

**DEPARTMENT OF
VETERANS AFFAIRS**

**ADVISORY COMMITTEE ON WOMEN
VETERANS
2006 REPORT**

AUGUST 2006

TABLE OF CONTENTS

Letter from the Chair.....	i
Part I Executive Summary.....	1
Part II Summary of Recommendations.....	4
Part III Recommendations and Rationale.....	8
A. Behavioral and Mental Health Care.....	8
B. Health Care	9
C. Military Sexual Trauma	10
D. Outreach	11
E. Research and Studies.....	13
F. Strategic Planning	14
G. Training	16
H. Women Veterans Health Program.....	16
I. Women Veterans Program Managers and Women Veterans Coordinators.....	17
J. Women Veterans Who Are Homeless	18
K. VA National Cemetery Administration	19
Part IV VA Response to Recommendations.....	21
A. Behavioral and Mental Health Care	21
B. Health Care	22
C. Military Sexual Trauma	23
D. Outreach	24
E. Research and Studies.....	26
F. Strategic Planning	29
G. Training.....	30
H. Women Veterans Health Program.....	31
I. Women Veterans Program Managers and Women Veterans Coordinators	32
J. Women Veterans Who are Homeless.....	33
K. VA National Cemetery Administration.....	35

Part V	Appendices.....	36
	A. Historical Perspective.....	37
	B. Past Chairs and Current Chair of the Advisory Committee on Women Veterans.....	43
	C. VA Advisory Committee on Women Veterans Membership Profile.....	44
	D. Past and Present Members of the Advisory Committee on Women Veterans	51
	E. Advisory Committee Site Visits - A Cumulative Record.....	54
	F. Summary of Site Visits for 2005-2006.....	55
	G. Briefings to the Advisory Committee on Women Veterans (2004-2006).....	56
	H. Advisory Committee on Women Veterans Charter	61
	I. Center for Women Veterans Mission and Goals.....	63

LETTER FROM THE CHAIR

The Honorable R. James Nicholson
Secretary of Veterans Affairs
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Nicholson:

As I reflect back over the past 5 years as a member of the Secretary's Advisory Committee on Women Veterans, advancements have been made, programs instituted or expanded, reporting processes put in place, oversight with accountability required, and many, many more women have become eligible veterans.

These new women veterans are only the beginning of a wave of women who will soon seek to become integrated into the VA for treatment, care, services, entitlements, compensation, and yes, even burial. Their needs will create a heightened burden on the current system, which in many ways still finds it difficult to respond to their needs for gender specific treatment, both as in-patient and in the out-patient setting. Their needs will involve combat related injuries, to include those affecting their mental health status. Women's Health Clinics may well require additional staffing, along with an increase in clinicians, doctors, and equipment needed to provide specialized care in the women's health arena.

Looking at the reality of what women veterans of today and tomorrow face, none can deny that the inclusion of them in the active forces of current military service and the battlefield environment is dramatically different from that of the past. Based on DOD reports and related documents, the committee sees an increase in the number of women needing and seeking therapy for combat PTSD. This scenario will surely tax the VA system, including that of the Vet Centers. For some, this will be compounded by those conceivably suffering also from PTSD as the result of Military Sexual Trauma. The VA has never had to provide this level of PTSD treatment for women in its history. It is vital that the VA begin planning for this anticipated influx of women who will certainly require gender specific treatment programs in both the individual and group settings. A prevailing question is how will the VA system accommodate the need for increased in-patient settings that provide the necessary exclusive treatment atmosphere?

The unfortunate truth of PTSD is that it can manifest itself not only in additional physical problems requiring medical attention, but also in substance use and homelessness. Clearly attention in all areas of care will be dramatically influenced by the oncoming number of women veterans from this current "conflict."

Compounding this entire situation will be their identity crisis as wife and mother...and guilt surrounding many of these women veterans in regard to these family situations.

Several of this year's recommendations deal with the structure of women's health care; one at the Central Office location and one in the field. In Washington, D.C., the Committee recognized the need and the powerful advantage of realigning the Women Veterans Health Program Office into the Women Veterans Strategic Healthcare Group, along with re-designating the program director as Chief Clinical Consultant. In the field, we recommend that VHA re-establish "Centers of Excellence" in women veterans' health care at VA Medical Centers that meet the criteria of comprehensive health centers, to include gender-specific treatment for medical, surgical, mental health conditions (including PTSD and conditions related to MST), and research. We believe this re-instatement should be a serious investment and have executive level endorsement with support, creating a best practices setting fostering a prestigious healthcare model.

Report 2006 presents a number of recommendations addressing items of interest in the Veterans Benefits Administration. One, requests that the Secretary establish an official structured Women Veterans Coordination Office, with a director, who has the authority to ensure accountability within the Women Veterans Coordinator Program and consolidate advocacy, policy development, and strategic planning pertaining to women veterans.

In completing this Report, and on behalf of the Committee, I have many thanks to extend. Over the course of the last 2 years, the Committee met six times with an additional two site visits: one to the New Jersey Health Care System, specifically, East Orange VAMC and Lyons VAMC; the other to North Chicago VAMC. To the leadership and staffs of these facilities we extend our gratitude for their hospitality and investment in the process. On behalf of the Committee, I want to thank all those who provided the extensive briefings that assisted in our deliberations. All of these meetings, briefings, and visits culminated in the completion of Report 2006, which is presented to the Secretary and Congress.

The Committee works closely and in consultation with its Ex-officio members and Advisors. They lend tremendous insight into their individual agency responsibilities and expertise as it relates to women veterans. Our Ex-officio members included: Dr. Susan Mather and her recent replacement Dr. Lawrence Deyton, Chief Officers of Public Health and Environmental Hazards, Department of Veterans Affairs; Ms. Lily Fetzer, Director, VA Regional Office, San Diego; COL Denise Dailey, Military Director, Defense Advisory Committee on Women in the Services (DACOWITS); and Ms. Pamela Langley, Veterans' Employment and Training, Department of Labor. Advisors were: Ms. Carole Turner, Director, Women Veterans Health Program (WVHP) Office, Department of Veterans Affairs; CDR Lucienne D. Nelson, Senior Policy Advisor, Office of Commissioned Corps Force Management, Office of Public Health and Science; and Ms. Lindee Lenox, Director, Memorial

Programs Service, National Cemetery Administration, Department of Veterans Affairs. In addition, I thank the contribution of the WVHP Deputy Field Directors, Claudia Dewane, Meri Mallard, and Connie LaRosa, for their cumulative briefings providing the Committee with an overview of women's health programs in each of the medical centers within their respective VISN designations. I would be remiss if I did not singularly acknowledge Dr. Mather, who recently retired, for her years of commitment to this Committee and women veterans in her tenure with VA. The Committee extends its thanks for her unique service.

Committees of this size and responsibility would be greatly burdened without the coordination of its activities and technical support. For over 5 years I have worked closely with the Center for Women Veterans: Dr. Irene Trowell-Harris, Director; Betty Moseley Brown, Associate Director; Desiree Long; Rebecca Schiller; and Beth Swickard. They were unwavering in their attention to the Committee, its detailed needs, requests, and function. I offer my deep thanks to you all.

Lastly, I am personally humbled by the opportunity I was given to sit at the table of this Committee and to have been chosen by the Secretary to serve as Chair for two terms. I was honored to share ideas, strategies, and dreams as part of a continuum embodying the past experience and knowledge of those who have gone before us. We, as members of the Committee, are all privileged to share, in some small part, in their invested foresight and vision in the cause of women veterans. We hope we have made a difference.

Respectfully submitted,

A handwritten signature in cursive script that reads "Marsha Four".

Marsha Four, R.N.
Chair, Advisory Committee on Women Veterans

PART I

EXECUTIVE SUMMARY

The 2006 Report on the Advisory Committee on Women Veterans provides recommendations that address the following issues:

- Behavioral and Mental Health Care
- Health Care
- Military Sexual Trauma
- Outreach
- Research and Studies
- Strategic Planning
- Training
- Women Veterans Health Program
- Women Veterans Program Managers and Women Veterans Coordinators
- Women Veterans Who are Homeless
- VA National Cemetery Administration

The report of the Advisory Committee on Women Veterans (Committee) is submitted biennially by the Committee. The Committee is appointed by the Secretary of Veterans Affairs (Secretary) for a 2- or 3-year term. Current Committee membership includes representation by veterans from the Air Force, Navy, Army and Marine Corps, as well as the Reserve and National Guard. Members represent a variety of military career fields and possess extensive military experience, to include service in Vietnam and the Persian Gulf Wars.

A total of 23 recommendations with supporting rationale are provided in this report. Recommendations stem from data and information gathered in exchange with the Department of Veterans Affairs (VA) officials, Department of Labor (DOL) officials,

members of House and Senate Congressional Committee staff offices, women veterans, researchers, veterans service organizations, internal VA reports, and site visits to Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA) facilities.

Highlights

- Recommend that Department of Veterans Affairs (VA) ensures the “Best Practice Manual for Post Traumatic Stress Disorder (PTSD) Compensation and Pension Examination” is made accessible to all VA clinicians at VA medical centers (VAMCs), Community-Based Outpatient Clinics (CBOCs), and treatment centers.
- Recommend that the Veterans Health Administration (VHA) ensures military sexual trauma (MST) screening, performed at medical centers, be conducted in a private location by an MST trained healthcare professional.
- Address recommendation that VA’s comprehensive national initiative to address obesity, *Managing Overweight/Obesity for Veterans Everywhere! (MOVE!)*, be sensitive to, address, and include gender specific weight management programs.
- That VHA continues to seek legislation to ensure the cost incurred for the post delivery care of all newborn children delivered to women veterans receiving VA maternity benefits be provided for up to 14 days.
- That VBA utilizes additional specific work production credits for the interview, the development, and the rating of claims involving MST and that VBA develops a special diagnostic code in Part IV Rating Schedule for Disabilities to identify PTSD due to MST.
- That the Secretary ensures budgetary and staff support to the Office of Homeless Veterans Programs to secure the production of a companion video to “Roads of Hope” providing inspiration to homeless women veterans and information to the general public and service providers about the reality of their plight.
- Recommend that VA ensures women veterans-focused research is conducted and that the Office of Research and Development continues to support and fund women veterans’ research as a priority category. This effort should consider the recommendations of the article titled, “Toward a VA Women’s Health Research Agenda: Setting Evidence-based Priorities to Improve the Health and Health Care of Women Veterans,” published in the March 2006 *Journal of General Internal Medicine* (Elizabeth M. Yano, PhD, et al.).
- That the Women Veterans Health Program Office is organizationally realigned to the status of a Strategic Healthcare Group and that the Program Director position is designated as a Chief Clinical Consultant.

- That the WVPM position description and performance evaluations at each VISN and medical center address all performance standards as outlined in VHA Handbook 1330.2, Women Veterans Program Manager Position. That this information be compiled and forwarded to the WVHP office with annual reports presented to the VA Advisory Committee on Women Veterans.
- Address recommendation that the Secretary of Veterans Affairs establishes a Women Veterans Coordination Office within VBA to consolidate advocacy, policy development, and strategic planning pertaining to women veterans within VBA.
- That the Homeless Grant and Per Diem (HGPD) program provide a list of VA grant recipients on its home page to be used by VA facilities, staff, and community providers for the purpose of contacting these grantees in order to seek assistance for homeless veterans. That these programs be referenced for gender specific admissions.
- That an identifiable effort to increase the development of VA women-specific residential programs addressing homelessness be initiated based on a review of the Northeast Program Evaluation Center (NEPEC) data and an evaluation of need in each specific geographic population.

PART II

SUMMARY OF RECOMMENDATIONS

1. Ensure that military sexual trauma (MST) screening, performed at medical centers, be conducted in a private location by an MST trained healthcare professional.
2. Ensure that the “Best Practice Manual for Post Traumatic Stress Disorder (PTSD) Compensation and Pension Examination” is made accessible to all VA clinicians at VA medical centers (VAMCs), Community- Based Outpatient Clinics (CBOCs), and treatment centers.
3. Ensure that the implementation of osteoporosis screening is done for all age and diagnostic-appropriate women veterans and that this is added as a clinical performance measure.
4. That VA’s comprehensive national initiative to address obesity, Managing Overweight/Obesity for Veterans Everywhere! (MOVE!), be sensitive to, address, and include gender specific weight management programs. The address of obesity as it is specifically related to women’s health and related disorders to include diabetes, hypertension, and cardiovascular disease should be included in this comprehensive program approach. That a database system be designed to track trends that are gender specific as related to obesity and associated diseases.
5. That VHA continues to seek legislation to ensure the cost incurred for the post delivery care of all newborn children delivered to women veterans receiving VA maternity benefits be provided for up to 14 days.
6. Ensure that the Veterans Benefits Administration (VBA) develops a special diagnostic code in Part IV Rating Schedule for Disabilities to identify PTSD due to MST.
7. That VBA utilizes additional specific work production credits for the interview, the development, and the rating of claims involving MST.
8. That VA also includes gender as a variable and MST as a category when conducting the follow-up study of the major influences on the differences in annual compensation payments by states, in order to develop baseline data and metrics for monitoring and managing variances. The follow-up study was recommended in VA Office of Inspector (VAOIG) Report #05-00765-137 (Review of State Variances in VA Disability Compensation Payments).

9. That VA considers a new direction in the presentation, packaging, and distribution of outreach information and materials in an effort to reach and attract the ever changing, high-tech, veteran population. Also, that VHA and VBA outreach materials include representation of women veterans as recipients of benefits, care, and services by including them in all gender neutral training, information, and outreach videos, DVDs, CDs or other materials.

That the Secretary ensures budgetary and staff support to the Office of Homeless Veterans Programs to secure the production of a companion video to "Roads of Hope" providing inspiration to homeless women veterans and information to the general public and service providers about the reality of their plight.

10. That the VBA Web site expands its capability to include a secure site where veterans could check the status of their claims, much like the Defense Finance and Accounting Service (DFAS) "myPay" Web site and Department of the Army Interactive Assignments Module.
11. That VHA, through each Veterans Integrated Service Network (VISN) office, interfaces with its respective state medical and health organizations (i.e., American Medical Association, the American Nurses Association, the American Psychiatric Association, etc.) for the purpose of outreach and the distribution of health care information relative to military service and benefits entitlements.
12. That VHA considers future studies which would include longitudinal approaches in order to better understand lifetime conditions that affect women veterans and to improve the efficacy of therapeutic modalities.
13. That VA ensures women veterans-focused research is conducted and that the Office of Research and Development continues to support and fund women veterans' research as a priority category. This effort should consider the recommendations of the article titled, "Toward a VA Women's Health Research Agenda: Setting Evidence-based Priorities to Improve the Health and Health Care of Women Veterans," published in the March 2006 Journal of General Internal Medicine (Elizabeth M. Yano, PhD, et al.).
14. That the Women Veterans Health Program Office is organizationally realigned to the status of a Strategic Healthcare Group and that the Program Director position is designated as a Chief Clinical Consultant.
15. That VHA re-establishes clinical "Programs of Excellence" in women veterans' health care. The clinical Programs of Excellence should be located at VA medical centers that meet the criteria of comprehensive health centers and include gender-specific treatment for medical, surgical, mental health conditions (including PTSD and conditions related to MST), and research. Ideally, these clinical Programs of Excellence should exist in each Veterans Integrated Service Network (VISN), but at a minimum it is suggested that these centers be regionally based.

