

**Department of Veterans Affairs  
Advisory Committee on Women Veterans  
Committee Meeting Minutes**

**VA Central Office, 810 Vermont Avenue, NW  
Washington, DC 20420  
January 27-29, 2004**

**Advisory Committee Members Present:**

Marsha Four, Chair	CAPT Lory Manning, USN (Ret)
SFC Gwen M. Diehl, USA (Ret)	COL Kathleen A. Morrissey, NJARNG (Ret)
Bertha Cruz Hall	CDR Joan O'Connor, USNR (Ret)
LTC Kathy LaSauce, USAF (Ret)	Winsome E. Sears
Edward Hartman	

**Advisory Committee Members Excused:**

Cynthia Falzone	MSgt Lewis Schulz, II, USAF (Ret)
CDR Donna Hoffmeier, USN (Ret)	CMSgt Luc Shoals, USAF (Ret)
Sheryl Schmidt	

**Ex-Officio:**

COL Denise Dailey, Defense Advisory Committee on Women in the Services (DACOWITS)

**VA Staff Present:**

<b>Center for Women Veterans</b>	Dr. Irene Trowell-Harris, Director, Harriett Heywood, Associate Director	Desiree Long Rebecca Schiller Petra Johnson
	Carole Turner, Director, Women Veterans Health Program (WVHP) Garry Bernard, WVHP	Serena Chu, Health Services Research and Development Service (HSRD) Linda Lipson, HSRD
<b>Veterans Health Administration</b>	Lynda Petty, Women Veterans Coordinator Dorothy Lowe, Presidential Management Intern	
	<b>National Veterans Employment Program</b>	Jean Hayes Greg Alleyne

**Guests:**

Cathy Wiblemo, The American Legion  
Shannon Middleton, The American Legion  
Sandra Miller, Vietnam Veterans of America

### **Tuesday, January 27**

Meeting was called to order by the Committee Chair, Marsha Four. First items discussed were changes to the meeting agenda. Ms. Four distributed to everyone a document containing short bios of each Committee member. She suggested that this document be furnished to each speaker/presenter during the meeting and requested that updated contact information for all Committee members be incorporated.

Motion was made and seconded to accept the minutes from the September 2003 meeting; the minutes were approved as distributed.

#### **Important upcoming events:**

- ◆ State Women Veterans Coordinators Conference, Rapid City, South Dakota, in May
- ◆ Women Veterans Program Managers Conference, Las Vegas, Nevada, in June
- ◆ “Summit 2004: A National Summit on Women Veterans Issues,” Washington, DC, June 18-20, 2004

Center for Women Veterans will request extension of Committee appointments past the Summit date in June 2004, in order to complete work on the Committee report and the Summit proceedings.

### **Remarks: The Honorable Gordon Mansfield, Deputy Secretary for Veterans Affairs**

Mr. Mansfield was confirmed as Deputy Secretary January 22, 2004. His swearing-in ceremony will be held soon. Highlights of Mr. Mansfield’s remarks include:

- 2003 American Customer Satisfaction Index named VA as the benchmark for inpatient and outpatient health care satisfaction, surpassing the private sector.
- Guard and Reserve members who served in Afghanistan or Iraq for 6 months have a two-year window of entitlement to healthcare in VA.

### **Update: Veterans Health Administration, Ms. Laura Miller, Deputy Under Secretary for Health for Operations and Management**

- Designation of a Lead Women Veterans Program Manager (WVPM) for each Veterans Integrated Service Network (VISN). WVPM position description contains functional statements and includes additional time allotted for administrative duties.
- VHA’s Health Executive Committee plans to work on improving information flow between Department of Defense (DoD) and VA provide priority services to veterans. Increased emphasis on providing service first and complete the paperwork afterward.
- The video, “Our Turn to Serve,” was produced and shown on VA’s Knowledge Network to frontline VA employees.
- 90% of patients are seen within 30 days of their desired appointment date.
- Increased collaboration between DoD and VA for training on issues related to PTSD treatment.

- VHA will establish an advisory committee of mental health professionals to assess mental health services for women veterans. However, the committee has not yet been chartered.
- Concern regarding the type of training of clinical and medical staff and their knowledge of veterans' health care issues.
- WVPMs have not been included in the CARES planning process at the local level.
- As most WVPMs are practicing clinicians, there is some resistance to an increase in time allotted for administrative duties.

