

**Department of Veterans Affairs (VA)
Advisory Committee on Minority Veterans
Washington, DC
April 16-19, 2007**

VA Advisory Committee on Minority Veterans Members Present:

Chair

Carson Ross, USA

James H. Mukoyama, Jr. USAR, Retired

Julia J. Cleckley, USA Retired

Kerwin E. Miller, USNR, Retired

Reginald Malebranche, USA, Retired

Joe C. Nunez, USAF, Retired

Debra L Wilson, USMC

Harvey Williams, USA, Retired

James T. McLawhorn, Jr., President/CEO Columbia Urban League, SC

Center for Minority Veterans Staff Present:

Lucretia M. McClenney, Director

Earl S. Newsome, III, Deputy Director

Renaee J. Allen, Senior Program Analyst

Alejandro Ramos, Program Analyst

Juanita Mullen, Program Analyst

Guest:

Christin Louton – Dept. of Interior

Faye Pickney – veteran resident, Ignatius House

Malik Scott – veteran resident, Ignatius House

Mary Gross -retired veteran/service connected disability

Lou Smith – 2 tour Vietnam – attending PTS class, Martinsburg, VA

Monday, April 16

Speaker: Dr. Michael J. Kussman, Deputy Under Secretary for Health

Topic: VHA Overview/Update

Discussion:

- Welcoming Remarks
 - Overview of Minority Health
 - VHA and the members of this committee share a commitment to improve the health of minority veterans and ensure that they receive the very best possible health care
- Accomplishments
 - Over the past year, we've won accolades time and again for our world-class health care system
- Top Priorities
 - To provide the highest quality of medical, rehabilitation and support services to our veterans and active duty service members who have been injured in service to our country
- Global War on Terrorism
 - A recent letter from the Secretary to Members of Congress, informing them about a number of changes to improve our care to Global War on Terrorism veterans. These included:
 - Expanding our network of Polytrauma system of care, comprised of 21 Veterans Integrated Service Networks, including four regional centers. We're doing this by developing Polytrauma/Traumatic Brain Injury support teams at all other VA facilities
 - Training all VA health care professionals to recognize and care for patients with TBI, and screening all patients who served in the combat theater of operations for TBI and Post-traumatic Stress Disorder (PTSD)
 - Providing every VA medical center with specialty PTSD treatment capability
 - Adding 23 new Vet Centers to our existing 209. The vet centers, which provide readjustment counseling and outreach services to combat veterans, are an important resource for veterans returning from the Global War on Terrorism and their families. The centers are located in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands
 - Engaging an outside panel of clinical experts to review and evaluate our Polytrauma System of Care
 - Establishing an advisory committee on OEF/OIF veterans and their families, with membership including severely wounded combat veterans family members and caregivers for wounded veterans, and survivors of deceased veterans

- Hire 100 new employees to provide Polytrauma patients with advocates to ensure everything possible is done to minimize strains on the family, and help families and patients better navigate the VA system
- Moving the claims of all combat OEF/OIF veterans to the head of the line, so that processing their claims is a top priority
- Bipartisan Presidential commission
 - President Bush created a Bipartisan Presidential Commission to conduct a comprehensive review of the services our Nation is providing to our returning wounded warriors. Secretary Nicholson chairs a special inter-agency task force to thoroughly examine and cut through red tape that may affect the ability of our newest generation of combat veterans to receive services through VA or any other federal agency. Our department welcomes these reviews
 - Goal is to help service members make a seamless transition from military status to civilian life. The VA is working closely with the Department of Defense to accomplish this by moving records more efficiently between our two agencies by sharing critical medical information electronically and facilitate an uncomplicated passage from service member to citizen
 - Committed to providing the highest quality of medical, rehabilitation and support services to our veterans and active duty service members who have been injured in service to our country
- Advanced Clinic Access
 - Advanced Clinical Access is a tool to help us balance demand and supply in our clinics, in our operating rooms, in our emergency rooms, and in many of our other business processes
 - VHA continues to reduce the number of new patients on waiting lists for appointments, as well as reducing waiting times for everyone already enrolled in VHA
 - In 2006, 95% of our 59 million appointments were made within 30 days of the date the appointment was desired; 98% were provided in 60 days or less
 - Two million appointments were made more than 30 days after our patients wanted them. Last May, more than 22,000 new enrollees had to wait more than 30 days for the first appointments. Hard work, and the principles of Advanced Clinical Access, has driven that number down to about 1,300
 - Extensive research is conducted implementing new programs and making other improvements to address the specific needs of our minority veteran patients.
- Disparities in Health Care
 - VHA, is seeing an increase in conditions and illnesses that disproportionately effect our minority veterans. Obesity and diabetes are two examples; from health services research to awareness campaigns, we're targeting improvements for preventing and treating those illnesses
 - A full range of research into health disparities is being conducted from basic laboratory research through clinical trials and system level implementation
 - Our current research projects seek to:
 - Identify disparities in care related to a number of health conditions

- Understand possible reasons for disparities in care and most recently develop interventions to reduce disparities
- Our studies address disparities among multiple ethnic and racial groups, most prominently between African Americans and whites, but also among different Hispanic groups and American Indians.
- A recent research conducted shows some of the factors behind the disparities in ethnic minority healthcare. We found that patient-physician communication, patient attitudes, and health literacy all play a role. This suggests that patients, providers, health care facilities, and health care systems may all contribute to the differences
- To reduce the disparities, we solicited research proposals to develop and evaluate interventions and promote more equitable healthcare services
- Goal
 - The goal of the Center of Excellence for Health Equity Research and Promotion in Pennsylvania is to advance the science of health equity and health services research
- Clinical Performance Measures
 - Database analyses are conducted to monitor patterns of care across different racial and ethnic groups
 - One challenge we confront is that it's been historically difficult for us to measure the racial and ethnic profile of our patients; because our veteran patients supply this data only on a voluntary basis which makes it hard to assess the potential disparities in our quality and performance
 - In 2003, we began to train and encourage our front-line staff on correct practices for capturing and entering this self-reported data
 - When appropriate "process of care" was measured, we found that there were few differences between the care VHA provided to African American patients and white patients. The areas where we did find differences included:
 - Immunization
 - Colorectal
 - Cancer screening
 - Inpatient blood cultures before antibiotics
 - Commonly found differences for "intermediate care measures," are:
 - Hypertension control
 - Control of HbA1c in people with diabetes
 - Lipid control in people with diabetes
 - Tobacco screening
 - These care measures provide the opportunity to target quality improvement efforts in the VA
- Indian Health Service
 - VHA works closely with the Indian Health Service. Part of the Department of Health and Human Services is to improve the health of American Indian and Alaska Native veterans. Our formal agreement with the Indian Health Service started in 2003