16. That VA ensures training programs offered to university affiliate healthcare students and post-graduates be mandatory, standardized with documented accountability, and that the training materials include information about the effect of military service on medical and mental health conditions and diseases, along with a history of the contribution of our military veterans to include specific information on women in the armed forces.
17. That VHA ensures the continuation of the following reports on an annual basis: 1) Women Veterans Program Manager (WVPM) Report and 2) Women Veterans Health Annual Skills Assessment Report. Additionally, that VHA ensure that the national composite report from the WVHP Office is disseminated throughout the highest executive levels in VHA, and that appropriate corrective actions are taken to improve local performance. This national report should be sent to all VISNs and medical centers allowing for the review of local comparisons.
18. That the WVPM position description and performance evaluations at each VISN and medical center address all performance standards as outlined in VHA Handbook 1330.2, Women Veterans Program Manager Position. That this information be compiled and forwarded to the WVHP office with annual reports presented to the VA Advisory Committee on Women Veterans.
19. That the Secretary of Veterans Affairs establishes a Women Veterans Coordination Office within VBA to consolidate advocacy, policy development, and strategic planning pertaining to women veterans within VBA. The Committee further recommends the position of Director be created to provide direction, coordination, training, education, oversight, and to ensure accountability within the WVC Program. Further, the Committee recommends that the Director be given the authority to oversee the WVCs, to include developing a handbook of duties and performance measures commensurate to VHA Handbooks 1330.1, VHA Services for Women Veterans, and 1330.2.
20. That VHA, in its evaluation of the physical setting of all existing VA domiciliary and residential program facilities, develops a tool to evaluate these settings with regard to the gender specific needs for safety and security, positive therapeutic environments, and successful treatment modalities for each gender population. The Committee recommends that these evaluations be performed and reported to the Deputy Under Secretary of Health and the respective VISN and medical center directors.
21. That the Homeless Grant and Per Diem (HGPD) program provide a list of VA grant recipients on its home page to be used by VA facilities, staff, and community providers for the purpose of contacting these grantees in order to seek assistance for homeless veterans. That these programs be referenced for gender specific admissions.
22. That an identifiable effort to increase the development of VA women-specific residential programs addressing homelessness be initiated based on a review of NEPEC data and an evaluation of need in each specific geographic population.

23. That VHA, through its HGPS Program, requires all grant proposal submissions that accommodate homeless women veterans (either exclusively or in a mixed-gender setting) to include a scoring/rating component that acknowledges and addresses gender-related needs and issues and that of minor children. Best practice models should be recognized and shared on a national level.

PART III

RECOMMENDATIONS AND RATIONALE

A. Behavioral and Mental Health Care

Recommendations:

1. The Veterans Health Administration (VHA) ensures that military sexual trauma (MST) screening, performed at medical centers, be conducted in a private location by an MST trained healthcare professional.
2. Ensure that Department of Veterans Affairs (VA) “Best Practice Manual for Post Traumatic Stress Disorder (PTSD) Compensation and Pension Examination” is made accessible to all VA clinicians at VA medical centers (VAMCs), Community-Based Outpatient Clinics (CBOCs), and treatment centers.

Rationale: *The Committee received briefings that some VAMCs are conducting MST screening by a clerk and/or in public areas. VHA Directive 2005-015, “Military Sexual Trauma Counseling,” mandates that all enrolled veterans be screened for MST. Screening for a history of MST requires particular care because of the feelings of fear, anxiety, shame, anger, and embarrassment that victims of this trauma may experience. For accurate screening, good rapport with the veteran is essential, and screening should be done only by a trained healthcare professional who is sensitive to the physical and emotional aftereffects of sexual trauma. Confidentiality and privacy are also very important in screening, as many veterans are reluctant to provide information due to the sensitive nature of MST.*

Although many providers do not ask women about their history of sexual trauma, the overwhelming majority of women indicate that they would like to be asked this question (Robohm & Bittenheim, 1996). Few survivors are likely to offer this information without being prompted. An unhurried, scientifically validated diagnostic assessment mechanism utilizing current Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) checklists must be uniformly applied to obtain the correct type of clinical data necessary to provide accurate PTSD diagnoses.

VA’s “Best Practice Manual for Post Traumatic Stress Disorder Compensation and Pension Examination” contains a standardized assessment protocol, and appropriately validated diagnostic and psychometric assessment tools. Additionally, the Manual indicates an assessment for PTSD must also include the client’s military history.

B. Health Care

Recommendation:

- 3. VHA ensures that the implementation of osteoporosis screening is done for all age and diagnostic-appropriate women veterans and that this is added as a clinical performance measure.**

***Rationale:** Osteoporosis screening is a medical preventive standard as recommended by the United States Preventive Services Task Force (USPSTF) and should be followed as a guide to help prevent osteoporosis in women veterans. As noted in the 2000 Census Bureau data, older adults (65 years of age and older) make up the fastest growing and largest cohort group in our society. Of this group, women make up the greatest number. It is important that VA promotes a healthy aging life for its women veteran population.*

Recommendation:

- 4. That VA's comprehensive national initiative to address obesity, Managing Overweight/Obesity for Veterans Everywhere! (MOVE!), be sensitive to, address, and include gender specific weight management programs. The address of obesity as it is specifically related to women's health and related disorders to include diabetes, hypertension, and cardiovascular disease should be included in this comprehensive program approach. That a database system be designed to track trends that are gender specific as related to obesity and associated diseases.**

***Rationale:** According to Centers for Disease Control and Prevention (CDC), obesity is a leading condition among Americans resulting in chronic illnesses that are costly to the healthcare system. Promoting healthier lifestyles that address obesity through education, prevention, assessment, and treatment will be beneficial to the higher risk population women and the VA healthcare system as a whole.*

Recommendation:

- 5. That VHA continue to seek legislation to ensure the cost incurred for the post delivery care of all newborn children delivered to women veterans receiving VA maternity benefits be provided for up to 14 days.**

***Rationale:** The Committee is concerned that currently, eligible women veterans are not provided the cost of care and comprehensive services for their newborns. There are increasing numbers of women veterans of childbearing age. As of September 30, 2004, there were over 775,000 women veterans under the age of 45 (VetPop 2004). Providing for the cost of maternity services but not also providing for the newborn presents unfair financial burdens to the woman veteran and may compromise adequate health care for her newborn. The Committee is aware that in the 109th Congress, two bills (H.R. 4046 "To Provide Authority, in Certain Cases, to the Secretary of Veterans Affairs to Provide Care for the Newborn Children of Veterans who have been Provided Maternity Care by the Department of Veterans Affairs" and S. 1182 "Veterans Health Care Act of 2005") are under consideration to amend Subchapter VIII, Chapter 17, of Title 38, United*

States Code. Such legislation would amend existing code to include §1786, "Care for newborn children of veterans receiving maternity care."

C. Military Sexual Trauma

Recommendation:

- 6. That the Veterans Benefits Administration (VBA) develops a special diagnostic code in Part IV Rating Schedule for Disabilities to identify PTSD due to MST.**

Rationale: *Currently, there is no separate code for MST and it is lumped in with Diagnostic Code 9411, which is for Post Traumatic Stress Disorder (PTSD). This single code is too general. The code 9411 encompasses PTSD, depression, and anxiety. By establishing a separate code, one more causal in nature for PTSD due to MST or personal trauma, VA could more accurately track and quantify PTSD among men and women who are filing a claim for these reasons. This will permit access to data relative to MST or personal trauma, separating it from other PTSD claims.*

MST has become a highly charged issue attaining increased visibility and attention in the military services, the veteran population and the news media. In developing a diagnostic code specific to MST or personal trauma, data could be gathered at anytime on the number of claims granted or denied. VBA has the capability of separating diagnostic codes by gender. PTSD, depression and anxiety all share the same evaluation criteria. The creation of a diagnostic code specifically for MST or personal trauma claims would not disrupt the rating process. Data drives not only outcomes and oversight evaluations, but also justifies budget expenditures and staffing levels. Additionally, the development of tracking systems could further guide studies and research on all aspects of MST.

Recommendation:

- 7. That VBA utilizes additional specific work production credits for the interview, the development, and the rating of claims involving MST.**

Rationale: *Due to the complexity and sensitive nature of claims involving MST, employees who develop and rate these claims should be allowed additional time to process them. Currently, employees governed by production standards are not given additional credit for MST claims. Telephone and personal interviews with veteran trauma victims require sensitive handling. Special development is necessary as discussed in Training Letter 05-04, "Military Sexual Trauma Training Material," dated November 10, 2005. Searching service medical records for "markers" to verify the occurrence of an incident, in most instances, takes far more time than other claims. Women veterans perceive claims for service connection of PTSD due to MST are denied in far greater numbers than claims related to combat. Women Veterans Coordinators (WVCs) at VA Regional Offices continually cite lack of time as a major obstacle to properly processing these claims. In an attempt to meet the criteria of the current work production credit system, haste could lead to a less than complete review and evaluation of a claim. When reviewing decisions*

denying service connection for disabilities related to MST, claimants and WVCs are often able to identify easily recognized and obviously over-looked markers for the development of claims and the establishment of evidence that would have allowed a grant of service connection on the original claim.

Recommendation:

- 8. That VA also includes gender as a variable and MST as a category when conducting the follow-up study of the major influences on the differences in annual compensation payments by states, in order to develop baseline data and metrics for monitoring and managing variances. The follow-up study was recommended in VA Office of Inspector (VAOIG) Report #05-00765-137 (Review of State Variances in VA Disability Compensation Payments).**

***Rationale:** The Committee commends VA for the attention that has been given to studying the geographic variances in annual compensation payments made to veterans across the country. However, the Committee noted that gender was not included as a variable in the initial study conducted by the VAOIG and strongly urges VA to ensure future studies of variance include gender. Gender as a variable provides yet another possible dynamic when analyzing the outcome data.*

D. Outreach

Recommendations:

- 9. That VA considers a new direction in the presentation, packaging, and distribution of outreach information and materials in an effort to reach and attract the ever changing, high-tech, veteran population. Also, that VHA and VBA outreach materials include representation of women veterans as recipients of benefits, care, and services by including them in all gender neutral training, information, and outreach videos, DVDs, CDs or other materials.**

The Committee further recommends that the Secretary ensures budgetary and staff support to the Office of Homeless Veterans Programs to secure the production of a companion video to “Roads of Hope” providing inspiration to homeless women veterans and information to the general public and service providers about the reality of their plight.

***Rationale:** The Committee believes this effort should be considered for materials that are intended for both current veterans and the uniformed men and women who will soon be among the veteran ranks. We believe the younger generation of Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) veterans are the CD, DVD, IPOD, and high technology generation - this is their forte. VA currently provides information in the form of presentations at Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP). Many veterans express that those in uniform are far too eager to either attend or attentively listen to any out-processing outreach. Producing CDs and DVDs that fully describe VA*

benefits as well as providing the ability to download information from VA Web sites would be consistent with our fast-paced computer generation. This initiative updates access points, increases outreach, and keeps outreach efforts current with the trends of today.

The population of women veterans is currently estimated to be 1.7 million. Today, 15 percent of the active force is women. With over 200,000 active duty women, the growing number of eligible women veterans dictates that VA ensures women veterans are aware of the diversity of services available to accommodate their needs. Women veterans should be incorporated into all videos and other informational/ educational materials that depict veterans utilizing VA benefits and services unless the program depicted is gender restrictive. An example of this oversight is depicted by a video on homeless veterans that was shown to the Committee at a recent briefing. While the Committee thought the video was positive and an excellent educational tool representing the extraordinary work being done for homeless male veterans, it failed to portray women veterans as among the homeless population.

Recommendation:

- 10. That the VBA Web site expands its capability to include a secure site where veterans could check the status of their claims, much like the Defense Finance and Accounting Service (DFAS) “myPay” Web site and Department of the Army Interactive Assignments Module.**

Rationale: The Committee recommends VA provide automated claims information to individual veterans via a secure web-based environment that would allow veterans to make routine address and telephone number changes, print their most recent award letter, view the status of items received from the veteran, view tracked and printed items in Modern Award Processing – Development (MAPD) regarding evidence received on pending claims, and view letters previously sent to the veteran from VA. Another benefit to this development would be to provide real-time claims information through an automated delivery system that would significantly reduce the routine telephone inquiries to VA regional office personnel. This could permit VBA to reallocate a number of staff from public contact work to claims processing, thereby enhancing claims processing performance, improving timeliness of claims decisions, and reducing inventories.

Recommendation:

- 11. That VHA, through each Veterans Integrated Service Network (VISN) office, interfaces with its respective state medical and health organizations (i.e., American Medical Association, the American Nurses Association, the American Psychiatric Association, etc.) for the purpose of outreach and the distribution of health care information relative to military service and benefits entitlements.**

Rationale: Approximately 11 percent of women veterans use VA for some or all of their health care (Journal of General Internal Medicine, March 2006-Vol. 21). The Committee believes that the 89 percent of women who do not use VA for their

health care may be unaware of benefits and services to which they may be entitled. Many of these veterans use medical and mental healthcare providers in the community. Because of the impact that military service may have on health and wellness, it is important that community health providers be made aware of conditions presumptive to certain veterans, possible exposures, and issues that are compounded by or may stem from military service. Community providers may diagnose illnesses, diseases, or injuries that could be considered service-connected. For this reason, the Committee believes every effort should be made to educate medical and mental healthcare providers in the community through their professional associations to expand their knowledge of the potential impact military service could have on their patients and the veterans benefits and services they may be entitled to receive.

E. Research and Studies

Recommendation:

- 12. That VHA considers future studies which would include longitudinal approaches in order to better understand lifetime conditions that affect women veterans and to improve the efficacy of therapeutic modalities.**

***Rationale:** Statistical data show that at least 15 percent of those in the Armed Forces are women (DoD Statistical Data Report, 2006). These women will likely increase utilization of health care through the VA system. Continued research studies that focus exclusively on women veterans will enhance our knowledge and clinical practices toward improved health care outcomes for this gender specific population.*

The Committee recognizes, and finds it unfortunate, that an opportunity was lost to collect valuable data on Vietnam Veterans with PTSD in males and females in a timely fashion by failing to accomplish a follow-up study on this cohort (National Vietnam Veterans Readjustment Study, 1988).

Recommendation:

- 13. Ensure women veterans-focused research is conducted and that the Office of Research and Development continues to support and fund women veterans' research as a priority category. This effort should consider the recommendations of the article titled, "Toward a VA Women's Health Research Agenda: Setting Evidence-based Priorities to Improve the Health and Health Care of Women Veterans," published in the March 2006 Journal of General Internal Medicine (Elizabeth M. Yano, PhD, et al.).**

***Rationale:** Increasing awareness of current research topics and findings pertinent to women veterans will contribute to prioritizing women veterans' health for national review and consideration. Assuring that women are included in research and topics specifically pertinent to women are included in the research portfolio will become*

increasingly important to advance health care for women veterans as the number of women veterans increases.

