

**Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV)
Meeting Minutes
Capital Hilton
Pan American Room
1001 16th and K Street, NW
Washington, DC 20036
October 27-29, 2009**

Advisory Committee Members Present:

Dr. Shirley Quarles, USAR, Chair
CDR René Campos, USN, Retired
CMSgt Helena R. Carapellatti, USAF,
Retired
PO2 Davy H. Coke, USN, Retired

Mary Antoinette Lawrie, USAF
TSgt Barbara Pittman, USAF, Retired
Celia Szelwach, USA
Joanna Crosariol Truitt
Barbara Ward, USAF

Advisory Committee Members Excused

Absence:

Velma Hart, USAR
Marlene R. Kramel, USA

COL Gloria Maser, USAR

Ex-Officio Members Present:

COL Emma K. Coulson, Military Director,
Defense Advisory Committee on
Women in the Services (DACOWITS),
Department of Defense (DoD)

Cheryl Rawls, Director, Little Rock
Regional Office, Veterans Benefits
Administration (VBA)

Denise Jefferson, Competitive Grants
Specialist, Veterans Employment and
Training Service, Department of Labor

Advisors Present:

Dr. Patricia Hayes, Chief Consultant,
Women Veterans Health Strategic
Health Care Group (WVHSHG),
Veterans Health Administration (VHA)

CAPT Angela M. Martinelli, Division of
Treatment and Recovery Research,
National Institute on Alcohol Abuse
and Alcoholism, National Institute of
Health

Raynell Lazier, Chief, Executive
Correspondence Division, National
Cemetery Administration (NCA)

VA Staff Present:

Center for Women Veterans
Dr. Irene Trowell-Harris, Director
Desiree Long

VA Staff Excused Absence:

Center for Women Veterans
Dr. Betty Moseley Brown

Shannon Middleton
Michelle Terry

Other VA Staff Present:

Carolyn Bryant, Compensation and Pension Service (C&P)
Bridgid Cleary, Board of Veterans Appeals (BVA)
Caitlin Cusack, OI&T
Linda Fischetti, VHA
Michelle Lucatorso, VHA
Rachel Lunsford, Office of Information Technology (OIT)

Dilca Morris, VHA
Alicia Robben, BVA
Richard Stark, VHA
Stacey Vasquez, Office of Congressional and Legislative Affairs (OCLA)
Laure Veet, WWSHG

Guests:

Elaine Coke, Spouse of ACWV Member
Dr. Gary Filerman, Atlas Research
Rona Green, Legislative Liaison, Secretary of the Navy
Kimberly Hefling, Associated Press
Sharon Hodge, Vietnam Veterans of America
Nancy Hogan, SVAC
MAJ Faith Junghahn, Army Wounded Warrior Program
Richard Larson, Associated Veteran, LLC
Victoria Lee, SVAC

Jon McDonald, Senate Veterans Affairs Committee (SVAC)
Robert Modah, The American Legion
Teresa Morris, VFW
Kimberly Ross, House Veterans Affairs Committee (HVAC)
Orfa Angelica Torres, HVAC
Martha Washington, Veterans of Foreign Wars of the United States (VFW)
Denise Williams, The American Legion

Tuesday, October 27, 2009 – Pan American Room

Meeting was called to order by the Chair.

Items discussed included:

- Introduction of members and visitors.
- Agenda review.
- Approval of minutes from June 8 -12, 2009 site visit to the North Texas Health Care System in Dallas, Texas.

Prosthetic Services for Women Veterans, Onunna Anyiwo, National Program Manager, Prosthetics and Sensory Aids Service (PSAS), VHA

- PSAS addressed the total process associated with replacing, supporting, and/or complementing human anatomy and/or function impaired or destroyed as a result of trauma or disease.
 - Provides technologies necessary due to loss or permanent loss of use of body part or function.
 - Provides comprehensive support for optimal health and independence.

