

**Department of Veterans Affairs
Advisory Committee on Women Veterans
October 24-26, 2000
Minutes**

The meeting of the VA Advisory Committee on Women Veterans convened at 8:30 AM, on October 23, 2000, VA Central Office, in Washington, D.C.

Advisory Members Present

Col. Karen Ray, USA (Ret), Chair
Cmdr. Constance Evans, USPHS (Ret) Co-Chair
MSgt. Sherry Blede
Mrs. Bertha Cruz Hall
MG Marcelite J. Harris, USAF (Ret)
Ms. Joy Ilem
Capt. Lory Manning, USN (Ret)
CSM Douglas Russell, USA (Ret)
LTC. Consuelo C. Kickbusch, USA (Ret)
Capt. Barbara Brehm, DACOWITS

VA Staff Present

Ms. Joan Furey, Director OOW
Ms. Maryanne Carson, EA, OOW
Ms. Carole Turner, Director,
Women's Health Program
Lynda Petty, Veterans Benefits
Women Veterans Coordinator

Guests

Ms. Carolyn Amos, VFW
Col. Nancy Burt, DACOWITS

New members

Col Kathleen A. Morrissey, New Jersey Army National Guard
CoL Michele (Mitzi) Manning, USMC (Ret)

Joan Furey, Director, Center for Women Veterans called the meeting to order at 8:45am. Ms. Furey gave a brief bio on the two new members, and round-table introductions followed. CAPT Barbara Brehm, who will retire this year, introduced Col. Nancy Burt. Col. Burt will replace her as the DACOWITS representative.

Mr. Guy H. McMichael, Acting Chief of Staff, Office of the Secretary, addressed the Committee and spoke concerning the role of the advisory committee as it relates to VA. He felt that the concerns of women veterans should be fully integrated into the benefits structure, and the issues the advisory committee undertakes are of a significant importance. Evidence that the issues have the attention of Congress and the Appropriations Committee is reflected in the recent appropriation act that is going forward to the President concerning patient privacy. Mr. McMichael concluded by stating that the Advisory Committee has a responsibility to keep VA conscience of any concerns affecting the women veteran's community. Additionally, he stated that all comments, negative or otherwise were welcome so that we can move forward and create a better VA.

Mr. McMichael presented Certificates of Appointments to Col. Michele (Mitzi) Manning, USMC (Retired); and Col. Kathleen A. Morrissey, New Jersey Army National Guard. Captain M. Joy Mann, US Air Force Reserve, was on TDY status, but will receive her certificate at the next meeting in March.

MSgt Blede presented Capt Brehm with a framed certificate from the National Guard 190th Air Refueling Wing for Guard and Reserve Women Veterans.

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New Member Orientation

Mr. James Adams, Office of the General Counsel provided an ethics briefing for the new members. He discussed protocol and the role of the ad hoc advisory committee member in the capacity of a “special government employee.”

Administrations – Overview

Veterans Health Administration (VHA): Dr. Susan Mather, Chief Medical Director Representative discussed current health issues, programs and studies within VHA.

Veterans Benefits Administration (BVA): Ms. Judy Caden, Acting Executive Assistant, Office of the Deputy Under Secretary for Management briefed the Committee on terminology, programs and the general aspect of BVA.

National Cemetery Administration (NCA): Mr. Vincent L. Barile, Director, Office of Operations Support discussed options available to the veteran, and gave an overview of procedures, funding and burial requirements.

Committee Discussions: Col. Karen Ray, Chair

The Chair reviewed the agenda and opened the floor for discussion. A question was asked regarding the status of the “2000 Survey of Veterans”, and if an update could be provided. Ms. Furey commented that the briefing had been overlooked, but the Office of Policy and Planning would have someone provide an update to the Committee at this session.

The March 2000, minutes were discussed and approved after minor clarifications were made. The June 2000, minutes were discussed and required minor editing. The Chair made a motion to table review of the minutes until next meeting.

