

Department of Veterans Affairs
Advisory Committee on Women Veterans
2014 Report

Women Veterans--Proudly Breaking Barriers

September 2014

Table of Contents

Letter from the Chair: Page 3

Part I: Executive Summary

Executive Summary: Page 6

Part II: Recommendations, Rationales, and VA Responses: Page 8

A. Health Care and Strategic Planning: Page 8

B. Access to Gender-specific Care: Page 10

C. Lead Women Veterans Program Managers: Page 14

D. Improving Access to VA's Health Care and Benefits : Page 16

E. Military Sexual Trauma (MST) : Page 18

Part III Appendices: Page 21

A. Historical Perspective: Page 22

B. VA Advisory Committee on Women Veterans Current Membership Profile: Page 25

C. Summary of Site Visits (2012-2014): Page 33

D. Briefings to the Advisory Committee on Women Veterans (2012-2014): Page 34

E. 2013 Charter of the Advisory Committee on Women Veterans: Page 42

F. Center for Women Veterans Mission and Goals: Page 44

Chair's Letter

July 1, 2014

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 (ACWV), I am honored to provide you with the ACWV's 2014 biennial report. The report delineates proposed recommendations and supporting rationales, based on the ACWV's assessment of information presented during meetings and site visits over the past 2 years. These recommendations are devised to address challenges expressed by the women Veterans' community and to enhance the Department of Veterans Affairs' (VA) strategic plan for meeting the needs of women Veterans. For many years, the ACWV has demonstrated an immense capacity to collaboratively support VA's commitment in caring for Veterans, to include women Veterans, and we are proud to be a strong constituent of this outstanding history.

VA continuously faces a stream of complex challenges in the midst of its ongoing transformation of system designs and programs constructed to readily meet the needs of women Veterans. Evidenced by national VA data trends and projections, it is clear that the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) will engage an increased number of women Veterans seeking services from VA for years to come. Additionally, as women Veterans learn more about their VA benefits and entitlement, they will proactively engage the National Cemetery Administration in planning their final memorial arrangements. To uphold VA's strong commitment to serving women Veterans—those who courageously served our country—it is critically important that the needs of women Veterans remain at the forefront of VA's strategic agenda to move progressively forward.

The ACWV is confident that the meticulously studied recommendations and rationales depicted in the 2014 report will constructively enhance VA's strategic agenda to provide the best services to our women Veterans. The ACWV is committed to fulfilling its charge, examining an array of expert approaches to collectively advise VA as they strive to meet the needs of women Veterans.

On behalf of the ACWV, I extend my utmost respect and deepest gratitude to you for allowing us the opportunity to serve women Veterans—those who proudly break barriers through their service to our great Nation.

Respectfully submitted,

/s/

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

PART I

Executive Summary

The Department of Veterans Affairs (VA) Advisory Committee on Women Veterans' 2014 report provides recommendations and supporting rationales that address the following issues:

- Health Care and Strategic Planning
- Access to Gender-specific Care
- Lead Women Veterans Program Managers
- Improving Access to VA's Health Care and Benefits
- Military Sexual Trauma (MST)

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, Marine Corps, Reserves, and the Coast Guard. Members represent a variety of military career fields and possess extensive military experience, to include service in the Vietnam War, the Persian Gulf War, Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND).

A total of seven recommendations with supporting rationale, 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 rationale will reflect value-added ways for VA to strategically and efficiently address many needs of women Veterans.

Highlights

- VHA strategic planning process, at all levels, should ensure that women Veterans' needs are specifically addressed.
- VA medical centers should offer emergency gynecological consultation services, when gynecology services are not available on-site.
- VHA should develop an implementation plan to disseminate and incorporate identified best practices, to improve care for women Veterans.

- VHA should evaluate the effect of part-time Veterans Integrated Service Network (VISN) lead women Veterans program managers on women Veterans' market penetration and care provided to women Veterans.
- VBA and VHA should ensure that women Veterans receive user-friendly instructions, tutorials, and/or hands-on assistance as needed, in order to enhance their understanding of new technologies.
- VBA should conduct and disseminate an assessment of outcomes of the second review of previously denied military sexual trauma (MST) related posttraumatic stress disorder (PTSD) claims.
- VBA should allow previously denied MST-related PTSD claims to undergo the appeals process and the second review simultaneously, if they were in the appeals process upon VA's decision to offer a second review.

PART II

Recommendations, Rationales, and VA Responses

A. Health Care and Strategic Planning

Recommendation:

1. That Veterans Health Administration's (VHA) strategic planning process at all levels, and the operationalization thereof, ensure women Veterans' needs are specifically addressed.

Rationale: Women Veterans represent one of the fastest growing segments of the Veterans population. Since 2000, the number of women Veterans using VA health care has doubled and their enrollment in VA's health care system is increasing faster than their male counterparts.¹ To ensure that women Veterans have consistent access to quality health care, VHA's strategic planning at all levels—national, VISN, and facility—must reflect the needs of the women Veterans population and the resources needed to meet those needs. At all levels, strategic planning for the needs of women Veterans should include: the use of gender-specific data,² women Veterans population projections and how VA will plan for projected needs, and include planning for the recruitment of competent health providers to care for women Veterans consistent with women Veterans' projected utilization of VA services.

Women Veterans program managers (WVPM), who are instrumental in coordinating services for women Veterans, offer invaluable information about the specific needs of women Veterans they serve. Data provided by VA's Women's Health Services indicate that 94 percent of WVPM have developed strategic plans for their respective programs. Since WVPMs are directly connected with the care of women Veterans in their facilities and would have an accurate assessment of the needs of the women Veterans they serve, it is important that strategic plans developed by WVPMs be included in VHA facility and VISN plans to address how gender-specific needs will be met and resourced.

¹ Briefing, Chief Consultant, Women's Health Services, Meeting of the Advisory Committee on Women Veterans, March 2014.

² Washington, D.L., et.al., (2013). Women Veterans' Healthcare Delivery Preferences and Use by Military Service Era: Findings from the National Survey of Women Veterans, Journal of General Internal Medicine. DOI: 10.007/s11606-012-2323-y.

VA Response: Concur.

The VHA Strategic Plan for fiscal year (FY) 2013 - FY 2018 serves as the primary guide for planning, budgeting, performance management, and alignment across the components of VHA. VHA Strategic Goal 1 states that VHA will “Provide Veterans Personalized, Proactive, Patient-Driven Health Care.” Specifically, VHA Strategic Objective 1e, Quality and Equity, states that “Veterans will receive timely, high-quality, personalized, safe, effective, and equitable health care, irrespective of geography, gender, race, age, culture, or sexual orientation.” When analyzing and planning for specific populations of Veterans (e.g., women, ethnic minorities, rural Veterans, etc.), VHA has unique program offices that are designed to manage the strategic and operational considerations of those specific populations. Women’s Health Services (WHS), in the Office of Patient Care Services, leads the analysis and planning efforts unique to women Veterans.

VHA policy requires that WVPMS execute comprehensive planning for women’s health issues that improves the overall quality of care provided to women Veterans. Additionally, each VHA facility must have a Women Veterans Health Committee to assist the WVPM in carrying out duties and responsibilities of that position and to provide recommendations to leadership for improving services and programs for women Veterans.

In 2013, WHS released a Tool Kit to the field that assisted WVPMS with developing strategic plans and incorporating them into VISN and facility-level planning. As a result, 96 percent of facilities now have a Women’s Health Strategic Plan and more than 50 percent of WVPMS are involved in strategic planning at the health care system level.

WHS also conducts ongoing evaluation of all women Veterans health programs through several mechanisms. Every VA medical center (VAMC) completes an annual assessment of the implementation of women Veterans services through an internal survey, the Women’s Assessment Tool for Comprehensive Health. This survey includes an assessment of current and future enrollment and utilization projections and strategic planning for women Veterans services and reports on the providers and capacity for clinical services, such as primary care, gynecology, and emergency services.

In addition, VA uses an independent contractor to conduct detailed site visits that objectively assess the implementation of services for women Veterans nationwide. To date, site visits have been conducted at 50 percent of VAMCs and annual reports have been provided to VHA Central Office and VISN leadership. This has allowed VHA leadership to examine trends in implementation and to identify potential gaps in services available for women Veterans.

Actions to Implement:

Action Plan Recommendation #1

Steps to Implement: Implement Dashboard to monitor strategic planning for women Veterans at the facility and VISN levels.

Lead Office: Women's Health Services (WHS).

Other Offices: VAMCs and VISNs

Tasks: Develop strategic plan that assess current utilization and projects future enrollment and demand for services.