- Available comprehensive assistive technology interventions include wheeled mobility/seating; vehicle modification; aids for the blind; computer access; environmental control; self care equipment; adaptive sports equipment; home telehealth; speech generating devices; and cognitive prosthetic devices.
- Provides state of the art wheeled mobility devices to meet individual needs.
 - Manual wheelchairs, power wheelchairs, scooters, wheelchairs with specialty functions.
 - Seating systems (cushion, back support, accessories) further customize the device.
 - Spare manual wheelchairs provided for emergency and/or alternative environments.
- Collaborates with Care Coordination Home Telehealth (CCHT) Program Office.
 - Telehealth equipment provided to Veterans with chronic conditions in urban and rural areas.
 - Fiscal Year 2008 Telehealth devices expenditure - \$16,830,964.
- Provides the latest neuromuscular stimulation technologies that are sometimes advantageous over conventional orthotic devices (braces and splints).
- Electronic Cognitive Devices (ECD).
 - ECDs have a universal design and compensate for impaired cognition; assists with memory, attention, path-finding, and organization.
 - Handheld Global Positioning System (GPS)
 - Personal Digital Assistant (PDA)
 - DataLink Watch
 - Talking GPS
- Supports many generations of Veterans with needs related to:
 - Amputation
 - Spinal Cord Injury/Disorders
 - Polytrauma
 - Visual Impairment
 - Podiatric Care
 - Cardio-Pulmonary Disease
 - Traumatic Brain Injury
 - Speech/Language deficit
 - Neurologic Dysfunction
 - Women's Health
 - Muscular Dysfunction
 - Hearing Impairment
 - Orthopedic Care
 - Diabetes/Metabolic Disease
 - Peripheral Vascular Disease
 - Cerebral Vascular Disease
 - Geriatric Impairments
- Women Veterans represent a growing population with unique needs. PSAS changing focus to meet needs of women Veterans.
 - Goal is to be positioned and prepared for the anticipated growth in the number of female Veterans needing VA
- Prosthetics Women's Workgroup (PWW).
 - Purpose of the PWW is to enhance the care of female Veterans in regards to technology, research, training, repair and replacement of prosthetic appliances.
 - This is a subgroup of the Prosthetics Clinical Management Program (PCMP).

- Membership includes experts from various backgrounds; most members are Veterans.
- PWW goals:
 - Ensure uniformity in the provision of prosthetic appliances across the VA.
 - Eliminate availability concerns.
 - Provide medically necessary prosthetic devices and medical aids to female Veterans in accordance with federal rules and regulations governing PSAS programs.
 - Advocate new legislations, changes to existing legislations.
 - Eliminate barriers to prosthetics care experienced by women Veterans.
 - Explore contracting and procurement actions that provide devices made specifically for women.
 - Identify emerging technology for women and propose ideas for research and development.
 - Change culture and perception of women Veterans through education and information dissemination.
 - Long-term and short-term goals include enhancing outreach communications to include images of women Veterans; standardizing clinical practices and contracts for unique items; and continuing field surveys.
 - Specific Purpose funds ensure timely delivery of prosthetic appliances and services.
 - Funds are centralized to VACO.
 - Veterans will not be denied a prosthetic appliance due to lack of funds.
 - VBA Benefits Available to Eligible Women Veterans.
 - VBA offers a clothing allowance.
 - Supplements the cost for damage done by service connected appliances and medications.
 - \$716.00 per year (Public Law 110-324).
 - Rate increases yearly.
 - Offers an automobile adaptive equipment benefit; administered by PSAS.
 - Includes adaptive equipment (power steering, brakes, etc.) and automobile adaptations (hand controls, digital steering, etc.)
 - Home Improvement & Structural Alteration (HISA).
 - As of the third quarter, FY 09, 1,380 HISA grants totaling over \$4 million was awarded to service-connected Veterans; 522 grants totaling over \$600,000 was awarded to non service-connected Veterans.

Rural Health Initiatives, Christina White, Program Analyst, Office of Rural Health, VHA

- The Office of Rural Health's (ORH) functions include:
 - Conducting, coordinating, promoting, and disseminating research on issues affecting Veterans living in rural areas, in cooperation with the medical, rehabilitation, health services, and cooperative studies research programs in the Office of Policy and the Office of Research and Development.

