

Department of Veterans Affairs
Report of the Advisory Committee on Women
Veterans

September 2016

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Chair's Letter



DEPARTMENT OF VETERANS AFFAIRS
Center for Women Veterans
Washington, DC 20420

July 1, 2016

The Honorable Robert A. McDonald
Secretary of Veterans Affairs
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonald,

As Chair of the Advisory Committee on Women Veterans, it is a privilege to represent one of your fastest-growing customer populations, women Veterans. We are honored to submit to you our 2016 Report, which includes recommendations and supporting rationales on how the Department of Veterans Affairs (VA) can address emerging issues impacting women Veterans.

The current Committee, as appointed by you, includes many new members, thereby creating a team newly infused with diverse backgrounds and experiences reflecting the Veteran population—encompassing Veterans with service in theaters of combat, who are combat wounded, who have no combat service, who have a service connected injury, and who are in various stages of their lives. Their varied perspectives on VA's medical and compensation benefits and services for Veterans, coupled with substantial and wide-ranging subject matter expertise, bring richness to our discussions and greatly inform our analysis.

The 2016 Report recommendations reflect the Committee's outstanding concerns for women Veterans. These concerns are immediate, supported by analysis, and deeply heartfelt.

Additionally, there are some lingering issues of great concern to us. One pressing issue for the Committee is the need for greater gender impact analysis across the spectrum of VA programs and processes, which is absolutely necessary given the surge of women Veterans coming to VA for care. Gender-specific data is not consistently captured in the evaluation of programs, benefits and services. This information is not only necessary for effective gender impact analysis, but for demonstrating trends in the claims and appeals generated by women Veterans, and determining the adequacy of resources needed to effectively address the evolving needs of women Veterans. In addition, changes in guidance and regulation reforms that impact women Veterans' health diagnosis and care--such as treatment for eating disorders and military sexual

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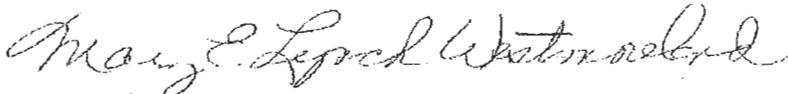
The Honorable Robert A. McDonald

trauma--are much needed. Finally, a lifetime continuum of care for women Veterans that is enhanced by the enterprise's and its partners' systems integration efforts in both sharing and tracking data, is paramount in ensuring that VA's care for women Veterans continues to be relevant and timely.

The Committee appreciates your staff's diligence in providing updates and information as we strive to meet our honest and noble statutory mission of advising you on the needs of women Veterans. Our gratitude is expressed in our committed readiness to contribute by providing recommendations designed to enhance VA's service to women Veterans.

Thank you for your tremendous and timely transformational initiatives, as exemplified in MyVA. Your forward thinking, systematically inclusive leadership approach, and teams of expert staff make a formula so right for the steward at the helm entrusted to lead the mission of caring for those who gave such great service to our Nation.

Respectfully submitted,



Mary E. Lynch Westmoreland
Colonel, U. S. Army, Retired
Chair, Advisory Committee on Women Veterans

PART I

Executive Summary

The Department of Veterans Affairs (VA) Advisory Committee on Women Veterans' 2016 report provides recommendations and supporting rationales that address the following issues:

- Treatment of Eating Disorders;
- Prosthetics for Women Veterans;
- Expansion of Reproductive Care;
- Gender-specific Peer Support;
- Gender-specific Demographics;
- Expansion of the Definition of Homeless; and
- VA Appeals Process.

The report of the Advisory Committee on Women Veterans (Committee) is submitted biennially by the Committee. The Committee members are appointed by the Secretary of Veterans Affairs (Secretary) for a 2-year or 3-year term. Committee membership for the 2-year period includes Veterans from the Air Force, Navy, Army, National Guard, and the Public Health Service. 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/Operation New Dawn (OEF/OIF/OND).

A total of eight recommendations with supporting rationales, as well as responses from VA, are provided in this report. Recommendations stem from data and information gathered in exchange with VA officials, women Veterans, researchers, Veterans Service Organizations, and site visits to Veterans Health Administration (VHA), National Cemetery Administration (NCA), and Veterans Benefits Administration (VBA) facilities. The recommendations and supporting rationales provide insightful advice for VA to strategically and efficiently address many needs of women Veterans.

Highlights

- The Veterans Health Administration (VHA) should establish a comprehensive program for eating disorders in women Veterans.
- Women Veterans should have access to individualized prosthetic care.
- In vitro fertilization for treatment of infertility and abortion services—in cases of threat to the life of the mother, cases of sexual assault, and incest—should be included in the medical benefits package.

- The Veteran Peer Support Specialist pilot program should be expanded, to include assistance for women seeking women's health services.
- VA's (across Administrations) collection and reporting gender specific demographic information about its programs and services is paramount, to identify gaps in outreach and service delivery, and to assure the needs of women Veterans are being identified and met.
- VA's definition of homeless should be updated, to include any individual or family who is fleeing, or is attempting to flee, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation.
- VA should review resources to identify gaps that may impact how VA provides benefits and services to women Veterans.

PART II

Recommendations, Rationales, and VA Responses

A. Treatment for Eating Disorders

Recommendation:

1. That VHA establish a comprehensive program in coordination with community partners for the identification and treatment of eating disorders in women Veterans, to include at a minimum, screening of high risk-populations, diagnosis, and treatment, with tracking of metrics (number of patients screened, number of positive screens, and the effectiveness of referral for diagnosis, placement for treatment, as well as other factors associated with quality of treatment).

***Rationale:** Eating disorders (EDs) have serious consequences for physical and psychological health and have high mortality rates. Recent studies estimate high prevalence of EDs among military and Veteran women. Some ED risk factors include: military sexual trauma, strict weight/physical fitness requirements, and combat exposure.¹ VA, as it continues to strive to meet women Veterans' evolving health care needs, should establish a comprehensive program for the treatment of EDs in women Veterans. To increase the overall accessibility of ED treatment, the program should also include a component of purchased care in communities, so that women Veterans can receive screening, evaluation and treatment near where they live.*

In a 2012 survey, 15.6 percent of women Veterans self-reported a lifetime diagnosis of an eating disorder.² In an earlier standardized assessment of eating habits, 33.6 percent of entry-level Army women reported disordered eating.³ Additionally, 11.3 – 52.3 percent of women with one or more mood disorder diagnoses have an associated eating disorder.⁴

As the number of women Veterans receiving care from VA continues to increase, VA's commitment to providing comprehensive health care demands that it begin screening to identify women Veterans in need of treatment for eating disorders, evaluating the scope of their needs, and identifying means of providing treatment, as a part of the medical benefits package.

¹ Bartlett BA and Mitchell KS. Eating disorders in military and veteran men and women: a systematic review. *International Journal of Eating Disorders*, 48 (8):1057-1069, 2015.

² Forman-Hoffman VL, Mengeling M, Booth BM, Torner J, and Sadler AG. Eating disorders, post-traumatic stress disorder, and sexual trauma in women Veterans. *Military Medicine*, 177: 1161-1168, 2012.

³ Warner C, Warner C, Matuszak T, Rachal J, Flynn J, and Grieger TA. Disordered eating in entry-level military personnel. *Military Medicine*, 172: 147-151, 2007.

⁴ Maguen S, Cohen B, Cohen G, Madden E, Bertenthal D, and Seal K. Eating disorders and psychiatric comorbidity among Iraq and Afghanistan Veterans. *Women's Health Issues*, 22(4): e403-e406, 2012.

Barriers to care for the treatment of EDs include: a lack of standardized screening of EDs in the women Veterans population; insufficient training among VA staff to assess and treat EDs; the resource intensity of treating EDs; and challenges with the cost and geography of referring care outside of VA.⁵ A comprehensive ED treatment program that incorporates standardized screening, diagnosis, treatment at VA and in communities, and tracking of metrics would address barriers to care and would be beneficial to the ultimate well-being of women Veterans who experience disordered eating.

VA Response: Concur.

The identification and treatment of eating disorders among women Veterans is a priority area of focus for VA, and key efforts to enhance VA's capacity to provide comprehensive care to women Veterans with eating disorders are in progress. In fiscal year (FY) 2016, for example, Women's Health Services and Women's Mental Health Services partnered to launch a National Eating Disorders Work Group. Work group members include subject matter experts in mental health, women's primary care, nutrition, and research. In conjunction with this standing work group, Women's Health Services and Women's Mental Health also collaborated in FY 2016 to launch two new projects:

Project #1 - Needs Assessment: A needs assessment is being conducted to describe current screening and treatment practices, and to identify specific training needs for different types of VA clinical providers and treatment settings. The results of this effort will be used to inform the development of new clinical training programs.

Project #2 – Eating Disorder Treatment Team Pilot: In this training program, participants are learning how to provide specialized outpatient care as part of a multidisciplinary team that includes evidence-based psychotherapy for eating disorders, psychiatric medication management, primary care, dietitian services, and case management. Treatment teams will also receive training on when to integrate higher levels of care (e.g., medical stabilization), into a Veteran's eating disorder care plan. This may include, per current VA practices, contracted services with community resources and providers. Up to five multidisciplinary teams will participate in this pilot training program in FY 2016. Qualitative and quantitative feedback and metrics will be collected and used to inform modifications to this training program for dissemination in FY 2017.