- Since 2003 we've been reaching out to American Indian and Alaska Native veterans through meetings, conferences, training programs, web site and published guides. Some VHA facilities and Vet Centers have incorporated traditional healing ceremonies into their treatment and counseling methods
- Rural Veterans
 - VHA is also working to improve access to care for rural veterans. Of the 5.5 million veteran patients VHA served in 2006, about 39 percent resided in rural areas
 - These veterans often have limited access to care, and face other challenges such as limited finances and access to fewer specialists. To reach these veterans, VA is bringing care into veteran's homes through telehealth, mail pharmacies, and home based primary care
 - To further improve health care for rural veterans, VHA is establishing an Office of Rural Health to focus attention on issues of veterans who reside in rural areas. Our telehealth and telemedicine programs use technology to bring healthcare providers to their patients, rather than patients to their providers. We're using fee-based service with private health care providers, and we're increasing the number of our Community Based Outpatient Clinics (CBOCs)
- Diversity in Our Workforce
 - While providing quality health care to our veterans, it is essential that VHA also remains an employer of choice that establishes and maintains a diverse workforce. It's also critical that we plan for the workforce of the future
 - Overall, we met the elements of the self-assessment during this assessment period, and we identified one area for improvement. We determined that we need to increase the representation of veterans and disabled veterans within the workforce
 - Disabled veterans now make up approximately 7% of the workforce
 - VHA will continue to network with Military Installations, State, Vocational Rehabilitation Services, the Workforce Recruitment Program, and community organizations. VISN Directors have been asked to increase the employment of individuals with targeted disabilities

Speaker: Charles Flora, Associate Director

Topic: Readjustment Counseling Service

Discussion:

- Vet Center Statement of Purpose
 - RCS provides readjustment counseling while assisting the Vet and their family members toward a successful post-war adjustment
- Vet Center History
 - Readjustment Counseling Service, also known as the Vet Center Program, was established in 1979 to provide readjustment counseling to combat veterans in a community based setting

- The Vet Center program was the first program in VA, or anywhere to systematically address the psychological traumas of war in combat veterans, and this occurred a full year before the definition of Post-Traumatic Stress Disorder (PTSD), published in the Third Edition of the American (DSM III) in 1980
- Over the course of the last 27 years the eligibility for Vet Center services has expanded to include combat veterans of all eras, veterans sexually traumatized while on active duty, and families of service members killed on active duty
- Vet Center Organization
 - Vet Centers are staffed by small teams (3-6 staff members) composed of a mix of mental health professionals and counselors from other disciplines, a majority of which are combat veterans themselves
 - 97% of the 1,061 RCS employees provide direct veteran services
 - RCS to hire 50 OEF/OIF to conduct outreach to global war on terrorism vets
 - The Vet Center Program is part of the Veteran's Health Administration, but separate from the hospital system. The Chief Officer is responsible to the Under Secretary for Health for both operation of the National Vet Center program and as principle advisor on major policy matters regarding readjustment counseling and combat trauma
- Vet Center Services
 - A wide range of services are offered at 209 Vet Centers nationwide to include:
 - Group counseling
 - Martial counseling
 - Bereavement counseling
 - Sexual trauma
 - Community outreach & education
 - Substance abuse
 - Medical referral
 - Employment counseling
- Vet Center Locations
 - The 209 Vet Centers are located in all 50 States, District of Columbia, Guam, Puerto Rico, and the US Virgin Islands
- 2007 Vet Center Expansion
 - There are 23 new vet centers to be opened to improve access for Veterans. These communities: include: Montgomery, Alabama, Fayetteville, Arkansas; Modesto, California; Grand Junction, Colorado; Fort Meyers, Melbourne, and Gainesville, Florida; Macon, Georgia; Manhattan, Kansas; Baton Rouge, Louisiana; Cape Cod, Massachusetts; Saginaw and Escanaba, Michigan; Berlin, New Hampshire; Las Cruces, New Mexico; Binghamton, Middletown, Nassau County and Watertown, New York; Toledo, Ohio; Du Bois, Pennsylvania; Killeen, Texas; and Everett, Washington
- RCS Website
 - www.Battlemind.org

Speaker: Allen Berkowitz, Assistant Director

Topic: CARES Business Plan Studies

Discussion:

- Study Sites
 - The sites below received a Healthcare Study to determine the type of volume and services needed in 2013 and 2023 and the best location for providing these services and a general capital plan to determine the best use of VA's assets
 - Boston
 - NY City
 - Louisville
 - Waco
 - Big Spring
 - Walla Walla
 - Montgomery
 - Muskogee (only the healthcare study was done on Muskogee)
 - Additional sites listed below received the General Re-Use Plan to determine the real estate potential for each campus
 - Boston
 - NY City
 - Louisville
 - Waco
 - Big Spring
 - Walla Walla
 - The Comprehensive Capital Plan provides further level of detail by each department which were done on the below sites:
 - Boston
 - NY City
 - Louisville
 - Waco
 - Big Spring
 - Walla Walla
 - Canandaigua
 - Montrose/Castle Point
 - St. Albans
 - Lexington
 - Livermore
 - White City
 - Perry Point
 - Gulfport/Biloxi
 - West LA