- Working with all personnel and offices to develop, refine, and promulgate policies, best practices, lessons learned, and innovative and successful programs to improve care and services for Veterans who reside in rural areas.
- Planning, executing and managing all congressionally identified resources.
- Veterans in rural and highly rural settings face especially distinct and complex health care challenges.
- According to VA's definition of urban/rural/highly rural (rural counties with less than seven people per square mile) and U.S. 2006 Census data, of those enrolled and eligible for care through VA, 36 percent live in rural areas and 1.5 percent live in highly rural areas.
- In the first year of operations (FY08) ORH's budget was \$24 million to fund initiatives.
- In FY09, the budget was \$24 million to continue to support FY08 ORH initiatives; Public Law 110-329 provided \$250 million to support service expansion and outreach:
 - ORH provided \$22 million to the Veterans Integrated Service Networks (VISNs) in December 2008, allocated in accordance with the proportion of rural and highly rural Veterans in each VISN.
 - ORH provided an additional \$215 million to VISNs and program offices in February 2009.
 - In a national, competitive process, 161 proposals reviewed; 74 projects and initiatives selected.
- ORH provided \$13 million in additional funding to support Idea Awards, or additional proposals submitted to improve access and quality of care for rural and highly rural Veterans.
- Outreach clinics extend access to primary care and mental health services in rural and highly rural areas where there is not sufficient demand or it is otherwise not feasible to establish a full-time community based outpatient clinic (CBOC) by establishing a part-time clinic.
- Funded 40 outreach clinics to date:
 - Funded 10 outreach clinics in FY2008.
 - Funded 30 outreach clinics in FY2009.
- Currently nine clinics are operational and seeing patients.
- Rural mobile health clinics extend access to primary care and mental health services in rural areas where it is not feasible to establish a fixed access point.
- Currently all four rural mobile health clinics are operational. Rural areas in VISN 1 (ME), VISN 4 (WV), VISN 20 (WA), VISN 19 (CO, NE, WY) will each have a vehicle.
- Vans serve 24 counties in the six states.
- Home based primary care (HBPC) establishes comprehensive longitudinal primary care in the homes of Veterans with complex chronic disabling disease for whom routine clinic-based care is not effective.
- HBPC outcomes demonstrate effectiveness in managing chronic disease, associated with a substantial reduction of inpatient days and total cost of care.

- In FY08, 14 HBPC sites were provided:
 - All FY08 sites except 3 are operational (Anchorage, Leavenworth, and Grand Junction).
- All FY09 sites are finalizing logistics, and aim to be operational by November 2009.
- In FY09, 2 major HBPC expansions:
 - CBOC and Community Collaboration (25 sites).
 - Indian Health Service Collaboration (14 sites).
- Medical Foster Home
 - FY 08: three rural sites
 - FY 09: three rural sites
- In FY 08 the GeriScholars program was developed as a pilot program to engage and train rural clinicians in the care of older rural Veterans. It was expanded in FY 09.
 - GeriScholars recruits providers from rural VA Facilities to receive advanced training in managing the clinical needs of rural geriatric patients.
 - ORH developed an on-line training component, as well as in-person group conference and individual mentoring components.
- As the proportion of enrolled rural and highly rural women Veterans increases with the enrollment of the Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veteran population, more gender specific services will need to be provided. Current programs include:
 - VISN 5: Women's Veterans Health Program.
 - VISN 6: Rural Women Veterans Health Care Program.
 - VISN 16: Women's Health: Improving Access to Care for Women Veterans Suffering from Chronic Pain Associated with Traumas and Depression.
- ORH is continually improving VA's understanding of rural and highly rural Veterans and their needs by:
 - Evaluating current initiatives and communicate best practices.
 - Implementing evidence-based strategies and innovative care delivery models.
- OHR is improving capacity to care for rural and highly rural Veterans.
 - Applying lessons learned from each year's experience.
 - Growing infrastructure by emphasizing local innovation with national focus. a
 - Building community collaborations and leverage technology.
 - OHR is improving access and quality of care.
 - Improving coordination both inside and outside VA.
 - Operationalizing best practices; utilizing nationalizing models that work.
 - Expanding services and improving outreach.