⁵Fikkan, J. Briefing on Eating and Weight Related Disorders in Women Veterans. Meeting of the Advisory Committee on Women Veterans, Washington, DC, May 18, 2016.

Actions to Implement:

Action Plan Recommendation #1: Treatment for Eating Disorders					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Continue Eating Disorders Work Group	Women's Health Services (WHS)	Mental Health Service (MHS)	Continue Work Group meetings	Ongoing	Ongoing
Conduct Needs Assessment	WHS	MHS	Develop guide for interviews with subject matter experts and Eating Disorder Work Group members	June 8, 2016	Completed
			Conduct interviews	August 31, 2016	In progress
			Transcribe and analyze interviews	September 15, 2016	Pending (transcription contract in approval process)
			Summarize key findings for WHS, MHS, and Eating Disorder Work Group	September 30, 2016	Upcoming
Pilot Multi-Disciplinary Treatment Team Training	MHS	WHS	Recruit multi-disciplinary training team	April 31, 2016	Completed
			Solicit applications from the field and select up to 5 treatment teams to be trained	July 31, 2016	In progress (applications under review)
			Curriculum development	July 31, 2016	In progress (slides currently under review by Eating Disorder Work Group)
			Implement training	July – October 15, 2016	In progress

			Obtain feedback from participants	November 30, 2016	Upcoming
			Determine FY 2017 training schedule	December 31, 2016	Upcoming
			Modify training based on feedback/evaluation of FY 2016 pilot	March 2017	Upcoming

B. Prosthetics for Women Veterans

Recommendation:

2. That VHA ensure women Veterans have access to (and receive in a timely manner) high quality, gender-specific, and individualized prosthetic care that will allow them to improve their quality of life; that VHA partner with Department of Defense, women Veterans who use prosthetics, the private sector prosthetics industry, and other key stakeholders to identify best practices/develop a plan of action to accomplish this; that VA collect measurable data to evaluate progress including patient satisfaction and timeliness of delivery; and that VA actively explore use of innovative technology such as 3-D printers to provide more customizable options for women Veterans.

***Rationale:** Women Veterans need prosthetic devices that meet their lifestyles. Women Veterans are anatomically and physiologically different than men and may experience life events such as pregnancy that further alter their anatomy and physiology. The unique psychological impact of amputation for female service members is different from male counterparts emotionally, in regards to social perception and acceptance. Access to high-quality, individualized prosthetics will positively impact women Veterans during their adjustment stages and overall reintegration.*

The Department of Defense (DoD) provides state-of-the-art prosthetics designed for women. However, women Veterans who come to VA for prosthetic services continue to encounter challenges in obtaining prosthetic devices specifically designed to meet their lifestyle needs. VHA should survey all Medical Centers to determine if any are providing gender-specific prosthetics, where they are obtained, and partner with DoD to explore purchasing agreements with private sector prosthetic providers who specialize in fitting women. Further, VA should work with DoD to expand access for women at DoD medical facilities (such as Walter Reed National Military Medical Center) that have their own prosthetics labs that can provide individually designed prostheses to meet the design and functional needs of women.

VA Response: Concur.

VA and DoD have partnered, and continue to partner, with the industry to identify best practices and provide state-of-the-art prosthetic devices designed for women Veterans. Such women-specific devices provided by VHA Prosthetic and Sensory Aids Services (PSAS) include: breast pumps, nursing bras, post-mastectomy bras and prosthesis, post-mastectomy swim suit, wig or scarf wig, pessaries, implantable birth control devices, pregnancy abdominal binder (i.e., maternity supports), vaginal dilators, and eyeglass frames designed for women.

With regard to prosthetic limbs specifically, both VA and DoD have access to and provide the same technology. VA's Orthotic and Prosthetic (O&P) Program operates fabrication laboratories at more than 80 locations across the country, with specialized equipment that enables the Prosthetist and Orthotist to design, fabricate, repair, and adjust the Veteran's orthotic and prosthetic devices. All O&P laboratories maintain full accreditation by the American Board for Certification in Orthotics, Prosthetics and Pedorthics. VA's O&P residency program is the largest training program among Federal agencies, and the second largest program nationwide.

This does not imply there are not challenges to both VA and DoD with regard to availability of customizable options of prosthetic limbs for women. VA and DoD, together with industry and female Veteran consumers, continue to identify and promote best practices with regard to amputation care for women Veterans. VA is also leading a procurement initiative currently that will enable DoD to purchase orthotic and prosthetic components under VA contract through the VA Denver Acquisition and Logistics Center. Additionally, VA is actively engaging with the private sector, industry, DoD, and Food and Drug Administration (FDA) to explore and integrate the use of innovative technology such as 3-D printers in the care and service for all Veterans.

Actions to Implement

Action Plan Recommendation #2: Prosthetics for Women Veterans					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VHA to partner with DoD, female Veterans consumers, and industry to identify best practices 1. Engage DoD, industry and women	Prosthetic & Sensory Aids Service (PSAS)	Extremity Trauma and Amputation Center of Excellence (EACE) Amputation System of Care	1. Identify and engage stakeholders through Integrated Product Teams (IPT), Conferences, and Vendor Fairs. a. DoD b. Consumers c. Industry d. VA	Q4, FY16	1. Established multidisciplinary IPT for Artificial Limbs and Orthotic Soft Goods, which includes discussion of custom women Veteran items. 2. A Prosthetics Women's Workgroup (PWW) formerly met regularly to focus on unique prosthetic needs of women Veterans. This

<p>Veterans users of prostheses</p> <p>2. Identify unique considerations for this population and define best practices</p>		<p>(ASoC) Orthotic & Prosthetic (O&P) Clinical Services</p>	<p>2. Define needs of this specific population and resources available for the population</p> <p>3. Perform review of current research findings</p> <p>4. Offer briefing of current programs and efforts to advisory group</p>		<p>group is currently being assessed to determine how it should be aligned and managed organizationally within VHA to be most functional in supporting the needs of women Veterans with regard to provision of related services and support.</p> <p>3. EACE staff has submitted a manuscript for publication: Randolph BJ et al. "A Review of Unique Considerations for Female Veterans with Amputations".</p> <p>4. EACE staff member, Dr. Randolph, delivered information on, "Unique Considerations for Women with Extremity Trauma and Amputation" at the State of the Science Symposium and "Women are not little Men" on the national VA Orthotics and Prosthetics Education call 2016.</p>
<p>Collect measurable data to access current status of female veterans receiving care at VA</p> <p>1. Identify method to collect measurable data</p> <p>2. Collect data</p>	<p>EACE</p>	<p>ASoC VHA Support Service Center (VSSC) PSAS O&P Clinical Services</p>	<p>1. Review current data sources and repositories that are available</p> <p>2. Pull data</p> <p>3. Assess data and provide recommendations at IPTs, the Prosthetics Women's Workgroup, and Centers for Excellence.</p> <p>4. Produce information available regarding female Veterans with Amputations.</p>	<p>Q1, FY17</p>	<p>1. Established Amputee Registry and O&P Repository Databases.</p>

<p>Actively explore use of innovative technology, such as 3-D printers to provide more customizable options for women Veterans.</p> <p>1. Engage DoD and FDA on 3D printing and additive manufacturing</p> <p>2. Determine resources within VA, DoD and Industry</p> <p>3. Educate field on 3D printing</p>	<p>O&P Clinical Services</p>	<p>ASoC PSAS EACE</p>	<p>1. Engage with interagency workgroup (workgroup with VA, DoD, and FDA) that is working to understand 3D technologies. Use of 3D printing in medical devices.</p> <p>2. Develop a list of resources within VA for 3D printing technology.</p> <p>3. Develop and deliver accessible education for field on a national level</p>	<p>Q1, FY17</p>	<p>1. VA is represented with DoD and FDA on interagency workgroup to understand 3D printed technologies and the use of 3D printing for medical devices.</p> <p>Current resources of VA facilities with 3D printing capabilities are posted on VA's best practices and resource site, VA Pulse and in the Digital Fabrication + Healthcare Group.</p> <p>2. "Digital Designing and Additive Manufacturing" was presented on ASoC / EACE Grand Rounds April 2016 and is posted on ASoC SharePoint site for digital replay.</p> <p>3. A presentation with hands-on component was delivered by the same presenter from the 3D Medical Applications Laboratory at Walter Reed National Military Medical Center at the 2015 VA/DoD Federal Advanced Amputation Skills Training Conference in San Antonio, TX.</p>
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C. Expansion of Reproductive Care

Recommendations:

3. That VA pursues a regulatory change to remove the exclusion of in vitro fertilization services for treatment of infertility from the medical benefits package.

Rationale: *Research indicates that more than two-thirds of women Veterans who served in Operation Enduring Freedom/Operation Iraqi Freedom are in reproductive age groups.⁶ The increased presence of women serving in hazardous roles in ongoing theaters of conflicts has resulted in more Veterans incurring military service related pelvic and genital injuries. These injuries, as well as other medical conditions resulting from military service, can adversely impact their reproductive health, threatening the quality of life for women Veterans and their families—sometimes permanently.*

Part of the intent of VA's medical benefits package (38 CFR §17.38⁷) is to provide care that restores quality of life that has been lost due to injury or illness. However, the medical benefits package specifically excludes in vitro fertilization, which impacts the quality of Veterans' lives—especially if loss of fertility due to injury incurred during military service.