Joy Ilem briefed the Committee on the new legislation, S-1402, which passed both Houses and is going for signature. She read from a draft of the Veterans’ Benefits Improvement Act, which incorporated several benefits for veterans. Duty to Assist also passed both Houses and is expected to be signed by the President.

The Chair pointed out that a section of the 2000 report deals with “outreach”. She asked that any members who are involved in activities directed at the women veterans’ population or women veterans issues, please keep track. This type of information can be shared and documented in the report.

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A question was asked by the Advisory Committee in the State of New Jersey regarding the high incident of women veterans who served in Vietnam who are having hysterectomies and suffering from endometriosis. They wondered if VA is looking at other compensations. Ms. Furey indicated she was not aware of any research that has found these veterans to have a higher incidence of such problems as compared to other women, and thus compensation for them is not currently under consideration by the Department. Carole Turner, Director Women's Health Program will give feedback to the Committee.

Discussion: The role of the advisory committee in the development of VA programs for women - Princess Aisha of Jordan

The Chair welcomed Princess Aisha and round-table introductions were made. Ms. Furey gave a brief history on the Advisory Committee, and the Chair gave an overview of the Advisory Committee as it relates to the women veterans' community. She discussed the Committee's biennial report, activities and travel. Connie Evans, Co-chair, discussed the Committee's site visits and the importance of town hall meetings involving the women veterans' community.

Princess Aisha discussed the parallel between her Country and ours in respect to women, and asked what were the more specific challenges in dealing with women's health issues and outreach. She asked how do we make women aware that they are veterans within the male-dominated environment in the military. She mentioned that VA hospitals and clinics are suited to male clientele, and wanted to know how to push to get privacy, safety, establishment of women health clinics and women veteran coordinators. Carole Turner expounded on the rolls and duties of the women veteran coordinators. Ms. Furey discussed other programs and sharing agreements such as DOL and TAP that are used as vehicles to bridge certain gaps.

Discussion followed.

Topic: Advisory Report

Discussion: The Subcommittee will have the first draft of the report ready to review within the week. The report is close to target. The design of the report was discussed, and it was agreed that the inside cover will show resources for veterans. The Subcommittee discussed the feasibility of keeping the same cover for this report, and redesigning a new one that showed a wider range of women veterans. Col. Morrissey has copies of a flag showing cultural diversity that was displayed at the National Bar Association. She will have copies for the Committee to consider. Members would like to include the matrix document that can be used as a tool for measurement by the Committee to keep track of issues, recommendations and accomplishments.

Continuing issues will be monitored so as not to loose track. A suggestion on the theme for the 2000 report was discussed. It was noted that 2001 is the 100th anniversary of women officially entering into the armed forces.

Action: Decide on a new theme for the advisory report.

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Topic: Summit

Discussion: Status of the Summit report. Members discussed the time period for completing the Summit report. Capt Brehm suggested that the Committee should develop an action plan for the year, documenting all reports that are required to assure all timelines are met. She felt the Committee should outreach more to the VSOs because they would be deeply interested in the conclusions of the Advisory Committee. The VSOs would be a good vehicle to transmit findings, educate women pertaining to their rights and entitlements, and spreading the word about future Summits..

Joy Ilem informed the Committee that the Veterans Affairs Committee staffers were interested in meeting the new chair and co.

Action: Arrange for an introduction.

Topic: Briefings from organizations outside of VA

Discussion: The Committee was in agreement that they could benefit from having various speakers from DoD, Labor, VSOs, etc., address specific issues. Suggested names were given, and they felt this idea might create a better working relationship between VA and other agencies. It was stated that service organizations have to be personally invited to agencies, and most times, word-of-mouth was sometimes the only source of information about VA.

Capt Brehm discussed DACOWITS. She felt that the Advisory Committee and VA should work more closely with DACOWITS on issues such as separation, physicals, burial, benefits, transition, etc. She stated that certain people, in certain circumstances, don't get a chance to participate in TAP programs. Suggestions included creating a VA web site for use on a home computer; tailor it to certain status, such as disability, retirement, etc; show links ups, and include contacts or other services. Since this takes time and money, the Committee should work on the recommendation and budget for it.