**Update on Homeless Initiatives for Women Veterans, Pete Dougherty, Director,
Office of Homeless Programs, Office of Public and Intergovernmental Affairs**

- Discussed women Veterans sociodemographic characteristics:
 - Age: Majority age 45 or younger
 - Race: More than 71 percent Veterans of Color, and 33 percent White
 - Marital Status: Nearly 7 percent Married

Advisory Committee on Women Veterans Meeting Minutes
 October 27-29, 2009

- VA Benefits: 32 percent SC
- Usual Employment: Full Time 43 percent
- Disabled/Retired: 19 percent
- Discussed period of service:
 - Vietnam-Era 16.63%
 - Post Vietnam 51.23%
 - Persian Gulf 22.53%
 - OEF/OIF 10.26%
 - Served in combat zone 9.54%
- Length of time of homelessness:
 - Not Currently Homeless 18.81%
 - < One Month 20.14%
 - 1 Mos To 6 Mos 27.51%
 - 6 Mos to < 1 Yr. 11.49%
 - 1 Yr.< 2 Yrs 8.69%
 - 2 Or More Yrs. 12.64%
- Health and Mental Health Needs of Women Veterans:

85% Substance Abuse Treatment	7% Combat PTSD
57% Medical Treatment	5% Schizophrenia
32% MST Treatment	17% Other Psychotic Dx.
31% Non Combat PTSD	56% Mood Disorder
40% Adjustment Dx.	
- Special Characteristics:
 - Majority of women have a history of serious trauma.
 - Percentage experiencing physical harassment of a sexual nature- 32 percent.
 - Percentage experiencing sexual harassment- 42 percent.
 - Percentage experiencing rape- 24 percent.
- Homeless Women Veterans:
 - Five percent of homeless Veterans are women.
 - Risk factors for homelessness among women include combat, sexual trauma, poverty, lack of affordable housing, and limited child care support.
- Overview of Homeless Services for Women Veterans:
 - Homeless Grant and Per Diem (GPD) program:
 - Funds grants to community agencies to offer transition housing and supportive services for homeless Veterans.
 - Offers 7 programs that provide specific enhanced services for homeless women and women with dependent children.
 - More than 200 GPD programs have the capacity to serve women.
 - Mental Health Residential Rehabilitation Treatment Program (MH RRTP):
 - Provides a 24-hour, 7 days per week, supervised therapeutic milieu for Veterans with multiple and severe psychosocial deficits.
 - Delivers specific treatment for mental illnesses and addictive disorders.

- FY 2008, 5.23 percent of Veterans obtaining residential treatment were women.
 - Total discharges = 33,046/Women discharges = 1721
- VA focusing on the needs of homeless Veterans and families.
 - Women comprise roughly 5 percent of the estimated 31,000 homeless Veteran population.
- VA initiated programs to address the prevention of homelessness among Veterans with families, such as HUD- VASH, supportive services for low income Veterans in permanent housing, an at-risk pilot with HUD for Veteran families, and MH RRTP.

Update on Center for Women Veterans Activities, Desiree Long, Senior Program Analyst, Center for Women Veterans

- Provided information on outreach activities.
- Discussed VA's strategic goals and the Center's performance measures.
- Discussed the Center's recent and upcoming events.

Update on VA/National Guard and Reserves Initiatives, Dr. Marianne Mathewson-Chapman, VA Consultant to Guard/Reserve and Families, OEF/OIF Outreach Office, VHA

- Discussed the challenges Guard/Reserve women Veterans are facing:
 - They are returning to hometowns, not military bases.
 - They are community based and dispersed to 4,000 communities.
 - They have limited knowledge about VA services.
 - Age.
 - Stigma about mental health care.
 - Pride, inability to ask for help, or not admitting that there is a problem.
 - Limited time for decompression.
 - Accessible VA and community resources.
 - Women Veterans at risk for homelessness.
- Given the complex injuries of returnees, community coalitions composed of multiple disciplines and sectors will be needed to efficiently provide for the variety of services and care for returnees transitioning to civilian life in their communities.
- Rehabilitation and reintegration will require services from multiple sectors and industries.
- The Seven Touches Concept of VA Outreach for New Veterans:
 - Consists of a series of interconnected membership and recruitment activities and should be viewed as a system for "proactive" membership retention.
- VA shows them, with a personal approach and face to face encounter, that they are valued. VA goes to them, instead of waiting for them to come to VA for that first encounter.
- The mission of VA Outreach is to increase access to VA health care by optimizing linkages to VA services for all new Veterans through targeted programs throughout the deployment cycle.
- The Demobilization Initiative:

- VAMC staff is supporting this initiative at 61 demobilization sites that have been identified as the choke point for Reserve Component members returning from IRAQ/Afghanistan.
- They undergo a 3-4 day out processing period at these sites.
- VA staff offers a short 46 minute briefing on health care, benefits and Vet Center and they complete on site 1010EZs for enrollment into VA health care. Forms are processed within 2-4 days and information is entered into VISTA to complete enrollment.
- Over 60,000 have been touched since May 2008 and over 57,000 have enrolled.
- One slide highlights the women's health program and services.
- Call Center Statistics:
 - Phone calls to 676,093 Veterans.
 - Made contact with 504,189 Veterans (74.6%).
 - Spoke with 165,904 Veterans (24.5%).
 - Sent 36,651 information packages to Veterans.
 - Monitoring of calls for quality revealed an average quality score of 98 out of a possible 100.
- National Guard hired 54 transition assistance advisors (TAA) in 2006 and VA trained them as VA outreach coordinators. There are 60 TAAs in 54 states/territories.
- TAAs have been instrumental in reaching out to small communities, rural areas and facilitating the coordination of services for Veterans who need specific community services or links to VA services. They are able to work the National Guard and Reserve issues, as well VA coordination efforts.

Post Deployment Health Reassessment FY 06, 07, 08 and 09 Referral Summary
(As of July 2009)

ALL RESERVE COMPONENT	COMPLETED PDHRA SCREENS	TOTAL REFERRALS	VAMC REFERRALS*	VET CENTER REFERRALS*
FY 06	29,733	15,380	8,391	4,581
FY 07	90,404	42,038	19,156	9,069
FY 08	97,942	29,026	18,672	6,867
FY 09	68,067	17,840	12,959	4,306
TOTAL **overlap may exist	286,146**	104,284**	59,178	24,823
			Total 84,001	

- Several Initiatives are in the works to expand outreach efforts.
 - Women Veterans' Call Center: Collaboration between OEF/OIF Outreach Office and Women Veterans Strategic Health Care Group--pending.
 - The AF has RCCs at 15 of their hospitals to do case management.
 - Wounded Warriors Healing in Warrior Transition Units (WTUs):

- VA Outreach for the injured warriors at 44 WTUs in the Army, nine of these are community based WTUs for Guard/Reserve members, two Navy and two Marines.
- Assist with enrollment into VA health care prior to separation from active duty.
- Assist with enrollment into VRE programs while on active duty and healing at the WTU site.

Greeting and Comments, John Gingrich, Chief of Staff of Veterans Affairs

- Discussed the importance of Advisory Committee's role in improving benefits/services for the growing population of women Veterans.
- Discussed VA's commitment to serving Veterans.

Update on 2008 Report (Recommendation 19-- Outreach Initiatives Targeting Women Veterans), Raynell Lazier, Chief, Executive Correspondence Division, National Cemetery Administration