Due Date: December 2014.

Current Status: Being monitored quarterly through Dashboard submission.

B. Access to Gender-specific Care

Recommendation:

- 2. That VA medical centers offer women Veterans emergency gynecological consultation services that are available 24/7, at least by telephone, and tele-gynecology services for patients and providers in community based outpatient clinics, when gynecology services are not available on site, to ensure that women Veterans have access to timely reproductive services.**

Rationale: Gynecological care is an essential and integral part of women's health. An increased number of women Veterans are seeking health care and reproductive services from VA.³ However, approximately 30 percent of women Veterans new to VA left within 2 years.⁴ Given the diversity of the women Veterans population, spanning several eras of military service, VA must employ diverse methods to address their needs. This is of particular importance in attracting and retaining women Veterans in the VA health care system.

Younger women Veterans—especially those with families, who are employed, or who are caregivers—may have obligations that challenge their access to care and may need flexible options for care. Findings from the most recent National Survey of Women Veterans indicate that OEF/OIF/OND and Gulf

³ Katon, J. , et.al. (2012) VA location and Structural Factors Associated with On-site Availability of Reproductive Health Services. Journal of General Internal Medicine. DOI: 10.1007/s11606-012-2289-9.

⁴ Department of Veterans Affairs, Sourcebook: Women Veterans in the Veterans Health Administration, Volume 1: Sociodemographic Characteristics and Use of VHA Care, December 2010.

War I women Veterans used women's health services more than women Veterans from earlier conflicts.⁵

In non-urban communities, where there is already a shortage of reproductive services—and where community based outpatient clinics (CBOC) are often located—women Veterans can encounter a delay in care for these services.⁶

To ensure that women Veterans have access to timely reproductive services, VA should offer emergency gynecological consultation services that are available 24/7, at least by telephone. VA should also provide tele-gynecology services for patients and providers in CBOCs, when gynecological services are not available on site

VA Response: Concur.

VA recognizes that the availability of on-site gynecologists plays a critical role in providing comprehensive care to women Veterans. Working collaboratively with primary care, emergency medicine, mental health and other subspecialty providers, and obstetrics (OB) and gynecology (GYN) providers can strengthen the team of providers caring for women Veterans. There are increasing numbers of gynecologists in the VA workforce; however, gynecologists are not available at every site. VA has launched a multidisciplinary workgroup to address this gap and national guidance is currently under review to address limitations in access to on-site gynecology care at the local level. Innovative technologies, such as e-consults, tele-gynecology or tele-maternity care coordination services, also support the delivery of gynecology services to women Veterans and are currently being implemented at some VAMCs to enhance gynecology access. Expansion of these innovative technologies is currently being supported.

Actions to Implement:

Action Plan Recommendation #2

Step to Implement (1): National guidance on delivery of gynecology care.

Lead Office: WHS

Other Offices: National Surgery Office (NSO), Office of the Deputy Under Secretary for Health for Operations and Management (10N)

Tasks: Continue OB/GYN Health Care Delivery Workgroup meetings; finalize draft national guidance for internal review; and submit national guidance for concurrence.

Due Date: September 30, 2014.

Current Status: Upcoming.

⁵ Washington, D.L., et.al., (2013). Women Veterans' Healthcare Delivery Preferences and Use by Military Service Era: Findings from the National Survey of Women Veterans, Journal of General Internal Medicine. DOI: 10.007/s11606-012-2323-y.

⁶ Katon, J. , et.al. (2012) VA location and Structural Factors Associated with On-site Availability of Reproductive Health Services. Journal of General Internal Medicine. DOI: 10.1007/s11606-012-2289-9.

Step to Implement (2): Disseminate national guidance on delivery of GYN care
Lead Office: WHS
Other Offices: NSO
Task: Once approved by leadership – disseminate national policy
Due Date: September 30, 2015.
Current Status: Ongoing.

Step to Implement (3): Collaborate with Research and Rural Health to evaluate and promote tele-GYN within VISNs.
Lead Office: Telehealth Services, Office of Rural Health, Office of the Assistant Deputy Under Secretary for Health for Clinical Operations (10NC).
Other Offices: WHS.
Task: WHS will work with Research and Rural Health to promote women's health telehealth opportunities.
Due Date: September 30, 2015.
Current Status: Ongoing.

Step to Implement (4): Expand maternity care coordination telehealth program to additional rural sites of care.
Lead Office: WHS
Other Offices: WHS.
Tasks: Complete tele-maternity pilots (due September 30, 2014) and diffuse tele-maternity coordination program (due September 30, 2015).
Current Status: Ongoing.

Step to Implement (5): Monitor implementation of gynecology full-time equivalent to health care systems.
Lead Office: 10NC/NSO.
Other Offices: WHS.
Task: WHS will work with NSO and WMC to monitor Gynecology staff hiring.
Due Date: December 31, 2015.
Current Status: Ongoing.

3. That VHA develop an implementation plan to systematically and innovatively disseminate and incorporate identified best practices, using evidence-based research and strategies that will improve the care of women Veterans.

Rationale: Many best practices designed to improve the care of women Veterans are being identified, such as those noted in the recent Women's Health Site Visits to assess Comprehensive Health Survey, or developed through specially funded initiatives. In addition, significant research on women Veterans' care is being conducted. However, facilities and clinicians may need assistance in determining how to incorporate current findings into their everyday practice. This effort will require cooperation and collaboration across program offices, and their respective technology systems, to ensure consistency across VHA.

VA Response: Concur.

VA's Office of Research and Development's (ORD) Health Services Research and Development Service (HSR&D) supports research on the health and care of women Veterans, including research to facilitate implementation of research findings into practice. There are a number of ongoing efforts specifically related to implementing evidence-based care within VHA, and they involve collaboration between HSR&D and VHA program offices. ORD, and specifically HSR&D, has a long-standing and close collaboration with WHS, with a designated individual as the contact person for HSR&D.

The goals of the ORD funded HSR&D Women's Health Research Network (WHRN) emphasize implementation of research findings into practice, particularly through the Women's Health Practice-Based Research Network — a network of VA sites involved in clinician-researcher partnered projects. Designated work groups in the WHRN address specific health care conditions and areas of care (e.g., reproductive care, rural and access issues). These work groups include researchers, as well as VHA program office personnel who work together to identify and address research gaps, and also disseminate evidence-based care and best practices. This work is ongoing. A women's health research conference was held July 31-August 1, 2014, aimed at supporting and developing innovations that will foster dissemination and implementation of best practices. The Principal Investigators of the WHRN are Dr. Elizabeth Yano and Dr. Susan Frayne. The lead office is HSR&D in ORD.

The Women's Health Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE), which began in 2013 and includes a partnership of HSR&D and WHS, is focused on accelerating implementation of research findings into practice. Five projects comprise the CREATE and these will be ongoing for 3 to 4 years. Dr. Elizabeth Yano is the Principal Investigator on the CREATE.

Researchers also work with Center for Information Dissemination and Education Resources (CIDER) to disseminate findings.

HSR&D also supports the Evidence Synthesis Program to identify best practices. The practices need to be thoroughly assessed and tested before an implementation plan can be developed.

**Actions to Implement:
Action Plan Recommendation #3**

Step to Implement (1): WHRN.

Lead Office: HSR&D.

Other Offices: WHS.

Task: Emphasize implementation of research findings into practice, particularly through the WHRN– a network of VA sites involved in clinician-researcher partnered projects.

Due Date: Ongoing.

Current Status: Ongoing.

Step to Implement (2): Women's Health.

Lead Office: HSR&D.

Other Offices: WHS.

Task: The Women's Health CREATE, includes a partnership of HSR&D and WHS, and is focused on accelerating implementation of research findings into practice.

Due Date: Ongoing.

Current Status: Ongoing.

Step to Implement (3): Women's Health Research Conference.

Lead Office: HSR&D.

Other Offices: WHS.

Task: Conduct training for investigators and VHA managers to promote evidence-based care and practices.

Due Date: August 1, 2014.

Current Status: Completed.

Step to Implement (4): CIDER.

Lead Office: HSR&D.

Other Offices:

Task: Dissemination of research findings.

Due Date: Ongoing.

Current Status: Ongoing.

Step to Implement (5): Evidence Synthesis Program.

Lead Office: HSR&D, Quality Enhancement Research Initiative (QUERI).

Other Offices: VHA program managers and offices requesting evidence syntheses.

Task: Summarizes and analyzes research in priority areas and identifies best practices and disseminates through reports, HSR&D Web site and publications.