- Analysis
 - The analysis defined health care markets within each network geographically in which primary, secondary, and nutrition care could be provided in a network that involves just VA alone or with military and sometimes private hospitals
- CBOCs
 - 156 locations were identified in which to open new CBOC's
 - In the urban areas, 70% of the enrollees should be within 30 minutes of the CBOC
 - 2 new spinal cord injury centers and several blind rehabilitation centers are to be added
 - Jamaica Plains and Westbury facilities will be transferred into inpatient facilities
- Status of Sites
 - An update on the status of the 17 study sites can be found on www.va.gov/cares

Speaker: Committee Members

Topic: Center for Minority Veterans (CMV) Update

Discussion:

- CMV Activities
 - CMV is reestablishing partnerships with external stakeholders via outreach letters and new stakeholders via phone
 - CMV is coordinating the Bi-Annual Minority Veterans Program Coordinators Training Conference in conjunction with Employee Education System and VALU. The conference is scheduled for June 5-7, 2007 in St. Louis, MO
 - On January 12, 2007, coordinated meeting with Dwayne Campbell, Veterans Representative, Center for Medicaid Services to discuss future partnering opportunities in outreaching to elderly minorities
 - CMV Director, Lucretia M. McClenney was the Co-Chair of the Diversity Track Subcommittee for the "Evolving Paradigms: Providing Health Care to Transitioning Combat Veterans" Conference
 - On April 1-6, 2007, the Director volunteered in the Winter Sports Clinic in Aspen, CO
- Information Technologies
 - Database was developed to track all critical elements of outreach: stakeholders, meeting dates, automated reports query capability.
 - VA General Counsel has rendered an opinion that the Department does have a requirement to gather racial and ethnic information on veterans on a voluntary basis. Actions are being coordinated to determine the most appropriate forms/databases that each Administration should utilize to accomplish this mission. (Ongoing for 2007)
 - CMV is working with IT to automate the MVPC Quarterly Report and capture their outreach activities. Beta test of the new report is planned for April 2007

- African American Veterans Update
 - On March 19, 2007 CMV Liaison facilitated an informational meeting between Acquisition Management and DMEEEO to discuss starting an internship program for HBCU students majoring in Supply Management
 - Liaison met with Veterans History Project Outreach Manager to discuss/develop outreach partnership opportunities on March 14, 2007
 - Liaison attended Secretary's Homeless Advisory Working group meeting on March 1, 2007
 - Liaison participated in collaborative meeting between CMV and Office of Special Projects
 - Liaison coordinated In-service training on March 22, 2007, "Coming Home to Work Program" for OEF/OIF veterans
 - Liaison held a Teleconference on March 22, 2007 between the CMV and National Urban League to discuss future initiatives between the organizations. CMV and the
 - National Urban League will be partnering to identify strategies on how to outreach minority veterans
- American Indian/Alaska Natives Update
 - CMV is coordinating the Department's participation in the Federal Interagency Task Force on Older American Indians Conference to be held in Baltimore, Maryland, April 30 - May 3, 2007
 - On March 8 2007 Deputy Director, Mr. William McLemore, and Liaison for AI/AN Veterans, met with representatives from the Navajo Nation to review current enrollment figures for the Navajo Nation (approximately 2,500), and to provide an overview of the VHA criteria for approving Community Based Outpatient Clinics (CBOCs). The Navajo representatives were also provided a copy of the VHA CBOC Handbook
 - CMV Liaison for AI/AN Veterans is partnering with NCA staff on the initial process of the "first" Tribal Veterans Cemetery Grant on trust lands, scheduled for July, 2007
 - Liaison for AI/AN Veterans consulted with NCA on the proposed American Indian Veterans Memorial at Riverside National Cemetery. The project has been funded by the Morongo Indian Reservation
 - Deputy Director met on February 13, 2007, with representatives of the Cheyenne River Sioux Tribe. As a result of the meeting, the tribal representatives were put in contact with individuals from the grant per diem program to assist them with drafting a proposal
 - CMV is partnering with NCA staff on the initial process of the "first" Tribal Veterans Cemetery Grant on trust lands. Scheduled for: July 2007
 - CMV is partnering with the White House Indian Affairs Executive Work Group (Indian 101 Subgroup) to develop a standard "mandatory" training curriculum, Working Effectively with Tribal Governments, for all Federal Employees and drafting a proposed Executive Order. This training is scheduled for November 2007

- Asian/Pacific Islander Veterans
 - On March 2007 the Deputy Director along with the Intergovernmental Affairs staff met with representatives from the Minnesota Lao Veterans of America, Inc. This organization is attempting to secure veterans benefits for those individuals who fought with American forces during the Vietnam Conflict
 - Mr. Ronald M. Sagudan starts on April 29, 2007 as the Asian/Pacific Islander Veteran Liaison for CMV
- Hispanic/Latino Veterans
 - CMV Deputy Director attended the Senate Hispanic Task Force meeting on March 1, 2007
 - A teleconference was conducted on March 12, 2007 with the Office of Special Projects (VA) to determine avenues to getting Healthier United States Veteran (HUSV) PSA out to Hispanic/Latino veterans
 - On March 14-18, 2007 CMV Liaison Attended United States Hispanic Leadership Institute (USHLI) Conference in Chicago. The guest speakers included Senators and House of Representative members and other business leaders
 - Liaison attended Congressional Hispanic Leadership Institute (CHLI), Congressional on March 22, 2007. Guest speaker was Senator Lincoln Diaz-Balart
 - Liaison for Hispanic Veterans contacted Octavio Hinojosa, executive director of Congressional Hispanic Leadership Institute (CHLI) about introducing the HUSV public service announcement to the Hispanic market through Hispanic media (Gala Vision, Telemundo)
- Research
 - CMV has partnered with Health Services Research and Development (HSR&D) and developed a CMV research web page (“Research on Health Disparities and Minority Health”) that also links with the HSR&D web site
 - CMV has partnered with HSR&D and have developed a draft brochure on minority veteran’s research
- Internal Stakeholders
 - Director, serving as Co-chair Diversity Track Sub-Committee for the “Evolving Paradigms Conference: Providing Health Care to Transitioning Combat Veterans” Apr 10-12, 2007