Assisted reproductive technology techniques have improved over the years, enhancing the ability to restore or enhance reproduction for Veterans who experience challenges with conception. Making in vitro fertilization services and other assisted reproductive procedures available to treat infertility can exponentially improve the quality of life for many women Veterans and their families. The Committee recommends that VA pursue a regulatory change to the medical benefits package to lift the exclusion of in vitro fertilization services for treatment of infertility.

VA Response: Concur.

VA is committed to providing all Veterans with the timely, high-quality care and services, including reproductive health care. VA is pleased to have the opportunity to provide assisted reproductive technology and infertility services, including IVF, for those Veterans who have given so much in the service to our country. We recognize that for many, having children is a very important aspect of life and happiness.

New legislation, (section 260 of Division A of P.L. 114-223, the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act), will enable VA to offer infertility services to Veterans who have a service-connected disability that results in their inability to procreate without the use of fertility treatment.

This legislation will allow VA to help Veterans who can't have children because of their service-connected injuries, and to provide infertility care for their spouses.

⁶ Washington DL, Bean-Mayberry B, Hamilton, AB, Cordasco KM, Yano EM. Women Veterans' healthcare delivery preferences and use by military service era: Findings from the National Survey of Women Veterans. *J Gen Intern Med.* 2013 Jul; 28 (Suppl 2):S571-6. doi: 10.1007/s11606-012-2323-y.

⁷ U.S. Code of Federal Regulation (2014). Retrieved from <https://www.gpo.gov/fdsys/pkg/CFR-2014-title38-vol1/pdf/CFR-2014-title38-vol1-part17.pdf>.

Moving forward, VA will develop proposed regulations that will implement this new law. We look forward to the public comment on these when they are published in the Federal Register.

Actions to Implement:

Action Plan Recommendation #C.3: Expansion of Reproductive Care					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Update cost estimates for provision of Assisted Reproductive Technology	WHS	10N	Update cost estimates for provision of Assisted Reproductive Technology	August 30, 2016	Ongoing
Disseminate national guidance WHS on current infertility benefits			Disseminate national guidance WHS on current infertility benefits.	Ongoing. Once approved by leadership – disseminate national policy	Ongoing

4. That VA pursue a regulatory change to remove the exclusion of abortion services, in cases of threat to the life of the mother, sexual assault, and incest from the medical benefits package.

Rationale: VA’s current medical benefits package, as noted in 38 CFR 17.38⁸ includes the provision of health care, as deemed necessary “to promote, preserve or restore the health of the individual and is in accord with generally accepted standards of medical practice.” However, it specifically excludes other services that, in extreme circumstances, may promote the physical and mental wellbeing of women Veterans, such as abortions and abortion counseling, in cases where the life of the mother is threatened or when pregnancy results from sexual assault, or incest. As more women Veterans seek services from VA, and as sexual assault within the military continues to be of concern, it is incumbent upon VA to be able to provide appropriate care for women Veterans.

⁸ U.S. Code of Federal Regulation (2014). Retrieved from <https://www.gpo.gov/fdsys/pkg/CFR-2014-title38-vol1/pdf/CFR-2014-title38-vol1-part17.pdf>.

Removing this exclusion from the medical benefits package would bring VA in alignment with DoD's treatment of Service members who meet the criteria set forth in the above recommendation, as well as the Hyde Act, regarding the use of Federal funds for these types of services. Further, evaluation and treatment—including the administration of "the morning after pill" and other related treatments—immediately after these types of events is of significant importance. In the cases of sexual assault and incest, the availability of treatment can prevent pregnancies and mitigate the lasting impact of sexual trauma, which produces better outcomes for the woman Veteran.

VA Response: Concur in Principle.

The medical benefits package excludes abortion, including therapeutic abortion – even if the life of the mother is in danger or if there is a severe fetal anomaly and the fetus will not survive. The Department of Defense (DoD) prohibits abortion, except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest. Under Title 38, U.S.C., VA could provide abortions and abortion counseling. However, by regulation abortions and abortion counseling are expressly excluded from the medical benefits package. These exclusions are currently stated in the absolute, providing no exceptions for life of the mother, severe fetal anomaly where the fetus will not survive, or sexual assault. VA will consider a regulatory change regarding the abortion exclusion with respect to consistency with DoD and other Federal programs that provide comprehensive medical care to women.

D. Gender-specific Peer Support

Recommendation:

5. That VHA expand the Veteran Peer Support Specialist pilot program, to include gender-specific support for women Veterans seeking women's health services, and collect metrics on the program—including, but not limited to—utilization of and satisfaction with the program, diagnoses of those utilizing the program, and utilization of health care and other benefits, before and after interacting with a Peer Support Specialist.

Rationale: *The military fosters an environment and culture in which their members take care of each other. The experiences they share become the foundation for peer support: fostering the trust and credibility necessary for developing relationships in which individuals may discuss their problems and submit to receiving help.⁹ An expansion of the Veteran Peer Support Specialist pilot program to include gender-*

⁹ Money N, et al. 2011 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Identification of Best Practices in Peer Support: White Paper. http://www.dcoe.mil/content/Navigation/Documents/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf

specific support can improve access to health care for women Veterans, and support military service women in the transition to civilian life. Women Veterans may be more receptive to peer support provided by other women, and be more readily able to perceive VA as a safe environment to discuss and share feelings, emotions, experiences, and even consequences. Expanding this program can provide a network for women Veterans to connect with other women possibly having similar military experiences and health care needs. Providing gender-specific peer support for women Veterans seeking VA's women's health services promotes relatability and reliability--two crucial keys to the success of the peer support specialist.

VA Response: Concur.

VA agrees with this recommendation and has begun implementation. Specifically, in collaboration with Mental Health Services, Women's Health Services will select a small group of five sites to participate in a Peer Support Primary Care Pilot Program, under an existing Executive Action to place Peer Specialists in Primary Care Patient-Aligned Care Teams (PACTs), which could include VA Women's Clinics. Sites will be selected based on where sufficient numbers of women Peer Specialists are employed. Mental Health Services and Women's Health Services will begin a dialogue with those sites' Women's Clinics and Mental Health Services programs for the purpose of establishing a pilot program that would meet most, if not all of the outcomes cited in the recommendation. As soon as sites have been identified, they will develop their PACT proposals with the assistance of the existing Mental Health Services work group and Mental Health Research Education and Clinical Center evaluation teams. These women's PACT pilots will begin in January 2017.

Actions to Implement:

Action Plan Recommendation #5: Gender-Specific Peer Support					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Implement Peer Support Primary Care Pilot Program	Mental Health Services (MHS)	Women's Health Services (WHS)	Identify potential pilot sites	January 31, 2017	Upcoming
	MHS	WHS	Contact and invite identified sites to participate	January 31, 2017	Upcoming
	MHS	WHS	Begin evaluation of pilot	January 31, 2017	Upcoming

E. Gender-specific Demographics

Recommendation:

6. That VA (VHA, VBA, the Board of Veterans' Appeals (Board), and NCA) collect and report gender-specific demographic information about programs and services in all regular reports, program evaluations, current and future research, and other types of analyses (including demonstration projects and pilot studies)—to better understand and respond to the unique needs of women Veterans, and to identify opportunities and challenges in programming for women Veterans.

***Rationale:** Accurate demographic data on women Veterans using VA programs and services, are needed to identify gaps in outreach and service delivery, and to assure the needs of women Veterans are being identified and met. These gender-specific data are also an essential component of both process and outcome evaluations. This is particularly important during this time, when the number of women using VA services is increasing, and overall demographics suggest this trend will continue indefinitely. Gender related data are not currently collected to be able to evaluate all in all programs. For example, the Learning Hub and the Accelerated Learning Program do not have gender specific information available. Such data are invaluable in assisting VA and associated organizations to assure all Veterans are included in VA programs and research.*

VA Response: Concur in principle

VA concurs on the recommendation that supports the need to have accurate demographic data on the number of women Veterans using VA programs and services: continuous improvement in services and benefits must be data-driven and evidence-based. It is acknowledged that there are currently gaps in gender-specific data and consistency across the administrations in the collection of gender-specific data. Moving forward, we will incorporate gender-specific data in our routine reports as much as possible.

Additionally, as part of the MyVA initiative to “Improve the Veterans Experience,” NCA established two goals focused on the number of women Veterans served by burial benefits managed by NCA. The two goals are to 1) increase the number of women Veterans interred in VA national cemeteries by 2 percent from 2015 to 2016; and 2) increase the number of headstones and markers furnished for the gravesites of women Veterans by 2 percent from 2015 to 2016. In order to effectively track progress in meeting these goals, it requires NCA to collect gender specific demographic information in relation to the programs it administers. As this report stresses, this data allows us to assure the needs of women Veterans are identified and are being met.

Currently VA's Annual Benefits Reports (ABRs) contain gender-specific data including a summary of recipients receiving compensation and pension benefits. VBA will explore additional opportunities with its Office of Performance Analysis and Integrity (PA&I) to incorporate any available gender-specific demographic data in the ABR for the Insurance, Loan Guaranty, Education, and Vocational Rehabilitation and Employment programs.

Veterans Health Administration (VHA) is proud of the many accomplishments in developing and providing high quality health care to women Veterans. VHA tracks quality measures for male and female patients through a random sampling chart review process known as the external peer review process (EPRP). EPRP quality measures show that women Veterans are more likely to receive breast cancer and cervical cancer screening than women in private sector health care. For other measures, VA continues to track quality by gender and, unlike other health care systems, has been able to reduce and eliminate gender disparities in important aspects of health screening, prevention, and chronic disease management. It is a major goal of VHA and Women's Health Services (WHS) that women Veterans receive the highest quality care, equitable to that of their male counterparts throughout the VA health care system. To that end VA tracks data, including access, quality, and patient satisfaction by gender.