The Committee discussed transition in length. They felt that since transition is a big item question they would like to get a better feel for the information that's out there. Members suggested it would be a good idea to have someone at the next meeting who could brief them on VA's involvement; their outreach approach with the group that is separating; who coordinates for central; and the process.

Action: Schedule briefing to discuss transition and VA's involvement; schedule briefings from outside organizations.

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Topic: Tri-care

Discussion: Troops separating wait until they leave and then come to VA because medical care in the service is so bad. As a result, there will be a number of people within the next two years relying on the VA for their healthcare. The Committee discussed the Bill that is in Congress which states the people over 65 years of age can stay on Medicare and Medicaid and get free access to tri-care without any supplements. The Committee felt this was an issue that needs to be fixed now, since there will be a period of time when the separating service members coming to VA will need extra care.
Action: Schedule a briefing on tri-care.

Briefing: Persian Gulf Research Initiatives - Dr. Kelly Brix

Dr. Brix, who is new to VA, briefed the Committee. She has worked with post-war illness for the past six years since coming to the Washington, DC area. She discussed three general topics: 1) early concerns about post-war illness; 2) major results of study in which women veterans were over-sampled; and 3) detail description about the study involving women and reproductive studies.

Briefing: Women Veterans' Health Program - Carole Turner, Director

Ms. Turner gave updates on the following issues, which were included in four reports prepared for the Under Secretary of Health.

Maturity and infertility issues: VA has contracts and sharing agreements with community-based facilities to provide maternity and clinical services. In FY 99, 171 babies were delivered through the system in our contract facilities. Over 700 women received pre-natal care during FY 99.

Working group on infertility: this group was reconvened to address the concerns and issues. An information letter was drafted, stating certain services will be provided under Title 38, with the exception of in vitro fertilization, as stated in PL.102-585, in the Veterans Benefits Health Improvement Act. A copy of the 1999 Survey on Women's Health will be given to the Committee once the Secretary completes his review.

Implementation of the services provided by this authority: This report will inform Congress of how many people are benefiting by PL.102-585, Veterans Benefits Health Improvement Act. The report will show how many men and women access military sexual related counseling and/or treatment at a facility. A survey was conducted in FY 99, from July 1 to Sept 30, at every medical and vet center. A report will be given to Congress by the end of the year.

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Eligibility for reservist who experience military sexual trauma while on active duty for training: This is the fourth and final report to the Congress. It is a study to look at the incident and financial impact of military-related sexual trauma to reservists. The National Center for PTSD in Boston, will conduct the study. This is a collaborative effort with DoD; however, this report will take a longer time to conduct because it involves clearances. The results of the study will not be available until 2002.

Ms. Turner reported on the progress of the National Strategic Work Groups, which was tasked to do a comprehensive assessment of the services being provided to women, and make recommendations for strategic planning. Used as a database, the group looked at organizational design with regards to delivery of primary care; and used data regarding satisfaction with the services received at VA facilities. It is anticipated that this study will take several months, so in the interim, the work group identified four key areas in which a preliminary report with recommendations could be conducted. These areas include: education and training; access to healthcare services and barriers for women; data management and performance measures; and roles of the women veteran coordinators. Data obtained from the breakout groups in healthcare at the *National Summit on Women Veterans Issues*, and the last, lead women veterans coordinator's business meeting will be used. The beginning of FY 02 will provide a report with recommendations to the Under Secretary for Health.

Ms. Turner addressed the following additional concerns:

Women veteran's coordinators (WVC): A pilot to look at the role of the WVC was conducted and completed Sept 30, 1999. The biggest concerns included lack of support; resources; and adequate time to perform duties in the areas of outreach and education. Providing clinical services also presents challenges and creates some competition with regard to their admin duties. The results are being analyzed by the support system in VHA, and will be used to make recommendations through the strategic work group. Ideal model, role and time to support positive outcomes and performance of that role will be determined.