- Main responsibilities of National Cemetery Administration:
 - Providing burial space for Veterans and their families, and maintaining cemeteries as National Shrines.
 - Administering the State Cemetery Grants Program.
 - Furnishing headstones and markers for interments within national cemeteries, state Veterans cemeteries, and private cemeteries around the world.
 - Providing Presidential Memorial Certificates to the Veteran's next of kin and loved ones.
 - Processing of first notices of death for Veterans.
- Of the 130 VA national cemeteries:
 - There are 70 open for burials of casketed or cremated remains.
 - There are 20 cemeteries open for cremation burials only.
 - There are 40 cemeteries closed to initial casketed burial. [NOTE: "Closed" does not mean the cemetery will not accept second interments in established gravesites.]
- A new benefit currently under design is a medallion that can be affixed to privately purchased headstones and markers, to signify the grave as that of a US Veteran. Three Sizes: 5 inches, 3 inches, and 1 ½ inches.
- A government-furnished headstone or marker is available to commemorate Veterans who are interred in private cemeteries (if the Veteran was eligible for burial in a national cemetery). Most Veterans are interred in private cemeteries and approximately 2/3 of the government-furnished headstones and markers are placed in private cemeteries. In total, NCA provided more than 360,000 headstones and markers in FY 08.
- NCA provides memorial headstones and markers for deceased active duty service members and Veterans whose remains are not available for a variety of reasons: when a service member is Missing-in-Action; when the Veteran donates his or her body to science; when the Veteran is cremated and ashes are scattered; and for other reasons. Memorial headstones are also authorized for eligible family members.

- Families can receive a Presidential Memorial Certificate, expressing the nation's gratitude and honoring the memory of each deceased Veteran. These engraved certificates are inscribed with the Veteran's name and bear the President's signature to honor the memory of honorably discharged, deceased Veterans. In FY 2008, NCA mailed more than 500,000 Presidential Memorial Certificates to next of kin and loved ones.
- NCA conducts a robust outreach plan in support of VA memorial benefits:
 - To educate and inform Veterans and their dependents of the burial and memorial benefits provided by VA.
 - To encourage Veterans to make plans to use these benefits at their time of need.
 - NCA uses a multi-tiered approach to outreach initiatives to inform Veterans of VA memorial benefits:
 - Participation in national VSO, professional, and other conventions and conferences.
 - Participation in local outreach events by Memorial Service Network and cemetery staffs.
 - Maintaining an informative website (Web 1.0).
 - Engaging Veterans and the public using social media platforms (Web 2.0).
 - Ceremonies and special events.
 - Brochures, fact sheets, give-a-ways and "A Sacred Trust."
- The following Veterans are generally eligible for burial in a national cemetery:
 - Any member of the Armed Forces who dies on active duty.
 - Any Veteran who was discharged under conditions other than dishonorable. With certain exceptions, service must be for a minimum of 24 continuous months or the full period for which the person was called to active duty (as in the case of a Reservist called to active duty for a limited duration).
 - National Guard members and Reservists with 20 years of service and who, at time of death, were entitled to retired pay or would have been entitled but for being under the age of 60.
 - Spouses and minor children.
- NCA is committed to informing all Veterans about the burial and memorial benefits that they have earned. Current outreach efforts include these initiatives targeted to increase awareness of benefits among women Veterans:
 - NCA has distributed information packages to State women Veterans coordinators and to women Veterans program managers at VA medical centers and other facilities throughout VA.
 - NCA has added a link to its public homepage, targeted to women and minority Veterans. This new web-page provides information and additional links for details about the memorial and burial benefits available to those who served.
 - NCA has increased the number of targeted outreach events around the country and will continue to look for opportunities to speak to women Veterans.

- NCA Public Affairs Office is currently redesigning its National Brochure, which will be a tool used in outreach to target all Veterans, including women and minorities. This tool will be used to inform all Veterans of their earned burial benefits.

Update on Various Initiatives, Dr. Irene Trowell-Harris, Director, Center for Women Veterans