Speaker: Brad Mayes, Director

Topic: Veterans Benefit Administration

Discussion:

- VBA Mission Statement
 - Our mission is to provide benefits and service to veterans and their families
- VBA Vision Statement
 - Our vision is that Veterans we serve will feel our nation has kept its commitment to them

- Benefits Program
 - Our benefits program consist of the following programs:
 - Compensation & Pension
 - Education
 - Vocational Rehabilitation & Employment
 - Loan Guaranty
 - Insurance
- Disability Compensation
 - Disability compensation is awarded for injuries and diseases incurred in or aggravated by military service
 - More than 2.6 million veterans are currently receiving compensation benefits totaling more than \$22.3 billion
- Pension
 - Pension is awarded to eligible veterans with permanent and total disabilities which are not the result of military service or to eligible veterans age 65 and older (subject to income limitations)
 - More than 300,000 veterans are currently receiving pension benefits totaling more than \$2.6 billion
- Education Program
 - The educational program provides readjustment and restores educational opportunities lost because of service to the country
 - In FY2006 over 500,000 veterans, reservists, and family members received educational assistance
 - 2.1 million eligible veterans received benefits under GI bill since 1944
 - Vocational Rehabilitation maintains suitable employment for service disabled veterans. 89,126 veterans have received vocational rehabilitation assistance
- Outreach
 - Outreach has the following resources available:
 - Web based outreach report
 - Minority outreach
 - OEF/OIF support team
 - OEF/OIF intranet page
 - Transition Assistant Program
 - VA Benefits and DTAP
 - VA benefits pamphlets were distributed in both English and Spanish to over 1,300 SSA offices
- Website
 - Additional benefit information:http://www.vba.va.gov/benefit_facts/index.htm

Speaker R. Keith Pedigro, Director
Topic: VA Loan Guaranty Service
Discussion:

- First VA House
 - The first VA House was financed with the VA in November 1944
- Loan Volume by State
 - FY2006 Loans Guaranteed By Top 10 States
 - Texas
 - North Carolina
 - Georgia
 - Florida
 - Virginia
 - Washington
 - Colorado
 - Tennessee
 - Alabama
 - Ohio
- Veteran Profile
 - National Homeownership Rate is 68.9%
 - Veteran Homeownership Rate is 80%
 - Average Loan Purchase was \$186,000
 - 91% of houses required no down payment
 - 89% of home purchases were male and 11% female
- Veteran race homeownership breakdown is as follows:
 - White – 73.9%
 - Black – 16.4%
 - Hispanic – 7.2%
 - Asian/PI – 1.7%
 - AI/AN - .8%
 - Homeownership is above the percentage for the general population. General population is at 59% and veterans 80%
- Defaults
 - 9,528 foreclosures for FY06 represent lowest level of foreclosures since the 1960's
- Native American Direct Loan Program
 - The Native American loan program was originated in 1992
- Purpose
 - The purpose of the program is to allow Native American veterans to receive a direct loan from VA, to buy, build, or renovate a home on their trust lands
 - Native Americans are using this program but not on trust lands

Tuesday, April 17

Remarks: The Honorable R. James Nicholson, Secretary of Veterans Affairs

- Welcome
- Briefing
- Poly Trauma Centers
 - There are now 21 polytrauma centers positioned throughout the country and 4 highly acute and 17 others
- Brain Injuries
 - Every returnee is being screened for brain injury because of the unique environment they are operating in with blast
- Clinicians
 - All clinicians will be trained on the effects of blast by the end of this month (April)
 - Within the hospitals, 730 are available. If symptoms are detected treatment will be started
- Walter Reed
 - Walter Reed Army Hospital is doing a wonderful job of providing medical care in spite of the shortcomings of the administrative process
- Challenges
 - The challenge we have is on the benefit side, which is taking longer to adjudicate claims. The number of claimants has gone up significantly; this is the highest it has been in 15 years
 - The goal is to move the OEF/OIF veterans up to the top of the list
 - Noted the passing of Lawrence Bastian, Virgin Islands a well respected colleague
 - Photographs with Secretary Nicholson and the Committee
- Certificate of Appointments Presentations
 - Julia J. Cleckley
 - James T. McLawhorn
 - Joe C. Nunez
 - Harvey Williams
 - Debra L. Wilson

Speaker: William Tuerk, Under Secretary for Memorial Affairs

Topic: NCA Overview/Update

Discussion:

NCA Overview/Update

- Mission
 - The National Cemetery Administration honors veterans with final resting places in national shrines and with lasting tributes that commemorate their service to our Nation
- Responsibilities
 - To provide burial space for veterans and maintain cemeteries as National Shrines
- NCA Strategy
 - Develop new cemeteries
 - Extend the service life of existing cemeteries
 - Encourage states to build veterans cemeteries
- Future National Cemeteries
 - Philadelphia Area
 - Bakersfield Area
 - Birmingham Area
 - Columbia/Greenville, SC
 - Jacksonville Area
 - Sarasota Area
- State Cemetery Grants Program
 - The VA provides 100% of development costs
 - \$268 million was awarded in 152 grants since 1980
 - 35 states plus Guam and Saipan received grants
- Tribal Grants Legislation
 - Eligibility for Indian Tribal Organizations have been established for Cemetery Grants
- National Shrine Commitment
 - The initiative to maintain the appearance of VA cemeteries in a manner befitting their status as National Shrines
- Outreach to Veterans
 - The NCA will provide a lasting tribute to our Nation's veterans by being mission driven, results oriented and customer focused

Speakers: Paul Hutter, Executive in Charge Human Resources & Administration
& General Counsel
Susan C. McHugh, Deputy Assistant Secretary
Carolyn Wong, Staff Director
Scott Evans, Management Analyst