Currently, a VA study is comparing two types of psychotherapy: prolonged exposure therapy, in which patients repeatedly relive the frightening experience under controlled conditions, to help them work through the trauma; and present-centered therapy, which provides emotional support and helps patients cope with current problems. According to the study's co-chair Paula Schnurr, Ph.D., the study is extremely timely due to the ongoing war in Iraq and the numbers of women serving there. Over 200,000 women are currently on active duty, with over 140,000 in the Reserves and National Guard. "We'd expect the prevalence of PTSD for women serving in Iraq to be at least as high as in previous studies," said Schnurr. Previous studies have established that approximately 20-25 percent of women who served in the Vietnam War and Gulf War developed PTSD. Dr. Schnurr serves as Deputy Executive Director of VA's National Center for PTSD in White River Junction, Vermont. Dr. Schnurr has pointed out that the \$5 million study is the first multi-site VA clinical trial to focus exclusively on women.

Thus women are increasingly seeking VA health care, and PTSD is recognized as a significant problem among many of these women veterans. According to Dr. Schnurr, not only do many women experience trauma during their military service - some studies show that as many as 40 or 50 percent of active-duty women are sexually assaulted - but many service women have experienced sexual assault, family abuse or other trauma prior to enlisting.

The Committee applauds VA for the timeliness of this study but also recognizes the heightened national awareness of the increasing number of veterans who are being diagnosed with PTSD and the significant increase of women veterans in this population. We believe that the VA will need to aggressively provide outreach to these veterans.

F. Strategic Planning

Recommendation:

- 14. That the Women Veterans Health Program Office is organizationally realigned to the status of a Strategic Healthcare Group and that the Program Director position is designated as a Chief Clinical Consultant.**

Rationale: *For nearly a decade, the Women Veterans Health Program (WVHP) Office has been providing oversight and direction for the delivery model for the care and treatment of women veterans in VA. The contributions of the WVHP to advancing the delivery of health care and services to women veterans are indisputable. The growing number of women serving in the military, the resultant increase in the number of women veterans, and their changing health care needs support greater women veterans health visibility within VHA. The realignment of the Women Veterans Strategic Healthcare Group within the Office of Public Health and Occupational Hazards, as a special interest population, and the re-designation of the Program Director as Chief, Clinical Consultant, will ensure heightened*

program responsibility and accountability for centralized oversight and standardization of systems and processes to ensure women veterans receive equitable, timely, and accessible quality health care within VHA. Acknowledging the advances and progress made in the delivery of services to women in VHA, current and future opportunities exist in the areas of care coordination, performance, and outcome surveillance due to the growing demand for unique health care by women and a disproportionate reliance on outsourcing for gender-specific health care services compared to male veterans.

Recommendation:

- 15. That VHA re-establish clinical “Programs of Excellence” in women veterans’ health care. The clinical Programs of Excellence should be located at VA medical centers that meet the criteria of comprehensive health centers and include gender-specific treatment for medical, surgical, mental health conditions (including PTSD and conditions related to MST), and research. Ideally, these clinical Programs of Excellence should exist in each Veterans Integrated Service Network (VISN), but at a minimum it is suggested that these centers be regionally based.**

***Rationale:** Existing clinical Programs of Excellence have not been evaluated over the past 2 years for standard compliance as referenced in Under Secretary for Health’s Information Letter, IL 10-2001-008, Designating Clinical Programs of Excellence. Clinical Programs of Excellence in women’s health provide improved access to many of the unique health care needs of women veterans. Women’s health is a growing specialty in medical schools across this country and comprehensive consolidated delivery systems present increased advantage to the patients they serve. With the re-establishment of clinical Programs of Excellence in women’s health, emphasis on education and research could lead to the creation of VA training fellowships in women’s health care. These clinical Programs of Excellence in women’s health could also assist in the recruitment and retention of nationally recognized women healthcare specialists.*

Re-establishing clinical Programs of Excellence in women’s health invests in an innovative and comprehensive approach by addressing the many and unique health care needs of women veterans. A VHA clinical Program of Excellence in women’s health could also serve as a model for improving women veterans programs such as prevention, education, outreach, research, etc.

Notably, several clinical Programs of Excellence in women’s health throughout the United States are successful and have received positive attention from the US Department of Health and Human Services (HHS) to include substantial monetary awards for their efforts to promote women’s health (National Centers of Excellence in Women’s Health HHS)

G. Training

Recommendation:

- 16. Ensure that training programs offered to university affiliate healthcare students and post-graduates be mandatory, standardized with documented accountability, and that the training materials include information about the effect of military service on medical and mental health conditions and diseases, along with a history of the contribution of our military veterans to include specific information on women in the armed forces.**

***Rationale:** Education about “who veterans are” is important to all healthcare providers and should serve as a front line orientation. The Committee recognizes and appreciates the initiatives VHA undertook in response to the recommendation on this issue made in the 2004 Advisory Committee on Women Veterans Report. However, we have been informed on our site visits that, although information cards are distributed and videos are made available, there is no accountability in this regard to this training/educational component. We believe training materials provided by VA are comprehensive; however, it needs to be mandatory with documented accountability.*

The increasing number of women veterans places an added emphasis on training affiliate healthcare students, interns and residents about who women veterans are. This training will result in a better understanding of the impact of military service on women’s subsequent health and well-being, better health care for women, and enhanced patient satisfaction.

H. Women Veterans Health Program

Recommendation:

- 17. That VHA ensure the continuation of the following reports on an annual basis: 1) Women Veterans Program Manager (WVPM) Report and 2) Women Veterans Health Annual Skills Assessment Report. Additionally, that VHA ensure that the national composite report from the WVHP Office is disseminated throughout the highest executive levels in VHA, and that appropriate corrective actions are taken to improve local performance. This national report should be sent to all VISNs and medical centers allowing for the review of local comparisons.**

***Rationale:** These national composite reports provide a quantifiable gauge to leaders and managers concerning the effectiveness of the WVHP at the facility level, and a guide for possible corrective actions.*

I. Women Veterans Program Managers and Women Veterans Coordinators

Recommendation:

18. That the WVPM position description and performance evaluations at each VISN and medical center address all performance standards as outlined in VHA Handbook 1330.2, Women Veterans Program Manager Position. That this information be compiled and forwarded to the WVHP office with annual reports presented to the VA Advisory Committee on Women Veterans.

Rationale: This evaluation will provide a measurable, objective assessment activity and will identify best practices, performance outliers and barriers to their success. This effort will measure successes and provide support for the efforts of the WVPMs. It will also provide clear qualitative and quantitative documentation to support their role in this capacity.

Recommendation:

19. That the Secretary of Veterans Affairs establish a Women Veterans Coordination Office within VBA to consolidate advocacy, policy development, and strategic planning pertaining to women veterans within VBA. The Committee further recommends the position of Director be created to provide direction, coordination, training, education, oversight, and to ensure accountability within the WVC Program. Further, the Committee recommends that the Director be given the authority to oversee the WVCs, to include developing a handbook of duties and performance measures commensurate to VHA Handbooks 1330.1, VHA Services for Women Veterans, and 1330.2.

Rationale: Currently, VBA has at least one WVC in each of its regional offices across the country. The Committee notes that the outreach activities of the WVCs are widely inconsistent. According to the FY '05 Annual Outreach Report on WVCs, they often depend on the VHA WVPMs and outside entities to initiate outreach activities. The creation of a Women Veterans Coordination Office within VBA would enhance the consistency of outreach to women veterans and strengthen other aspects of women veterans' issues.

The Committee was encouraged in 2002 when VBA issued an all-station directive emphasizing the importance of the WVC program, providing a sample Memorandum of Understanding (MOU), and encouraging support from the regional office management team. It was further encouraged by the VBA plan to survey WVCs in 2003 to judge the effectiveness of the MOUs. The Committee is disappointed to learn that the survey was apparently never conducted and the regional offices were only "encouraged" to implement the MOU, not required. We understand that the all-station directive is being rewritten but will likely not include a MOU. The Committee feels strongly that oversight and accountability are imperative if strides are to be made within VBA in regard to a standard operating procedure for WVCs. The Women Veterans Coordination Office would serve as the

core office for the consolidation and national coordination of the WVC Program. We commend VHA for its great strides in empowering the WVPs through standards and reporting procedures. We believe VBA will also recognize a positive outcome for women veterans and the administration by establishing this national office. It fosters the "One VA" climate and aligns assistance and outreach for women veterans across the VA system.

J. Women Veterans Who are Homeless

Recommendations:

- 20. That VHA, in its evaluation of the physical setting of all existing VA domiciliary and residential program facilities, develops a tool to evaluate these settings with regard to the gender specific needs for safety and security, positive therapeutic environments, and successful treatment modalities for each gender population. The Committee recommends that these evaluations be performed and reported to the Deputy Under Secretary of Health and the respective VISN and medical center directors.**
- 21. That the Homeless Grant and Per Diem (HGPD) program provide a list of VA grant recipients on its home page to be used by VA facilities, staff, and community providers for the purpose of contacting these grantees in order to seek assistance for homeless veterans. That these programs be referenced for gender specific admissions.**
- 22. That, in light of the successful outcomes as identified by the North East Program Evaluation Center (NEPEC), an increase in the development of VA women-specific residential programs addressing homelessness be initiated based on a review of NEPEC data and an evaluation of need in each specific geographic population.**

***Rationale:** According to briefings from the Office of VA Homeless Programs and Initiatives, the number of homeless veterans has decreased. However, the number of homeless women veterans has increased over the past few years, from approximately two to four percent. A survey of homeless women veterans showed that fewer women veterans are seeking services in VA domiciliary settings and residential treatment facilities due to their concerns about safety, privacy, and male dominated environment. Ideally, separate areas and spaces designed for women veterans will support this need. Flexibility in design will allow appropriate utilization of space.*

As evidenced by outcomes reported by the NEPEC, on the 11 VA homeless women veterans pilot programs begun in 2000, utilizing the Seeking Safety treatment modality, women veterans with psychiatric disorders (specifically PTSD symptoms) in residential programs showed significant improvement as compared to those who were not in a residential program. Another component to this outcome was that the residential program design was unique in its exclusive accommodation of women veterans and their gender specific needs.

It is difficult at best to find programs and community providers that are capable of admitting homeless women, let alone programs that are specifically geared to homeless women veterans. The Committee believes HGPS programs are viable and valuable community resources to homeless veterans but often these HGPS programs are unknown to each other. Likewise, we believe these programs as a whole are unknown to VA homeless outreach team members located in VA medical centers across the country. A listing of the programs would be a valuable tool for considered applications to residential programs.

Recommendation:

- 23. That VHA consider that all HGPS Requests for Proposals (RFP) require grant submissions that would accommodate homeless women veterans, either exclusively or in a mixed-gender setting, should include a scoring/rating component that acknowledges and addresses gender-related needs and issues and that of minor children. Best practice models should be recognized and shared on a national level.**

***Rationale:** Often times, women with minor children are hesitant or unable to enter the VA housing programs as designed through grants obtained by HGPS. It is unclear if the issue of minor children has been addressed in all grant proposals submitted to HGPS. In his June 23, 2003 briefing before the Committee, the Director of VA's Homeless Program indicated that 23 percent of homeless women participating in the 11 pilot programs had minor children.*

Today women comprise 15 percent of the active force, which will in turn continue to build their strength in the veteran population. Women represent seven percent of the 24.4 million veterans and this number is projected to increase to 10 percent by the year 2020. Currently, approximately four percent of the homeless veteran population is comprised of women veterans. As the number of women veterans increases the number of homeless women veterans is expected to increase. This increased number of women veterans will provide challenges to the VA to include those related to homeless services and homeless veteran providers.

VA must plan for the impact of homeless women veterans with children as they seek utilization of services. The Committee believes women veterans are reluctant to seek services for fear of losing their children due to homelessness. VA through its HGPS program can increase the options for homeless women veterans with minor children if it creates an environment that fosters an address of their issues and needs. It seems this can be accomplished in part if grant proposals are required, at a minimum, to provide a plan to address this situation.

K. VA National Cemetery Administration

Comment:

The Committee supports S.3069, that would amend section 2306 of title 38, United States Code, to modify the furnishing of government markers for graves of veterans at private cemeteries, and for other purposes; and H.R. 5499 that would amend title 38, United States Code, to expand and make

permanent the Department of Veterans Affairs benefit for Government markers for marked graves of veterans buried in private cemeteries, and for other purposes.

Rationale: The Committee believes that the increasing number of single heads of household merits having the remains of their eligible dependents recognized with headstones or markers. While there is no exclusive female gender benefit in making the law retroactive for second markers or headstones of those buried in private cemeteries, we support this effort in that it makes the law, as a whole, more equitable.

The Committee commends the new recognition that NCA has given women veterans in choosing their branch of service for their headstones and markers by offering them the choice of those branches not previously readily available, such as Women's Army Auxiliary Corps (WAAC), Women Accepted for Voluntary Enlistment (WAVES), Women Air Force Service Pilots (WASP), etc.

PART IV

VA RESPONSE TO RECOMMENDATIONS

A. Behavioral and Mental Health Care

1. That the Veterans Health Administration (VHA) ensures military sexual trauma (MST) screening, performed at medical centers, be conducted in a private location by an MST trained healthcare professional.

VA Response: Concur. The National Survey of Military Sexual Trauma Practice (February 2006) indicates that MST screening is most commonly administered by a provider (93 percent) and in a private location (91 percent). While the majority of the MST screening is conducted in a private location by a professional, this finding is described in the survey as representing a significant threat to quality patient care as well as the integrity of the MST screening data. While VHA is unable to identify the eight medical centers who used clerks or the five medical centers who screen in public locations due to the confidentiality assurance to the respondents, several processes have been used to inform the field that screenings must be conducted in a private location by a trained professional, including the distribution of the National Survey results to the MST Network Points-Of-Contact (POC) and the MST Facility Coordinators. Additionally, the need for a private location and trained professional was discussed at the Spring MST POC Conference Call during the presentation of the survey results. The need for a private location and trained professional is also included in the Veteran Health Initiative Military Sexual Trauma and the Military Sexual Trauma video on the MST Web page.

- **Target Date: Update Upon Request**

2. That Department of Veterans Affairs (VA) ensures the “Best Practice Manual for Post Traumatic Stress Disorder (PTSD) Compensation and Pension Examination” is made accessible to all VA clinicians at VA medical centers (VAMCs), Community- Based Outpatient Clinics (CBOCs), and treatment centers.

VA Response: Concur in principle. An Expert Workgroup from the National Center for PTSD developed the “Best Practice Manual for Post-Traumatic Stress Disorder (PTSD) Compensation and Pension Examination.” VHA mental health subject matter experts were very impressed with the thoughtfulness and final quality of the process described in the Manual. However, setting expectations that all sites use this process is not yet fully justified. An extensive process has been guided by the Office of Patient Care Services, and is designed to ensure the quality of PTSD examinations and reduce the variability in findings. As one part of that process, the Office of Research and Development (ORD), in collaboration with the Office of Mental Health Services

(OMHS) and the National Center for PTSD (a component of the OMHS), is currently developing methodology to empirically test whether use of this manualized approach results in more accurate and consistent outcomes than the current process related to the compensation and pension examination for PTSD. This additional step by ORD is being expedited, because of the recognized importance of determining whether the Best Practice Manual for Post-Traumatic Stress Disorder (PTSD) Compensation and Pension Examination should be set as the standard, as the Committee recommends. Contingent on positive results of the research, the Manual will be made accessible nationally to all VAMCs, CBOCs, and treatment centers.