VA began tracking health care quality measures by gender in 2006. These measures included: gender neutral indicators of health care quality in mental health, cancer screening, preventive care, and chronic disease management among others. VA typically out performs the private sector in these quality measures, with male Veterans outperforming female Veterans in several important EPRP measures.

In 2008, VHA implemented a strategic plan focusing on improving women's health care throughout the health care system. During this time, quality measure disparities between men and women Veterans were reported to VA leadership. In 2011, gender disparity improvement was included as a performance measure in VA leaderships' annual performance plan, and Veteran Integrated Service Networks (VISN) were required to work toward reducing gender disparities through local quality improvement initiatives. In order to assess the impact of these activities, WHS conducted a 2013 retrospective study analyzing gender neutral clinical quality measures, most of which demonstrated a reduction in gender inequities over the five-year span from 2008 to 2013. For instance, national gender disparities significantly narrowed or disappeared in the following areas:

- Depression screening rates decreased from six percent to no identified difference.
- Posttraumatic Stress Disorder screening decreased from 5.9 percent to no identified difference.

- Gender disparities in Ischemic heart disease patients with Low Density Lipoprotein (LDL)>100 mg/dl decreased from 18 percent to 9.4 percent.
- Gender disparities in diabetic patients with LDL>100 mg/dl decreased from 14 percent to six percent.

VA updates tracking of VA gender disparities in quality measures annually, and continues to highlight focus on these measures at the facility and VISN level.

Through a collaboration with the VA Palo Alto based Women's Health Evaluation Initiative, VHA also tracks numerous other measures by gender, including population demographics, utilization, cost and clinical diagnoses.¹⁰ Additionally, VHA tracks clinical access and wait times by gender with a Gender Report on the Health Care Operations Dashboard.

VA Office of Policy and Planning and VHA Office of Policy and Planning are responsible for strategic planning and forecasting enrollment have a focus on the rapidly increasing numbers of women Veterans as well as anticipating their reliance on VA care and benefits. VISNs and facility leaders have access to this gender-based enrollment and forecasting data, which enables them to include women Veterans health care needs in strategic planning. Women Veterans access to primary care, mental health and specialty care such as gynecology continues to be tracked and the Veteran-centric focus includes an ongoing examination of Veteran satisfaction data by gender and age.

The Board appreciates and understands the benefit of having gender-specific demographic information related to appeals available. The Board is required by statute to prepare an annual report, which includes various information (including the number of cases appealed to the Board during that year, the number of cases pending before the Board at the beginning and end of that year, the number of such cases which were filed during each of the 36 months preceding the current fiscal year, and the average length of time a case was before the Board between the filing of an appeal and the disposition during the preceding fiscal year). See 38 U.S.C. § 7101(d). The Board will begin providing gender-specific demographic breakdowns of information (selected by the Committee) contained in the annual report beginning in 2017.

¹⁰ http://www.womenshealth.va.gov/WOMENSHEALTH/docs/Sourcebook_Vol_3_FINAL.pdf

Actions to Implement:

Action Plan Recommendation #6					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
No Action Required.	VHA	Office of Analytics and Business Intelligence (ABI) (10E2A)		N/A	Ongoing but meeting recommendation.
Management Discussion Required.	NCA	VA OIT	NCA has the capability to extract gender-specific demographic information from its BOSS (burial) and AMAS (headstone, marker and medallion) customer databases. NCA management will discuss roles, responsibilities and a structure and schedule for implementation.	N/A	Statistics on the number of women Veterans interred in our national cemeteries have been collected. Management discussions regarding implementation of demographic data collection and usage increase goals has not yet begun.
Explore including more gender-specific demographic data in the Annual Benefits Reports (and related publications).	VBA		Locate and then publish more gender-specific demographic data for all benefit programs, particularly Insurance, Education, Loan Guaranty, and Vocational Rehabilitation and Employment.	September 2017.	In development.
Provide gender-specific demographic information on request	BVA		Provide gender-specific demographic information about programs and services as needed	Annually beginning in FY September 2017	N/A

F. Expansion of the Definition of Homeless

Recommendation:

7. That VA seek a legislative update of 38 United States Code (U.S.C.) § 2002¹¹ to include language from 42 U.S.C. § 11302 (b) of the McKinney-Vento Homeless Assistance Act, which expands the definition of “homeless” to include any individual or family who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual’s or family’s current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

***Rationale:** VA’s current definition of “homeless” creates a barrier to VA’s homeless Veterans services for women Veterans who are homeless due to life-threatening situations. This definition is based on section 103 (a) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. § 11302 (a), which addresses homelessness in the context of abuse for unaccompanied youth and families with children. Section 103 (a) does not, however, address homelessness in the context of domestic violence and life-threatening conditions. This perpetuates vulnerability for women Veterans fleeing domestic violence and other life-threatening situations, as the limitation of the current definition may hinder their ability to meet the definition of homeless—in a time of urgency and great need.*

With the establishment of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, signed by President Barack Obama on May 20, 2009, the McKinney-Vento Homeless Assistance Act’s definition was expanded to include individuals or families fleeing—attempting to flee—domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual’s or family’s current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing (42 U.S.C. § 11302 b). Enhancing 38 U.S.C. § 2002 to include 42 U.S.C. § 11302 (b) of the McKinney-Vento Homeless Assistance Act, would address this gap in eligibility. The Committee recommends that VA seek to legally expand its current definition of homeless, to meet this evolving need of women Veterans.

VA Response: Concur in principle.

VA is not currently pursuing a legislative remedy or modification to the current code. VA is willing to provide technical assistance and discuss with other Federal partners, should an amendment to the code be introduced in Congress. Since Veterans fleeing from

¹¹ United States Code. Retrieved from: <https://www.gpo.gov/fdsys/pkg/USCODE-2014-title38/pdf/USCODE-2014-title38.pdf> on June 10, 2016.

domestic violence and interpersonal violence (DV/IPV) are considered at high risk for homelessness, they are already served in VA's homeless programs when it is clinically appropriate. Even when a VA homeless program is not a clinically appropriate placement for a Veteran affected by DV/IPV, VA works closely within the local community to identify resources best suited to the clinical needs of the Veteran.

VA's homeless programs may help prevent future DV/IPV by providing Veterans with alternative housing options so they can safely exit abusive relationships. Legislative relief is needed to provide benefits to Veterans who would qualify as homeless under 42 USC 11302(b) but not under 11302(a). The Supportive Services for Veteran Families (SSVF) program is permitted to provide services to homeless veterans who meet the definition of homeless in 42 USC 11302, while the definition of "homeless" in 38 USC 2002 only includes those eligible under 11302(a). VA has broader authority for the SSVF program and is using it to the extent that it can.

Expanding the definition to other homeless programs would be consistent with current flexibilities in the SSVF program. VA remains committed to serving these Veterans and, therefore, VA homeless programs will continue to ensure those fleeing DV/IPV get the care and support they need.

G. VA Appeals Process

Recommendation:

8. That VA review resources as well as current and projected demands in VBA and the Board. If gaps in resources are identified, then additional resources should be provided. With VBA's recent focus on reducing the backlog of disability claims, concerns remain about the availability of resources to address current and future appeals, which can delay Veterans receiving benefits they have earned. In order for the claims of women Veterans to be adjudicated in a timely fashion, adequate resources are needed.

***Rationale:** As of 6/30/2016, it was reported by VBA that there are 462,403 pending appeals. The growing number of appeals can adversely affect women Veterans. Recent history suggests that women Veterans are accessing VA benefits increasingly over time. For example, the number of women Veterans receiving compensation benefits in FY 2015 increased 9 percent from FY 2014. Data also indicate that homelessness is a significant problem for women Veterans, especially those who are single parents with children,¹² and timely receipt of earned benefits may enable the woman Veteran to avoid prolonged homelessness. Therefore, streamlining the benefit appeals process would be useful in ensuring that women Veterans will receive their benefits in a timely manner.*

¹² Vasquez, Stacey. *Homelessness Among Women Veterans. 2011 National Training Summit on Women Veterans.* <http://www1.va.gov/womenvet/docs/2011summit/VasquezFINAL.pdf>

VA's Response: Concur

VA continually reviews near- and long-term resource requirements for its programs, including appeals. VBA Transformation, implemented from 2011-2015, reaped significant results in improving Veterans' claims experience. We will always continue to work to improve our claims processing efforts to ensure all Veterans receive timely, high-quality claims decisions. VBA was granted funding to hire 100 appeals full-time equivalent employees (FTE) in FY 2015 and 200 appeals FTE in FY 2016. With this additional funding, VBA has increased its appeals workforce from 1,195 FTE to 1,495 FTE, and has allocated \$10 million in overtime funds to support the appellate workload. VA is also focused on leveraging technology initiatives in support of modernizing the appeals process; however, the current appeals process, which is prescribed in law, is broken, and VA will not be able to provide Veterans with timely decisions on their appeals without legislative reform to streamline and modernize the process.