Due Date: Ongoing.

Current Status: Ongoing.

C. Lead Women Veterans Program Managers

Recommendation:

- 4. That VHA evaluate the effect of having VISN lead WVPs serve only part-time on: women Veterans' market penetration, performance on**

quality indicators, oversight of training for designated women’s health providers, and turnover rates of WVPMs at VA medical centers.

Rationale: In all VISNs, the designated lead WVPM is now also assigned additional duties, as directed by the VISN.⁷ The lead WVPM’s duties are extensive and important to ensuring that women Veterans receive the care they deserve. These duties include, but are not limited to: measuring quality improvement impact for women Veterans; making sure staff understand responsibility for providing care to women Veterans, and promoting multi-disciplinary planning care for women Veterans; analyzing patient attrition and recommending ways to improve the Women Veterans Program; and developing outreach plans and educational programs.⁸

It is important that VHA assess the impact of having a lead WVPM who serves only on a part-time basis, to determine if this has resulted in degradation of services to women Veterans, the ability of VISN leads to train and mentor medical center WVPMs, and to provide oversight for the women Veterans health program.

VA Response: Concur in principle.

VA understands that the role of the VISN Lead WVPM is critical to the implementation of the Women Veterans Program nationally. The VISN Lead is instrumental in representing the goals, directives, and the activities regarding women Veterans to VISN leadership. VA also concurs that it is very important to measure both the implementation of the Women Veterans Program and the performance of the Lead WVPM.

However, VA is not able to provide the specific assessment in Recommendation 4 for several reasons. In the past, 11 of the 21 VISNs supported this role by making it a full-time position. In 2012, VISNs reorganized all of their administrative positions and all VISNs chose to decrease the position to a part-time position. Since that time, 6 of the 11 Lead WVPM employees retired or otherwise left the position, leaving only 5 VISNs where the same full-time person is now part-time Lead WVPM. Because of the small number of persons and positions involved, any data collected would be of limited use. In addition, the evaluation of enrollment and market penetration would be impacted by other, unrelated factors, such as the increasing number of enrolled women Veterans, which vary by location, and national outreach efforts, such as the Women Veterans Call Center. Likewise, the Lead WVPM has no direct line authority and so would not be expected to directly affect measures such as training of designated women’s health providers.

⁷ VHA Handbook 1330.02, Women Veterans Program Managers, www.va.gov.

⁸ VHA Handbook 1330.02, Women Veterans Program Managers, www.va.gov.

However, VA is committed to evaluating the implementation of the Women Veterans Program nationally and has instituted a dashboard to report on issues such as market penetration, women Veterans' access and women's health patient-aligned care teams, designated women's health providers, and the provision of gynecology services. The Lead WVPM has responsibility for overseeing collection of this information and presenting it to VISN leadership. In turn, the dashboard is submitted for national review by the VISN. In addition, VA proposes to continue to develop additional measures aimed at examining the impact of the Lead WVPM on the Women Veterans Program. WHS, in collaboration with the VHA Network Office (10N) and the VHA Office of Informatics and Analytics (10P2) will identify and implement such measures.

Actions to Implement:

Action Plan Recommendation #4

Step to Implement (1): Develop criteria for assessment.

Lead Office: WHS, 10N.

Other Offices: 10P2.

Task: WHS, 10N, and 10P2 to collaborate to develop criteria for assessment of Women Veterans Program implementation by VISN.

Due Date: FY 2015, Q3.

Current Status: Under development.

Step to Implement (2): Provide women's health Dashboard evaluation to Advisory Committee on Women Veterans.

Lead Office: 10N.

Other Offices: WHS.

Task: At end of each fiscal year, provide report.

Due Date: FY 2014, Q4.

Current Status: Report to be developed.

D. Improving Access to VA's Health Care and Benefits

Recommendation:

- 5. That VHA and the Veterans Benefits Administration (VBA), in order to improve women Veterans access to VA programs and services, ensure that women Veterans receive user-friendly instructions, tutorials, and/or hands-on assistance as needed, in order to enhance their understanding of new technologies such as MyHealtheVet and eBenefits.**

Rationale: VA is consistently improving its systems to provide virtual access to information. However, the diverse women Veterans population has varying

levels of technological savviness. Information about how to use these new technologies may not be clearly communicated and tutorials may not be user-friendly, creating a barrier to access of services for women Veterans.

Women Veterans may have to travel some distance to achieve premium level authentication for access to eBenefits, given that staff who do authentication are available only at centralized locations.

Staff that interface with Veterans need to be skillfully aware of how to direct women Veterans to obtain assistance. If VA desires women Veterans to utilize technologies such as MyHealtheVet and eBenefits, it must provide clear and user-friendly instructions that will be comprehensible to those who may not be very computer literate.

VA Response: Concur

VA provides all Veterans, and other eBenefits users, user-friendly instructions, tutorials, and/or hands-on assistance as needed. All eBenefits information, including training videos and print material, is reviewed by a variety of Veterans, Veterans Service Organizations, and subject matter experts, ensuring that information is clear and easy to understand. A variety of platforms, such as VA's Web page, the eBenefits portal, and printable fact sheets, are used to ensure that Veterans can obtain information via the method they choose. Remote eBenefits authentication is available via the toll-free benefits number, and VA call center agents are trained to assist users with obtaining a premium account. In addition, eBenefits site improvements are developed using Veteran focus groups, ensuring that future designs will be intuitive and easy to navigate.

Actions to Implement:

Action Plan Recommendation #5

Step to Implement (1): Provide instructions to MyHealtheVet (MHV) features.

Lead Office: Veterans Consumers Health Informatics Office (VCHIO), MHV.

Other Offices: Connected Health.

Task: Provide user friendly instructions to use MHV features –user guides, FAQs fact sheets, help files are a standard artifact for each release of MHV functionality.

Due Date: 2015.

Current Status: Ongoing.

Step to Implement (2): Provide ability to accomplish online authentication for MHV.

Lead Office: VCHIO, MHV.

Other Offices: Connected Health.

Task: Provide ability to accomplish online authentication for MHV. Dependencies exist with other program office resources, contracts, and timelines.

Due Date: Spring, 2015.

Current Status: Under Development.

E. Military Sexual Trauma (MST)

Recommendation:

6. That the Department of Veterans Affairs conduct and disseminate an assessment of outcomes of the second review of previously denied MST-related post-traumatic stress disorder claims, to ascertain if new policies regarding stressor/marker verification were accurately and consistently applied; to see how many decisions were amended, as a result of the second review; and to conduct gender-specific comparisons of the initial claims decisions and the final claims decisions rendered under the second review.

Rationale: The Veterans Benefits Administration (VBA) conducted a review of MST-related PTSD claims that were denied due to a lack of sufficient evidence of a stressor/marker, in an effort to assist Veterans whose claims were denied prior to VBA's enhanced training. VBA's training addressed proper evidence development, indicators of MST stressors/markers, and other procedural requirements to assist Veterans with these types of claims.⁹ In April 2013, after observing the positive impact of this training regarding decisions on MST-related PTSD claims, VBA sent letters to 2,500 Veterans whose MST-related PTSD claims were previously denied, explaining that they had the option of requesting a second review of their claims and/or submitting additional evidence to support their claims. The second review determined if any evidence had been overlooked and reevaluated the Veterans entitlement to service connection for their illness.

It is important that VBA assess the results of the second review, to ascertain how the relaxed policy on PTSD-claims affects the decisions made for these claims. The assessment should compare the number of claims—stratified by gender--approved and denied before and after the second review for the identified claimants who opted for the second review, to include those claims that were in an appealed status at the time of the second review.

If there were significantly more approved claims following the second review, VBA should consider implementing a requirement for a second review of all

⁹ Testimony of the Director, Compensation Service, Veterans Benefits Administration, *Adjudicating VA's Most Complex Disability Claims: Ensuring Quality, Accuracy and Consistency on Complicated Issues*, U.S. House of Representatives Committee on Veterans Affairs, December 4, 2013.

MST-related PTSD claims, to substantiate accuracy, as is the current best practice in Traumatic Brain Injury claims.

VA Response: Concur-in-Principle.

VA is engaged in extensive data collection on issues related to MST. As part of this effort, we will be reviewing and collecting data on the responses from Veterans who were sent outreach letters informing them that their previously denied MST/PTSD claim would be re-evaluated if they notified VBA. This data analysis will include any revised service-connected grant rates and a breakdown of those rates by gender. However, there is no deadline for Veterans to respond to the initial outreach letter, and VA is in the process of sending out a second round of approximately 2,600 additional outreach letters. This is, therefore, an ongoing process. As the re-evaluation process continues, we will collect and analyze data and use it to further our MST/PTSD nationwide training goals.