- **Target Date: Update Upon Request**

B. Health Care

- 3. That VHA ensures the implementation of osteoporosis screening is done for all age and diagnostic-appropriate women veterans and that this is added as a clinical performance measure.**

VA Response: Concur. The Women Veterans Health Program leadership and the Office of Quality and Performance designed and implemented a performance indicator in Fiscal Year (FY) 2005, which measures field compliance with osteoporosis screening using the U.S. Preventive Services Task Force (USPSTF) standards and Health Plan Employer Data and Information Set (HEDIS) recommendations. VHA has demonstrated consistent improvement in screening from baseline scores of 28 percent in FY 2004, ending FY 2005 at 36 percent, and accomplishing a 41 percent in the third quarter of FY 2006.

- **Target Date: Annual Report**

- 4. That VA's comprehensive national initiative to address obesity, Managing Overweight/Obesity for Veterans Everywhere! (MOVE!), be sensitive to, address, and include gender specific weight management programs. The address of obesity as it is specifically related to women's health and related disorders to include diabetes, hypertension, and cardiovascular disease should be included in this comprehensive program approach. That a database system be designed to track trends that are gender specific as related to obesity and associated diseases.**

VA Response: Concur. VA's comprehensive weight management initiative, *MOVE!*, was developed from a large evidence base of studies that included many women as subjects; therefore, the program is sensitive to and addresses women's health issues. Most of the studies of bariatric surgery have included predominately women.

MOVE! materials recommend that facilities consider group sessions for special populations, including women. The *MOVE!* annual report will ask facilities about whether they are doing group sessions specifically for women.

Two databases are being developed in collaboration with VSSC (VISN Support Service Center), as a part of the overall *MOVE!* evaluation plan. One will monitor *MOVE!* enrollment and visits; the other will monitor clinical outcomes. Both will be able to be stratified by gender, so women-specific outcomes (weight, blood pressure, labs, health outcomes, etc.) will be able to be tracked. To date, a higher proportion of women veterans are enrolled in *MOVE!* than their overall proportion in VHA.

- **Target Date: Annual Report**

5. **That VHA continues to seek legislation to ensure the cost incurred for the post delivery care of all newborn children delivered to women veterans receiving VA maternity benefits be provided for up to 14 days.**

VA Response: The Administration has no official position on this legislative proposal.

- **Target Date: Update Upon Request**

C. Military Sexual Trauma

6. **That the Veterans Benefits Administration (VBA) develops a special diagnostic code in Part IV Rating Schedule for Disabilities to identify PTSD due to MST.**

VA Response: Nonconcur. Although we understand the purpose of the recommendation is to provide VA with the ability to track Military Sexual Trauma (MST) cases to assess outcomes and for possible budget justifications, we do not support creation of a new diagnostic code for MST. Diagnostic codes are intended to characterize the disease or injury not the cause.

- **Target Date: None**

7. **That VBA utilizes additional specific work production credits for the interview, the development, and the rating of claims involving MST.**

VA Response: Nonconcur. VBA's current work measurement system does not distinguish between complexities of claims. VBA measures work based on the end product assigned and standard hours of work time determined by a work measurement study. For example, an original compensation claim for a knee condition is assigned the same standard hours of time as an original compensation claim for PTSD due to MST. This is not an arbitrary finding, but is based on analysis of thousands of processed claims. VBA understands that certain claims may take longer to process, but the current work measurement

system has proven to be an accurate reflection of the average “hands on” processing time.

- **Target Date: None**

8. **That VA also includes gender as a variable and MST as a category when conducting the follow-up study of the major influences on the differences in annual compensation payments by states, in order to develop baseline data and metrics for monitoring and managing variances. The follow-up study was recommended in VA Office of Inspector (VAOIG) Report #05-00765-137 (Review of State Variances in VA Disability Compensation Payments).**

VA Response: Concur. Immediately after the OIG released its report, the VBA and Office of Policy, Planning, and Preparedness (OPP&P) jointly contracted with the Institute for Defense Analysis (IDA) to conduct a scientifically sound study.

VA tasked IDA with performing a multi-variant analysis of the state-by-state and VA regional office variation in disability compensation claims, ratings, and monetary benefits to determine if there is a significant correlation to one or more variables. Gender and diagnostic codes are among the variables being examined in the context of this study. The results of this study will assist in the development of baseline data and metrics for monitoring and managing variances.

The results of the IDA study will be available in early 2007. The Office of Policy, Planning, and Preparedness will share the results of the study with the Committee when they become available.

- **Target Date: Second Quarter FY 2007**

D. Outreach

9. **That VA considers a new direction in the presentation, packaging, and distribution of outreach information and materials in an effort to reach and attract the ever changing, high-tech, veteran population. Also, that VHA and VBA outreach materials include representation of women veterans as recipients of benefits, care, and services by including them in all gender neutral training, information, and outreach videos, DVDs, CDs or other materials.**

That the Secretary ensures budgetary and staff support to the Office of Homeless Veterans Programs to secure the production of a companion video to “Roads of Hope” providing inspiration to homeless women

veterans and information to the general public and service providers about the reality of their plight.

VA Response: Concur in principle. A major outreach initiative developed by the Women Veterans Health Program (WVHP) is the implementation of Internet and Intranet Web sites. The WVHP has also produced several outreach videos and CDs in the past few years. "A Soldier First" and "Women in the Military," are both available for viewing on the WVHP Internet and Intranet Web sites. Copies of these videos and CDs were distributed VA-wide to Women Veterans Program Managers (WVPMs), as well as to facility libraries. The Internet Web site also provides links and contacts to women veterans looking for information. A WVHP mailbox is available for women veterans to write directly to the office. The WVHP responds in a timely manner to every inquiry that is received. The WVHP has updated the program brochures again this year to reflect current services available. The brochures are sent to every VA facility for use as an outreach tool and are available in English and Spanish. These brochures are available for WVPMs in the clinic areas of their facilities, as well as in local colleges, libraries, and other public areas. This year, WVHP administrative staff participated in national veterans service organizations' (e.g. The American Legion, Disabled American Veterans) programs, WVHP staff participated in the State Women Veterans Coordinators meeting in Reno, and WVPMs participated in local Transition Assistance Program (TAP) initiatives.

The VBA is continually improving outreach materials, providing information to veterans in a variety of formats and through all available types of media. With multiple business lines and yearly benefits changes, it is cost prohibitive to provide CDs and DVDs with the latest benefits information. However, Web site information is presented to all active service personnel in TAP and Disabled Transition Assistance Program (DTAP) briefings, making it possible for anyone to access VA's Web site, www.va.gov, for information. The Committee's feedback will be considered for future updates to outreach materials.

Outreach to homeless veterans is done through local Stand Downs where the WVPM is usually one of the organizers. Finding homeless shelters that take women and children is a high priority for every WVPM because this population is increasing, as reported by WVPMs at meetings and national calls. WVPMs work with local community homeless groups to ensure that safe care is provided to women. The WVHP and VA's Office of Homeless Veterans work closely to ensure that future outreach efforts include appropriate material specifically identifying the unique needs of women veterans. The Office of Homeless Veterans Programs will, to the extent possible, ensure that future outreach efforts, specifically for homeless veterans, include appropriate material identifying the unique needs of women veterans.

- **Target Date: Update Upon Request**

10. That the VBA Web site expands its capability to include a secure site where veterans could check the status of their claims, much like the Defense Finance and Accounting Service (DFAS) “myPay” Web site and Department of the Army Interactive Assignments Module.

VA Response: Concur. The OneVA Registration and Eligibility (RE) and Contact Management (CM) program has been under development since 2005. The goal is to identify opportunities for enhanced veteran access and benefits self-service.

- Target Date: Update Upon Request

11. That VHA, through each Veterans Integrated Service Network (VISN) office, interfaces with its respective state medical and health organizations (i.e., American Medical Association, the American Nurses Association, the American Psychiatric Association, etc.) for the purpose of outreach and the distribution of health care information relative to military service and benefits entitlements.

VA Response: Concur in principle. It is important that information and education be shared with appropriate providers; however, sharing information and education with community providers and professional associations that do not have direct relationships with women veterans is not the most effective approach. VA outreaches to women veterans in a variety of ways, including homeless veteran Stand Downs, public service announcements, mass mailings, local women veterans’ recognition programs and women veterans’ advisory councils, printed materials, and Web sites. Continuing and enhancing these efforts are the most effective ways to reach women veterans.

- Target Date: Update Upon Request

E. Research and Studies

12. That VHA considers future studies which would include longitudinal approaches in order to better understand lifetime conditions that affect women veterans and to improve the efficacy of therapeutic modalities.

VA Response: Concur in principle. VA research acknowledges the potential that health care utilization by women veterans will continue to increase related to their increase in military service and concurs on the important goals of understanding women veterans’ health care needs and enhancing clinical treatment. While longitudinal data will inform the former goal, experimental studies and clinical trials are necessary to accomplish the latter goal. General information about health care needs and utilization may be derived from longitudinal follow-up studies. A major impediment to follow-up studies of military/veteran populations however has been the lack of pre-deployment baseline data. VA research is supporting an ongoing longitudinal study of Operation Iraqi Freedom (OIF) personnel where the critical baseline

performance data was collected prior to deployment to Iraq. Of the 1,595 participants enrolled in the original OIF cohort, 10.3 percent are women and 37.7 percent are self-classified as ethnic minorities. This research will establish an infrastructure for long-term follow-up of this population and is important because of the unprecedented collection of baseline information for long-term comparisons, the access to active duty personnel, and the ability to understand the consequences of contemporary military deployment in a large clinical sample.

VA research has long been a leader in developing and evaluating novel PTSD treatments through laboratory experiments and clinical trials. In fact, two of our largest mental health clinical trials are applicable to the population referenced. One study, "Clinical Trial of Cognitive Behavioral Treatment for Posttraumatic Stress Disorder in Women Veterans" is a large, multi-site randomized clinical trial focusing exclusively on female veterans and active duty personnel. It is important because of its focus on treatment exclusively for women veterans as well as the evaluation of psychotherapy, which may be more beneficial for women than drug therapy. Another study that will soon begin enrolling subjects of both genders will evaluate the use of risperidone in non-remitting cases of PTSD. This study is important because it will evaluate a novel treatment for PTSD in patients who have not responded to other more traditional drug therapies -- especially important to the Vietnam veteran population whose PTSD symptoms are long-standing and unremitting. These two examples highlight the VA research effort to enhance clinical treatment for PTSD generally, and in women and Vietnam veterans specifically.

In contrast to these highlighted studies which represent uniquely meritorious work that will advance clinical treatment, VA research does not consider the lack of further support for the National Vietnam Veterans Longitudinal Study (NVVLS) to be a lost opportunity. Rather, devoting resources to contemporary, well-designed and controlled studies, including ongoing clinical trials and other experimental work that undergoes scientific peer review, is the best way to fully understand the health care needs of women veterans who served in past or current military tours and to enhance clinical treatment. The longitudinal follow-up study proposed in the NVVLS will not enhance clinical treatment, and is not likely to inform health care utilization needs. The NVVLS, over and above the concerns presented by the Inspector General, lacks a sufficient number of women veterans to make reliable conclusions. One very recent publication in *Science* (Dorhenwend et al 2006) suggests that the PTSD prevalence initially reported in the National Vietnam Veterans Readjustment Study sample is actually quite reduced, further lessening the scientific rationale of attempting to follow this cohort.

Other examples of VA research studies relevant to women veterans' health include work being conducted to further understand the cellular mechanisms underlying breast and cervical cancers, to elucidate the role of hormones in stroke and aging, and to further characterize neurobiological changes in women who have undergone severe trauma. Together with a strong mental

health research program, the VA research portfolio is well positioned to continue to enhance health care for women veterans.

Additionally, the Office of Policy, Planning, and Preparedness is exploring longitudinal approaches for future National Surveys of Veterans (NSV). Although not exclusively a survey of female veterans, NSV will continue to over sample women to ensure that survey results provide accurate, gender specific data and information.

- **Target Date: Update Upon Request**

13. **That VA ensures women veterans-focused research is conducted and that the Office of Research and Development continues to support and fund women veterans' research as a priority category. This effort should consider the recommendations of the article titled, "Toward a VA Women's Health Research Agenda: Setting Evidence-based Priorities to Improve the Health and Health Care of Women Veterans," published in the March 2006 Journal of General Internal Medicine (Elizabeth M. Yano, PhD, et al.).**

VA Response: Concur in principle. Research on the health and health care of women veterans continues to be a priority area for the VA Office of Research and Development (ORD). ORD supports an ongoing review of the recommendations and action steps. Implementation of a number of the proposed action steps has already begun. These include:

- ORD is building research capacity for VA women's health research. More VA researchers are engaged in women's health research. Networking at national meetings, including special interest groups devoted to VA women's health research, as well as mentoring and collaborative research activities among VA researchers, is growing.
- Mechanisms for improved dissemination of research on women veterans are established, including the ORD Web site's women's health research section.
- A 2006 priority solicitation focused on women's health, resulting in submission of increased numbers of women's health research proposals and five new funded projects in the last year. In addition, the Health Services Research and Development Service developed a scientific reviewer pool with expertise in women's health research and has formed a scientific merit review board where women's health proposals are concentrated and reviewed.

ORD has planned activities to implement additional recommendations to advance the VA women's health research agenda. These include addressing research priorities, expanding the consortium of researchers in VA women's health research, further augmenting expertise in women's health research in reviewer pools in all of the ORD services, addressing methodologies that may

limit participation by women veterans in research, and further improving dissemination of both research and tools and methods that will facilitate additional research on the health and health care needs of women veterans. Future attention will also be directed to recommendations regarding the infrastructure needs to support enhanced and expanded VA women's health research.

- **Target Date: Update Upon Request**

F. Strategic Planning

- 14. That the Women Veterans Health Program Office is organizationally realigned to the status of a Strategic Healthcare Group and that the Program Director position is designated as a Chief Clinical Consultant.**

VA Response: Concur in principle. The WVHP was tasked to develop a proposal that would re-designate the WVHP as a Women Veterans Strategic Healthcare Group. The proposal is currently undergoing executive review. An update on the status of the recommendation can be provided to the Committee upon request.

- **Target Date: Update Upon Request**

- 15. That VHA re-establishes clinical "Programs of Excellence" in women veterans' health care. The clinical Programs of Excellence should be located at VA medical centers that meet the criteria of comprehensive health centers and include Internet treatment for medical, surgical, mental health conditions (including PTSD and conditions related to MST), and research. Ideally, these clinical Programs of Excellence should exist in each Veterans Integrated Service Network (VISN), but at a minimum it is suggested that these centers be regionally based.**

VA Response: Concur. The WVHP has a history of recognizing outstanding performance in health care delivery to women veterans. Historically, the WVHP has awarded recognition to WVPs with the Millennium Award, champions of women's health with the Dr. Mary Walker Champion award, and six Clinical Programs of Excellence in Women's Health (IL 10-2001-008).