Sexual dysfunction in women: There is not a lot of information in that area. Ms. Turner asked if that was a specific concern because without comments or feedback, the issue could not be researched. Ms. Furey said details will be worked out by the March meeting and it will be included as an agenda item.

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Sensitivity training for foreign physicians: Ms. Turner addressed the concern regarding insensitivity to women and women of various cultures. This topic was discussed at the Summit and the Center has received correspondence from women veterans. Many physicians throughout the VA system come from foreign countries where women are considered less than equal, and they transfer their culture creating real barriers. This is particularly true among male physicians. Another issue identified was the language barrier. Ms. Turner was not aware of the intensity of this issue. She stated that she would bring this issue up at the deputy field director 's meeting that will be held in November. They will try to identify ways in which to assist the field with this problem. A briefing can be expected at the March meeting.

Ms. Turner shared a few successes for the Women's Program Office. VHA was awarded the Hera Award (bronze medal); and the WVC in Bronx VAMC received the New Millennium Award.

Clinical update issue: Collaborative venture between DoD and VA. The DoD keynote speaker talked to the clinical providers about military life, and discussed what the military is doing with regard to sexual trauma. Questions followed. Ms. Turner agreed to send the slides on the presentation on sexual trauma while on active duty. A new women veteran's health brochure is expected to be available by mid-December. Copies will be made available in March for review.

Briefing: Veterans Benefits Administration (BVA): - Ms. Lynda Petty

Ms. Petty oversees women programs in BVA, and she discussed the list of issues that were raised at the last Advisory Committee meeting. These included information on training veteran service representatives; transitional assistance program; and the assistance that BVA is providing to veterans before they separate from service.

BVA has a women veteran coordinator in all 57 regional offices, but only one is full-time. Compensation & Pension (C&P) Service has an advisory group, consisting of six members from regional offices and one service organization representative, who is Ms. Joy Illem, Committee member. The committee meets when there is an issue that needs to be addressed; to prepare training; or to review cases when there is a problem area. The advisory group was active in PTSD training; held training on how to recognize a claim for PTSD due to sexual trauma and how to work with these cases; trained on providing rating and notifying veterans on sensitive issues with letters. Two broadcast messages on female anatomy were viewed for the male rating specialists who were uncomfortable with gynecological cases. Mr. Dwayne Honeycutt, C&P Program Manager gave an in-depth presentation on C&P and the claims process.

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Mr. Honeycutt briefed the Committee on the three types of service members separating. The first type served 3 or 4 years and has a regular TAP briefing. The second type is retiring after 20 years or more, has a regular TAP briefing, but with different issues addressed that are unique to the retiree. The third type are those who are injured on active duty, and being discharged because of a physical disability. He discussed the physical evaluation board process and the criteria used for rating these different types of veterans. Discussion followed with specific questions and examples, however Mr. Honeycutt deferred answers to DoD.

Payment for birth defects for women veterans who were stationed in Vietnam is waiting on legislation and signature.

Ms. Petty discussed the status of the well-grounded claim, which is a complete claim that has a 3-part criteria. The first part is the current diagnosis; the second is proof; and the third is a link between the first two. The Morton vs West decision set the rules for the court, and is considered a well-grounded claim.

In responding to a request from the Committee, Ms. Petty discussed primary issues and how to rate the breast for compensation. She discussed specific guidelines such as: minor surgery that does not leave a scar nor deform the breast is rated service-connected, but 0 percent. A radial mastectomy is 50% one breast to 80% for both. All complications from the mastectomy are rated separately and are counted in addition to the basic rating. If breast cancer treatment is given, veteran will be rated 100% for the duration of the treatment, and 6 months after treatment ends veteran is reevaluated at basic rating.

Ms. Petty discussed the rating process for PTSD. She stated that all PTSD and psychiatric conditions are rated together; but if a veteran has PTSD and a major depression disorder, the veteran is more disabled and will most likely receive a higher rate. She pointed out that if a rating is 50% for one condition and another condition is rated at 20%, and another condition is 10%, these ratings are not added together. The whole body formula is worked out on the computer so numbers can be a little misleading.