Developing a simplified appeals process, which would be useful in ensuring that women Veterans will receive their benefits in a timely manner, is one of VA's 12 "breakthrough priorities" for 2016. Currently, appeals have no defined endpoint and require continuous evidence gathering and re-adjudication. The system is complex, inefficient, ineffective, confusing, and splits jurisdiction of appeals processing between the Board and VBA. Veterans wait much too long for final resolution of an appeal. Within the current legal framework, the average processing time for all appeals resolved in FY 2015 was 3 years. For those appeals that reach the Board, on average, Veterans are waiting at least 5 years for an appeals decision, with thousands of Veterans waiting much longer. Looking back over FY 2010 through FY 2015, VBA completed more than 1 million claims annually, with nearly 1.4 million claims completed in FY 2015 alone. This reflects a record level of production. As VA has increased claims decision output over the past 5 years, appeals volume has grown proportionately. Since 1996, the appeal rate has averaged 11 to 12 percent of all claims decisions. The dramatic increase in the volume of appeals is directly proportional to the dramatic increase in claims decisions being produced, as the rate of appeal has held steady over decades.

Between December 2012 and May 2016, the number of pending appeals rose by 41 percent. Under current law, with no significant change in resources, the number of Veterans awaiting decision is projected to soar by 179 percent between April 2016 and 2027, from 458,414 to 1,279,232. VA projects that by the end of 2027, under the current process without significant legislative reform, Veterans will be waiting on average 10 years for a final decision on their appeal. Comprehensive legislative reform is required to modernize the VA appeals process and provide Veterans a decision on their appeal that is timely, transparent, and fair. The status quo is not acceptable for Veterans or for taxpayers.

VA has worked closely with Veterans Service Organizations and other stakeholders to develop a legislative proposal that would provide timely and high-quality appeal decisions for all Veterans. The proposed legislation is currently pending in the House Committee on Veterans' Affairs as H.R. 5083 and H.R. 5620 and in the Senate

Committee on Veterans' Affairs as a draft bill presented by Ranking Member Blumenthal. VA strongly supports this legislation and believes that it will address the Advisory Committee's concerns.

VA, however, also recognizes the need to expedite its processing of the current appeals inventory. VA's plan for the current inventory of approximately 460,000 pending appeals is to work down most of the current inventory over the next 7 years. However, the rate at which the current appeals inventory can be resolved is directly dependent upon the level of funding made available to appeals processing in future years, as those appeals were filed under a legal framework that is presently very costly (hence the need for legislative reform). As stated in VA's FY 2017 President's Budget to Congress, there is a direct and proportional correlation between the number of Board employees and decision output. Additionally, even with large-scale legislative change, both VBA and the Board require a ramp-up of full-time equivalent (FTE) employees in FYs 2017 and 2018 to process the approximately 460,000 pending appeals under the current system. Notably, in FY 2016, VBA added 300 additional FTE and \$10 million to appeals processing and in the FY 2017 President's Budget, the Board received support for a 42 percent increase in its budget, which will support the hiring of an additional 242 FTE. Regardless of the new appeals legislation, Congress will have to consider providing sufficient resources to allow VA to timely address the current pending inventory of appeals.

The alternative to legislative reform to fix the VA appeals process is continuing to devote resources to a broken system. If substantial legislative reform does not occur, Congress will need to provide significant sustained funding for VA to hire additional employees to administer the current inefficient process created by existing law.

Actions to Implement:

Action Plan Recommendation #8					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Legislation to provide streamlined appeals process	BVA/VBA	OPP OGR	Work with VSOs and other stakeholders to develop legislative proposal	Done	Pending as H.R. 5083, 5620, and Senate draft bill
Add appeals resources	BVA/VBA	OPP OGR	Work with VSOs, Congressional Budget Office, and other stakeholders to project additional resource needs for legacy appeals if new	Done	Modeling complete, estimated annual budget requirements provided to

			appeal process becomes law Submit annual requirements in budget formulation process	Pending legislation	congressional staff Pending legislation
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PART III
Appendices

Appendix A Historical Perspective

The 1980 Census was the first time that American women were specifically asked if they had ever served in the Armed Forces. In response, 1.2 million women indicated that they had military service. However, very few of these newly identified Veterans used VA services. Congress and VA then began a concerted effort to recognize women Veterans 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," to determine the needs and experiences of this population. Published in August 1985, the 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 that VA establish an Advisory Committee on Women Veterans. 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.

To further ensure that women Veterans had access to VA's benefits and services on par with male Veterans, Congress passed Public Law 103-446 in November 1994, which established the Center for Women Veterans. The Center for Women Veterans continues to monitor and coordinate VA's administration of benefits and services for women Veterans, and promote cultural transformation, through the Women Veterans

Programs (established in 2012) and other collaborative initiatives with Federal/state/local governmental and non-governmental stakeholders.

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

2014 VA designed mini-residency training programs to train primary care providers and nurses as well as emergency care clinicians to meet the needs of increasing numbers of women Veterans and has trained over 2000 primary care providers and 350 primary care nurses to date.

VA developing Information Technology solutions (the Breast Care Registry and the System for Mammography results tracking) to improve coordination of breast care services for Women Veterans.

VA partnered with the American Heart Association to raise awareness of heart disease in women Veterans.

VA pilots mobile applications for women's health providers, Caring4 Women Veterans and Preconception Care.

VA Women's Health Services has expanded Telehealth services for women Veterans by supporting over 26 Women's Health Telehealth programs nationally.

In February, the Center for Women Veterans facilitated the creation of a VA-led interagency Women Veterans Working Group, which includes members from various Federal agencies/members of the White House Council on Women and Girls.

In March, the Center for Women Veterans, VBA, and VHA conducted a Twitter town hall to address women Veterans benefits and health care.

Director of Center for Women Veterans moderated a panel for the White House's Champions of Change event for women Veteran industry leaders. The Advisory Committee on Women Veterans participated, as part of their March 2014 meeting. The purpose of the event was to highlight women Veterans' incredible contributions to our nation's business, public and community service sectors.

In June, Director of the Center for Women Veterans and the Chief Consultant of Women's Health Services participated in a roundtable discussion sponsored by the Senate Veterans' Affairs Committee. The roundtable focused on the needs of women Veterans.

In July, the Center for Women Veterans launched an interactive online women Veterans cyber community to pilot innovative ways to conduct outreach activities to impact a women Veteran at different phases in the lifecycle of homelessness and to provide access to Federal, State and local programs and services to which she may be entitled.

In August, VA hosted a Women's Health Research Conference, which brought together investigators interested in pursuing research on women Veterans and women in the military, to significantly advance the state and potential impact of VA women's health research.

In October, the Center for Women Veterans entered into a memorandum of agreement with the Center for American Women and Politics, a unit of the Eagleton Institute of Politics at Rutgers, the State University of New Jersey, to increase women Veterans' leadership and careers opportunities, to leverage existing resources, and to increase coordination of activities in an effort to help women Veterans develop public service and community engagement skill sets and prepare for public and community service opportunities.

In November, the Center for Women Veterans celebrated the 20th anniversary of its establishment.

In December, VA, under authority from the Veterans Access, Choice, and Accountability Act of 2014 ("VACAA"), expanded eligibility for Veterans serving in the Reserves and the National Guard to mental health care due to military sexual trauma (MST) that occurred during their military service.

2015 In May, the Center for Women Veterans and VA's Center for Innovation launched the collaborative Innovation Creation Series, which explored accelerated development of personalized technologies to improve care and quality of life for women Veterans.

The Center for Women Veterans and the U.S. Mint established a new strategic partnership focused on women Veterans employment.

In June, the Center for Women Veterans spearheaded a National Women Veterans Campaign (Campaign), to perform outreach to women Veterans and to encourage VA facilities to have celebrations to honor women Veterans' military contributions and resiliency. The Campaign consisted of forums, sessions, and workshop events in VA's five Districts, from June through September. These events were held in St. Petersburg, FL; San Diego (Oceanside), CA; Houston, TX; Minneapolis/St. Paul, MN; and Washington, DC.

In July, the Center for Women Veterans co-sponsored the VA Innovation Creation Series for Prosthetics and Assistive Technologies Make-a-thon at the

Hunter Holmes VA Medical Center in Richmond, VA. Participants created designs to provide solutions.

The director of the Center for Women Veterans collaborated in a blog with the U.S. Mint entitled, "U.S. Mint—VA Center for Women Veterans Collaborate...and Deliver Jobs," which was published by CoinWeek.

In August, First Lieutenant Shaye Haver and Captain Kristen Griest became the first-ever female graduates of the Army's elite Ranger School.

In September, Honor Flight Network sponsored the first-ever all women Veterans honor flight, comprised of World War II and post-911 era Veterans. They were honored at a ceremony at the Women in Military Service for America memorial at Arlington Cemetery; the Secretary of Veterans Affairs and other VA champions for women Veterans provided remarks at the event.

2016 In January, DoD opened all military occupations and positions to women, without exception, as long as they qualify and are able to meet specified standards.

In March, VA conducted a Twitter town hall meeting, focusing on rural women Veterans. Representatives from Benefits Assistance Service, Center for Women Veterans, VHA, Office of Rural Health, Office of Faith-based and Neighborhood Partnerships, Center for Minority Veterans, MST Support Team, and the Office of Public Affairs Homeless Office served as subject matter experts (SMEs).

VA executed a "VA Serves Women Veterans Facebook" chat, held in partnership with Veterans of Foreign Wars (VFW). The purpose of the event was to inform women Veterans about the different benefits and services that are available through VA.