Actions to Implement:

VA Action Plan – Recommendation # 6

Step to Implement: Release second round of outreach letters.

Lead Office: Compensation Service.

Other Offices: Office of Performance Analysis & Integrity.

Task: Collect data on responses; analyze data and conduct gender comparison on subsequent grant.

Due Date: Ongoing.

Current Status: Ongoing.

- 7. That all previously denied MST-related PTSD claims that were in the appeals process upon VA’s decision to offer a second review be allowed to continue in the appeals process, while simultaneously undergoing the second review.**

Rationale: In 2013, VBA informed Veterans whose claims for MST-related PTSD were previously denied that they had the option of requesting a second review of their claims, to determine if any evidence had been overlooked and to reevaluate entitlement to service connection for their illness.¹⁰ For claims actively undergoing the “traditional” appellate process, women Veterans would have the option of continuing with the “traditional” appellate process, or requesting a second review of their denied claim.

Unlike claims that were not in an appeal status when the second review was conducted—where it would be possible for a decision on the claim to be reversed or amended on the same factual basis, due to clear and

¹⁰ Testimony of the Director, Compensation Service, Veterans Benefits Administration, *Adjudicating VA’s Most Complex Disability Claims: Ensuring Quality, Accuracy and Consistency on Complicated Issues*, U.S. House of Representatives Committee on Veterans Affairs, December 4, 2013.

unmistakable error or “difference of opinion”¹¹—conducting a second review of claims that are in an appeals status would result in an amended decisions based on new evidence. In electing to use the second review process for claims in appeals status, VBA would not render a new decision using the same record on which the original decision was made.¹² VBA would develop the claim for new evidence that can be used to render a new decision on the claim, since the factual basis would be amended.¹³

VBA should provide a second review of the denied claim, without affecting the current appeal status of those claims. It is critical that women Veterans whose claims were already engaged in the “traditional” appellate process be afforded the same second review process offered to those who have yet filed an appeal for their denied MST-PTSD claim. This would ensure the best possible outcome for women Veterans with these types of claims, since the decision would be reviewed for any errors on the same factual basis as the original claim and would also be developed for new evidence that may assist with getting an amended decision on the claim.

VA Response: Non-concur.

The VBA initiative to review previously denied MST/PTSD claims is not a substitute for the appeals process established under law and regulation. Veterans who we could identify were sent an outreach letter, whether or not they were involved in the appeals process. Those with active appeals have the option of responding and requesting a regional office review. Similarly, other outreach efforts by VBA to encourage Veterans to file for a second review have not indicated that this initiative is limited to claims in which there is no appeal. However, due to jurisdictional constraints, VBA may not interfere with appeals pending before the Board of Veterans’ Appeals (Board). Therefore, in those cases where an appeal involving service connection for MST/PTSD has been certified to the Board and the Veteran requests re-review, VBA must wait until the pending appeal has been resolved. If the claim of service connection for MST/PTSD remains denied, VBA may conduct re-evaluation in accordance with its current initiative.

¹¹ VA General Counsel Memorandum, VAOPGCPREC 3-2012. Review of Prior Decisions Involving Military Sexual Trauma, page 4, paragraph 4, December 20, 2012.

¹² VA General Counsel Memorandum, VAOPGCPREC 3-2012. Review of Prior Decisions Involving Military Sexual Trauma, page 5, paragraph 7, December 20, 2012.

¹³ VA General Counsel Memorandum, VAOPGCPREC 3-2012. Review of Prior Decisions Involving Military Sexual Trauma, page 5, paragraph 7, December 20, 2012.

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 and women Veterans 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.

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

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

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

VA’s Women Veterans Program was established and officially transferred to the Center for Women Veterans in September 2012.

2013 Women Veteran VA health care users doubled, from 159,000 in 2000 to 390,000 in 2013.

VA’s grant rates on disability claims for PTSD based on MST achieved parity with grant rates for all other PTSD claims, through an extensive claims staff training program, updated policies, and the efforts of specially-trained coordinators deployed throughout the country.

The quality of care provided to women Veterans through VA was significantly higher than in the private sector, based on both gender-specific measures (e.g., screening for cervical and breast cancer) and for gender-neutral measures (e.g., management of hypertension and diabetes, treatment of elevated cholesterol, and screening for colorectal cancer).

VA expanded its outreach to women Veterans through a new hotline (1-855-VA-WOMEN) to respond to questions from Veterans, their families, and caregivers about the many VA services and resources available to women Veterans.

VA Research invested more than \$16.5 million in 86 studies on women Veterans’ health. This research investment greatly expands VA’s network of sites conducting women Veterans’ health research from 4 in 2010 to 37 in 2013.

VA also funded Women’s Health Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE), a research initiative aimed at better meeting the needs of women Veterans.

The Public Service and Community Engagement link was activated on the

Center for Women Veterans' Web site in December 2013, to provide information and resources for women Veterans and their advocates that will facilitate greater awareness around opportunities for them to lead and engage within their communities.

VA created dedicated claims processing teams within each VA regional office for exclusive handling of MST-related PTSD claims.

2014 In February 2014, 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 conduct a Twitter town hall to address women Veterans benefits and health care.

In November, the Center for Women Veterans celebrates its 20th anniversary.

Appendix B

VA Advisory Committee on Women Veterans Current Membership Profiles

Colonel Shirley Quarles, R.N., F.A.A.N, Ed.D., U.S. Army Reserves (Retired), Chair, served in the U.S. Army Reserve Nurse Corps, with 28 years of both active and reserve service. Dr. Quarles was Professor and Associate Dean at the Medical College of Georgia Health Sciences University—School of Nursing, and an affiliate Professor at Emory University, School of Nursing in Atlanta, Georgia. Prior to these roles, she served as Director of Women’s Health Research Initiatives and Clinical Practice Guidelines Coordinator for the Atlanta Research and Education Foundation at Atlanta VA Medical Center. For Desert Shield/Desert Storm, she served as the Assistant Officer in Charge of the mobilization/demobilization center at Fort Bragg, North Carolina; and for Operation Enduring Freedom/Operation Iraqi Freedom, she serves as the General Staff Officer for the 81st Regional Readiness Command in Birmingham, Alabama. Dr. Quarles completed post-doctoral studies in clinical nursing interventions at Emory University School of Nursing and higher education administration at Harvard University, Kennedy School of Government; a doctorate degree in higher education administration and research education at North Carolina State University; a master's degree in community health education at University of North Carolina-Greensboro; and a bachelor of science degree in nursing science at North Carolina A&T State University. As a Colonel, Dr. Quarles completed U.S. Army War College and received a master’s degree in strategic studies for leadership. She is also a former council member of Tri-Service (U.S. Army, Navy and Air Force) Nursing Research Program. Dr. Quarles was a fellow for the American Academy of Nursing (2008) and American Council on Education (2011). Currently, she is self-employed as business owner of Strategic Leadership Development Consulting Firm. She has been actively engaged with the Advisory Committee on Women Veterans since 2005.

Charlotte Atso enlisted in the U.S. Army in 1991, serving as an administrative and postal clerk. After Ms. Atso’s medical discharge, she engaged in various Veterans service and volunteer duties with organizations such as Disabled American Veterans, AMVETS, and Veterans of Foreign Wars. Since 2003, she has served as a Veterans service officer for the New Mexico Department of Veterans Affairs. Ms. Atso’s duties include serving as the New Mexico state women Veterans coordinator; assisting Veterans and dependents with filing Federal and state benefit claims; conducting community outreach; and planning conferences for local Veterans.

Commander Sherri Brown, U.S. Coast Guard Reserves (Retired), graduated from the U.S. Merchant Marine Academy in 1992, with a bachelor’s of science degree in marine transportation and received her juris doctorate degree from the George Washington University Law School. She is a member of the Virginia Bar. Commander Brown is currently the senior vice president for service to the armed forces for the American Red Cross. In this role, she provides oversight and direction for worldwide American Red Cross programs and services for military members, Veterans, and their

families. Prior to assuming her position at the American Red Cross, she served in several positions with the Internal Revenue Service, most recently as deputy chief of staff. Commander Brown served as the reserve branch chief for contingency planning for the fifth Coast Guard district. In January 2013, she retired from the U.S. Coast Guard Reserves.