Due to the complexity of the rating system and time restraints, a more detailed briefing will be scheduled at the March meeting. Ms. Furey will schedule a briefing by the Board of Veterans Appeals. It was suggested that a case study would be helpful.

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Briefing: Women Veterans Homeless Issue – Pete Dougherty and Josephine Hawkins

Mr. Dougherty gave an overview on the Interagency Council on Homeless, which VA is a member of. The Secretary, by position, sits as vice chair on that task force. Federal agencies come together and decided that more information regarding homelessness in America was needed. There was a need to identify the root causes so that a better strategy could be planned in order to address the needs of homeless people. Mr. Dougherty discussed the bigger picture of the homeless arena and more specifically, the women's initiative.

A survey was taken in the 76 largest metropolitan areas in the country and 24 of the most rural areas. There was a mixture of places in between designed to capture urban homeless persons and the rural homeless to see if there were differences. To gather data for the survey, over 12,000 service providers such as emergency shelters, food banks, transitional houses, VA grant and per diem programs, domiciliaries, etc, were contacted. Over 4,200 clients who were using these services were interviewed.

Mr. Dougherty gave an overall view of the program. They support stand-downs that were started in 1988, as an outreach effort to find homeless veterans and make them aware of the services VA has available in medical care and economic benefits. It was found that veterans are older, better educated but much sicker than other homeless people.

They support the Creative Arts Festival and the compensated work therapy (CWT) program. The CWT program provides assistance for many veterans who would otherwise be homeless. This is a medically-prescribed program that gets the veteran into the rehabilitative effort to make them responsible, accountable and reporting once again. After completing the program the veteran is usually ready to report to work again. Approximately 15,000 veterans participated in the CWT program within the fiscal year.

Mr. Dougherty discussed property sales under the loan guarantee program. Clothing and property is mainly gotten from depot defense and is used at stand-downs. An initiative is being made to get new civilian clothing for veterans who are going back to work.

VA completed the grants and per diem program. Sixty-five sites received funding and thirty-eight sites received vans.

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Mrs. Hawkins gave a briefing on the women's program. This is a program that's designed to treat women who have suffered from trauma and substance abuse. This program consists of 25 treatment sessions for PTSD and substance abuse with focus on safety. The veteran keeps the same clinician. Of the 11 sites, 9 of them have hired counselors. Training will not take place until December 2001. Ms. Furey will conduct sensitivity training for the counselors and others who are hired for this program. Training will be on women's experience in the military; working with women veterans, the women veterans' experience, and other issues.

A question was raised regarding counseling programs for the children and spouses of these veterans. Mrs. Hawkins said nothing has been proposed. Discussion followed and suggestions were made to utilize several community-based agencies that are specifically established to address these issues and needs. Ms. Hawkins stated that written in the proposal is a suggestion that VA develop partnerships with these agencies rather than reinvent a working program. Her committee will monitor to see how successful they are in doing that, and what are some of the problems they might encounter. The goal will be to write guidelines to send out to the field stating anticipated problems and highlighting successes. Col. Morrissey suggested that the committee tie-in with the national conference for homeless children which is held every year.

Briefing: Readjustment Counseling Service – Charles Flora

Mr. Flora talked about reaching women veterans and informing them about services to meet their needs. Readjustment Counseling is a special program, community-based, highly visible with usually a small staff of four or five. A lot of outreach is done, with a mission to find, meet and inform veterans. The high risk groups focused on were: high combat exposed veterans, which are a bit difficult to reach primarily due to avoidance, which is a symptom of PTSD; the physically disabled veterans; ethnic minorities; women; homeless; and rural. These veterans take a little more time to determine how to get to them; get them in; and provide services that match what they need. This service is non-medical and deals with war-related and military trauma.

Services provided are psychological counseling for PTSD. Approximately 50% of the workload of veterans come only to the vet centers and do not access medical centers. The other half of our clients that goes to the medical center was referred us. Over 100,000 referrals are made each year to the medical center's primary care and the VA regional office for benefits and information. At least 30% of the vet center staff are women and most are veterans. Additionally; 15% of the team leaders are mostly women veterans, counselors make up 30%, and office support is about 65%.