**Update: National Capital Asset Realignment for Enhanced Services (CARES)  
Program Office, Mr. Jay Halpern, Director**

- Overview and scope of CARES (analysis factors included changes in veteran population and demographics, health care delivery, and review of infrastructure).
- CARES process and timelines (9 steps between development of markets and actual implementation and integration/strategic planning cycle).
- Relationship between women veterans programs and CARES discussed.
- Impact of CARES planning for women veterans, including future enrollment projections. Women veterans as a separate group were not included in the analysis as the WVPMs were told the Report deals with space issues rather than specialties. Women veterans may end up not being treated by VA or they may be sent to a contract facility.
- Addressing special women issues and how CARES can help (i.e., gender-specific forecasting, separation of space in view of privacy issues).
- Since most key issues in care of women veterans are not related to capital assets, integration of CARES into VA's strategic planning will be beneficial.
- Overview and explanation of needs assessment and analysis, data collection and surveys, and proximity planning groups.
- Secretary's Review of CARES report with recommendations; decision expected within 30 days after receiving the report.

**Briefing: VA Research Studies on Issues Related to Women's Health, Dr. John Demakis, Director, VHA Health Services Research and Development (HSR&D)**

- VA currently funds 57 studies on women's health.
- VA research often in conjunction with private sector data; however, VA recognizes the unique needs of women and women veterans.
- Special emphasis on PTSD studies and joint research projects with DOD.
- HSR&D studies largely based on outcome: Do VA health care and programs benefit women veterans?
- Studies are issued by solicitation – proposals for studies sent in by field investigators and discussed by scientific review board.
- Women veterans who are homeless will also tend to have an increased rate of health care needs and other problems.

- Increase recruitment effort for women veterans to participate in research studies.
- Difficulty of implementing findings, as noted in the June 2003 “New England Journal of Medicine.” VA is still well ahead of private sector.
- Office of Research and Development recently formed the Women’s Health Research Group.

**Update: Veterans Health Administration, Carole L. Turner, Director, VHA Women Veterans Health Program**

- Achievements (demonstrated outcomes due to VHA Integrated Business Plan)
  - Women veterans enrollment increased by 9.4% between FY '02-FY '03.
  - VHA Handbook 1330.2 outlines performance standards for WVPMs; standardizes and outlines WVPMs scope of work in six identified outreach categories.
  - Establishment of weekly minimum requirement (minimum administrative hours devoted to work with women veterans).
- Introduction of a Veterans Shared Service Center data portal within the next 4 - 6 weeks, which will electronically capture demographics down to the CBOC level.
- Some changes to VHA Handbook 1330.1, including recommendations from the Advisory Committee on Women Veterans, were incorporated.
- Results of a survey of WVPMs showed 75% compliance with 10 hours minimum allotment for administrative duties. Lead WVPMs reported average of 26 hours/week. The lead WVPM does not have input into the number of hours allocated.

**Update: Veterans Health Administration, The Honorable Robert H. Roswell, M.D., Under Secretary for Health**

- Discussion on need for newborn care for children born as a result of sexual assault or rape while on active duty.
- Lack of comprehensive health care in women’s health clinics (i.e., radiology, lab testing), therefore need to integrate some of women veterans health care into mainstream/primary care. Committee members expressed their concern that the practice of mainstreaming may be implemented without sufficient supporting data, as the existing data include only a small and unrepresentative sampling of women. Members suggested VA conduct a study with a larger sampling of women veterans to determine whether women prefer receiving care in a women’s clinic or in a general primary care setting, as well as to determine which setting produces a better outcome.
- Focus on educating private health care providers (including university, contract & fee basis) on sensitivity issues and clinical expertise pertaining to women’s health.
- Concentrated effort to achieving the same level of sensitivity and understanding of women’s health issues throughout VHA health care staff.
- Development of generic educational effort to all clinical staff across VA and interface with Vet Centers.

- Committee suggestion regarding integration of WVPs scope of work into each individual VISN's strategic plan as a mandate would make a valid recommendation.
- Many women veterans enter the VA system through the Vet Centers, rather than Medical Centers.

### **Wednesday, January 28**

Meeting was called to order by Chair, Marsha Four. Items of note were as follows:

- Agenda changes.
- Meeting of Subcommittees (Health and Benefits); Donna Hoffmeier assigned to Benefits Subcommittee; Winsome Sears assigned to Health Subcommittee. Discussion of possible third subcommittee on CARES.
- Discuss with VBA staff whether Women Veterans Coordinators need assistance/recommendations from Committee.
- Discussion on possible location for next site visit, possibly in the Midwest because of innovative programs. Lead WVPs will attend the 2004 Summit.
- Committee members will serve as facilitators and moderators during the Summit.
- Committee is interested in data concerning types of injuries female soldiers are experiencing in Iraq.

### **Presentation: Desiree Long, Center for Women Veterans**

- Presentation of results of the GSA Stakeholder Engagement Survey: Survey was conducted by the Gallup Organization of all advisory committees of the Federal government. The goal of this project was to develop a tool each committee and agency can use to manage advisory committees and provide feedback regarding performance, satisfaction, and committee effectiveness.
- The Committee on Women Veterans outscored all of the comparable units of Federal government advisory committees.