Lieutenant Colonel Jack Phillip Carter, Jr., U.S. Marine Corps, Retired, enlisted in 1968, achieving the rank of gunnery sergeant and then was commissioned as an officer in 1976, through the Marine Corps Enlisted Commissioning Program. He has a bachelor's degree in history from Salisbury State University. Colonel served in numerous leadership positions throughout his military career to include executive officer and training officer for the 9th Motor Transport Battalion in Okinawa; operations officer for the 1st Battalion, 5th Marines, and as its Executive Officer during Desert Shield and Desert Storm; commanding officer for the 1st Recruit Training Battalion in San Diego, where his unit was recognized by the California legislature; and instructor and director of curriculum and media relations at the Armed Forces Staff College in Norfolk, VA. For his service in the Persian Gulf War, Colonel Carter was decorated for valor. His various medals include the Legion of Merit, the Navy Marine Corps Commendation Medal with "V", the Defense Meritorious Service Medal, the Meritorious Service Medal, the Navy-Marine Corps Achievement Medal, and the Combat Action Ribbon. He possesses extensive expertise in long range planning and team building, and is an accomplished briefer and public speaker. Colonel Carter is currently the lead detective of the economic crimes section for the Sarasota Police Department in Florida. His membership on the Committee ended in 2012.

Gina Chandler served in the U.S. Air Force from 1990-1992, serving as a supply specialist. Her duties included receiving all local purchase merchandise; training incoming personnel; and handling sensitive mission-essential material. After Ms. Chandler's service in the military, she worked for various organizations, performing customer service and case management. Ms. Chandler currently serves as the Arkansas Department of Veterans Affairs' outreach coordinator and state women Veterans coordinator. In 2010, she coordinated Arkansas' first Women Veteran's Summit. As an accredited service officer for 11 service organizations, her duties include assisting Veterans and their families with VA claims and appeals. Ms. Chandler is also responsible for responding to Congressional inquiries; serving as the Arkansas state women Veterans coordinator; preparing and trying cases before the Board of Veterans Appeals; and providing annual training for county service officers. Ms. Chandler currently serves as the president of the National Association of State Women Veterans Coordinators.

Tia Christopher, enlisted in the U.S. Navy in 2000, receiving an honorable discharge in 2001. She received a bachelor's degree in humanities with a focus in psychology, and is currently an independent consultant residing in California. Previously, Ms. Christopher served as chief of staff for the Farmer Veteran Coalition; worked for Concepts, Inc. PR on the National Resource Directory, a joint project of the Departments of Defense, Labor and Veterans Affairs; and served as the first women

Veterans coordinator for the Iraq Veteran Project of the San Francisco-based non-profit Swords to Plowshares. Ms. Christopher speaks nationally on issues facing women Veterans and MST, has testified before state and national legislature, and was a community instructor for the National Center for PTSD in Menlo Park. Ms. Christopher serves as an advisory board member for the Bay Area's Women Veterans Connect, a committee member for the May & Stanley Smith Charitable Trust's Military and Veteran Program Advisory Committee, and a member of the Pat Tillman Scholarship Review Committee. She is the author of *You Are Stronger Than You Think You Are: A Straightforward Transition Manual*. 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.

Larri Gerson served in the U.S. Air Force, from 1977 to 1979. She was in the first class of female Servicemembers trained at the U.S. Air Force 3282nd Squadron, Security Dog School Academy at Medina Air Force Base in Texas. She received her certification as a law enforcement officer, and security and law enforcement narcotic dog handler, providing security on the flight line and narcotics detection while assigned to the 305th Security Police Squadron, Grissom AFB in Indiana. Ms. Gerson has been employed at the Florida Department of Veterans Affairs since 2003, serving in a variety of roles that allowed her to acquire an extensive background in women Veterans issues. From 2007-2010, Ms. Gerson served as the Florida Department of Veterans Affairs state women Veterans coordinator, working with Florida state and Federal agencies to discuss issues, coordinate activities, and resolve problems regarding women Veterans. She is an accredited service officer for several service organizations. She planned and developed an educational outreach program featuring a display highlighting Women Veterans that was used statewide. She served as a Veterans claims examiner for the Florida Department of Veterans Affairs, where her duties include advocating for Florida Veterans to ensure appropriate awards, payments and settlements on claims for benefits in accordance with VA statutes, rules and case law; and developing and conducting community education on VA benefits and procedures for Veterans. She currently serves as a supervisor of claims for the Florida Department of Veterans Affairs. She has a bachelor's degree in criminal justice probation and parole from Toledo University and a master's degree in human services in management from Nova Southeastern University. Ms. Gerson is a former member of the National Association of State Women Veterans Coordinators.

Captain Nancy A. Glowacki, Ph.D., U.S. Army Reserves, Retired, enlisted in 1994 and received her commission in 1998. She served as the liaison officer for the 4th Psychological Operations (PSYOP) Group, Fort Bragg, serving as the command's subject matter expert on reserve component issues, and facilitated the mobilization and deployment of reserve forces in support of Operation Enduring Freedom/Operation Iraqi Freedom. Dr. Glowacki also served as commander of the Product Development Detachment for the 324th Tactical PSYOP Company in Aurora, Colorado, and the Multinational Division (North) in Bosnia-Herzegovina, leading mission analysis, intelligence gathering, target selection, and development of multi-media advertising campaigns, and was instrumental in the planning and execution of the largest

psychological operations reserves mobilization in history. She was medically discharged as a captain in 2005. Dr. Glowacki then worked for VA as the primary coordinator for a national Vocational Rehabilitation and Employment initiative targeting Servicemembers pending medical separation from the military. She received a bachelor's degree in technology from Pittsburg State University, a master's degree in business administration from Baker College Center for Graduate Studies, and a doctorate of management from University of Phoenix. Dr. Glowacki owns a consulting firm, specializing in employment and special challenges of disabled Veterans and Veterans of the Global War on Terrorism. Her membership on the Committee ended in 2012. As the women Veterans program manager for the Department of Labor's Veterans Employment Training Service, Dr. Glowacki is now an ex-officio member of the Committee.

Colonel Nancy Kaczor, U.S. Air Force, Retired, served more than 26 years. Throughout her career, Colonel Kaczor served in various leadership positions at base, wing, major command, and combatant command-levels. She served as commander of the 386th Expeditionary Mission Support Group in Ali Al Salem AB, Kuwait, responsible for expeditionary combat support for combat operations in Iraq and Afghanistan and command oversight and accountability for Air Force security forces, civil engineers, and communications personnel embedded in Army units in Kuwait, Southern Iraq, and Saudi Arabia. Colonel Kaczor was appointed as a senior military liaison to the Joint Staff Logistics Directorate and Headquarters European Command during Operations Noble Eagle, Enduring Freedom, and Iraqi Freedom. She also served as the contingency support team commander in Kosovo, and a senior official inquiries officer for the Air Force Inspector General at the Pentagon, where she investigated allegations of serious misconduct against senior officials. Her awards and decorations include the Defense Superior Service Medal, Legion of Merit, and Bronze Star. Colonel Kaczor retired from the Air Force in 2007. Following her retirement, Colonel Kaczor served as the senior aerospace science instructor for Greenfield High School's Air Force Junior ROTC program in Wisconsin. She is active in a number of service organizations and programs, to include The American Legion, American Veterans, United Church of Christ Confirmation Mentor program, Wisconsin Honor Flight, schools, and her Neighborhood Association Board. Her membership on the Committee ended in 2012.

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

Owingehe (formerly San Juan Pueblo) tribes. Her membership on the Committee ended in 2012.

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

Sara McVicker, served in the Army Nurses Corps from 1968-1971, to include a tour in Vietnam where she was a staff nurse and head nurse at the 71st Evacuation Hospital and received a Bronze Star for meritorious service. She received a bachelor's of science in nursing from the University of North Carolina at Chapel Hill, School of Nursing and a master's 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; she 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 VHA 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.

First Sergeant Delphine Metcalf-Foster, U.S. Army (Retired), served from 1976-1996, as chief adviser to the company commander. She also was also employed as a quality assurance work leader for the Department of the Navy from 1975-1996. Sergeant Metcalf-Foster has a bachelor of arts in liberal studies from Sonoma State University, and an associate's degree in psychology from Solano Community College. From 1990-1992, she deployed in support of Operations Desert Storm/Desert Shield, receiving the Bronze Star Medal for meritorious service. She also earned the Army Commendation Medal, Armed Forces Reserve Medal, Army Reserve Component Achievement Medal, Southwest Asia Service Medal, and the Army Achievement Medal. Sergeant Metcalf-Foster currently serves as an active member of Representative George Miller's VA advisory board; and Military Academy Board. Presently, Sergeant Metcalf-Foster is the Third Junior Vice National Commander of Disabled American Veterans (DAV), representing 1.2 million Veterans. She is also a former DAV Department of California Commander.