In conjunction with VA's partnership DoD's 50th Anniversary on the Vietnam War, the Center for Women Veterans hosted a Women's History Month live-streamed event at VA Central Office, highlighting the service of women who served during the Vietnam era.

In April, the Center for Women Veterans partnered with AcademyWomen, to equip women Veterans with complimentary access to its award-winning, Web-based eMentor Leadership Program, offering online mentorship support from corporate mentors (Veteran and non-Veteran).

In May, Ms. Kayla M. Williams was appointed as the new director of the Center for Women Veterans.

In June, the Center for Women Veterans partnered with LeanIn.Org, to advance

and improve the quality of life for Women Veterans. The Lean In Circle initiative will respond to the top issues expressed by women Veterans and facilitate a stronger connection among women Veterans.

Appendix B

VA Advisory Committee on Women Veterans Current Membership Profiles

Colonel Mary Westmoreland, U.S. Army (Retired) is the current Chair of the Advisory Committee on Women Veterans. She is a combat Veteran, with 31 years of service—to include active and reserve duty in the U.S. Coast Guard and U.S. Army, in enlisted and officer status. Her extensive career spans the spectrum of command assignments, and leadership, organizational and administrative management positions. In the U.S. Army, she specialized and led programs in systems integration, human resource policy and manning integration of components, process redesign and related reorganizations. She also managed studies on issues impacting active and reserves, such as deployments, mobilization impact, personnel policy reforms, gender issues, and reintegration. Colonel Westmoreland served as executive officer to the Department of the Army's Deputy Chief of Staff for Personnel and executive officer to the Chief of Army Reserve. She served as a designated Federal official for various U.S. Army initiatives and union activities; a negotiator on labor issues; program manager for a global multi-award services contract reform initiative; and leader of a systems reform initiative coalition, which designed and launched the first Web-based prototype supporting a major portion of the Army's personnel systems. During her civilian career, Colonel Westmoreland held positions as a college admissions counselor; director of two centers that provide assistance to women, and director of operations for an educational research and development institute, with 10,000 customers world-wide. Colonel Westmoreland is a graduate of Pace University, U.S. Army War College, and attended graduate studies at Duquesne and Stony Brook Universities. Among her many recognitions are two Legions of Merit, a Bronze Star Medal and a Pace University Dyson School Distinguished Alumna. Currently, she serves as the New York City (NYC) Chair of the Department of the Defense ESGR Program, and as an officer on the Navy League NYC Board, a local Rotary Club chapter, and the Association of the United States Army Statue of Liberty NY Area.

Kailyn Bobb served in the U.S. Air Force from 2002 through 2009, where she was responsible for maintaining information systems network and providing hardware and software support to ensure operation for mission critical tasks in Camp Humphreys, South Korea, and in support of Operations Enduring and Iraqi Freedom. Currently, she is third-year doctoral student in clinical psychology at Alliant International University-California School of Professional Psychology, focusing on military psychology, trauma, neuropsychology, and research. In her dissertation, titled "Women Veteran Identity and Its Impacts on Preference and Use of VA Health Care Services and Reintegration," she studied the factors that impact women Veteran identity; whether women Veteran identity impacts the use and preference for VA services; and how well women Veterans reintegrate into civilian society after their time in service. Ms. Bobb is engaged in a research study on Servicemembers with traumatic brain injury and post-traumatic stress disorder at Mather VA Medical Center (VAMC), and is completing a clinical practicum rotation at the Behavioral Health Inpatient Care Unit at Mather VAMC. Ms. Bobb

earned her B.S. in chemistry from Loyola University Chicago; M.S. in psychology from the University of Phoenix; and M.A. in clinical psychology from the Alliant International University-CSPP. Ms. Bobb is a Veterans' advocate, especially regarding increased provisions and reducing stigma of mental health in the military community. She is also passionate in bridging the military-civilian divide, by actively educating currently practicing and future mental health professionals on military culture as well as current issues that service members, Veterans, and their families face.

Tia Christopher, U.S. Navy received an honorable discharge in 2001. Her career in Veterans service began in 2006, when she developed a transition manual for recently separating Servicemembers for her college thesis. Ultimately, this led to her employment at the San Francisco based non-profit, Swords to Plowshares, which published and distributed the transition manual. Ms. Christopher then developed the role of and served as Swords to Plowshares' first Women Veteran Coordinator, and developed Sword's art show, "Shout: Art by Women Veterans," now in its 8th year. Ms. Christopher has spoken nationally on issues facing women Veterans and military sexual trauma (MST), has testified before state and national legislatures, and the United Nations. Ms. Christopher helped start the current dialogue on MST and is featured in the film "The Invisible War," as well as many national publications over the last decade. She has assisted with online, video, and in-person training materials for the National Center for Post-Traumatic Stress Disorder, in Menlo Park, CA. Ms. Christopher served as chief of staff for the Farmer Veteran Coalition, where she implemented the first conference for women Veteran farmers and ranchers. This conference is now in its third year. Ms. Christopher is the recipient of the 2010 "Returning Veterans Resiliency in Response to Trauma" Award and was honored as a 2013 White House Champion of Change, for her work as a woman Veteran and her leadership in the community in service to returning Veterans. She currently resides in Dallas, TX where she co-owns a small business and operates major accounts for a family owned company.

Command Master Chief Petty Officer Octavia Harris, U.S. Navy (Retired) began her military career in 1982, as a yeoman. She was one of the first women to serve onboard a combatant warship, the USS NIMITZ, where she earned the surface warfare specialist qualification and achieved the rank of chief petty officer. She later served as command senior chief and department head for Amphibious Squadron ONE, leading staff supporting amphibious warships in direct support of Operation Enduring Freedom and Operation Iraqi Freedom. As command master chief on the USS Pinckney, where she became the destroyer's first female enlisted leader, she led her crew in support of direct counter piracy efforts and the Global War on Terror's anti-terrorism efforts. As Command Master Chief of Space and Naval Warfare Systems Command, she was instrumental in the development of the Information Dominance Warfare Program. Her many military decorations include the Legion of Merit; several meritorious service medals; several Navy and Marine Corps Commendation medals; Global War on Terrorism Expeditionary medal; humanitarian Service medals for Hurricane Katrina and counter piracy efforts; and Armed Forces Expeditionary medal. Command Master Chief Harris retired in 2012. She received a bachelor of arts degree in healthcare

management from the National University, and a master of science degree in operations management from the University of Arkansas. As a civilian, she was program manager of the Comprehensive Advanced Restorative Effort (CARE) and Naval Medical Center San Diego, where she served on the VA/ DoD joint Interagency Care Coordination Committee (IC3); the board of directors for the San Diego chapter of Women in Defense; and the board of directors for San Diego's Support the Enlisted Project—which supports active duty and Veterans in financial crisis. She is now retired from Federal Service and currently serves as a Veterans' advocate and independent consultant.

Keith Howard-Streicher served in the U.S. Army from 2008 to 2011, in the fields of operations and logistics. His duty assignments included service in Uijeonbu, South Korea, Fort Stewart, GA, and deployment to Al Anbar Province, Iraq. He received a bachelor's degree in social science from Catholic University in Washington, DC, a certificate in Executive Leadership from Cornell University, Ithaca, New York, and is a graduate of the Saint Joseph's University Entrepreneurship Bootcamp for Veterans with Disabilities. In 2013, Mr. Howard-Streicher served as an Office of Management and Administration Intern in the White House, and a Congressional Veterans Affairs Intern for U.S. House of Representative Eleanor Holmes-Norton, where he assisted with Veteran constituents' correspondences, and military sexual trauma and women Veterans entrepreneurship/small business research. In 2014, he served as the military legislative assistant for U.S. Congressman Beto O'Rourke. As the director of Veterans Outreach and Recruitment for the National Association of Black Veterans, from 2014 to 2015, he coordinated forums to strategically combat homelessness among women Veterans, raised awareness to increase financial literacy amongst minority women Veterans, and expanded the national grassroots online community. From 2015 to 2016, he served as an assistant director for The American Legion National Headquarters at the Board of Veteran Appeals, where he presented arguments during hearings and prepared briefs on behalf of Veteran claimants. Mr. Howard-Streicher is the founder of Veterans Leadership Coalition, where he currently serves as executive director.

Lieutenant Colonel Louisa Long Jaffe, U.S. Army (Retired) was commissioned in the Women's Army Corps in 1973. She served in various leadership positions during her Army career, such as assistant adjutant general at Edgewood Arsenal; recruiting and retention officer and public affairs officer, at Aberdeen Proving Ground; executive officer for the assistant deputy chief of staff for operations, joint affairs; and branch chief of SIDPERS Interface Branch, Chief of the Military District of Washington. As a Reservist, she served at the Pentagon as a media relations and public affairs officer for the Secretary of the Army Public Affairs for more than 12 years, including service during the first Gulf War. She was called to active duty, in response to the events of September 11, 2001. Lieutenant Colonel Jaffe provided public affairs support for the Army Materiel Command, the U.S. Readiness Command, and the Deputy Chief of Staff for Intelligence. Throughout her military career in public affairs, she supported Army senior leadership as a spokesperson, responding to the press on a variety of sensitive issues. She retired from the Army Reserves in 2002. Lieutenant Colonel Jaffe has a

Bachelor of Arts degree in English, from the University of Florida; a Bachelor of Science degree in business from Florida Southern College; and completed course work toward a Master of Arts degree in business at Central Michigan University. She recently was named the First Woman Vetpreneur of the Year® by the National Veteran-Owned Business Association. Lieutenant Colonel Jaffe has been the Chief Executive Officer and President of Technical and Project Engineering, LLC (TAPE) since 2003.