In July 2006, the WVHP initiated under its own sponsorship a solicitation for a Center of Excellence in Women's Health Award. The designation of a Center of Excellence in Women's Health recognizes those clinical programs that provide exceptional quality while meeting the highest standards of clinical care, patient satisfaction, education and training, and research.

Consideration for the award designation is based on the following criteria:

Clinical Care Outcomes
Leadership and Staff Development

Education and Research
Customer Service and Community Collaboration
Support of the WVHP Business Plan

Solicitation is ongoing with no limit to designees. Award designation will be for a period of three years, after which re-application is necessary. These Centers of Excellence will serve as models for women veterans' health care, and as information and referral sources to help others in the VA system achieve excellence in clinical outcomes, clinical care and staff training. By increasing visibility of VA services for women, and by enhancing customer satisfaction, these Centers will promote access to health care for women veterans.

- **Target Date: Annual Update**

G. Training

- 16. That VA ensures training programs offered to university affiliate healthcare students and post-graduates be mandatory, standardized with documented accountability, and that the training materials include information about the effect of military service on medical and mental health conditions and diseases, along with a history of the contribution of our military veterans to include specific information on women in the armed forces.**

VA Response: Concur in principle. Affiliated healthcare students and post graduates receive training on the effect of military service on women's subsequent health and well-being. However, we cannot concur with the proposed plan for execution.

Requiring all trainees to take a standardized training course would not be prudent given the wide variety of health profession disciplines, levels of training, and length of rotations to VA. In addition, the process for documenting accountability of approximately 90,000 trainees without the development of an electronic tracking system would be labor intensive and not very reliable.

VA agrees that the information contained in the Veterans Health Initiative (VHI) Web site is a good way to recognize the connection between certain health effects and military service, and to prepare healthcare providers to better serve their veteran patients. However, these independent study courses have been developed to deliver important clinical education and information only in specified clinical areas. They are resource links to specific health issues that may be used depending on the discipline, educational level and interest of the trainee. Requiring all trainees to take each of these courses would not be effective or efficient or even possible for trainees who have short rotations at VA.

The Office of Academic Affiliations distributes approximately 150,000 VA Military Service History Pocket Cards each year, which have been enthusiastically received by trainees in our healthcare facilities. The Card is a pocket-sized resource that provides VA health professions trainees with an understanding of health issues unique to veterans. It contains questions that invite the veteran to tell his or her own story while providing literature references to a specially developed Internet Web site offering greater insight into the veteran's story.

In addition, the Office of Employee Education System produced an orientation video, entitled *The Price of Freedom: The Military Experience* that provides a general outline of military service. Copies of this video were sent to all VAMCs, Vet Centers and Chief Social Workers, along with a discussion guide to be used with employees following their viewing of the film. All facilities are encouraged to use it as part of their orientation for new and current clinical staff and trainees.

- **Target Date: Update Upon Request**

H. Women Veterans Health Program

- 17. That VHA ensures the continuation of the following reports on an annual basis: 1) Women Veterans Program Manager (WVPM) Report and 2) Women Veterans Health Annual Skills Assessment Report. Additionally, that VHA ensure that the national composite report from the WVHP Office is disseminated throughout the highest executive levels in VHA, and that appropriate corrective actions are taken to improve local performance. This national report should be sent to all VISNs and medical centers allowing for the review of local comparisons.**

VA Response: Concur. The Women Veterans Program Manager (WVPM) Report and Women Veterans Health Annual Skills Assessment Report comprise the Women Veterans Health Program (WVHP) Plan of Care and Clinical Inventory (POC/CI). This is a web-based report that is completed annually by the WVPM in each facility that allows the WVHP to track program evolution over time, provide a picture of the program nationwide and at the local level, provide data to support and document compliance with services outlined in Handbook 1330.1, VHA Services for Women Veterans, and to provide data and information on the WVPMs both individually and collectively. The Skills Assessment provides us with specific information regarding the WVPM position and allows us to track turnover as well as specific areas of interest of the Advisory Committee, such as training and orientation, annual administrative training and training documentation, membership on executive level committees, inclusion of WVPM core competencies in functional statements, and administrative hours allocated to fulfill program responsibilities. FY 2006 will be the third year of data collection using the

POC/CI. Reports are disseminated widely throughout VHA, and we believe that this information sharing has brought about positive changes at local facilities, particularly in the areas of safety and privacy.

- **Target Date: Annual Update**

I. Women Veterans Program Managers and Women Veterans Coordinators

18. **That the WVPM position description and performance evaluations at each VISN and medical center address all performance standards as outlined in VHA Handbook 1330.2, Women Veterans Program Manager Position. That this information be compiled and forwarded to the WVHP office with annual reports presented to the VA Advisory Committee on Women Veterans.**

VA Response: If the intent is to ensure employee's responsibilities align with functions in performance standards, VA concurs. Position descriptions do not include performance standards, however, performance evaluations will address these standards and other requirements of the WVPM position. The Skills Assessment referenced in response #17 above asks specifically "Did your functional statement/position description reflect the WVPM duties, responsibilities and competencies outlined in Handbook 1330.2, *Women Veteran Program Manager Position*?" In FY 2004 and FY 2005, the percentage of WVPMs who responded that their position descriptions reflected those duties, responsibilities and competencies was 84 percent and 86 percent, respectively. These data are contained in the Annual Report for the fiscal year that is compiled by the WVHP office and is reported to the VA Advisory Committee on Women Veterans annually.

- **Target Date: Annual Update**

19. **That the Secretary of Veterans Affairs establishes a Women Veterans Coordination Office within VBA to consolidate advocacy, policy development, and strategic planning pertaining to women veterans within VBA. The Committee further recommends the position of Director be created to provide direction, coordination, training, education, oversight, and to ensure accountability within the WVC Program. Further, the Committee recommends that the Director be given the authority to oversee the WVCs, to include developing a handbook of duties and performance measures commensurate to VHA Handbooks 1330.1, VHA Services for Women Veterans, and 1330.2, Women Veterans Program Manager.**

VA Response: Nonconcur. In 1994, VA created the Center for Women Veterans to act as the primary advisor to the Secretary of Veterans Affairs on all matters related to policies, legislation, programs, issues, and initiatives affecting women veterans. VBA also has a Program Manager that directs the

regional office Women Veterans Coordinators (WVC) Program, which handles outreach and special issues for women veterans. Regional office directors are responsible for overseeing the WVCs and directing all employees in the most effective way in their region. Because there is significant workload variance among regional offices, creating a handbook and performance measures similar to VHA Handbook 1330.1, *VHA Services for Women Veterans*, and 1330.2, *Women Veterans Program Manager*, is not feasible at this time.

- **Target Date: None**

J. Women Veterans Who are Homeless

- 20. That VHA, in its evaluation of the physical setting of all existing VA domiciliary and residential program facilities, develops a tool to evaluate these settings with regard to the gender specific needs for safety and security, positive therapeutic environments, and successful treatment modalities for each gender population. The Committee recommends that these evaluations be performed and reported to the Deputy Under Secretary of Health and the respective VISN and medical center directors.**

VA Response: Concur. VHA currently conducts yearly national assessments of the safety, security, privacy, and access environment for Domiciliary (DRRTP) programs and plans to implement a similar assessment for the Psychosocial Residential Rehabilitation Treatment Programs (PRRTP) in FY 2007. The VHA-Office of Mental Health Services (OMHS), along with a group of DRRTP Chiefs and PRRTP Coordinators from the Field Advisory Board, will revise these tools to assess the gender specific needs for safety and security, positive therapeutic environments, and successful treatment modalities for women veterans. Residential programs will be directed to coordinate the yearly assessment with the local Women's Advisory Committee to ensure stakeholder input. This national assessment of VHA residential programs will continue to be submitted to the OMHS and utilized to identify specific funding needs.

- **Target Date: Annual Update**

- 21. That the Homeless Grant and Per Diem (HGPD) program provide a list of VA grant recipients on its home page to be used by VA facilities, staff, and community providers for the purpose of contacting these grantees in order to seek assistance for homeless veterans. That these programs be referenced for gender specific admissions.**

VA Response: Nonconcur. The Homeless Grant and Per Diem home page currently provides general information on services for homeless veterans. This home page includes contact information for the Health Care for Homeless Veterans (HCHV) coordinator for each geographic area. These coordinators

are the point of contact for referrals and will work individually with each homeless veteran to ensure placement into the HGPD program that best meets the needs of that veteran. Providing a single point of contact for each geographic area ensures coordination of services and reduces potential duplication and confusion by a veteran or agency contacting multiple organizations. In addition to the HGPD Internet home page, VA staff including HCHV outreach workers has access to specific information on programs for homeless veterans on the VHA Intranet.

- **Target Date: None**

- 22. That an identifiable effort to increase the development of VA women-specific residential programs addressing homelessness be initiated based on a review of NEPEC data and an evaluation of need in each specific geographic population.**

VA Response: Concur. VHA has and will continue to increase the development of women specific residential treatment programs in DR RTP, PR RTP, and HGPD programs. This focus will include efforts to develop new women specific programs along with improving the therapeutic environments and clinical approaches in existing residential programs. VHA will utilize multiple data sources including NEPEC, Project CHALENG, CARES, and the Homeless Women Veterans Program (HWVP) annual report to identify underserved markets and target future available funding to meet these needs.

- **Target Date: Update Upon Request**

- 23. That VHA, through its HGPD Program, requires all grant proposal submissions that accommodate homeless women veterans (either exclusively or in a mixed-gender setting) to include a scoring/rating component that acknowledges and addresses gender-related needs and issues and that of minor children. Best practice models should be recognized and shared on a national level.**

VA Response: Concur in principle. Within the Notice Of Funding Availability (NOFA) for the HGPD funding, VA will continue to emphasize the importance of services to special populations including women veterans. This emphasis will include the development of new women specific programs that address gender-related needs. HGPD grant applications require the community organization to describe the practices and approaches they will use to meet the specific needs of the population they will serve, and this information is scored by the raters. VHA agrees that providing high quality services to women veterans that meet their individual needs must include a plan of care for their minor children. With the rising number of women serving in the military, the number of women veterans requiring VHA services will continue to grow. VHA will continue to evaluate the current HGPD approaches in

providing child care funding along with other community best practice models. These models and approaches will be shared nationally and will be integrated into future HGPS efforts to serve women veterans.

- **Target Date: Update Upon Request**

K. VA National Cemetery Administration

The Committee supports S.3069, that would amend section 2306 of title 38, United States Code, to modify the furnishing of government markers for graves of veterans at private cemeteries, and for other purposes; and H.R. 5499 that would amend title 38, United States Code, to expand and make permanent the Department of Veterans Affairs benefit for Government markers for marked graves of veterans buried in private cemeteries, and for other purposes.

VA Response: Concur. VA supports the passage of legislation to make permanent the Secretary's authority to provide a Government-furnished headstone or marker for a veteran, regardless of whether the grave is privately marked, and to make the applicability date for the second headstone or marker benefit retroactive to November 1, 1990. On April 6, 2006, Under Secretary for Memorial Affairs, William Tuerk, testified at the House Veterans Affairs Committee's Subcommittee on Disability Assistance and Memorial Affairs legislative hearing in support of expanding this benefit authority.

- **Target Date: Update Upon Request**

PART V

Appendices

APPENDIX A HISTORICAL PERSPECTIVE

Women veterans were the best-kept secret for many years. The 1980 Census was the first time that American women were asked if they had ever served in the Armed Forces, and an astonishing 1.2 million said “yes.” Because very few of these newly identified veterans used VA services, Congress and VA began a concerted effort to recognize and inform them of their benefits and entitlements. Activities were initiated to increase public awareness about services for women in the military and women veterans.

Soon after the 1980 census, Congress granted veteran status to women who had served in the Women’s Army Auxiliary Corps (WAAC) during World War II.

In 1982, at the request of Senator Daniel Inouye, the Government Accountability Office (GAO), formally know as the General Accounting Office, 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,” published in August 1985, to determine the needs and experiences of this population. This 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.

The results of the Census and the Harris survey raised many questions concerning women veterans, but one conclusion was inescapable: the system was failing them. In April 1983, Harry Walters, Administrator of the Veterans Administration, began to remedy this situation by establishing a National Advisory Committee on Women Veterans.

In November 1983, following the first meeting of the VA Advisory Committee, Congress passed Public Law 98-160, “Veterans’ Health Care Amendments of 1983,” mandating VA to establish an Advisory Committee on Women Veterans. The charge to the Committee was broad. 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.

Under the leadership of Dr. Susan H. Mather, the Committee was entrusted with the responsibility to follow-up on these activities and to report their progress to

Congress in a biennial report.

The following events are historical markers since the establishment of the Advisory Committee on Women Veterans.

- 1984 First report of the Advisory Committee identified the need for strong outreach, and the lack of adequate privacy and Internet treatment for women at VA facilities as the most pressing areas of concern.
- Pamphlets, posters and publications about the service of women veterans and their eligibility for VA services were developed.
- President Reagan proclaimed the first “Women Veterans Recognition Week.” The states of New Jersey, California and Washington declared 1984 as “Women Veterans Year.”
- 1985 As a result of the Advisory Committee’s recommendations, VA appointed the first Women Veterans Coordinators.
- “The National Vietnam Veterans Readjustment Study,” commissioned by Congress, was the first national study on veterans that included women.
- 1986 The Advisory Committee report focused on health care needs. Recommendations were made to expand VA health care to include osteoporosis, gynecological and hormonal care, research, mammography, Agent Orange exposure diseases and smoking cessation.
- Women Veterans Coordinators were appointed in VA regional offices.
- 1987 Congress revisited the issue of women veterans in an oversight hearing. Women veterans testified to noted progress but expressed concern about the consistency of the quality of health care provided to women veterans at VA facilities.
- 1987 The Advisory Committee on Women Veterans began site visits.
- 1988 A Veterans Health Administration office to address women’s health issues was first created.
- 1991 GAO was tasked by Congress to do a follow-up study on VA health care for women. Their 1992 report was entitled, “VA Health Care for Women - Despite Progress, Improvement Needed.”
- 1992 The 1991 GAO report, along with Congressional hearings related to sexual harassment and assault, led to the enactment of Public Law 102-585, “Veterans Health Care Act of 1992.” It provided specific provisions for women’s health and broadened the context of Post-Traumatic Stress Disorder (PTSD) to include care for the aftermath of sexual trauma associated with military duty.
- 1993 Dedication of the Vietnam Women’s Memorial.
- 1994 Secretary Jesse Brown established the Women Veterans Program Office within the Office of the Assistant Secretary for Policy and Planning. Joan

Furey was appointed Executive Director of the Women Veterans Program Office.

The Center for Women Veterans was created by Congress under Public Law 103-446, "Veterans' Benefits Improvements Act of 1994."

The National Center for Post-Traumatic Stress Disorder created a Women's Health Sciences Division at the Boston VA Medical Center.

Three research projects were proposed by VA as an alternative to a comprehensive epidemiologic study of the long-term health effects experienced by women who served in the Armed Forces in Vietnam, as mandated by Public Law 99-272, "Veterans' Health-Care Amendments of 1986." The original study was determined not scientifically feasible. The three research projects included:

- a study of post-service mortality (results were published in 1995);
- the re-analysis of psychological health outcome data collected for women in "The National Vietnam Veterans Readjustment Study" (completed in 1988); and,
- a study of reproductive outcomes among women Vietnam veterans.