Lieutenant Colonel Terry Moore, U.S. Air Force, Retired, served in several operational Commands at the base, group, wing and major command levels, including a

remote tour to the Republic of Korea, Joint Task Force Bravo at Soto Cano AB, Honduras, and Operation Provide Comfort in Turkey. She was commander of the 62d Maintenance Squadron at McChord Air Force Base (AFB) in Washington; maintenance officer-in-charge of the 319th Maintenance Squadron and the 319th Blue and Red Sortie Generation Flights; United States Transportation Command Business Center's Assessment and Standards team member; senior executive officer for Air Mobility Command, Directorate of Logistics; and Air Force Academy Directorate of Curriculum and Scheduling staff officer. She earned master's degrees in adult education from the University of Southern Maine and in advanced study of air mobility (ASAM) from the Air Force Institute of Technology, and is a 1999 distinguished graduate of the Air Command and Staff College. Lieutenant Colonel Moore retired from the United States Air Force in 2003. She currently serves as chair of the Maine Women Veterans' Commission, Governor of Maine aide-de-camp, Board of Trustees for Maine Veterans' Homes, and as a member of advisory committees, as well as professional and Veterans service organizations. Her membership on the Committee ended in 2012.

Master Sergeant Mary Morin, U.S. Air Force (Retired), served 21 years on active duty. Enlisting in 1980, she initially served as an aircraft structural maintenance technician, performing structural repairs to B2 Stealth Bomber, B-52 and KC-135 airframes. As a quality assurance inspector/evaluator, Sergeant Morin performed personal evaluations on maintenance personnel; produced quality rating reports for wing senior leadership; and compiled and analyzed maintenance data to perform trend analysis or ascertain process deficiencies. Her other duties included aircraft structural maintenance floor supervisor, and maintenance squadron production superintendent. Sergeant Morin earned an associate's degree in applied science, aircraft structural maintenance and metals technology from the Community College of the Air Force and a bachelor's degree in secondary education, functional major social studies from Rivier College. She is currently pursuing a dual master's degree in counseling and public administration. After Sergeant Morin's retirement from military service in 2001, she served as a state Veterans Service Officer for the New Hampshire Office of Veterans Services. Since 2005, Sergeant Morin has served as the Director of the New Hampshire Office of Veterans Services. In this capacity, she supervises the activities of a state-wide service delivery structure which assists New Hampshire's Veterans and family members in securing state and federal Veterans' benefit; identifying and developing legislative proposals to improve delivery of services; testifying at legislative hearings; and developing and maintaining the agency's budget. She is also the Northeast District Vice-President of the National Association of State Directors of Veterans Affairs; a member of the National Association of State Women Veterans Coordinators and the State Veterans Advisory Committee; and New Hampshire Commander of Chapter 41 Women Veterans of America.

Robin Patrick, U.S. Navy Reserves and Army National Guard, served in the U. S. Navy from 1979-1983 and the U.S. Navy Reserves from 1983-1987 as an aviation mechanic, and the Virginia Army National Guard from 1987-1990 in administration. She received a bachelor's of science in special education and a masters of arts in urban education/counseling from Norfolk State University. She is a retired special education

counselor for the Portsmouth, Virginia/Virginia Beach Public Schools. She also served as chairperson and vice-chairperson for the Virginia Beach Mayor's Committee for Disabled Persons. Ms. Patrick is active in Veterans service activities, such as working with community churches to create a Veterans outreach program, coordinating homeless Veterans initiatives in Virginia and rural North Carolina, and organizing monthly educational and social outings for women Veterans. She is an active member of Disabled American Veterans, and serves as the chairperson for the Community Resource Network, which provides advocacy to homeless Veterans, disabled adults, and families. Her membership on the Committee ended in 2013.

Colonel Felipe (Phil) Torres, U.S. Marine Corps (Retired), began his expansive military career in 1966 as a Private, retiring at the rank of Colonel after more than 34 years of active service. During his military career, he served in a variety of command, joint-service, and staff assignments to include: base inspector, Marine Corps Bases Japan; advisor to the Commandant of the Marine Corps on equal opportunity matters; commander, Marine Corps Security Force, Naval Submarine Base, Kings Bay, Georgia; chief of nuclear security policy and chief of command security for the United States Strategic Command; commander, Corrections Battalion, Marine Corps Base, Camp Pendleton, California; commander, Military Police and Provost Marshal, First Marine Division and First Marine Expeditionary Force (concurrently), Camp Pendleton, California. Colonel Torres served in the Republic of Vietnam from 1968 to 1969, where he received two meritorious combat promotions and was awarded the Nation's third highest combat decoration--the Silver Star Medal. He retired from the U.S. Marine Corps in November 2000. Colonel Torres received a master's degree in management from Webster University, a bachelor's degree in occupational education from Southwest Texas State University, and he completed doctoral work at the University of the Incarnate Word. He was appointed to the Department of Defense Advisory Committee on Women in the Services (DACOWITS) from 2007-2011 and served as the chairman of the Women's Wellness Subcommittee, receiving a medal for exceptional public service in 2011 from the Office of the Secretary of Defense for his outstanding service as a member of DACOWITS. Currently, he is a leadership and security management consultant, and a women Veterans advocate.

Colonel Mary Westmoreland, U.S. Army (Retired), initially enlisted in the U.S. Coast Guard in 1976, performing various administrative assignments. She transferred to the U.S. Army Reserves in 1979, and was commissioned as an officer in 1981. As an officer, she studied and managed human resources and systems operations; implemented the drug demand reduction and drug interdiction programs in the then regional Reserve command; as well as provided administrative support to the military police and legal administrative activities. Colonel Westmoreland's assignments included serving as an adjutant in personnel management for the 77th Army Reserve Command; chief of the human resources policy and analysis branch in the Office of the Chief, Army Reserve; commander of the 444th Personnel Services Battalion; deputy commander and director of Personnel Actions and Services Directorate, U.S. Army Personnel Command; executive officer to senior Pentagon officials; executive officer to the Chief of Army Reserve; and executive director of the Human Resources Global

Service Contract Reform Program, Secretary of the Army. She served in theater during Desert Storm/Desert Shield. Colonel Westmoreland has a bachelor's from Pace University in English with an educational psychology minor, and a certificate in international strategic studies from the U.S. Army War College. She retired in 2008, with over 31 years of service. Currently, Colonel Westmoreland provides coaching and mentorship services for government and nonprofit organizations; serves as a community and Veterans issues analyst; and serves strategic planning organizer. She most recently worked on behalf of the United War Veterans Council, New York City.

Appendix C

Summary of Site Visits for (2012-2014)

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

Atlanta, Georgia:

The Committee conducted a site visit on August 19-23, 2013, at the Atlanta VAMC, in the VA Southeast Network, VISN 7. The Committee received briefings from VISN 7 leadership, the VISN's lead women Veterans program manager (WVPM), and other WVPMs that serve women Veterans throughout the VISN; the Atlanta VAMC leadership, the VAMC's Director of Women's Health, medical staff in the VAMC, as well as staff in the community out-based clinics and community living center; the Atlanta VA Regional Office (RO) director, and the RO's women Veterans coordinator; the Director of the Marietta and Georgia National Cemeteries; and staff from readjustment counseling service. It included tours of the Atlanta VAMC; the Center of Excellence at the East Point Community Based Outpatient Clinic; Mary Hall Freedom House; the Women's Health Center of Excellence; the Trinka Davis Veterans Village; the Marietta Vet Center; and the Atlanta RO. The site visit concluded with an exit briefing with Atlanta VAMC and Atlanta RO leadership, and a town hall meeting for local women Veterans and other stakeholders in the community.