Rear Admiral Joyce Johnson, U.S. Public Health Service (Retired) was commissioned in 1980. She served with the Coast Guard as director of health and safety, and as chief medical officer. During her time in service, she managed the Coast Guard's health care system, which included 150 clinics and sickbays, and 160,000 beneficiaries; developed an external purchased care network, with private, VA and Department of Defense providers; coordinated the establishment of a VA clinic on a Coast Guard base; managed the \$300 million annual budget for health, safety, and work-life programs. In 2004, she retired from the U.S. Public Health Service, at the rank of Rear Admiral Upper Half, with more than 23 years of service. Rear Admiral Johnson recently served in several leadership positions for the Military Officers Association of America (MOAA): to include the Board of Directors; chair of the health care committee; chairman of the board of MOAA Foundation (a 501(c)3 organization); and as a member on several other MOAA committees. She also served on AMSUS the Society of Federal Health Professionals' Board of Directors; writes a column for the National Association of Uniformed Services' journal, *Uniformed Services Journal*; and was a member of the Institute of Medicine's Committee on Substance Use Disorder in the U.S. Military. Rear Admiral Johnson received a Bachelor of Arts degree from Luther College; a Master of Arts degree in hospital and health administration from University of Iowa; and a medical degree from Michigan State University. She is licensed to practice medicine in Maryland, Virginia, and Washington, DC, and is board certified in various medical specialties. She currently serves as a global health/public health and management consultant.

Colonel Edna Boyd Jones, U.S. Army (Retired) served in the Army Nurse Corps for more than 28 years. While at Martin Army Community Hospital in Fort Benning, GA (2004), Colonel Boyd Jones served case manager for OEF/OIF service members assigned to the Fort Benning Medical Hold Company, where she provided assessment and evaluation of health care needs. While serving as staff officer at Dwight D. Eisenhower Army Medical Center in Fort Gordon, GA from 2004 to 2007, she was appointed to initiate the original policies and procedures for the United States Army Nurse Corps Case Management Program to serve the soldiers of the Warrior Transition Brigade (WTB) at Walter Reed Army Medical Center, Washington, DC, 2007. She was appointed Chief Nurse of the 3297th United States Army Reserve Hospital in Fort Gordon, GA, from 2002-2003 and 2007-2010. Among her accomplishments, Colonel Boyd established written operation and procedure policies in accordance with Army regulation for nursing clinical services in civilian and Army hospitals, and has published work on clinical education and practice for over 20 years. She has a bachelor's of science degree from Florida A&M University in Tallahassee FL. She also has a

master's degree from the University of Florida in Gainesville, FL, and masters in nursing from the Graduate Command and General Staff College in Fort Leavenworth, KS. Currently, Colonel Boyd Jones is the Assistant Professor of Nursing at Albany State University, in Albany, GA.

Sara McVicker served in the Army Nurse 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; she 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 active in Vietnam Veterans of America, serving on the Vietnam Veterans of America's National Board of Directors.

Major Shannon McLaughlin, Massachusetts Army National Guard is a Veteran of Operation Enduring Freedom and currently serves full-time as the Legal Advisor to The Adjutant General, for the Massachusetts National Guard, a two-star general. She is responsible for advising on ethical, administrative, fiscal, operational, and contract law issues as the agency's lead attorney; and is a member of the Sexual Assault Response Board and Executive Diversity Committee. Major McLaughlin is trained in the Army's new Special Victim Advocate Program, which provides attorney-level representation and assistance for sexual assault survivors. Major McLaughlin has more than 17 years of military service—as a former sailor in the U.S. Navy Reserves and as an officer in the Army National Guard. She earned numerous medals, to include the Meritorious Service Medal, five Army Commendation Medals and several Navy and Marine Corps Achievement Medals. Major McLaughlin served on the American Bar Association's Standing Committee for Armed Forces Law, has received numerous awards for her public service, and has a Lesbian Gay Bisexual Transgender courage award for public service from Boston College Law School named in her honor. She also serves part-time as the chief of military justice, where she administers justice and discipline to an 8,200 member force. Major McLaughlin is an elected member of the Planning Board for the Town of Sharon, Massachusetts.

Captain Leslie Smith, U.S. Army (Retired) served in a variety of public affairs assignments, stateside and overseas, from 1991 to 2002, on active duty and in the Army National Guard, 29th Infantry Division. She received a bachelor's of arts in communications from Marymount University, Arlington, VA, in 1991. As a public affairs specialist/wounded warrior advocate, she supported the President's Commission on Care for America's Returning Wounded Warriors in 2007, serving as liaison between Commission, wounded warriors, family members, medical care providers, Veterans, media, and public. Captain Smith is the co-founder and spokesperson for Fatigues to

Fabulous, a 501c3 nonprofit established to assist women Veterans in their transition from military to civilian life and to raise awareness for unique issues and concerns. She is also a women Veterans peer mentor for the Wounded Warrior Project; an ambassador for the Gary Sinise Foundation; and a spokesperson for USO World and USO Metro, Fisher House Foundation, Canines for Veterans, and American Veterans Disabled for Life Memorial.

Lieutenant Commander Janet M. West has served over 10 years in U.S. Navy, to include serving three combat deployments as a flight surgeon to Iraq, Afghanistan, and the Horn of Africa. During her career, she has provided comprehensive primary care, including women's health and behavioral health, for Servicemembers and Veterans. She participated in the transition of two U.S. Navy primary care clinics to patient centered medical homes; both facilities successfully attained National Committee on Quality Assurance Level III recognition and significantly improved patient satisfaction, access to care, and multiple population health quality metrics. Lieutenant Commander West received a Bachelor of Arts degree in biochemistry from Hamline University in 2000, and a doctor of medicine degree from the University of Minnesota in 2005. She completed residency training in family medicine at Naval Hospital Pensacola in 2006, then practiced as a staff family physician at Naval Hospital Pensacola (2011-2014), Naval Hospital Jacksonville, and associated branch clinics (2014 to present). Her professional affiliations include the American Medical Association, American Academy of Family Physicians, and the Uniformed Services Academy of Family Physicians. Currently, Lieutenant Commander West serves as senior medical officer at Jacksonville Naval Air Station.

Appendix C

Summary of Site Visits for (2014-2016)

The Advisory Committee on Women Veterans (Committee) 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. The Committee had one site visit, during this timeframe.

Washington, DC:

The Committee conducted a site visit on September 21-24, 2015, in Washington, DC. During this site visit, the Committee received report recommendations update briefings from Staff Offices at VA Central Office; toured the Washington, DC VA Medical Center (DC VAMC); and received briefings from DC VAMC leadership, the women Veterans program manager (WVPM), and other providers that specifically serve women Veterans. The Committee participated in the first ever all-female Honor Flight event and conducted a town hall meeting at the Women in Military Service for America (WIMSA) Memorial, located at the ceremonial entrance to Arlington National Cemetery, in Arlington, VA. The Committee also visited Walter Reed National Military Medical Center, for briefings on Walter Reed's services for female Servicemembers and its partnerships with VA and other medical facilities that provide care to women Veterans.

Appendix D

Briefings to the Advisory Committee on Women Veterans (2014-2016)

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

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

- Elisa Basnight, Director, CWV/ACWV Designated Federal Official (DFO), update on CWV activities, September 2014, September 2016.
- Dr. Betty Moseley Brown, Associate Director, CWV, update on women Veterans program and CWV activities, March 2014, September 2014.
- Dr. Betty Moseley Brown, Associate Director, CWV, update on VA's women Veterans campaign, May 2015, September 2015.
- Elisa Basnight, Director, CWV, update on CWV activities, September 2015.
- Robert L. Nabors II, Chief of Staff VA, greetings and comments, May 2015.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services and Mike Makki, Acting Deputy Chief Officer, Workforce Management and Consulting, briefing on cervical cancer screening/child care pilot/ update on recommendation 4 of the 2014 report of the Advisory Committee on Women Veterans, May 2015.
- Gregg L. Buckley, Director, Strategic Planning Service, Office of the ADUSH for Policy and Planning, update on recommendation 1 of the 2014 report of the Advisory Committee on Women Veterans; developing the strategic plan, May 2015.
- Robert Snyder, Executive Director, MyVA Task Force, overview of MyVA initiative and implications for women Veterans/MyVA Advisory Committee, May 2015.
- Kayla M. Williams, Director, CWV, comments from the ACWV Designated Federal Official, May 2016.
- Jeffery Moragne, Director, Advisory Committee Management Office, Federal Advisory Committee Act (FACA) 101 briefing, May 2016.
- Scott Blackburn, Director, MyVA Task Force, Office of Policy and Planning, update on MyVA and 12 breakthrough priorities, May 2016.
- Dr. Betty Moseley Brown, Associate Director, CWV, CWV Highlights, May 2016.
- Robert Synder, Chief of Staff, presentation of certificates of appreciation and comments, May 2016.

