist).
- National research summaries:
  - Women's Health Evaluation Initiative.
  - Systematic Review Update.
  - National Survey of Women Veterans.
  - State of VA Women's Mental Health Research.
- Inform of future research priorities and build VA research network.
- Current Issues
  - Although VA has many expert leaders in women's health research, many investigators interested in women Veterans research are early in their careers.
  - While the total number of women Veterans receiving VA care is considerable, the number at individual sites is small (making research difficult).
  - Women Veterans research must transition from recognizing problems to solving them.
  - Women Veterans' research initiatives:
    - VA Women's Health Research Consortium.
    - Women Veterans' Practice Based Research Network (PBRN)
    - WOMAN Study: Women's Overall Mental Health Assessment of Needs
    - Goal: Build research capacity:
      - Training/education, collaboration and mentorship.
      - Provision of technical consultation/methods.
      - Dissemination of research.
- Build research-clinical partnerships to accelerate adoption of evidence-based practice and quality improvement:
  - Women Veterans' Practice Based Research Network (PBRN).
  - Create infrastructure to accelerate intervention and implementation research.
  - First sites: Greater Los Angeles, Palo Alto, Iowa City, Durham.
  - Expand sites in three years.

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- Next steps are to:
  - Continue to build research capacity, expertise and collaborations.
  - Develop research projects based on patient-centered care, clinicians' experiences, and managers' priorities.
  - Expand and accelerate intervention research.
  - Translate research results into evidence based practice.
- Use research to transform VA care for the women Veterans we serve.

**Discussion: Wrap-up, Dr. Shirley Quarles, Chair, ACWV**

**Meeting adjourned.**



Shirley A. Quarles, Ed.D., R.N., F.A.A.N.  
Chair, Advisory Committee on Women Veterans



Irene Trowell-Harris, Ed.D., R.N.  
Designated Federal Officer