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The women veterans working group was formed early 1982, and composed of staff members from every vet center throughout the seven regions. They produce a report on how to assist women veterans and where to locate new vet centers.

PL104-262, which passed in Oct 1996, states eligibility to see any veteran who served in any war. However, the kind of care the veteran receives has to be tailored to the veteran's military experience due to the kinds of stressors they were exposed to, as well as their military history.

Public Law 102-585, authorized VA to provide counseling to veterans exposed to sexual harassment and sexual assault in the military. VHA decided that the vet center would be one of the service sites that would provide that counseling. In FY 2000 we treated 8000 women veterans; 5000 were new to the system. During that time period 50,000 visits were provided to women veterans.

Briefing by Advisory Committee Members: Factors to Consider

Col Karen Ray, Chair – Providing Services for African American Women Veterans:
Factors to Consider

Col Consuelo Kickbusch and Mrs. Bertha Cruz Hall - Providing Services for Hispanic Women Veterans: Factors to Consider

Briefing: Survey of veterans - Kevin Henratta, Acting Deputy Assistant Secretary for Policy and Susan Krumhaus, Program Analyst: Office of Policy and Planning
(This briefing was unscheduled and provided at the request of the Committee)

The survey of veterans is the main source of information that gathers data on non-users of VA benefits and those who use it. There are approx. 24 million veterans in the US, and VA only cares for 3.5 million of them. This survey is used to breach the gap between whom we have access and data on and the veteran's population, so we can do current policy and planning for VA.

In 1993, the survey of benefits sampled 11,500 veterans; the 2000 survey sampled 20,000 veterans. In 1993 there were 460 women of the 11, 500 veterans sampled. In FY 2000, 1200 women were sampled out of 20,000 veterans.

The survey is expected to be conducted starting in January, the data will available for analysis in 10/01. It is anticipated that the survey results will be available to other groups Jan/Feb 2002.

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Ms. Furey commented that she and Linda Schwartz, the past chair, met with the contractors who developed the survey and discussed the type of information the Committee wanted to see regarding women veterans.

A question was raised regarding how the Native American veteran population would be reached since they do not have electricity or telephones. Ms. Krumhaus admitted that question had not been addressed. She stated that the only access VA has to a veteran is through their record as a user of the VA system. If they are, an attempt will be made to reach them by telephone. The situation involving the Native Americans will be looked into and compensated for. Ms. Krumhaus said that was a good point and will definitely be taken back to the contractor.

A question was raised regarding minority women veteran. The concern was on how are minority women veterans addressed, and will the sample size be large enough to tell enough about that particular population. Ms. Krumhaus stated that minority women veterans will be over-sampled within the 7000, but other than over-sampling there are no specific measures. She said that until the results are back, there is no way to know. The best way is to do a targeted survey and use that information in a comparative sort of way. This was discussed with the contractor and it can be a more specific recommendation to add to the report and do a "focused" survey.

Mr. Henratta will send the forms to the Committee for the letter used for getting medals for Korean War veterans who served in Korea during the dates of the war. The Korean government will issue the medals. The US Air Force coordinates this effort. A fact sheet and eligibility statement will be sent to Joan for distribution. Copies will be available at March meeting.

Update: Center for Women Veterans - Joan Furey

Discussion: Issues pending the President's signature includes: an increase in active duty education assistance, however the ten-year time frame to use benefits has not been changed.

Legislation Pending final approval include:

The Special K award for mastectomy.

Compensation for the children of women Vietnam veterans born with certain birth defects. This legislation would provide healthcare for the covered birth defects; vocational training when appropriate; and a monthly disability allowance to the child based on the extent of their disability. The disability allowance ranges from \$100 – \$1,272, monthly.