VA funds the first national study on the quality of life of women veterans who use VA health care services.

1995 Joan Furey was confirmed as the first Director of the Center for Women Veterans. Committee members increased communication with women veterans, increased individual site visits to VA facilities, and provided briefings to Congressional members and staff.

1996 The first "National Summit on Women Veterans Issues" was held in Washington, DC, marking the first time women veterans from across the Nation had the opportunity to come together with policy makers and VA officials.

1997 Kathy Zeiler was appointed as the first full-time Director for the Women Veterans Health Program.

The Women in Military Service for America Memorial was dedicated.

The First National Conference of VA Women Veterans Coordinators was held in San Antonio, Texas.

1998 VA completed the "Women Vietnam Veterans Reproductive Outcome Study," and published its findings.

The 50th Anniversary of the Women's Armed Forces Integration Act.

1999 Carole Turner was appointed as the second Director for the Women Veterans Health Program.

Results of the 1998 VA study indicated that children of women who served in Vietnam had a higher rate of birth defects. This prompted a

Congressional hearing.

For the first time, the Subcommittee on Minority Women Veterans was established within the Advisory Committee.

VA's decision to provide prenatal and obstetrical care to eligible women veterans signaled a new era in VA Internet services.

The Second National Conference of VA Women Veterans Coordinators was held in Chicago, Illinois.

2000 VA allocated funds for the first time (\$3 million) to support programs specifically for women veterans who are homeless. Three-year demonstration programs were designed at 11 locations across the country.

The Veterans Benefits and Health Care Improvement Act of 2000, PL 106-419, authorized special monthly compensation for women veterans with a service-connected mastectomy. Additionally, it provided benefits for children with birth defects born to women Vietnam veterans.

The Sunset Provision for sexual trauma counseling in VA was extended to December 31, 2004.

VA convened two task forces to study the necessity for inpatient psychiatric units for women in each VISN, and the need to extend sexual trauma counseling to Reservists and National Guard who have been victimized while on inactive duty training days.

The second "National Women Veterans - Summit 2000" was held in Washington, DC.

VHA Women Veterans Health Program was selected as the Bronze Winner of the 2000 Wyth-Ayerst HERA Award. Awards are presented to those demonstrating leadership in women and children's health.

2001 Women's Health National Strategic Work Group convened to develop progressive, state-of-the-art programs to provide high-quality comprehensive health care for FY 2002 through FY 2007. The Group commissioned Dr. Katherine M. Skinner to study the role of Women Veterans Coordinators.

September 11, 2001, changed the battlefield. Women in the Pentagon are now as vulnerable as those directly on the front lines. The likelihood of women casualties increases commensurately.

Dr. Irene Trowell-Harris was appointed and confirmed as the second Director of the Center for Women Veterans.

The Charter for VA Advisory Committee on Women Veterans was renewed.

Appointments of the first minority women veterans in leadership were made on the VA Advisory Committee on Women Veterans, in the positions of an African-American as Chair, and an American Indian as Vice-Chair.

2002 The Third National Conference of VA Women Veterans Coordinators was held in Las Vegas, Nevada.

The population of women veterans as a percentage of all veterans is expected to increase as the number of former military service women continues to grow.

2003 According to VA's Office of Policy, Planning & Preparedness VetPro program (based on the 2000 Census) of the 25.6 million veterans, 1.7 million are women veterans. In 2002, the 1.7 million women veterans constituted 6.5 percent of all veterans living in the United States, Puerto Rico, and overseas.

VA has seen a significant increase in the number of women veterans who receive benefits and health care services from the Department. The number of women veterans enrolled in VA's healthcare system grew from approximately 226,000 in FY 2000 to nearly 305,000 in FY 2002, an increase of approximately 35 percent. Women veterans enrolled in VA in FY 2003 were 331,000 (up 8.6 percent from FY 2002) and of those enrolled in FY 2003, 195,516 (up 7.2 percent from FY 2002) actually used the system.

VA celebrated the 20th Anniversary of the Advisory Committee on Women Veterans on September 15, 2003, at the Women in Military Service for America Memorial (WIMSA) with Senator Daniel K. Inouye presenting the keynote address. Committee past and present chairs, co-chairs and members were honored at the ceremony.

The Charter for VA Advisory Committee on Women Veterans was renewed.

2004 The Fourth National Conference of VA Women Veterans Coordinators was held in Las Vegas, Nevada.

The third "National Summit on Women Veterans Issues - Summit 2004" was held in Washington, DC.

Public Law 108-422 extended VA's authority permanently (without an expiration date) for providing Military Sexual Trauma (MST) counseling, care, and services; and extended MST counseling and related treatment to active duty for training (ADUTRA) service members.

2005 The Charter for VA Advisory Committee on Women Veterans was renewed.

2006 Dr. Susan Mather retired from the Department of Veterans Affairs on January 3, 2006. Dr. Mather served as the Designated Federal Official (DFO) for the Advisory Committee on Women Veterans from 1983 until 1995. She continued to serve as an ex officio member on the Committee from 1995 until her retirement in 2006. Dr. Mather had a distinguished career serving those we are so honored to serve.

2006 The fifth National Conference of VA Women Veterans Program Managers was held in Orlando, Florida.

According to VA's Office of Policy, Planning & Preparedness, as of September 30, 2006, there are an estimated 24.0 million living veterans, of whom 1.7 million, or 7 percent, are female.

The number of women veterans enrolled in VA's healthcare system has grown exponentially from FY 2002 (226,000) to FY 2005 (379,549), a 68 percent increase. VA is continuing to experience an increase in the number of women veterans who receive benefits and health care services from the Department. Women veterans enrolled in VA in FY 2005 were 379,549 (up 7.8 percent from FY 2004) and of those enrolled in FY 2005, 223,892 (up 7.8 percent from FY 2004) actually used the system.

APPENDIX B
PAST CHAIRS AND CURRENT CHAIR OF THE
ADVISORY COMMITTEE ON WOMEN VETERANS

Susan H. Mather, M.D., M.P.H.-Interim Designated Federal Official
(1983-86 - estimate)

COL Lorraine Rossi, USA, Retired (1986)

MG Jeanne Holm, USAF, Retired (1986-88)

RADM Frances T. Shea-Buckley, USN, Retired (1988-89)

MG Mary Clarke, USA, Retired (1989-92)

Shirley Ann Waltz Menard, Ph.D., R.N., USA (1992-94)

Susan H. Mather, M.D., M.P.H – Interim Chair (1994-1996)

RADM Mary Nielubowicz, USN, Retired (1996-97)

MAJ Linda Schwartz, USAF, NC, Retired (1998-2000)

COL Karen L. Ray, USA, Retired (2000-02)

Marsha T. Four, USA (2002-06)

COL Shirley A. Quarles, USA, NC (2006-present)

APPENDIX C

VA ADVISORY COMMITTEE ON WOMEN VETERANS MEMBERSHIP PROFILE

Marsha Tansey Four, USA

Chair 2002-2006

Ms. Four is a Vietnam veteran who served on active duty with the Army Nurse Corps from 1967 to 1970. Currently she is the Director of Homeless Veterans Services for the Philadelphia Veterans Multi-Service and Education Center, Inc. Ms. Four has been actively involved in veterans' issues on a local, regional and national level for many years. She was the founder and executive director of the Philadelphia Stand Down from 1993 to 1998, and currently serves as the Ex-Officio Director of this volunteer project. She is also a member of VA VISN 4 Management Assistance Council and Homeless Working Group. A life member of the Vietnam Veterans of America, she serves on their National Board of Directors and is Chair of the Women Veterans Committee. Ms. Four has been appointed as a consultant to the Department of Veterans Affairs Advisory Committee on Homeless Veterans. She was appointed to the Advisory Committee on Women Veterans in March 2001.

Gwen M. Diehl

Sergeant First Class, USA, Retired

Ms. Diehl retired from the US Army with 20 years of honorable service, at the rank of Sergeant First Class. She served in Operation Desert Shield and Operation Desert Storm and was awarded the Bronze Star. In her 20-year military career, Ms. Diehl held an impressive range of assignments from a Military Records Clerk and Records Section Supervisor in Personnel Service Companies, to overseeing the deployment and redeployment of the 1,000 members of the Support Squadron 3rd Armored Cavalry Regiment (ACR) to Operations Desert Shield and Desert Storm. In her current position, Ms. Diehl is the confidential Staff Assistant to the Director at the Illinois Department of Veterans' Affairs. She is a public speaker for the Department, and provides explanations of programs and courses of action to Legislators' offices, veterans' organizations, and the inquiring public. Ms. Diehl has an Associates Degree in Business Administration and a Bachelor of Science Degree in Management. Sergeant Diehl was appointed to the Advisory Committee on Women Veterans in September 2002.

Cynthia J. Falzone, USA

Ms. Falzone served in the US Army during the Vietnam era and was trained as a medic. She is an accredited Veterans Representative for Vietnam Veterans of America (VVA); served as a Board Member of VVA Chapter 11 for three terms; and served as Vice-chair of VVA Metro Counsel for two terms. Ms. Falzone is an accredited Veterans Service Officer at the American Legion, and presently serves on the Board of Directors for Self-Initiated Living Option, Inc. (SILO). In her current

position at the NYS Division of Veterans Affairs, she serves as a State Veterans Counselor. Ms. Falzone is bilingual and assists Spanish-speaking veterans and dependents with all needed services. She has had experience as a women veterans coordinator, and was responsible for creating or coordinating several outreach programs throughout the state. Ms. Falzone is a member of several veterans service organizations. She was appointed to the Advisory Committee on Women Veterans in September 2002.

Edward E. Hartman, USA

Mr. Edward E. Hartman, a disabled veteran, served in the Persian Gulf War, and was appointed as National Director of Voluntary Services of the million-member Disabled American Veterans (DAV) in March 2002. Mr. Hartman heads a corps of DAV members who, with members of the DAV Auxiliary, donate more than 2.4 million hours a year to volunteer work at VA medical facilities; directs the nationwide DAV Transportation Network; and coordinates activities involving DAV co-sponsorship of the annual National Disabled Veterans Winter Sports Clinic. He also coordinates corporate sponsorship of the Program. Mr. Hartman is a life member of DAV Chapter 23. He has held various positions at DAV as the National Appeals Officer, Assistant Supervisory NSO in the Washington, DC, Office, Associate National Director of Voluntary Services, Assistant National Director of Voluntary Services. Mr. Hartman was appointed to the Advisory Committee on Women Veterans in January 2002.

**Kathleen Janoski
CPO, USN, Retired**

Ms. Janoski retired from the US Navy after 23 years of service. As a Navy Photographer's Mate, her duties included photojournalism, public affairs, community events, and forensic photography. Her duty stations included the Naval Technical Training Center, Pensacola, FL; Navy Recruiting District, NJ; Atlantic Fleet Audio-Visual Command/Combat Camera, Norfolk, VA; USS L.Y. Spear (AS-36), Norfolk, VA; Navy Recruiting Command Headquarters, Arlington, VA; and the Armed Forces Institute of Pathology, Washington, DC. Ms Janoski is a lifetime member of the DAV and is a representative for WAVES National on the Allegheny County (PA) Veterans Advisory Board. Currently, she is working in private industry. Chief Petty Officer Janoski was appointed to the Advisory Committee on Women Veterans in September 2005.

**Joan E. Kelley
Commander, USNR, Retired**

Commander Kelley retired from the Naval Reserve in 1999 where she was a direct commissioned Public Affairs Officer. She served on active duty from 1980-1981. She is Legal Counsel for the Massachusetts' Chelsea Soldiers' Home where she drafts legislation and regulations, represents management in employee disputes, and provides legal services to the Home's various programs and operations. Formerly she was General Counsel for the Massachusetts Department of Veterans' Services. Previously, she was an Assistant City Solicitor in Somerville, MA, and a

lawyer in private practice. She holds a Master's degree in public relations from Boston University and a law degree from New England School of Law. Commander Kelley was appointed to the Advisory Committee on Women Veterans in January 2002.

Pamela J. B. Luce
1SG, USA, Retired

Throughout her 21-year Army career, 1SG Luce's leadership positions included senior drill sergeant, military police assignment manager, and First Sergeant. She broke several barriers: first female Installation Drill Sergeant of the Year for Fort McClellan, AL; first female First Sergeant of an Airborne Military Police Company in the U.S. Army; and first female paratrooper in her brigade to attain the prestigious title of a Centurion Jumper. Her duty stations included Texas, Alabama, Germany, Virginia, and North Carolina. Upon her retirement from the Army in 2003, she began her career in state government with the Kentucky Department of Veterans Affairs, currently serving as the Field Operations Branch Manager and the Women Veterans Coordinator for the Commonwealth of Kentucky. She earned her B.S. in Psychology from Fayetteville State University and is currently pursuing her Master's Degree in Mental Health Counseling from the University of Louisville. 1SG Luce was appointed to the Advisory Committee on Women Veterans in September 2005.

Dr. Jacqueline Morgan
COL, USAF, Retired

Jacqueline Morgan received a Doctor of Medicine degree from Louisiana State University School of Medicine in New Orleans in 1965. She also earned a Masters of Public Health in 1995. Dr. Morgan is board certified in Public Health and General Preventive Medicine. After completion of a rotating internship, she entered private practice in general medicine in Louisiana. Dr. Morgan entered the Air Force in July 1980 and served in numerous locations including Louisiana, California, Texas, Washington State and Washington, D.C. Her overseas assignments included Germany and Turkey. In her last assignment, she served as the Command Surgeon/Director of Medical Services and Training, Headquarters Air Education and Training Command. She retired from the Air Force in 2000. Dr. Morgan was appointed to the Advisory Committee on Women Veterans in January 2005.

Kathleen A. Morrissey
Colonel, USA, Retired
Vice Chair 2004-2005

Colonel Morrissey is a Vietnam veteran, having served on active duty with the U.S. Army Nurse Corps from 1969 - 1971. She retired as the State's Chief Nurse and Deputy Commander of Detachment 5, Headquarters STARC, New Jersey Army National Guard. Colonel Morrissey was employed by the New Jersey Department of Military and Veterans Affairs since 1988, holding a variety of positions including Deputy Director for the Division of Veterans Services and Administrator of the

Office of Cemeteries and Memorials. She retired as the Assistant Director of New Jersey's Veterans Health Care Services in 2003. Colonel Morrissey is a member of the Veterans of Foreign Wars, the American Legion, the National Guard Association of the United States, and the American Nurses Association. Colonel Morrissey was appointed to the Committee in July 2000 and appointed Vice Chair in March 2004.

Carlene Narcho, USA

Carlene Narcho served in the US Army. After duty in the service, she obtained a Master's Degree in counseling from Chapman University at Davis-Monthan Air Force Base, Tucson, AZ. Mrs. Narcho has been involved with American Indian veterans locally and nationally providing outreach and education. She is a member of the Disabled American Veterans. She is currently a member of a national veteran group under the National Congress of American Indians (NCAI). At the State level, Mrs. Narcho is a member of the Arizona Governor's Economic Security Advisory Council and serves on the Arizona Governor's Oversight Committee for Child Welfare Protection Service. She is currently the Executive Director of the White Mountain Apache Tribe Department of Social Services. Mrs. Narcho was appointed to the Advisory Committee on Women Veterans in June 2004.