### **Briefing: Office of the General Counsel, Roberto DiBella – Ethics**

- Reminder that use of public office for private gain is prohibited.
- Discussion of preventative law.
- "Hatch Act" regulations apply to Committee business and members doing business on behalf of the Committee.
- White paper on rules applicable to Special Government Employees (SGE) was distributed to Committee members.

### **Update: VA Homeless Program, Peter Dougherty, Director**

- Update provided on the Homeless Women Veterans Program Demonstration Project (HWVP).

- Notice of Funding Availability now out:
  - Will add 1,500 additional beds.
  - Targeting Native Americans and 19 states.
- Program provides community outreach; designed to offer case management and assistance with navigating VA and welfare systems.
- Actively partnering with HUD and HHS; to address dependent care issues—current per diem payments do not include children who are not entitled under VA. VA to look into possible petition to Congress about funding authority for dependents (16% of homeless women veterans have children).
- Secretary Principi to become chair of Interagency Council on Homelessness (IOH) in Spring 2004.
- Multi-family housing for veterans who are ready to work part-time.
- VBA expedited 4,000 claims for homeless veterans in 2003, and has decreased processing times for Compensation and Pension claims.
  - 30 days average processing time for non-service connected claims.
  - 70% of claimants awarded non-service connected pensions.
  - 50% of claimants awarded service connection.

**Briefing: Veterans Benefits Administration, Lynda Petty, VBA Women Veterans Program Coordinator**

- Spina Bifida claims:
  - 1,122 active cases.
  - Majority of claims (736) are level 3.
- Children of Women Vietnam Veterans claims:
  - 84 claims received.
  - 9 grants/active awards.
  - 10 claims under development.
  - 65 denials – most for lack of Vietnam service by the mother.
- Special Monthly Compensation for loss of Breast (SMC-k):
  - Only for women veterans.
  - Compensation is in addition to basic compensation rate.
  - Veterans Benefits Act of 2002 Change changed eligibility requirements to include:
    - Anatomical loss of 25% or more tissues from a single breast or both breasts in combination (including loss by mastectomy or partial mastectomy).
    - Received radiation treatment of breast tissue.
    - Effective December 2002.
- Seamless Transition- Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Program:
  - Updated Casualty Assistance Program procedures for all in-service deaths.
  - OIF/OEF coordinators make initial contact with hospitalized service members upon return from combat theater.

- Priority claims processing for compensation claims.
- Disable Soldier Liaison Team – Joint VA/DA.
- Full-time benefits advisor at Walter Reed.
- Briefed more than 40,000 Reserve and Guard forces on VA benefits.

**Briefing: Congressional and Legislative Affairs, Bill Buffington, Office of Congressional and Legislative Affairs**

- The President announced his intent to nominate Pamela Iovino for Assistant Secretary of Congressional and Legislative Affairs.
- Current legislation on the Hill:
  - Health care for newborns.
  - Make permanent Military Sexual Trauma treatment and counseling.
  - U.S. Nurse Cadets Corps Equity Act.
- Limited Dual Compensation passed as part of Department of Defense authorization bill.
- Establishment of Veterans Benefits Commission (13 members; political appointments) to examine government benefits paid to veterans or their families as a result of service connected disability or death.
- Committee expressed concern over lack of compensation and care for rape victims who become pregnant as a result of rape and their eligibility for compensation and care of the newborn after separation.

**Discussion: Nora Egan, Chief of Staff**

- FY 2004 \$64 billion budget passed for VA; represents a \$4.2 billion increase from last year:
  - \$28.4 billion to VHA.
  - \$32.8 billion to VBA.
  - \$11 million to NCA.
  - \$100 Million to State extended care/State Veterans Homes.
  - \$32 Million in grants to State cemeteries.
- Official CARES report (600 pages) will be delivered to the Secretary on February 12. Secretary can accept, reject, or raise questions. Roll out to Congress expected February 13; roll-out accompanied by four separate briefings (1) VHA, VBA, NCS; (2) Hill Staff; (3) VSO's; (4) Press/media. Secretary's review process will take approximately 30 days.
- VHA presented Secretary with draft on long term care model.
- Legislative proposal to make permanent treatment and counseling for MST.
- Evaluation of Priority 8 entitlement; consideration of long-term effects of decisions.
- Explore liaison with DoD to better manage data and transition of veterans from active military to veteran status.