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Ms. Furey discussed the mission of the Advisory Committee and reiterated that the committee was established by Congress to report to the Secretary. Committee members are considered "special government employees", and as such, are not authorized to personally contact a member of Congress without going through appropriate VA channels. The Director of the Center is the Designated Federal Official for the Advisory Committee, thus, if a member of Congress calls and request a meeting with the Committee or a member, contact her and she will make arrangements through VA's Office of Congressional Affairs.

The Chair stated that she would like to have the new leadership for this Committee introduced to the appropriate personnel on the Veterans House and Senate Affairs Committee. Ms. Furey will talk with Congressional Affairs and arrange the introductions during the March meeting.

Summit feedback: a question was asked if there were calls, etc., regarding assistance as a result of the Summit. Ms. Furey replied that all the calls to the Center are logged, and there were 250 contacts that very consistently fell within the issues that were talked about at the Summit. The majority of issues had to do with ratings, the length of time it takes, feelings that people are not being rated appropriately, and complaints that they were not treated properly at the VA. Some expressed concerns that diagnosis was missed or treatment was not appropriate to their diagnosis. There were questions regarding the Board of Veterans Appeals. Adverse actions are followed up on immediately. The Summit proceedings are expected to go to the printer by January.

As a result of the Summit, the Center responded to six key issues that came out of the working groups. The issues and status follows:

Education: VA staff, VSOs, State departments of veteran's affairs and veteran consumer groups, will take an active role in addressing this issue.

Healthcare annual clinical update: The Center will follow-up with VHA on training foreign physicians, and address the sensitivity issues.

VA research: It is a mandated policy that women veterans now have to be included in all VA research, unless there is sound rationale for excluding them. A readout has to be given on the number of research projects that involves women veterans in general.

Homelessness: A major accomplishment has been made in this area. As a result of the Advisory Committee expressing a desire to provide input, the Center was instrumental in getting money and developing the RFP. In the RFP, all the areas that the Committee was concerned about were addressed. They included incorporation of the treatment program; focus on outreach for women veterans; friendly environment with VA case managers; housing options for single women, and women with children.

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Minority women veterans: proposal for 2001 funding to support a workshop for clinicians on health issues, and intervention in minority women veterans. This group includes Asian American, Native American, Hispanic, island Pacific, Black, etc.

Outreach: increase outreach and work with women veteran coordinators in VHA and BVA, and increase opportunities to the minority community. A working group is set up with Lynda Petty (VBA) and Carole Turner (VHA). This is a strong initiative for the Committee to undertake and provide recommendations for guidance to the field. Details can be discussed at the March meeting.

Ms. Furey continued to discuss a number of other issues that included:

Benefits for the National Guard and Reservists. This is a recurring issue, and has been put in the report again. However, the only authority that can establish eligibility entitlement for reservists and the National Guard is the Congress. VA has no authority in that area.

TAP report. An effort will be made to get copies of the report for each member by the March meeting.

C&P exam: The quality of C&P exams for women; foreign doctors; and VA physicians who examine women veterans regarding PTSD and sexual trauma, is an area that the Advisory Committee may wish to monitor to assure these issues don't slip through the system. Briefings will be scheduled on gender-specific issues within the C&P process. VHA representation will be included at the briefing because they are the administrative representatives responsible for giving the C&P exam. In turn they give the results to BVA, who then rates the veterans.

Employment issues: once the administrative is sworn in and settled, the Center will work in conjunction with Labor and look at some of the issues we've encountered with the employment population.

VSOs: These are areas we have made great progress with. The veterans service organizations have a large membership and this is an avenue we can use to get to grass-roots people. Vietnam Veterans of America, Disabled American Veterans of Foreign Wars and AMVETS all have women advisory committees at the national level. More organizations are establishing women advisory committees.

Joint-training with coordinators: A proposal to hold joint-training to improve networking, increase awareness and communication has been submitted. The Committee will be briefed as the plans are formulated.

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State Departments of Veterans Affairs: Providing outreach and sharing information to those who provide services to veterans at State and county level, has resulted in dramatic progress among these organizations.