Lorna Papke-Dupouy, USMC

Throughout her 10 years in the U. S. Marine Corps, Staff Sergeant Papke's leadership positions included tours as Administrative Chief for various Commanding Generals, two Secretaries of the Navy, as well as serving at the Marine Corps National Public Affairs Office in New York City. SSgt Papke served as a Senior Drill Instructor at Parris Island, SC, and was responsible for the training of hundreds of recruits, as well as the professional development of the junior NCOs who assisted her. Ms. Papke-Dupouy holds undergraduate degrees in Liberal Arts and Philosophy and a Masters in Education (Curriculum and Instruction). She has over 27 years' experience dealing with issues concerning women in the Department of the Navy. Currently she is the owner of her own business. Ms. Papke-Dupouy was appointed to the Advisory Committee on Women Veterans in June 2004.

**Dr. Shirley Ann Quarles
COL, USAR**

Shirley Ann Quarles is a Colonel in the Army Nurse Corps, U.S. Army Reserves and a Professor at the Medical College of Georgia's School of Nursing. She served as a research scientist and Clinical Practice Guidelines Coordinator for the Atlanta Research and Education Foundation at the Atlanta VA Medical Center (not employed by VA). She was responsible for facilitating current research findings and its applicability to clinical practice guidelines in the Veterans Health Administration. She proposed, participated, and conducted research projects related to improve health care outcomes and conducted ongoing research in women's health. She received her Ed.D. in Higher Education Administration: Research Education, her M.Ed. in Community Health Education, and her B.S. in

Nursing. She also served as an Affiliate Professor, Nell Hodgson Woodruff School of Nursing, Emory University. Dr. Quarles was appointed to the Committee in January 2005.

Lupe G. Saldana

Lupe Saldana began his public service career as a Commissioned Officer in the U.S. Marine Corps from 1965 to 1971. He rose to the rank of Captain while serving a tour of duty in Vietnam in 1968. In 1971, he resigned his commission as a Regular Marine Corps Officer to become an advocate for veterans' issues. Mr. Saldana joined the American G.I. Forum in 1972 and was elected Washington D.C., State Commander in 1974 and National Commander in 1979 to 1981. In March 2006, he retired as a senior manager in the Environmental Protection Agency, where he served as Chairperson for the EPA Hispanic Advisory Council, an independent organization of Hispanic employees. Prior to this service, Mr. Saldana worked at the Health and Human Services and the U.S. Bureau of the Census where he assisted the Director of the Census Bureau to establish the first National Hispanic Advisory Committee for the 1980 bicentennial Census. On January 2004, he co-founded FECHA, Federal Employee Coalition of Hispanic Associations and currently serves as Chairperson of the organization. Mr. Saldana was appointed to the Advisory Committee on Women Veterans in September 2005.

Emily Sanford

Captain, USN, Retired

Captain Sanford served in the United States Navy from 1957 to 1985 in positions from staff nurse to various Directorships, including Nursing Service and Hospital Staffing. She also served as a Hospital Corps School Instructor, Duty Under Instruction at the University of Colorado and Navy Nurse Officer recruiting. She is a past President, Navy Nurse Association of Southern California, a member of the Waves National Golden West Unit, and a member of the Retired Officers Association. She is also active in many community and charity groups. She was appointed to the Committee in June 2004.

The Honorable Winsome Earle Sears, USMC

Ms. Sears enlisted in the United States Marine Corps at the age of 19 and held various leadership positions, receiving the Meritorious Mast for effective reorganization of the training department, as well as the Good Conduct Medal. As a Corporal, she fulfilled many duties. She was a squad leader and Training Non-Commissioned Officer, repaired electrical equipment and diesel engines, and ensured that equipment was "war ready." She also scheduled troops for training to ensure proper military knowledge was maintained. Delegate Sears was elected to the Virginia House of Delegates in November 2001 after she upset a 20-year incumbent in her first attempt for elected office.

The first Republican elected to represent a minority district since Reconstruction, she was also the first elected female veteran. Ms. Sears graduated Cum Laude from Old Dominion University. In addition to receiving her Master of Arts from

Regent University, she was also accepted by the School of Law at George Mason University. Ms. Sears was appointed to the Advisory Committee on Women Veterans in September 2003.

The Honorable Sara A. Sellers
Chief Master Sergeant, USAF, Retired

Chief Master Sergeant Sellers retired from the United States Air Force after 30 years of service. She received many awards and commendations during her service. She is a member of the VFW, The American Legion, the DAV, Vietnam Veterans of America, and the Air Force Sergeants Association. She also served on the Defense Advisory Committee on Women in the Services (DACOWITS) and is a former Commissioner on the American Battle Monuments Commission. In addition, she is also active in many civic and charitable organizations. Ms. Sellers was appointed to the Advisory Committee on Women Veterans in June 2004.

Luc M. Shoals
Chief Master Sergeant, ANG, Retired

Chief Master Sergeant Luc M. Shoals served as the Recruiting and Retention Superintendent for the HQ Oklahoma Air National Guard, and holds a Bachelors Degree in Business Administration from the University of Central Oklahoma. Ms. Shoals entered the Army National Guard in 1979-1981, and served as a Photojournalist. Chief Master Sergeant Shoals then joined the Air National Guard in 1982 as a Financial Services Specialist. Later she moved to personnel as the Personnel Superintendent and conducted programs to recruit personnel to satisfy the requirements of the Air National Guard (ANG) She later held the position as a Minority Officer Recruiter, where she recruited minority pilots and navigators nationwide for the ANG. In September 2000, Ms. Shoals retired from the ANG. She also holds an Associate degree in Liberal Arts and an Associate degree in Human Resources Management. Her decorations include the Air Force Commendation Medal, Armed Forces Reserve Medal, Air Reserve Forces Meritorious Service Medal, NCO Professional Military Education Ribbon, Army Service Ribbon, Air Force Training ribbon, Air Force Longevity Service Award Ribbon with four Oak Leaf Clusters and the National Defense Service Medal. Ms. Shoals was appointed to the Advisory Committee on Women Veterans in September 2002.

Virgil L. Walker
Chief Master Sergeant, ANG

Virgil Walker enlisted in the Oklahoma Air National Guard in Tulsa, OK. He reenlisted and worked in information management and customer service, as well as participating in civic events. He later produced many live radio discussions regarding the Air National Guard's goal to train more minorities to be pilots, as well as recruit more minorities overall. He also developed and implemented a Diversity Action Plan for the 137th Airlift Wing Recruiting Office, which was widely supported. This led to his assisting the State Force Management Team to design a Diversity Strategy for the State of Oklahoma. Chief Master Sergeant Walker also helped

support the Defense Advisory Committee on Women in the Services (DACOWITS) at the Pentagon and is now employed in private industry. He was appointed to the Advisory Committee on Women Veterans in September 2005.

APPENDIX D
PAST AND PRESENT MEMBERS OF THE
ADVISORY COMMITTEE ON WOMEN VETERANS

Disclaimer: This information is provided based on a review of the records and in consultation with past members.
There may be some names missing. If you have additional names, please email the Center at 00W@mail.va.gov

1983-1984

COL Lorraine Rossi, USA, Retired, Chair
Karen Burnett, USA
Charles A. Collatos
COL Pauline Hester, USAR
MG Jeanne Holm, USAF, Retired
Charles Jackson
Margaret Malone, USA
Joan E. Martin
Carlos Martinez
Sarah McClendon, USA
Estelle Ramey, Ph.D.
Omega L. Silva, M.D.
Jessie Stearns
SSgt Alberta I. Suresch, USAF, Retired
Jo Ann Webb, USA
BG Sara Wells, USAF, Retired
June A. Willenz

1987-1988

MG Jeanne M. Holm, USAF, Retired,
Chair
Cosme J. Barcelo, Jr.
LTC Hazel E. Benn, USMC, Retired
RADM Frances Shea-Buckley, NC,
USN, Retired
Gloria Crandall, USAF
BG Diann A. Hale, NC, USAF, Retired
Charles R. Jackson
Lucille James, USCG
Margaret M. Malone, USA
Sarah McClendon, USA
LTC Judith Patterson, USAF, Retired
Omega L. Silva, M.D.
Mary R. Stout, USA
COL Eloise B. Strand, USA, Retired
SGT Alberta I. Suresch, USAF, Retired
CAPT Irene N. Wirtschafter, USNR,
Retired

1985-1986

COL Lorraine Rossi, USA, Retired, Chair
Cosme J. Barcelo, Jr.
COL Hazel E. Benn, USMC, Retired
COL Pauline Hester, USAR
MG Jeanne M. Holm, USAF, Retired
MCPO Charles R. Jackson, USN,
Retired
Karen L. Johnson, USA
Margaret Malone, USA
Joan E. Martin
Sarah McClendon, USA
RADM Frances Shea-Buckley, USN,
Retired
Omega L. Silva, M.D.
Jessie Stearns
SSgt Alberta I. Suresch, USAF, Retired
Jo Ann Webb, USA
June A. Willenz

1989-1990

RADM Frances Shea-Buckley, USN,
Retired, Chair
MG Mary Clarke, USA, Retired
Gloria Crandall, USAF
Doris Gross, USN
Lucille James, USCG
P. Evangeline Jamison, USA
Shirley Jaynes, USAF
RADM Fran McKee, USN, Retired
BG Diann Hale O'Connor, USAF,
Retired
COL Renee Rubin, USAFR, Retired
CSM Douglas Russell, USA, Retired
SGM Thomas Ryan, USA, Retired
Mary Stout, USA
COL Eloise Strand, USA, Retired
Mary Stremlow, USMC
Precilla Wilkewitz, USA

1991-1992

MG Mary E. Clarke, USA, Retired, Chair
Elizabeth R. Carr, USAF
LTC Susan Durham, RN, M.P.H., USA
Doris Gross, USN
P. Evangeline Jamison, USA
Shirley Jaynes, USAF
RADM Fran McKee, USN, Retired
Shirley Ann Waltz Menard, Ph.D., RN,
USA
COL Diane Ordes, USAF, Retired
John Queenan, M.D.
COL Renee Rubin, USAFR, Retired
SGM Thomas Ryan, USA, Retired
Precilla Wilkewitz, USA

1995-1996

RADM Mary Nielubowicz, USN,
Retired, Chair
BG Clara Adams-Ender, RN, MSN,
USA, Retired
Patricia A. Bracciale, USA
COL Christine M. Cook, ARNG
CMDR Constance Evans, RN, FNP,
MN, USPHS, Retired
COL Lois Johns, RN, Ph.D., USA,
Retired
MAJ Karen Johnson, J.D., USA, Retired
Janette M. McSparren, USN
COL Karen A. Ray, RN, MSN, USA,
Retired
CSM, Douglas Russell, USA, Retired
MAJ Linda S. Schwartz, RN, MSN,
D.P.H., USAF, Retired
BG Constance L. Slewitzke, USA,
Retired

1993-1994

Shirley Ann Waltz Menard, Ph.D., RN,
USA, Chair
Patricia A. Bracciale, USA
Carolyn Becraft
COL Mary Boyd, USAF, Retired
Elizabeth R. Carr, USAF
LTC Susan Durham, RN, M.P.H, USA
BG Clara L. Adams-Ender, USA,
Retired
Marsha Four, USA
COL Lois Johns, Ph.D., USA, Retired
MAJ Karen Johnson, J.D., USA, Retired
RADM Mary Nielubowicz, USN,
Retired
COL Diane Ordes, USAF, Retired
John Queenen, M.D
CSM Douglas Russell, USA, Retired
MAJ Linda S. Schwartz, RN, MSN,
D.P.H., USAF, Retired
BG Connie Slewitzke, USA, Retired

1997-1998

MAJ Linda S. Schwartz, RN, MSN,
D.P.H., USAF, Retired, Chair
COL Lois Johns, RN, Ph.D., USA,
Retired, Co-Chair
BG Clara Adams-Ender, RN, MSN,
USA, Retired
Veronica A'zera
Sherry Bledde, ANG
COL Christine M. Cook, ARNG
Bertha Cruz Hall, USAF
CMDR Constance G. Evans, RN, FNP,
MN, USPHS, Retired
Joy Ilem, USA
CAPT Loy Manning, USN, Retired
Janette M. McSparren, USN
COL Karen L. Ray, RN, MPH, MA, USA,
Retired
CSM Douglas Russell, USA, Retired
BG Constance L. Slewitzke, USA,
Retired

1999-2000

MAJ Linda S. Schwartz, RN, MSN,
D.P.H., USAF, Retired, Chair
Veronica A'zera
Sherry Blede, ANG
COL Christine M. Cook, ARNG
Bertha Cruz Hall, USAF
CMDR Constance G. Evans, RN, FNP,
MN, USPHS, Retired
MG Marcelite J. Harris, USAF, Retired
Joy Ilem
COL Lois Johns, Ph.D., RN, FAAN,
USA, Retired
LTC Consuelo C. Kickbusch, USA,
Retired
CAPT Lory Manning, USN, Retired
Janette M. McSparren, USN
COL Karen L. Ray, RN, MSN, USA,
Retired
CSM Douglas Russell, USA, Retired

2003-2004

Marsha Tansey Four, USA, Chair
SFC Gwen M. Diehl, USA, Retired
Cynthia J. Falzone, USA
Bertha Cruz Hall, USAF
Edward E. Hartman, USA
Donna Hoffmeier, USN
LTC Kathleen LaSauce, USAF, Retired
MAJ M. Joy Mann, USAFR
CAPT Lory Manning, USN, Retired
COL Michelle (Mitzi) Manning, USMC,
Retired
COL Kathleen A. Morrissey, RN, BSN,
USA, Retired
Carlene Narcho, USA
CDR Joan E. O'Connor, USN, Retired
Lorna Papke-Dupouy, USMC
CAPT Emily Sanford, USN, Retired
Sheryl Schmidt, USAF
MSgt Lewis E. Schulz II, USAF, Retired
The Honorable Winsome Earle Sears,
USMC
The Honorable Sara A. Sellers, CMSgt,
USAF, Retired
CMSgt Luc M. Shoals, ANG, Retired

2001-2002

COL Karen L. Ray, RN, MPH, MA, USA,
Retired, Chair
CMDR Constance G. Evans, RN, FNP,
MN, USPHS, Retired, Co-Chair
Marsha Tansey Four, USA
Bertha Cruz Hall, USAF
SFC Gwen M. Diehl, USA, Retired
MG Marcelite J. Harris, USAF, Retired
Edward E. Hartman, USA
LTC Consuelo C. Kickbusch, USA,
Retired
LTC Kathy LaSauce, USAF, Retired
MAJ M. Joy Mann, USAFR
CAPT Lory Manning, USN, Retired
COL Michele (Mitzi) Manning, USMC,
Retired
COL Kathleen A. Morrissey, RN, BSN,
USA
CDR Joan E. O'Connor, USNR, Retired
Sheryl Schmidt, USAF
MSgt Lewis E. Schulz II, USAF, Retired
CMSgt Luc M. Shoals, ANG

2005-2006

Marsha Tansey Four, USA, Chair
SFC Gwen M. Diehl, USA, Retired
Cynthia J. Falzone, USA
Edward E. Hartman, USA
CPO Kathleen Janoski, USN, Retired
CDR Joan E. Kelley, USN, Retired
1SG Pamela J. B. Luce, USA, Retired
COL Kathleen A. Morrissey, RN, BSN,
USA, Retired
COL Jacqueline Morgan, M.D., M.P.H.,
USAF, Retired
Carlene Narcho, USA
Lorna Papke-Dupouy, USMC
COL Shirley Ann Quarles, R.N., Ed.D.,
USAR
Lupe Saldana, USMC
CAPT Emily Sanford, USN, Retired
The Honorable Winsome Earle Sears,
USMC
The Honorable Sara A. Sellers, CMSgt,
USAF, Retired
CMSgt Luc M. Shoals, ANG, Retired
Virgil L. Walker, CMSgt, ANG

**APPENDIX E
ADVISORY COMMITTEE SITE VISITS
A CUMULATIVE RECORD**

1987	St. Petersburg Beach, FL
1989	Minneapolis, MN
1993	San Antonio, TX
1994	Albuquerque, NM
1997	Los Angeles, CA
1998	Chicago, IL
1999	Seattle, WA
2001	Boston, MA
2002	Tampa, FL
2003	Phoenix, AZ
2005	East Orange and Lyons, NJ
2006	North Chicago, IL

APPENDIX F SUMMARY OF SITE VISITS FOR 2005-2006

The Advisory Committee on Women Veterans conducts a site visit each year to a VA healthcare 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.