**Update: Center for Women Veterans, Dr. Irene Trowell-Harris, Director**

- 640 “Save the Dates” cards mailed for the “Summit 2004: A National Summit on Women Veterans Issues.
- Recommendations to the Secretary that terms of Committee members be extended past Summit dates to facilitate program participation and completion of the 2004 Advisory Committee report and 2004 Summit proceedings.
- Dr. Trowell-Harris briefed the Deputy Secretary for Veterans Affairs, Gordon Mansfield, on women veterans issues.
- On January 23, Dr. Trowell-Harris briefed Senator Coleman and staff on issues affecting women veterans.
- Proposed date for next Committee meeting April 20-22, 2004.
- Review of items for -discussion during Hill visit.

**Thursday, January 29, 2004**

**Briefing: VA Office of Readjustment Counseling Service/Vet Centers, Dr. Alfonso Batres, Director, Charles Flores, Associate Director and Historian**

- Created in 1979, originally for 2 years. However, authority extended and eventually made permanent.
- Community based centers (Vet Centers) provide readjustment counseling and rehabilitation services to any era veteran who has seen combat.
- 206 sites nationwide (4-Alaska, 5-Hawaii, 1-Guam, 1-St. Croix, 1-St. Thomas, 3-Puerto Rico).
- 940 employees nationwide.
- Staff make-up – 80% veterans; 40% - female; 60% served in combat
- In FY 2003, 130,000 uniques were seen (40% use Vet Centers for all their care) and 1 million visits from veterans to the center.
- Most staff members are licensed social workers or clinical professionals and reflect the surrounding community’s ethnicity and culture.
- New bereavement counseling program initiated by DoD; responds to family of service member within two hours of death notification and assists family members in accessing benefits.
- Women’s Sexual Trauma Program – no directive to offer such services, but employees must meet certain standards to provide services. Funding for training of all staff came from a special purpose account; these funds were decreased 17% in 2003 and 5% in 2004.
- Vet Centers do not recognize priority codes like VHA; no co-payments required; may use telemedicine when/if the Vet Center is co-located with a VARO or pharmacy.

**Briefing: House an Senate Veterans’ Affairs Committees, Capitol Hill**

Items discussed with Congressional staff members included:

- Models of primary care and how to best treat women in primary care.

- Care of newborn after delivery.
- Access to VA for treatment of military sexual trauma victims.
- Sunset of Vietnam Era veterans access to VA system.
- Make permanent submission Committee's Biennial Report to Congress
- U.S. Nurse Cadet Corps Equity Act of 2003
- Make permanent Women Veterans Health Program office. Legislation may be needed.
- Eligibility for maternity and newborn care to those who became pregnant due to rape while on active duty, but who served less than 24 months.
- Legislative mandate for Vet Centers to treat veterans for MST.
- Process for transitioning of Guard and Reserve military members.
- Traumatic injuries to women veterans.

**Briefing: Department of Labor, Veterans' Employment and Training Service (VETS), Ron Drach, Team Leader, Strategic Planning and Legislative Affairs**

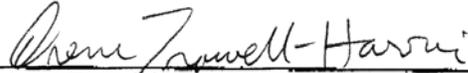
- Office of Personnel Management (OPM) report on veterans' employment data shows decrease in recent years in employment of women veterans; OPM report does not provide breakdown by gender, data collection lags behind real time.
- New OPM program: Veterans Invitational Program (VIP), an educational and recruitment strategy which targets military personnel who are transitioning to civilian life. OPM will work with Transition Assistance Program (TAP) offices on military bases in recruitment of new veterans by providing educational tools and publications to VSOs and Federal regional offices of VA and the Department of Labor.
- State Departments of Veterans Affairs should utilize DOL State VETS representatives to assist with hiring of women veterans as well as the Disabled Veterans Outreach Program (DVOP).
- Utilize TAP to increase awareness of veterans' preference employment opportunities.
- Use of special hiring authorities such as Veterans Readjustment Act (VRA).
- Building of collaborative effort between DoD, VA, and DOL to address performance anxieties of disabled veterans and reluctance to return to previous positions after deployment; possible establishment of registry for returning disabled veterans.
- Teleconference via satellite February 25 with Voc Rehab personnel.
- Transitional employment briefings with returning reserve units.
- Uniformed Services Employment and Re-employment Act (USERA) regulations expected in Spring 2004.

**Closing:** The Advisory Committee on Women Veterans adjourned at 3:30 p.m. Thursday, January 30, 2004.

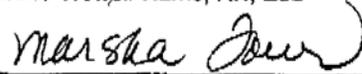
Page 10

Advisory Committee on Women Veterans – Committee Meeting Minutes  
January 27-29, 2004

Submitted by:



Irene Trowell-Harris, RN, EdD



Approved by:

Marsha T. Four, Chair

Dated:

April 7, 2004