Topic: Staff Diversity/CPP/Recruitment/Retention

Discussion:

- Goals
 - To identify the trends in VA employment of veterans compared to non-veterans
 - Identify the major variable that is driving employment trends
 - Compare VA representation by race and gender with the Relevant Civilian Labor Force and recent separations from active military service
 - Provide a context for a more detailed analysis of race and gender representation of VA veterans
- Outreach Program
 - The Outreach program is to bring together the private sector & executive agencies of the federal government and partnership with community organizations to abide in outreach opportunities for minorities and inclusive of population of minority veterans
- Diversity Management
 - Diversity Management is responsible for monitoring and overseeing Diversity and Equal Employment Opportunity
 - To provide policy/guidance to enhance the employment of minority veterans and people with disabilities
 - Integrating diversity in the workplace is a business necessity essential to VA in addressing the needs of our veterans and their families.
- Measure
 - Progress is measured by comparing VA workforce diversity to the relevant civilian labor force. This means we compare our occupations to the occupations in the civilian labor force thru VA workforce analysis data system which provides statistics by race, national origin and gender. The two main areas of focus in VA at this time are:
 - The representation of white women
 - The representation of Hispanic women
- Advisory Counsel
 - Advisory Counsel will establish a VA diversity advisory counsel to manage the department level diversity issues
 - Counsel's purpose will be to include integrating the process of diversity management and carrying out VA's mission coordinating the diversity initiatives of all the organizations to insure accountability and successful implementation
- Groups Monitored
 - White
 - Hispanic/Latino

- Black
- Asian American Pacific Islander
- Native American
- VA Hires Compared to Relevant Civilian Labor Force
 - White and Hispanic females are about one-third below availability in the relevant civilian labor force (RCLF)
 - Black males and females significantly above RCLF
- Community Prosperity Partnership
 - Employment Goal
 - Provide consultative services for employment, career development, and educational improvement
 - Support proficiency development or other work experience programs, including development of veterans internship programs
 - Use job placement initiatives, e.g. Federal Career Internship, Veterans Employment Opportunity Act (vet preference), Veterans Recruitment Appointment, 30 percent or more service-connected disability appointment
- Youth Education Goal
 - Support skills-building community classrooms or job-readiness activities
 - Participate in adopt-a-school programs or internship programs, e.g. Hispanic Association of Colleges & Universities, American Indian Higher Education Consortium, National Association for Equal Opportunity
- Business Development Goal
 - Promote entrepreneurial development through incubator or technical assistance programs, and alliances with Chambers of Commerce or institutions of higher education
 - Provide Federal procurement assistance to veteran and minority owned businesses

Speaker: Gregg Alleyne, Program Manager

Topic: National Veterans Employment Program

Discussion:

- Vision
 - The National Veterans Employment Program contributes to the Department of Veterans Affairs' commitment to veterans by fostering an environment where Federal, state and local governments, veterans service organizations, and other stakeholders collaborate to enhance the quality of employment services available to veterans
- Mission
 - Assistance to veterans seeking employment and to educate veterans and hiring officials on veterans preference statutes and other special hiring flexibilities that may be used to hire veterans in VA and the Federal sector
- Program Strategic Goals

- Assist veterans in making a smooth transition from active military service to civilian life
- Help restore the capabilities of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families' through employment assistance
- Help create an environment that delivers world class service to veterans and their families
- Outreach
 - DOD/DOL/OPM and others (Federal Partners)
 - Transition Assistance Program (TAP)
 - Job/Career Fairs & Seminars
 - Vocational Rehabilitation Services (VBA)
 - State Employment Commissions (DVOP/LVER)
 - Veterans Service Organizations (VSO)
 - Professional Military Organizations (PMO)
 - Web Interface (www.va.gov/NVEP, IRIS)
- Education
 - Education Campaign (Hiring Officials, HR Professionals, Veterans, & Stakeholders)
 - How to maneuver the Federal Hiring Process
 - Delegating Examining Unit vs. Merit Promotion

Speaker: Curt Marshall, Director

Topic: VA Strategic Plan Overview

Discussion:

- VA Vision
 - To provide veterans the world-class benefits and services they have earned and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship
 - ACMV was provided copies of the VA 2006-2011 Strategic Plan

Speaker: Dr. Adam Darkins, Chief Consultant

Topic: Telehealth-Overview/Update

Discussion:

- Areas of Telehealth
 - Care Coordination/Home Telehealth (CCHT)
 - Care Coordination/General Telehealth (CCGT)
 - Care Coordination/Store-and-Forwards (CCSF)
- National CCHT Program
 - Program was piloted FY00-FY03

- National implementation FY03-FY07
- The program assist veteran patients with chronic diseases at risk of needing long-term institutionalized care
- Currently over 24,000 patients receive care
- Telemental Health
 - In FY07, an expansion of telemental health services is anticipated. There are 245 Community-based Outpatient Clinics (CBOCs)
 - Total number of CBOCS served by telemental health is 400
- Alaska CCGT Program Telemental Health
 - Anchorage has been hampered by lack of mental health providers but with the imminent expectation of recruiting 3 mental health providers these services will be revisited
- Teleretinal Imaging
 - During FY06, teleretinal imaging for diabetic retinopathy has been implemented in 157 sites with the expectation that care will be provided to 175,000 patients by the end of FY08
 - Anchorage is currently recruiting for staff and plans to implement in FY07
- Care Coordination
 - The use of informatics, telehealth and disease management technologies to enhance and extend care and case management thereby improving access for veteran patients to care and helping veteran patients to remain living independently in the least restrictive setting

Wednesday, April 18

Speaker: Susan Bond, Professional Staff Group III

Topic: Ethics Brief

Discussion:

- Special Government Employees (SGE)
 - SGEs are members who have been appointed to an advisory committee for duties expected to cover a period of not to exceed 130 days during any period of 365 consecutive days
- Ethics Advice
 - For advice, contact VA's Assistant General Counsel (023) and Designated Agency Ethics Official (DAE), Walter Hall, or an ethics official in his office
- Financial Disclosure
 - If you are required to file a financial disclosure report, they may not participate in a meeting until your report is reviewed and certified by an agency ethics official. The original completed report should be submitted no later than two weeks prior to the first meeting of the year
- Conflicts of Interest

- The conflict of interest law would prohibit an SGE from participating in setting standards for grantees or contractors
- Acting on Someone's Behalf
 - A provision prohibits an SGE from representing a party, with or without compensation, before VA or another Federal agency or other specified entity
- Compensation for Representational Services
 - A provision prohibits an SGE from receiving compensation for representation services rendered by the employee or another person before VA or another Federal agency or other specified entity
- Post-Government Employment Restrictions
 - The "post-Government employment" statute, imposes a lifetime ban on a former SGE from representing another person or entity to VA or another Federal agency or other specified entity
- Bribery
 - The bribery statute prohibits Federal employees, including SGEs, from seeking, accepting, or agreeing to receive anything of value in return for being influenced in the performance of an official act
- Foreign Agents
 - An SGE is prohibited from acting as an agent of a foreign principal registered under the Foreign Agents Registration Act unless the head of the agency certifies that employment of the SGE is in the national interest
- Gifts
 - A gift given to an SGE because of his or her service on a VA advisory committee or given by an entity whose interests are affected financially by agency decisions would raise concerns. Gifts given to the SGE because of his or her private sector position or achievements generally are not problematic
- Charitable Fundraising
 - An SGE may engage in fundraising in a personal capacity (not using or permitting others to use his or her advisory committee membership) if he or she does not personally solicit from anyone known to have interests that may be substantially affected by his or her committee duties
- Teaching, Speaking and Writing
 - There are some circumstances where SGEs may not receive compensation for teaching or for certain speaking and writing. For most non-curriculum teaching and most speaking and writing, SGEs may not be paid if the activity "relates to the employee's official duties"
- Expert Testimony
 - An SGE may not serve as an expert witness, except for the United States, in any proceeding in which the United States is a party or has a direct and substantial interest

Speaker: Dr. Irene Trowell-Harris, Director
Topic: Center for Women Veterans Overview
Discussion:

- Congressional Mandate
 - Congressional Mandate: November 1994 Public Law 103-446 required VA to create The Center for Women Veterans to oversee VA programs for women
- Our Mission
 - Ensure women veterans have access to VA benefits and services on par with male veterans
 - Ensure VA programs are responsive to the gender-specific needs of women veterans
 - Perform outreach to improve women veterans' awareness of VA services, benefits and eligibility criteria
 - Ensure that women veterans are treated with dignity and respect
- Our Initiatives
 - Increase emphasis on focused outreach to elderly, rural, and minority women veterans
 - Improve services for women veterans who are homeless
 - Improve access to information for women veterans via the Internet and media publications
 - Enhance partnerships with DoD, other federal, state and local agencies, and veterans service organizations
 - Ensure women separating from the military are afforded access to information via Transition Assistance Programs
 - Monitor Transition Assistance Programs to ensure that they meet the needs of separating service women
- Accomplishments
 - Created change through collaboration
 - Provided staff education and training
 - Strengthened interagency relationships with DoD, DOL, and HHS
 - Strengthened VSO partnerships
 - Enhanced information dissemination
 - Developed and posted 25 FAQs on Center's website
 - Encouraged development of a national research agenda for women veterans' issues
 - Served as a clearinghouse in response to veterans' inquiries
- Challenges
 - Being able to care for the increasing numbers of women veterans, especially returning OEF/OIF and the elderly
 - Dealing with budgetary constraints with competing priorities
 - Providing primary and gender-specific care to women veterans
 - Preparing for unknown illnesses or diseases from military deployments
- Legislation

- Children of Women Vietnam Veterans (CWVV) Health Care Benefits Program (Public Law 106-419)
- Mastectomy Special Monthly Compensation (SMC)
- Military Sexual Trauma Counseling & Care (Public Law 108-422)
- Role of Research
 - Study Findings are used to:
 - Brief Congress, Secretary, and Partners
 - Prepare Congressional Testimony
 - Justify Budget
 - Develop Policy, Programs, and Legislation
 - Inform Stakeholders
- What Women Veterans Want and Need
 - Recognition and respect
 - Employment
 - Suitable housing
 - Access to and receipt of high quality health care
 - Childcare options
 - Opportunities for social interaction
 - Want to make a difference

Speaker: John Brown, Director

Topic: Seamless Transition Overview/Update

Discussion:

- Categories of War Wounded
 - Category 1: Severely Injured
 - Category 2 Medical Holdover, Community Based Health Care Organization
 - Category 3: Hidden Wounds at Post deployment
- VHA Missions
 - Health Professional Training
 - Research
 - Emergency Preparedness and Backup to Department of Defense and National Disaster Medical System
 - VHA and VBA Staff Assigned to Military Treatment Facilities
 - VHA DoD Liaisons
 - Collaborate with MTF staff to coordinate transfers to VA
 - Participate in video teleconferencing
 - Educate veterans, service members and families on VA healthcare resources
 - Certified Clinical Rehabilitation Nurse
 - On site at Walter Reed Army Medical Center
 - Currently hiring for National Naval Hospital – Bethesda
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- VBA Counselors
 - Identify and counsel every injured OEF/OIF service member & family regarding VA benefits and services
 - Initiate disability claims process and ensure transfer to regional office
- Case Management: Social Workers in VHA Facilities
 - Assistance in obtaining records from MTF as care continues at VA
 - Coordination with VBA Regional Offices
 - Coordination of civilian referrals as appropriate
 - Family and Caregiver Support
 - Ongoing Case management
- Polytrauma
 - A new approach to rehabilitative care
 - Traumatic
 - Severe, complex and multiple
 - Spinal cord injury
 - Major amputations
 - Visual/audio impairment
 - Post Traumatic Stress Disorder
 - Patient Focused rehabilitation on one unit
- Benefits for Active Duty Service Members
 - Automobile Grants
 - Specially Adaptive Housing (SAH)
 - Vocational Rehabilitation and Employment
 - Service Members' Group Life Insurance
 - Traumatic Service Members' Group Life Insurance (TSGLI)
 - Montgomery GI bill
 - Loan Guaranty
- Benefits after Discharge
 - Traditional Medical/Surgical Services
 - Specially Adaptive Housing (SAH)
 - Vocational Rehabilitation and Employment
 - Service Members' Group Life Insurance
 - Traumatic Service Members' Group Life Insurance (TSGLI)
 - Montgomery GI bill
 - Loan Guaranty
- Operation Iraqi Freedom Veterans
 - 631,174 OEF/OIF veterans separated to date:
 - 32% (205,0970 have sought VA health care (as of November 2006)
 - Veterans have received more than 3,400 discrete diagnoses
 - Most common diagnoses:
 - musculoskeletal ailments, principally joint and back disorders
 - mental disorders
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- Summary and Follow Up
 - High rates of VA health care utilization by recent Iraqi and Afghan veterans reflect these veterans have ready access to VA health care, free of charge for two years following separation for any health problem possibly related to wartime service.
 - VA will continue to monitor the health status of recent Iraq and Afghan veterans using updated deployment lists provided by DoD to ensure that VA tailors its health care and disability programs to meet the needs of this newest generation of war veterans
- National Polytrauma Call Center
 - Established February 2006
 - Provides clinical and benefits advice
 - Toll free number: 1-888-827-4824
 - 24 hours, 7 days a week
 - Additional services beginning early 2007
 - Outreach phone calls
 - Information mailings
- Challenges/Gaps
 - Family Support
 - Lodging and Travel
 - Caregiver Support
- Age Appropriate Environments
 - Patient Mix
 - Physical Environment

Speaker: Earl Newsome, Deputy Director

Topic: Fisher House/Center for the Intrepid Overview

Discussion:

- Fisher House
 - The Fisher House Foundation builds and donates houses to provide overnight lodging to family members of hospitalized veterans and active duty personnel (similar to Ronald McDonald Houses)
 - Of the 37 Fisher Houses, 8 are at VA medical centers
 - The Fishers' construct and furnish Fisher Houses and then donate them to DoD and VA. Once a Fisher House is donated to VA, we are responsible for operation, upkeep and maintenance costs
- New VA Fisher Houses
 - Tampa VA Medical Center: Construction is underway for the 9th VA Fisher House, with estimated completion in April 2007
- Fisher Houses will be built in 2007 at:
 - Hunter Holmes McGuire VA Medical Center, Richmond
 - North Texas VA Health Care System, Dallas

- Puget Sound VA Health Care System, Seattle
- Greater Los Angeles VA Health Care System
- New VA Fisher Houses have:
 - 21 bedroom suites with private baths
 - Communal living rooms, dining rooms, libraries and kitchens
 - Elevators for accessibility of the second floor
- Fisher House Locations
 - Current VA Fisher Houses:
 - Albany, New York
 - Bay Pines, Florida
 - Cincinnati, Ohio
 - Denver, Colorado
 - Houston, Texas
 - Minneapolis, Minnesota
 - Palo Alto, California
 - West Palm Beach, Florida
- New Recommended Sites
 - In September 2006, the Secretary provided Ken Fisher with a new list of ten recommended sites for VA Fisher Houses:
 - Greater Los Angeles
 - Tennessee Valley (Murfreesboro)
 - St. Louis (Jefferson Barracks)
 - New York Harbor (Brooklyn)
 - Hines
 - Washington, DC
 - Pittsburgh (University Drive)
 - Miami
 - Augusta
 - Salt Lake City
- Fisher House Operation
 - Each VA Fisher House must have a full time manager to oversee the functions of the FH
 - The VA medical center funds day-to-day operation costs, including utilities, manager's salary, and upkeep
 - VACO special purpose account provides centralized funding for major refurbishment of VA Fisher Houses
 - There are no fees charged to VA Fisher House guests
 - There is no time limit on stays in VA Fisher Houses
 - While Fisher Houses are primarily for families, veterans undergoing long-term outpatient treatment may stay at the Fisher House with their family member/caregiver

- VA Fisher House Program
 - Jill Manske, Director of Social Work in VHA, coordinates the VA Fisher House Program. This includes:
 - Serving as liaison to the Fisher House Foundation
 - Moderating monthly conference calls with VA Fisher House managers
 - Overseeing centralized funding
 - Providing consultation and support
- Center for the Intrepid: Joint Services Rehabilitation Center
 - Premier, \$35 million “state of the world” DoD rehabilitation center
 - 4-story, 65,000 square foot structure
 - On 4.5 acre site at Brooke Army Medical Center (Fort Sam Houston, San Antonio)
 - Two adjacent Fisher Houses, each with 21 handicap accessible suites
- Offers rehabilitation for:
 - Major Limb Amputation
 - Limb Salvage
 - Burn Injuries
- Built by the Intrepid Fallen Heroes Foundation and the Fisher House Foundation
- Operated by Department of the Army
- VHA and VBA staffed:
 - VBA benefits counselor
 - VBA vocational rehab counselor
 - Physical therapist
 - Occupational therapist
 - Prosthesis
 - Social worker case manager
 - Seamless transition liaison
 - Dedicated on January 29, 2007
 - Will begin treating patients in February 2007
 - Eligible veterans may be referred for rehabilitation
 - The Intrepid Fallen Heroes Foundation will remain involved with funding for research and technology updates
- Additional Information
 - Visit the Fisher House Foundation web page at <http://www.fisherhouse.org>
 - Contact Jill Manske at: 202-273-8549 Jill.manske@mail.med.va.gov

Speaker: Joseph Francis, Director

Topic: Research & Development Overview/Update

Discussion:

- VA Research Mission
 - To discover knowledge and create innovations that advances the health and care of veterans and the nation

- Rich 50 Year History
 - 3 Nobel Prize winners
 - 6 Lasker Award winners
- Important Discoveries and Inventions
 - Surgery Devices
 - Cardiac Pacemaker
 - First liver transplant
 - Radioimmunoassay
 - CT Scanner
- Treatments
 - TB Hypertension
 - Heart Failure
- Intramural Research Program
 - VA Research is an intramural program. Researches must be employed by VA (5/8s or more in most cases) Agencies such as the NIH or DoD, VA have no statutory authority to make research grants to colleges and universities, cities and states, or any other non-VA entity
- Organization of VA Research
 - Biomedical Laboratory R &D Service (BLR&D)
 - Clinical Science R&D Service (CSR&D)
 - Health Services R&D Service (HSR&D)
 - Rehabilitation R&D Service (RR&D)
- Attributes of VA Research
 - Practicing Physicians and Scientist do the bulk of the research. This is important to:
 - Accomplish the highest quality research
 - Attract outstanding investigators
 - Support research that directly benefits veterans
 - Recruit the best physicians for VA
 - Direct link to and part of a large healthcare system
 - Creates unique abilities to do clinical research
 - Allows ability to bring the benefits of research directly to the patient
- Types of Research Sponsored
 - Investigator-initiated Research (Merit Review)
 - Mentored Research (Career Development)
 - Large-scale, multi-site clinical trials (Cooperative Studies Program)
 - Centers of Excellence (all Services)
 - Service-Directed Research
 - Special Initiatives (e.g., Gulf War Illnesses Research)
- Overview of Health Disparities Research
 - VA provides unique opportunities to distinguish ethnic differences in health and healthcare from economic differences.
 - VA has strong HSR
 - VA supports a broad portfolio in health disparities research

- studies span the spectrum of VA research
- Targeted Research Enhancement Program – Understanding Racial and Ethnic Variations in Health Outcomes for Chronic Disease
 - Examining racial and ethnic variations in care by targeting 2 crucial factors – patient trust and patient preferences for care
 - Evaluating the effects of these factors on racial and ethnic disparities in health outcomes for chronic medical conditions
- Summary
 - VA Research is an intramural program, focused on the health care of veterans
 - VA is committed to providing high quality health care equitably
 - VA supports a broad research portfolio in health care disparities

Speaker: Pete Dougherty, Director

Topic: Homeless Program Overview/Update

Discussion:

- Video Presentation of 3 Veterans
 - George Hill, Rich Reed and James Dorsey
- Statistics
 - 1.8 male veterans are more likely to be homeless
 - 3.6 female veterans more likely to be homeless
 - 80% that come through the program are still appropriately housed.
- Beds
 - The number of beds have been increased by 50% in the last 4 years for homeless veterans
 - There are over 8,000 operational beds
 - 2,500 beds are coming in and we are in the process of reviewing adding an additional 100 beds
- Health Care Services
 - The program receives approximately 100,000 veterans in health care services every year
 - There are 60,000 in healthcare for the homeless veterans program
 - There are 40,000 homeless veterans with serious health problems
- Program
 - Program has been in existence about 14 years
 - Looking into branching out into the tribal lands and assist the Native Americans in developing opportunities for them so they can have their own programs on their reservation

Speaker: LTC Aaron Dean, Troop Commander

Topic: DC National Guard (MP Battalion)

Discussion:

- Battalion
 - The Battalion was mobilized in October 2005 for Operation Iraqi Freedom
 - Soldiers were alerted to go to Afghanistan to be a Guard Battalion
 - Some soldiers 1st deployment which was about 40% of our soldiers and the other 60% were volunteers
- Training
 - 70 person headquarter took a computer simulated training exercise
 - Battalion headquarters provided intelligence, operation, logistical, administrative and communication support
- Iraqi Support
 - Supported over 68 Iraqi police facilities and 9 police districts
- Casualties
 - There were 16 catastrophic injuries and several other casualties, 6 soldiers were lost

Speaker: Jim Mayer, VHA Outreach Coordinator

Topic: Panel – Natasha McKeena and Janet (Natasha's mother)

Discussion:

- Walter Reed Medical Center
 - Natasha is an outpatient at Walter Reed and states she is receiving great care
- Service
 - Natasha has been in the Army 4 years
- Hometown
 - Natasha is originally from OH, and joined the service in 2002
- Injury
 - On her 1st deployment sustained injury
 - Mission was in Iraq and the Humvee was driven over an IED causing severe injury to her left leg
 - Natasha has a prosthetic leg, but she is very active
- Illness
 - Natasha has been diagnosed with osteogenesis while at Walter Reed
- College
 - Prior to military she attended college for 1 year and would like to go back to college
- Activities
 - Volunteers at the National Zoo
 - Horseback Riding (therapeutic riding program)
 - In high school she enjoyed and played tennis, basketball, softball and baseball

- Benefits/Goals
 - Working with a Counselor in regards to benefits and future goals
- Natasha's Mother
 - Has no employment while here
 - Has to go home every 3 months for her illnesses (diabetes and arthritis)
 - Mother is currently not receiving any care or benefits while here
- Submissions:
 - Submission of Issues from Guest
 - Ms. Faye Pickney provided the ACMV a list of issues she had on various topics

Thursday, April 19

- Closing:
 - CMV staff reviewed 2005 report follow up matrix with the ACMV
 - ACMV and CMV staff reviewed the draft of the Alaska site visit minutes which was produced by Reginald Malebranch. Julia J. Cleckley will be responsible for drafting a review of the Alaska town hall comments. Kerwin Miller will draft the Washington DC portion of the minutes
 - The 2007 ACMV report is due to the CMV in July 2007
 - Kerwin Miller submitted a proposal to have Santa Fe New Mexico as the site for the next ACMV visit. This topic was tabled
 - Meeting adjourned