Appendix D

Briefings to the Advisory Committee on Women Veterans (2012-2014)

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

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

- Dr. Irene Trowell-Harris, Director, CWV, briefing on the purpose for site visit, August 2012, August 2013.
- Dr. Irene Trowell-Harris, Director, CWV, briefing on the duties and responsibilities of advisory committee members, December 2012.
- Dr. Betty Moseley Brown, Associate Director, CWV and Major Khanh Diep, U.S. Army, VA Intermediate Level Education Fellow, CWV, update of CWV activities/update on women Veterans task force/women Veterans program, December 2012.
- John R. Gingrich, Chief of Staff, greetings and comments, December 2012.
- Dr. Irene Trowell-Harris, Director, CWV, background on the women Veterans task force and update on women Veterans program, April 2013.
- Dr. Betty Moseley Brown, Associate Director, CWV, update on CWV activities, April 2013, April 2014.
- The Honorable Jose D. Riojas, Interim Chief of Staff, greetings and comments, April 2013.
- Douglas Carmon, Special Assistant to the Secretary on Non-governmental Organizations, Office of the Secretary, briefing on VA's outreach to non-government organizations (NGO) to address women Veterans issues, April 2013.
- Elisa Basnight, Director, Center for Women Veterans/ACWV Designated Federal Official (DFO), introduction/CWV transformation overview/timeline for processing of 2014 report of the ACWV, April 2014.
- The Honorable Jose D. Riojas, Chief of Staff VA, greetings and comments, April 2014.

Veterans Benefits Administration (VBA)

- Michael Scheibel, Director, and Brianne Barndt, Women Veterans Coordinator, Baltimore Regional Office, overview of services and outreach for women Veterans, August 2012.
- The Honorable Allison A. Hickey, Under Secretary for Benefits, overview of VBA initiatives/update on staffing of full-time women Veterans coordinators in select VA Regional Offices, December 2012.
- Christi Greenwell, Acting Assistant Director, Client Services and Military Outreach, Benefits Assistance Service (BAS), overview of the Benefits Assistance

Service (BAS)/ update on 2012 report of the Advisory Committee on Women Veterans (Recommendations #9, and 10), December 2012.

- The Honorable Allison A. Hickey, Under Secretary for Benefits, update from VBA initiatives/acceptable clinical evidence initiative (ACE)/long term solution (LTS) initiatives, April 2013.
- Nancy Lansing, Deputy Director, BAS, update on 2012 report of the Advisory Committee on Women Veterans (Recommendations #9, #10), April 2013, April 2014.
- Al Bocchicchio, Director, Atlanta VA Regional Office, overview of services provided at the Atlanta Regional Office, August 2013.
- Lonnette Alford, Women Veterans Coordinator, Atlanta VA Regional Office, briefing on services for women Veterans, August 2013.

Veterans Health Administration (VHA)

- Dennis H. Smith, Director, VA Maryland Health Care System (VAMHCS), site visit entrance briefing/welcome of leadership/introduction, August 2012.
- Fernando Rivera, Director, VA Capitol Health Care Network (VISN 5), site visit welcome briefing, August 2012.
- Dr. Raymond Chung, Chief Medical Officer, VISN 5, Overview of VISN 5 facilities, programs, demographics, August 2012.
- Paula Gorman, Lead Women Veterans Program Manager, VISN 5, Overview of VISN 5 Women Veterans Services, August 2012.
- Dennis H. Smith, VAMHCS Director, and Dr. Dorothy A. Snow, VAMHCS Chief of Staff, overview of VAMHCS facility/programs/demographics, August 2012.
- Dr. Catherine Staropoli, VAMHCS Women's Health Medical Director, overview of VAMHCS women's health clinic, August 2012.
- Zelda McCormick, VAMHCS Women Veterans Program Manager, VAMHCS women Veterans program, August 2012.
- Matthew Funke, Martinsburg VAMC Women Veterans Program Manager, overview of Martinsburg women Veterans program, August 2012.
- Gale Bell, Washington DC VAMC Women Veterans Program Manager, Washington DC women Veterans program, August 2012.
- Gabrielle Gill, VAMHCS Research Coordinator, briefing on million Veteran program, August 2012.
- Joanne Boyle, Team Lead, Baltimore Vet Center, overview of readjustment counseling services at the Baltimore Vet Center, August 2012.
- Dr. Marsden McGuire, Director, Mental Health Clinical Center, VAMHCS, briefing on inpatient mental health, August 2012.

- Dr. Victoria Eyler, Deputy Director, Mental Health Clinical Center, VAMHCS, briefing on the domiciliary program, August 2012.
- Dr. Sandra Marshall, Director, Managed Care Clinical Center and Sharon Fritsch Director, Patient Aligned Care Teams, VAMHCS, briefing on patient aligned care teams (PACT), August 2012.
- Dr. David Barrett, Director, Behavioral Health Lab, VAMHCS, overview of the behavioral health lab, August 2012.
- Michael Rubin, Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn Program Manager, VAMHCS, overview of OEF/OIF/OND program, August 2012.
- Chris Buser, Clinical Director, Post-Deployment Health Reintegration Program and Sharon Kelly, VAMHS, Caregiver Support Coordinator, briefing on the caregiver support program, August 2012.
- Dr. Sara Nett, MST Coordinator, VAMHCS, briefing on the military sexual trauma (MST) program, August 2012.
- Craig Cook, Program Manager; Patricia Lane, Clinical MGR of Vocational Rehabilitation, Homeless and HUD-VASH Programs; and Rebecca Sheetz, HUD-VASH Coordinator, VAMHCS, overview of the homeless Veterans program, August 2012.
- Suzanne Wouldridge, Director, Care Coordination and Home TeleHealth, VAMHCS, briefing on the tele-health program, August 2012.
- Dr. Abisola Mesioye, Medical Director, Long Term Care, briefings and tour of the Loch Raven VA Community Living and Rehabilitation Center, August 2012.
- Dr. Lucille Beck, Acting Chief Consultant, Prosthetics and Sensory Aids Service (PSAS), update on prosthetics for women Veterans, December 2012.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, overview of the Women's Health Services/Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendations #5), December 2012.
- The Honorable Robert A. Petzel, Under Secretary for Health, overview of VHA initiatives, December 2012.
- Dr. Sonja Batten, Deputy Chief Consultant for Specialty Mental Health, and Dr. Susan McCutcheon, National Mental Health Director, Family Services/Women's Mental Health/Military Sexual Trauma, Office of Mental Health Services, Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendation #2), December 2012.
- Dr. Gerald M. Cross, Chief Officer, Office of Disability and Medical Assessment (DMA), Overview of DMA, December 2012.
- William Schoenhard, Deputy Under Secretary for Health for Operations and Management, update from VHA/sexual assault prevention in medical facilities, April 2013.

- Terri Shepard, Deputy Director, Finance and Logistics, Consolidated Patient Account Center (CPAC) Program; Stephanie Mardon, Deputy Chief Business Officer, Revenue Operations; and Ogbeide Oniha, Director, VHA Financial Management and Accounting Policy, update on 2012 report of the Advisory Committee on Women Veterans (Recommendation #1), April 2013.
- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, update on women's health services and women Veterans issues, April 2013, April 2014.
- Peggy Becker, National Program Manager and Christine Cody, Management and Program Analyst, Home Based Primary Care, Office of Geriatrics and Extended Care, long-term care for women Veterans, April 2013.
- Dr. David Chandler, Acting National Director, Prosthetics and Sensory Aids Service (PSAS); Joyce Edmondson, PSAS; and Dr. Robert J. Jaeger, Director, Deployment Health Research, Office of Research and Development, update on prosthetics/adaptive rehabilitative initiatives, April 2013.
- Dr. Jan Kemp, National Program Director for Suicide Prevention, Canandaigua VA Medical Center, suicide prevention and Veterans crisis line, April 2013.
- Charles E. Sepich, Network Director, VISN 7, welcome briefing, August 2013.
- Tom Grace, Associate Director, Atlanta VAMC, entrance briefing/welcome of leadership and introduction, August 2013.
- Dr. Stephen R. Holt, Chief Medical Officer, VISN 7, overview of VISN 7 facilities, programs, demographics, August 2013.
- Dr. David J. Bower, Chief of Staff, Atlanta VAMC, overview of Atlanta VA facility/programs/demographics, August 2013.
- Ofelia Mutia, Lead Women Veterans Program Manager, VISN 7, overview of VISN 7 women Veterans services, August 2013.
- Dr. Jennifer Goedken, Chief, Gynecology Section, Surgical and Perioperative Care Service Line; Dr. Edidiong Ikpe-Ekpo, Emergency Physician, Atlanta VAMC and Emory Emergency Departments; Dr. Lisa Tadayon, Emergency Medicine Physician, Emergency Department; and Dr. Lisa Ferdinand, Clinical Psychologist, Primary Care/Mental Health Integration Program, Women Wellness Clinic, Atlanta VAMC, briefing on the women's wellness clinic and emergency department mini-residency, August 2013.
- Brenda Melton (Atlanta), Angela Williams (Dublin), Peggy Hall (CAVHCS), Dana Stephens (Tuscaloosa), Amy Barrow (Birmingham), Patricia Hancox (Charleston), Paula Martin (Augusta), Denice Green (Columbia), women Veterans program highlights from VISN 7 women Veterans program managers, August 2013.
- Kerry Traviss, Program Manager, OEF/OIF/OND Program, Atlanta VAMC, overview of the OEF/OIF/OND Program, August 2013.
- Tiffany Taylor, Dietitian, Nutrition and Food, Atlanta VAMC, Breast Feeding and Lactation Program, August 2013.