Individual Site visits: Permission was granted for members to conduct individual site visits in conjunction with travel not associated with the Advisory Committee. VA is not authorized to reimburse members for this travel. A personal site visit is used to provide an opportunity for the members to see, first-hand, what is going on in the field, and compare that information with what has been said in Committee briefings. Such visits provide members with an opportunity to compare what they are told at meetings with what is actually being done in the field. The member is expected to update the Committee on their findings, and promote discussion to determine if any recommendations should be made to the Secretary regarding any issues.

In terms of the site visit, if a problem is encountered that needs to be addressed immediately; the member is required to let the Director of the Center know. In this way VA can intervene immediately. Site visits are for gaining information, and not to be considered an investigation of any sort. The information that's gathered is used to look at ways in which VA is treating women veterans and/or trying to improve services, as opposed to sending a formal report back to the medical center director. No formal reports have been sent back to the medical centers since the individual site visits started. The only reports that were sent back to facilities were those that involved the entire Committee. That report was also sent to the Secretary. Individual site visit reports are attached to the minutes and used by the committee to develop recommendations. Concerns and issues should be shared at the out briefing with the medical center director.

Discussion. Committee members expressed concern because they had informed the directors of the VAMCs that a letter, with feedback, regarding the visit would be forthcoming from the Director of the Center. Ms. Furey apologized for the oversight and misunderstanding, and assured the Committee she will write letters to the directors of the facilities visited, express her apologies for the delay, and send copies to the member who conducted the site visit. She stated that any complaints or negative findings will be handled by her, Ms. Carole Turner, and the deputy field director in that area. This will alleviate any repercussions with the person who gave the information to the committee member.

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Capt Brehm will send a proposed, standard format of report, modeled by DACOWITS, to the Chair. The Committee agreed it would help tremendously in preparing site reports.

Reporting requirement reestablished: The Veterans Benefits HealthCare Improvement Act of 2000 has reestablished the statutory requirement that VA submit the Biennial Report of the VA¹ Advisory Committee on Women Veterans to Congress.

Committee budget: Ms. Furey explained that the Committee's budget was incorporated into the budget for the Center for Women Veterans, as discussed in the briefing provided in October of last year. However, she agreed to arrange to have a briefing for the Committee at the March meeting.

General Discussion:

Chair encouraged the members to e-mail or call Ms. Furey if they have agenda items to be added for the March meeting. Ms. Furey also suggested a conference call for the full committee if necessary.

Capt Brehm asked that the Committee take one last look at the 2000 report and e-mail any changes/comments to her the Monday following the meeting. The Committee would like to take one last look at the report before it goes to VA internal concurrence. The Chair would like the report to go to the Secretary by November so that it will be in his office once he is on board. A delay can be expected because of the new change in administration.

Objectives for FY 2001: Chair discussed how the Committee wanted to proceed during the next two years, and asked that members be prepared to discuss particular issues and areas of focus. This will aid in directing activities. Committee members should address areas of concerns in health, benefits, etc., and create an over-riding theme that will carry the Committee through during different periods. Comments can be made during the March meeting.

**Advisory Committee on Women Veterans
October 24-26, 2000
Minutes (17)**

In an effort for the Members to become more personally involved in the meetings, the Chair suggested that a member should introduce the presenters and act as a moderator for a half-day of the meeting. They should also keep track of the flow and time to keep the meeting on schedule.

Discussion followed. It was decided that in the interest of time during the meetings, and because Ms. Furey was familiar with the background and work of the presenters, introductions of VA staff should continue to be made by her. The Committee was in agreement.

A suggestion was made regarding briefings to the Committee. Some members felt that prior to giving a report; the presenter should go over it with the Chair for critique, etc. This would eliminate interrupting the presenter during the speech before they are finished giving information. The Chair suggested that in keeping with the agenda and being more conscience of the time frame, will help to keep the schedule on time.

Next Meeting: Washington, DC, scheduled for March 15-17, 2001

Site Visit: Boston, MA, scheduled for June 25-29, 2001

Closing: Business meeting and Committee discussions concluded. The Advisory Committee for Women Veterans adjourned at 11:45a.

Respectfully submitted by _____

Approved by: _____