Veterans Benefits Administration (VBA)

- Stephanie Li, Chief, Policy Staff, Compensation Service, and Gabrielle Mancuso, Chief, Quality Staff, Compensation Service, update on recommendations 6, and 7 of the 2014 report of the Advisory Committee on Women Veterans/ identifying best practice in claims processing, September 2014.
- Maureen Ellenberger, Executive Director, Veterans Relationship Management, briefing on Veterans Relationship Management, September 2014.

- Anna Crenshaw, Assistant Director, Policy, Procedures and Outreach, Benefits Assistance Service, overview of eBenefits/National Resource Directory/update on 2012 report of the Advisory Committee on Women Veterans (recommendations 9 and 10) and the 2014 report of the Advisory Committee on Women Veterans (recommendation 5), September 2014.
- Theresa Boyd, Assistant Director for Rehabilitation Services, Vocational Rehabilitation and Employment (VR&E) and Bettye Hodge, Outreach Vocational Rehabilitation Counselor, VR&E, VBA, overview of Vocational Rehabilitation and Employment Services, September 2014.
- Diana Williard, Quality Assurance Officer, Compensation Service, update on recommendation 6 of the 2014 report of the Advisory Committee on Women Veterans, May 2015.
- Thomas Murphy, Director of Compensation Service, update from Veterans Benefits Administration/reduction of claims backlog/standardization of claims, May 2015.
- Christi Collins, Acting Assistant Director for Economic Impact, Office of the Deputy Secretary for Economic Opportunity, briefing on women Veterans employment initiatives, May 2015.
- Dave Loeb sack, Assistant Director for Community Engagement, Veterans Economic Communities Initiative, overview of accelerated learning programs (ALPs) and VA learning hubs, September 2015.
- John R. Thompson, Assistant Director, Economic Impact, Office of Economic Opportunity, update on accelerated learning programs (ALPs) pilot and VA learning hubs, May 2016.

Veterans Health Administration (VHA)

- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, briefing on gender-specific tele-health Services for Women Veterans, September 2014.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, overview of VA's maternity care services: prenatal care through post-partum care, September 2014.
- Cyndi Kindred, Deputy Chief Business Officer for Purchased Care, overview of non-VA care and patient-centered community care available for women Veterans, September 2014.
- Dan O'Brien-Mazza, National Director for Peer Support Services, Office of Mental Health, briefing on training and utilization of peer support staff, September 2014.
- Theresa Shepard, Deputy Director, Finance and Logistics, Consolidated Patient Account Center (CPAC) Program, update on recommendation 1 of the 2012 report of the Advisory Committee on Women Veterans, September 2014.
- Jennifer Heiland-Luedtke, Program Manager, Office of Communications, Media Management, update on recommendation 7 of the 2012 Report of the Advisory Committee on Women Veterans, September 2014.
- Dr. Elizabeth Yano, Director, VA Health Services Research and Development, Center for the Study of Healthcare Innovation, Implementation and Policy, Center

of Excellence, Greater Los Angeles Healthcare System - Sepulveda Campus, overview of women Veterans research, September 2014.

- Dr. Richard Harman, Content Strategy Manager, Veterans and Consumers Health Informatics Office, update on recommendation 5 of the 2014 report of the Advisory Committee on Women Veterans, May 2015.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, and the Altarum Institute Research Team, briefing on women Veterans survey results, May 2015.
- Dr. Susan McCutcheon, National Mental Health Director, Family Service/Women's Mental Health/Military Sexual Trauma, update on recommendation 8 of the 2012 report of the Advisory Committee on Women Veterans, May 2015.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services and Mike Makki, Acting Deputy Chief Officer, Workforce Management and Consulting, update on cervical cancer screening/child care pilot/ recommendation 4 of the 2014 report of the Advisory Committee on Women Veterans, May 2015.
- Gregg L. Buckley, Director, Strategic Planning Service, Office of the ADUSH for Policy and Planning, update on recommendation 1 of the 2014 report of the Advisory Committee on Women Veterans/ developing the strategic plan, May 2015.
- Julianne Mullane, Acting Program Management Officer, Veterans Crisis Line, overview of Veterans Crisis Line Call Center, May 2015.
- Dr. Carolyn Clancy, Interim Under Secretary for Health, update from VHA initiatives/ Veterans Choice Program, May 2015.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, update on Recommendation 3 of the 2012 report of the Advisory Committee on Women Veterans, May 2015.
- Margarita Devlin, Executive Director, Office of Interagency Care and Benefits Coordination, overview of the Office of Interagency Care and Benefits Coordination (ICBC)/ Interagency Care Coordination Committee (IC3), September 2015.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, update on recommendation 2, 2014 report of the Advisory Committee on Women Veterans, September 2015.
- Brian A. Hawkins, Director, Washington, DC VA Medical Center, entrance briefing/welcome, September 2015.
- Dr. Robin Peck, Medical Director, Women's Health, Washington, DC VA Medical Center, briefing on women's health, September 2015.
- Gale Bell, Women Veterans Program Manager, Washington, DC VAMC, overview of the women's clinic, September 2015.
- Dr. Tahira Ahmed, Chief, Mammography Services, Washington, DC VA Medical Center, briefing on mammography services, September 2015.
- Chaplain Ramsey-Lewis, Washington, DC VA Medical Center, overview of Washington DC VA Medical Center female Veterans writing group, September 2015.

- Dr. Ashely Simmons, Women's Health Psychologist, Washington, DC VA Medical Center, overview of mental health services for women, outpatient, MST, PTSD, peer support, September 2015.
- Dr. Maria Llorente, Chief, Mental Health, Washington, DC VA Medical Center, briefing on inpatient, substance abuse, CRRC and homeless programs, September 2015.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, review of select women's assessment tool for comprehensive health (WATCH) surveys, September 2015.
- Dr. Ira Katz, Senior Consultant for Mental Health Program Evaluation, Office of Mental Health Operations; Dr. John McCarthy, Director, Serious Mental Illness Treatment Resource and Evaluation Center, Office of Mental Health Operations, Dr. Robert Bossarte, Director, Epidemiology Program, Post-Deployment Health Group, Office of Public Health, overview of findings from study on suicide risk and prevention, September 2015.
- Dr. Ann Elizabeth Montgomery, Investigator, VA National Center on Homelessness Among Veterans, and Birmingham VA Medical Center, Health Services Research and Development and Assistant Professor, University of Alabama at Birmingham, School of Public Health, briefing on homelessness among women Veterans, May 2016.
- Dr. Janna L. Fikkan, Staff Psychologist, VA Puget Sound, American Lake Division, briefing on eating and weight related disorders among women Veterans, May 2016.
- Dr. Caitlin Thompson, National Director, Suicide Prevention, briefing on suicide prevention, May 2016.
- Kristin Cunningham, Director, Business Policy, update on choice program and VHA initiatives, May 2016.

National Cemetery Administration (NCA)

- Faith Walden, Program Analyst, Office of Finance and Planning, Business Process Improvement Service, update from National Cemetery Administration/ women and minority outreach coordinators, May 2015.

Homeless Veterans

- Danielle Latimore, Executive Assistant, Office of Homeless Programs, overview of VA services for homeless women Veterans, September 2014.
- Dr. Carma Heitzmann, National Program Manager, overview of the homeless Veteran supported employment program, and VA's homeless Veterans community employment services, September 2015.

Rural Health

- Gina Capra, Director, Office of Rural Health, briefing on health care for rural women Veterans, September 2014.

Office of General Counsel

- Jonathan Gurland, Acting Assistant Chief, Ethics Specialty Team, annual ethics briefing, March 2014, May 2016.
- Carol Borden, Staff Attorney/Deputy Ethics Official, Office of General Counsel, annual ethics briefing, May 2015.

Veterans Employment

- Lawrence Wark, Director, Veterans Employment Service Office, briefing on women Veterans employment initiatives and partnerships, September 2014.

VA Center for Innovation

- Emily Tavoulareas, Portfolio Lead, Strategic Engagement and Open Data, VA Center for Innovation, overview of VA Center for Innovation and women Veterans initiatives, September 2014.

Department of Defense

- MG Jeffrey Clark, MC, USA, Director, Walter Reed National Military Medical Center (WRNMMC), welcome/command briefing, September 2015.
- COL Rachel Armstrong, AN, Director, VA Partnerships, WRNMMC, briefing on WRNMMC and VA partnerships, September 2015.
- CAPT Moira McGuire, Chief, Integrative Health and Wellness and Alexandra Arbogast, Mind-Body Medicine Program, Coordinator and Therapist, WRNMMC, briefing on women's integrative health and wellness programs, September 2015.
- CDR Russell Carr, Chief, Psychiatry Department and Dr. Raymond Lande, Service Chief, Psychiatry Continuity Service, WRNMMC, overview of sexual trauma program, September 2015.
- David Laufer, Chief of Orthotic and Prosthetic Services, WRNMMC, overview of individualized care in prosthetics and rehabilitation, September 2015.

iGIANT

- Dr. Saralyn Mark, Senior Medical Advisor, NASA, Briefing on the iGIANT initiative, May 2016.

Appendix E

2015 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. 2.
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 with respect to compensation, health care, rehabilitation, outreach, and other benefits and programs administered by VA; (2) a review of the programs and activities of VA designed to meet such needs; 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 \$210,000 and 1.5 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 two 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; 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; and women Veterans who are recently separated from service in the Armed Forces. The Committee shall include ex officio members, as specified in 38 U.S.C. § 542. 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 6.2 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: 
Robert A. McDonald
Secretary of Veterans Affairs

Date: 4/1/15

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.