- Dr. Vijay Varma, Chief, Pathology, Atlanta VAMC, briefing on tracking system for continuity of care and patient safety, August 2013.
- Dr. Belen Gutter, Co-chair, Women Veterans Health Committee, Atlanta VAMC, briefing on the Women Veterans Health Committee, August 2013.
- Dr. Janire Nieves, Director, Leadership Training Team, Physician Leadership Program, Atlanta VAMC, briefing on the women's health collaborative workgroup (Veterans Health Administration, Veterans Benefits Administration, Department of Labor), August 2013.
- Dr. Kelly Skelton, Medical Director, Trauma Recovery Program, Trauma Recovery Program, Atlanta VAMC, overview of the trauma recovery program, August. 2013.
- Laura Hatcher, Clinical Social Worker, Domiciliary Care for Homeless Veterans (DCV) Program, Atlanta VAMC, overview of the domiciliary program, August 2013.
- Dr. Karen Drexler, Acting Manager, Mental Health Service Line, Atlanta VAMC, overview of mental health services, August 2013.
- Michelle Lindsay-Bailey, Clinical Social Worker, Military Sexual Trauma (MST) Program, Dialectical Behavior Therapy (DBT) Team, Atlanta VAMC, briefing on MST, August 2013.
- Dr. Makenya Pringle, Acting Primary Care Mental Health Integration Coordinator, Atlanta VAMC, briefing on behavioral health lab (mental health/primary care integration), August 2013.
- Dr. Natasha Whitfield, Clinical Psychologist, Mental Health, Atlanta VAMC, briefing on the substance abuse trauma recovery (STAR) program, August 2013.
- Wanda Isbell, Residential Women Veterans Program at Mary Hall Freedom House, Atlanta VAMC, briefing on residential program for women Veterans, August 2013.
- Leslie Wiggins, Director, Atlanta VAMC, greetings and welcome, August 2013.
- Dr. Deborah Henry, Director of Operations, Women's Health Center of Excellence, East Point (CBOC)/For McPherson (CBOC), briefing on patient aligned care teams (PACT), August 2013.
- Dr. Glenda Wrenn, Curriculum Coordinator and Dr. D'nyce Williams, Women's Health Center of Excellence, East Point (CBOC)/Fort McPherson CBOC, briefing on the women's health center of excellence and facility tour, August 2013.
- Clara Glover/Nakkia King, Caregiver Support Coordinator, Nursing and Patient Care, Atlanta VAMC, overview of the caregiver support program, August 2013.
- Benjamin McReynolds, Tele Health Coordinator, Office of the Chief of Staff, Atlanta VAMC, briefing on the tele-health program, August 2013.
- Patricia Skowron, Nurse Manager, and Katurah Windham, Nurse Manager, Primary Care, Atlanta VAMC, briefing on primary care nursing grand rounds, August 2013.

- Dr. Robert Novel, Jr., Physician Manager and Dr. Connie Hampton, Associate Nurse Executive, Trinka Davis Veterans Village and Community Living Center, overview of the Trinka Davis Veterans Village and Community Living Center, August 2013.
- Irma Linda Bernard, Mammography Coordinator, Radiology, Atlanta VAMC, briefing on Atlanta VAMC's mammography program, August 2013.

National Cemetery Administration (NCA)

- Janice Hill, Director, Hampton National Cemetery Complex, briefing on burial benefits, August 2012.
- Anita Hanson, Director, Memorial Programs Service, overview of NCA initiatives, December 2012.
- The Honorable Steve L. Muro, Under Secretary for Memorial Affairs, update from the NCA, April 2013.
- Margaret Helgerson, Director, Georgia and Marietta National Cemetery, briefing on Georgia and Marietta National Cemeteries, August 2013.

Services for Women Who Are Homeless

- Stephanie Robinson, Program Analyst, Homeless Veterans Initiative Office, Office of Public and Intergovernmental Affairs, overview of VA's office of homeless programs, December 2012.
- Stephanie Robinson, Program Analyst, Homeless Veterans Initiative Office, Office of Public and Intergovernmental Affairs, briefing on the new outreach brochure and the homeless Veterans program, April 2013.
- April Edwards, Director, Homeless Program, Atlanta VAMC, overview of the homeless Veterans program, August 2013.

Rural Health

- Dr. Byron Bair, Acting Director, Office of Rural Health, Health Care for Rural Women Veterans, December 2012.

Office of Legislative Affairs

- The Honorable Joan Mooney, Assistant Secretary for Congressional and Legislative Affairs, update legislative issues affecting women Veterans, update on 2012 Report of the Advisory Committee on Women Veterans (Recommendation #8), December 2012.

Research and Surveys

- Dr. Elizabeth Yano, Co-Director Center of Excellence, Greater Los Angeles Healthcare System - Sepulveda Campus, women Veterans research, December 2012.
- Dr. Joel Kupersmith, Chief Research and Development Officer (CRADO), briefing on the million Veterans program, December 2012.

Office of General Counsel

- Christopher A. Britt, Acting Assistant Chief, Ethics Specialty Team, annual ethics briefing, April 2014.

Veterans Employment

- Dennis May, Acting Director, Veteran Employment Services Office, recruitment of women Veterans for employment, April 2013.

Board of Veterans' Appeals

- Donnie R. Hachey, Chief Counsel for Operations, Board of Veterans Appeals, briefing on Board of Veterans Appeals processing of military sexual trauma claims, April 2013.

Office of Policy and Planning

- Susan Sullivan, Acting Deputy Assistant Secretary for Policy, strategic planning of the women Veterans population, April 2013.

Maryland Center for Veteran Employment and Training (MCVET)

- Roslyn Hannibal-Booker, Director of Development, and Jeffery Kendrick, Director of Operations, MCVET, briefing on services and tour, August 2012.

Outreach

- Joseph G. Curtin, Director, and Jeanette Mendy, Deputy Director, VA National Veterans Outreach Program, briefing on VA's outreach initiatives, December 2012.

Readjustment Counseling

- Dr. Alfonso Batres, Director, Readjustment Counseling Service, briefing on readjustment counseling service (RCS), December 2012.

- Dr. Curtis Lucas, Team Leader, Marietta Vet Center, Readjustment Counseling Center, overview of Marietta Vet Center, August 2013.

Center for Minority Veterans

- Barbara Ward, Director, Center for Minority Veterans (CMV), briefing on the CMV, December 2012.

Center for Faith-based and Neighborhood Partnerships

- Reverend E. Terri LaVelle, Director, VA Center for Faith-based and Neighborhood Partnerships (FBNP), overview of VA's Center for FBNP office, April 2013.

Appendix E

2013 Charter of the Advisory Committee on Women Veterans

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

1. OFFICIAL DESIGNATION: Advisory Committee on Women Veterans
2. AUTHORITY: The Committee is authorized by statute, 38 U.S.C. § 542, and operates under the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. App.
3. OBJECTIVES AND SCOPE OF ACTIVITY: The Committee provides advice to the Secretary with respect to the administration of benefits by the Department of Veterans Affairs (VA) for women Veterans; reports and studies pertaining to women Veterans; and the needs of women Veterans with respect to health care, rehabilitation benefits, compensation, outreach, and other relevant programs administered by VA.
4. DUTIES OF THE COMMITTEE: In carrying out its primary responsibility of providing advice to the Secretary of Veterans Affairs, the Committee will provide a report to the Secretary not later than July 1 of each even-numbered year which includes (1) an assessment of the needs of women Veterans 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 .75 staff-years. All members will receive travel expenses and a per diem allowance in accordance with the Federal Travel Regulation for any travel made in connection with their duties as members of the Committee.
8. DESIGNATED FEDERAL OFFICER: The Designated Federal Officer (DFO), a full-time VA employee, will approve the schedule of Committee meetings. The DFO or a designee will be present at all meetings, and each meeting will be conducted in accordance with an agenda approved by the DFO. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so.

9. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Committee is expected to meet at least 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 26 or other approved agency records disposition schedules. Those records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. § 552.

15. DATE CHARTER IS FILED:

Approved:

/s/

Eric K. Shinseki

Secretary of Veterans Affairs

Date: October 25, 2013

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.