East Orange/Lyons, NJ:

The Advisory Committee on Women Veterans conducted a site visit during June 20-24, 2005, to the VA New Jersey Health Care System (NJHCS). The main focus of the visit was the East Orange and Lyons campuses. The Committee received briefings from VISN 3 leadership as well as the Women Veterans Program Managers in VISN 3. Additionally, presentations and tours were given at the VA Regional Office, and Vet Center. Veterans expressed concerns about issues such as security issues in the tunnel at the Lyons VAMC, co-pay concerns for GYN/Primary care clinics, Internet prescription formulary, and a stronger liaison with the New Jersey Department of Veterans Affairs.

North Chicago, IL:

The Committee conducted a site visit June 12-16, 2006, to the North Chicago VA Medical Center. The Committee was particularly interested in learning more about the historic merger that is taking place between the North Chicago VAMC and the Naval Hospital Great Lakes. The merger will create a new federal healthcare facility which will be the first of its kind, under joint management by VA and DoD. Briefing and tours at North Chicago VAMC included the following: surgical and emergency room departments, acute medicine, the women's wellness clinic, skilled geriatric care, and the rehabilitation center. Briefings and tours at the Naval Hospital Great Lakes included the following: the women's clinic, breast clinic, and the mammography suite. The Committee had particular interest in how North Chicago VAMC and the Naval Hospital Great Lakes were going to coordinate their respective unrestricted/restricted sexual assault policies in the newly merged emergency room department. Overall, women veterans were quite satisfied with the medical care they received. However, some expressed concerns about the time allotment for women's health providers.

APPENDIX G

BRIEFINGS TO THE ADVISORY COMMITTEE ON WOMEN VETERANS (2004-2006)

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

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

- Nora Egan, Chief of Staff, priority VA issues such as CARES, the Mental Health Strategic Plan, current VA legislative packages, and seamless transition of OEF/OIF service members, October 2004.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, update on the 2004 Advisory Committee on Women Veterans (ACWV) Report, and the 2004 Summit Proceedings, media interviews, and the DoD Sexual Assault conference, committee membership, and CWV personnel updates, October 2004.
- Desiree Long, Senior Program Analyst, Center for Women Veterans, overview of the 2004 Summit on Women Veterans Issues, October 2004.
- Rebecca Schiller, Program Analyst, Center for Women Veterans, results of the Advisory Committee Engagement Survey (ACES), October 2004.
- Tom Bowman, Deputy Chief of Staff, priority issues related to women veterans, February 2005 and March 2006.
- Betty Moseley Brown, Associate Director, Center for Women Veterans, update on the 2004 Summit Proceedings, the 2004 ACWV Recommendation matrix, discussion of recent meetings and media interviews, update on committee membership and personnel issues, February and November 2005, and March 2006.

Veterans Benefits Administration (VBA)

- Diane Fuller, Assistant Director, Veterans Services Staff, Compensation and Pension Service, update on key VBA recommendations in the 2004 ACWV Report, discussion of role of Women Veterans Coordinators at Regional Offices, October 2004.
- Diane Fuller, Assistant Director, Veterans Services Staff, Compensation and Pension Service, and Linda Piquet, Compensation and Pension Service, compensation and pension issues, February 2005.
- Mel Maeda and Linda Piquet, Compensation and Pension Service, update on key VBA recommendations in the 2004 ACWV Report, discussion of the role of Women Veterans Coordinators and the Regional Offices, November 2005.
- Judy Caden, Director, Vocational Rehabilitation and Employment Service, update on Recommendations 51, 53, and 54 of the 2004 ACWV Report, March 2006.

- Lynda Petty, Officer-in-Charge, update on Walter Reed Army Medical Center, March 2006.

Veterans Health Administration (VHA)

- Carole Turner, Director, Women Veterans Health Program, update on key VHA recommendations in the 2004 ACWV Report, October 2004, February and November 2005, and March 2006.
- Deputy Field Directors, Connie LaRosa, Claudia DeWayne, and Sherri Bauch along with Lead Women Veterans Program Manager, Dr. Patty Hayes, overview of Women Veterans Program Manager duties, key issues in each region that are affecting women veterans, October 2004.
- Ann Paterson, Director, Network Support, update on key VHA recommendations at the VISN level in the 2004 ACWV Report, treatment issues related to OEF/OIF combat veterans, October 2004.
- Dr. Jonathan Perlin, Under Secretary for Health, and Laura Miller, Deputy Under Secretary for Health, Operations, and Management, Results of the Survey of Healthcare Experiences of Patients (SHEP), discussion of VHA's performance measures and directives regarding accountability and compliance measurements, and Performance Standards within the Executive Career Field Performance Plan, October 2004.
- Deputy Field Directors, Sherri Bauch, Claudia DeWayne, Connie LaRosa, and Meri Mallard, along with Lead Women Veterans Program Manager, Debra Thilgen, Women Veterans Health Program update, February 2005
- Art Hamerschlag, Chief of Staff, overview of VHA initiatives, February 2005.
- Jill Manske, ACSW, LISW, Chief, Social Work Service, update on Seamless Transition Program, treatment issues related to OEF/OIF combat veterans, February 2005.
- Deputy Field Director, Meri Mallard and Lead Women Veterans Program Manager, Peggy Mikelonis, Women Veterans Health Program update, November 2005.
- Jim Novorska, VHA Mammography Office, National Radiology (Mammography) Program, November 2005.
- Dr. Judy Feldman, Chief Medical Officer, VISN 3, Bronx VAMC, update on ACWV New Jersey Site Visit, November 2005.
- Patricia Vandenberg, Assistant Deputy Under Secretary for Health for Policy and Planning, overview of VHA's Strategic Planning Process, mission and vision statement, core values, domain of values, and goals for excellence, November 2005.
- Dr. Michael J. Kussman, Principal Deputy Under Secretary for Health, overview of VHA initiatives, March 2006.

National Cemetery Administration (NCA)

- Richard A. Wannemacher, Acting Under Secretary for Memorial Affairs, update on key NCA recommendations in the 2004 ACWV Report, February 2005.

- The Honorable William F. Tuerk, Under Secretary for Memorial Affairs, overview of the National Cemetery Administration, March 2006.

Services for Women Who Are Homeless

- Rani Desai, Ph.D., M.P.H., Associate Director, Northeast Program Evaluation Center (NEPEC), PTSD in women veterans by ethnicity and geography, update on homeless women veterans data, February 2005.
- Pete Dougherty, Director of Homeless Programs, briefing on VA Homeless programs and initiatives, February 2005 and March 2006.

Department of Labor (DOL)

- Ronald Drach, Director of Planning and Legislative Affairs, Veterans Employment and Training (VETS), status of key DOL recommendations in the 2004 ACWV Report, October 2004.

Legislative Initiatives and Hill Site Visits

- Pam Iovino, Assistant Secretary for Congressional and Legislative Affairs, legislative issues affecting women veterans, Cadet Nurse Corps Proposal, MST legislation, extension of the Advisory Committee's Biennial Report to Congress, October 2004.
- Paul Hayden, Special Assistant, Office of Congressional and Legislative Affairs, overview of the legislative process, update on MST, Newborn Care, Cadet Nurse Corps, and the extension of the ACWV Biennial Report to Congress legislation, February 2005.
- Charlie Likel, Congressional Relations Officer, Office of Congressional and Legislative Affairs, overview of VA internal legislative review process, legislative issues affecting women veterans, Care for Newborns, Cadet Nurse Corps, extension of ACWV's reporting authority, November 2005.
- Site Visit to the House and Senate Veterans Affairs Committee Members and Staff, November 2005.

Capital Asset Realignment for Enhanced Services (CARES)

- Susan Pendergrass, DrPH, Director of Strategic Initiatives, CARES Program Office, overview of the CARES subcommittee, and CARES planning initiatives, October 2005.

Research and Surveys

- Susan Krumhaus, Program Analyst/Statistician, Office of Policy, Planning, and Preparedness, research issues related to women veterans, update on the NSV, October 2004.
- Dr. Thomas Craig and Dr. Steve Wright, Office of Quality and Performance, discussion of the Performance Measures External peer Review Program (EPRP) and the SHEP, October 2004.
- Stephan D. Fihn, M.D., M.P.H., Acting Chief Research and Development Officer, VA research on women's health issues, October 2004.

- Shirley Meehan, M.B.A., Ph.D., Acting Director, Health Services Research & Development, VA research on women's health issues, November 2004 HSR&D conference, February 2005.

Women's Research and Education Institute (WREI)

- CAPT Lory Manning, USN, Retired, Project Director, Women in the Military, WREI, overview of WREI, veteran population changes, policy and occupation changes for women in the military, February 2005.

Defense Advisory Committee on Women in the Services (DACOWITS)

- CPT Kim Venable, USA, Planning and Logistics Officer for DACOWITS, findings and recommendations from the 2004 DACOWITS Report, February 2005.

Department of Defense Joint Task Force for Sexual Assault Prevention and Response (JTF-SAPR)

- BG K.C. McClain, Commander, JTF-SAPR, overview of the JTF-SAPR office and the newly implemented policies, November 2005.

National Committee for Employer Support of the Guard and Reserve (ESGR)

- Major Rhonda Smillie, USAR, Operations Officer, Ombudsman, Military Member Support and Training, National Committee, ESGR, overview of the ESGR office, November 2005.

VA/DoD

- Sheila McCready, Office of VA/DoD Liaison, overview of the VA/DoD Health Executive Council (HEC), October 2004.
- Lynne Garren, Deputy Director, Office of Seamless Transition, overview of the Office of Seamless Transition, November, 2005.

Office of General Council

- Jonathan Gurland, Office of General Council, ethics issues, October 2004 and November 2005.

National Veterans Employment Program

- Willie Hensley, Director, Office of Marketing and Veterans Outreach Services, Greg Alleyne, Human Resources Specialist, overview of the National Veterans Employment Program, February 2005.

Center for Veterans Enterprise

- Gail Wegner, Deputy Director, overview of the Center for Veterans Enterprise, March 2006.

Veterans Service Organizations

- Robert E. Wallace, Executive Director and William L. Bradshaw, Director for National Veterans Service, Veterans of Foreign Wars of the United States (VFW), October 2004.
- Peter Gaytan, Director, Veterans Affairs and Rehabilitation Division, The American Legion, February 2005.
- Edward E. Hartman, National Director of Voluntary Services, Disabled American Veterans (DAV), November 2005.

APPENDIX H

ADVISORY COMMITTEE ON WOMEN VETERANS CHARTER

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

A. OFFICIAL DESIGNATION: Advisory Committee on Women Veterans

B. OBJECTIVES AND SCOPE OF ACTIVITY: The Committee will provide advice to the Secretary on the needs of women veterans with respect to health care, rehabilitation benefits, compensation, outreach, and other relevant programs administered by Department of Veterans Affairs (VA).

C. PERIOD OF TIME NECESSARY FOR THE COMMITTEE TO CARRY OUT ITS PURPOSE(S): There is a continuing need for the Advisory Committee on Women Veterans to assist the Secretary in carrying out the responsibilities under Section 542 of Title 38, United States Code. Authorized by law for an indefinite period, the Committee has no termination date.

D. OFFICIAL TO WHOM THE COMMITTEE REPORTS: The Advisory Committee on Women Veterans reports to the Secretary through the Director, Center for Women Veterans.

E. OFFICE RESPONSIBLE FOR PROVIDING THE NECESSARY SUPPORT TO THE COMMITTEE: The Center for Women Veterans is responsible for providing support to the Advisory Committee on Women Veterans.

F. DUTIES OF THE COMMITTEE: In carrying out its primary responsibility of providing advice to the Secretary of Veterans Affairs, the Committee will (1) assess the needs of women veterans and the benefits and programs provided by VA to meet those needs, (2) review reports and studies pertaining to programs and activities that affect women veterans, and (3) provide the Secretary such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.

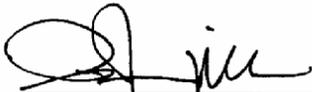
By statute, the Committee shall consist of members appointed by the Secretary from the general public, including representatives of women veterans and individuals who are recognized authorities in fields pertinent to the needs of women veterans including the gender specific health-care needs of women. 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 three years. The Secretary may reappoint any such member for additional terms of service.

G. ESTIMATED ANNUAL OPERATING COSTS IN DOLLARS AND STAFF-YEARS:
The annual operating costs for the Committee are \$129,000 and .75 staff-years. All members will receive travel expenses and a per diem allowance in accordance with the Federal Travel Regulations for any travel made in connection with their duties as members of the Committee.

H. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Committee will meet at least three times annually.

I. COMMITTEE TERMINATION DATE: None

J. DATE CHARTER IS FILED:

Approved: 
R. James Nicholson
Secretary of Veterans Affairs

Date: 10/7/05

APPENDIX I

CENTER FOR WOMEN VETERANS

MISSION AND GOALS



MISSION

The mission of the Center for Women Veterans is to ensure that women veterans receive benefits and services on par with male veterans; that 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; and that women veterans are treated with dignity and respect.

The Director, Center for Women Veterans, acts as the primary advisor to the Secretary of Veterans Affairs on all matters related to policies, legislation, programs, issues, and initiatives affecting women veterans.

GOALS

Our goals were developed to assess women veterans' services within and outside the Department on an ongoing basis, to assure that VA policy and planning practices address the needs of women veterans, and foster VA participation in general Federal initiatives focusing on women's issues. Specific goals of the Center include:

- 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 designed to address these deficiencies.
- Foster communication between all elements of VA on these findings and ensuring that the women veterans' community that women veterans' issues are incorporated into VA's strategic plan.
- Promote and provide educational activities on women's 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.
- Coordinate outreach activities that enhance women veterans' awareness of new VA services and benefits.
- Promote research activities on women veterans' issues.
- Fulfilling all other functions of the Center as outlined by Congress in Public Law 103-446.