- Shared updates on Senior Leader Appointments.
- Advisory Committee on Women Veterans (ACWV) Report:
 - The 2008 report was distributed to VA Administrations and staff offices, Congressional Members, various stakeholders and the general public, September 3, 2008. Printed hard copies mailed out the week of July 13, 2009.
 - Status of recommendations being briefed during the October 2009 committee meeting.
- ACWV working on 2010 ACWV report to the Secretary and Congress:
 - Subcommittees to meet and work on health care and benefits recommendations.
- Congressional Roundtable and Hearings:
 - On May 20, 2009, the House Veterans Affairs Committee (HVAC) held a Roundtable discussion on "The Growing Needs of Women Veterans: Is the VA Ready?"
 - On July 14, 2009, the Senate Veterans Affairs Committee (SVAC) held a Hearing on "Bridging the Gap for Women Veterans."
 - On July 16, 2009, provided testimony before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs and Subcommittee on Health on "Eliminating the Gaps: Examining Women Veterans Issues." Reports can be found on Web sites: www.house.gov and www.senate.gov.
- White House Interagency on Women and Girls (for VA women Veterans and women VA employees: Web site: <http://www.whitehouse.gov/administration/eop/cwg/>. Click on council members, then the Secretary, Chairman or Director of various agencies. Dr. Trowell-Harris represents the Secretary on the Council.
 - Established by Presidential Executive Order (March 11, 2009) to ensure that American women and girls are treated fairly in all matters of public policy.
 - VA's contribution includes reviewing its programs for women Veterans and policies affecting VA's female employees.
 - Priority Issues of the Council:
 - Economic security
 - Work family balance
 - Violence against women
 - Health care
 - Education

- Major Collaborative Interagency Initiatives:
 - Ensuring that agencies (25+) across the federal government take into account the particular needs and concerns of women and girls.
 - Requesting each agency analyze their current status and ensure that they are focused internally and externally on women. Share best practices and cross-cutting initiatives.
 - Working to enhance, support and coordinate the efforts of existing programs for women and girls.
- Other activities:
 - On October 22, 2009, Dr. Trowell-Harris attended the President of the United States signing ceremony for the Veterans Health Care Budget Reform and Transparency Act. The ceremony was held in the East Room of the White House.
 - Advisory Committee on Women Veterans conducted its annual site visit to the VA North Texas Health Care System, June 8-12, 2009.
- Planning for future meetings:
 - February 2010 ACWV meeting.
 - 2012 National Summit on Women Veterans' Issues.

Discussion: Wrap-up: Dr. Shirley Quarles, Chair, ACWV

Wednesday, October 28, 2009- Pan American Room
Meeting was called to order by the Chair.

Items discussed included:

- Dr. Quarles opened the floor for comments or remarks.
- Discussed highlights from previous day.

Overview of Veterans Benefits Administration (VBA) Initiatives, Robert Reynolds, Acting Associate Deputy Under Secretary for Policy and Program Management, VBA

- Discussed VBA's FY 2009 Women Veterans Accomplishments.
- Women Veterans Coordinators Conference held August 17 - 21 in St. Paul. Conference trained on the following:
 - Military Sexual Trauma.
 - Challenges for Women Guard/Reserve members.
 - Updates within rating schedule.
- Special review for increased compensation for Women Veterans regarding changes within special monthly compensation rates.
- Reviewed VBA Key Initiatives:
 - Disability Evaluation System Pilot:
 - Single disability examination based upon VA Examination templates and worksheets.
 - Single disability rating by VA that is binding upon both Departments.

- Expedient payment of VA benefits after a service member is separated from service.
- Pre-discharge :
 - Benefits Delivery at Discharge (BDD):
 - Between 60-180 days of separation from active duty.
 - Submit disability compensation claim with service treatment records.
 - Quick-start:
 - Less than 60 days remaining on active duty.
 - Submit disability compensation claim.
- E-Benefits:
 - One stop shop for personalized VA/DoD benefits and services.
 - Uniform transparent navigational framework for this web-portal.
- Virtual Lifetime Electronic Record:
 - Features: Role-based access including service member/Veteran.
 - Scope: Life long personnel, benefits, and health information.
 - Approach: Phased, using industry best practices, including common services/joint applications.
- VBA By the Numbers - FY 2009 (estimates):
 - Compensation:
 - Veterans in receipt- 3.07 million.
 - Number of women Veterans receiving compensation- 243,484.
 - Amount paid- \$34.1 billion.
 - Pension:
 - Veterans in receipt- 513,000.
 - Women Veterans in receipt- 11,163.
 - Amount paid- \$3.8 billion.
 - Vocational Rehabilitation and Employment:
 - Veterans receiving assistance- 106,800.
 - Number of women Veterans participating in program- 21,000.
 - Amount paid- \$723 million.
- Post 9/11 GI Bill Update:
 - Applications:
 - Over 287,000 received.
 - Over 224,000 processed.
 - Enrollment Certifications:
 - Over 68,000 received.
 - Over 55,500 processed.
 - Pending:
 - Approximately 63,000 applications.
 - Approximately 12,500 enrolled.
- As of October 22, 2009, VA made approximately 303,392 payments totaling nearly \$355.7 million.
- Running total of advanced checks issued from October 2-23, 2009:

- Issued a total of 28,600 checks from VARO's.
- Issued a total of 31,766 checks via Advanced Education Payment Website.
- Issued a total of 60,399 checks to Veterans.
- Factors in Growth of Claims:
 - Improved and expanded outreach.
 - Operations Enduring and Iraqi Freedom.
 - Aging of Veteran population.
 - Diabetes presumptive for Vietnam Veterans.
 - More Veterans on rolls results in more reopened disability claims.
 - Eligibility for VA healthcare (category 8).
 - Benefits Delivery at Discharge (BDD).
 - Combat Related Special Compensation (CRSC) and Concurrent Disability Retired Pay (CDRP).

Update on Women Veterans Coordinators Conference/ Update on 2008 Report Recommendations 9- Tracking Outcomes of Personal Assault Claims, and Recommendation 16- Training for Women Veterans Coordinators)/Update on 2006 Report (Recommendation 10- Initiative to Allow Veterans to Access Claims Status), Update on Special Monthly Compensation payments, Cheryl Rawls, Director, Little Rock Regional Office, VBA

- Women Veterans Coordinators (WVC) Conference:
 - VBA sponsored a WVC training conference on August 17 - 21, 2009, in St. Paul, Minnesota.
 - It was designed to enhance the skills of WVCs, enabling them to more effectively perform their duties.
 - Sixty four WVCs attended.
 - Included WVCs from regional offices nation-wide, as well as those from national call centers and pension maintenance centers.
 - Some WVCs were concerned that there was not enough time to do their job; the Deputy Under Secretary for Benefits addressed this issue with regional office directors at a recent leadership conference.
 - Some WVCs also stated that they did not have the necessary tools to perform their functions, and didn't know where to find them.
 - Call center representatives were unsure of their jobs.
 - Some WVCs were unsure of their roles.
 - VBA discussed making the conference an annual event.
- Deputy, Under Secretary for Benefits addressed these concerns with regional office directors during a leadership conference.
- Tracking Personal Trauma Claims:
 - There are challenges in VBA-VHA data sharing.
 - Certain rules apply, depending on how the data is to be used.
 - There is a shared agreement on data related to MST-related injuries.
 - HIPPA guidelines come into play.
- Paperless initiative:

- VBA moving to paperless processing of claims.
- Providence Regional Office has piloted agreements with VHA.
- Little Rock Regional Office is working on a pilot that would reduce processing times for claims using pods (teams). Should be in place by May 2010.
- Special monthly compensation (SMC):
 - VBA reviewed the records of 25,582 of women Veterans to determine if they were eligible for SMC due to total loss or loss of 25% or more breast tissue;
 - Of that total, VBA identified 2,283 women eligible for the payment: approximately 1,100 were in receipt of the payment.
 - There were 1,769 eligible women not receiving the payment.
 - Deadline for the review was August 2009.
 - Seventy files are still at the RMC; requested to be sent to the regional office.
 - There are 1,000 files in the process of payment.
 - \$3 million has been paid.
- Compensation and Pension Service is developing pamphlet exclusively for women Veterans – currently in concurrence.
 - It will feature information about VA benefits, including personal trauma, gender specific disabilities, and women's health care.
 - It will be used in conducting outreach specifically to women Veterans.

Update on 2008 Report (Recommendation 2- Mental Health Integration in Primary Care for Women Veterans, Recommendation 8- Tracking Abnormal Mammography Results Recommendation 6- Quality of Women's Health, and Recommendation 13- Women Veterans Program Managers Participation in Welcome Home Programs, Dr. Edd Post, Office of Primary Care Services, Director Mental Health Primary Care, VHA; Michelle Lucatorto, Clinical Quality Specialist, Office of Quality and Performance, VHA; Phyllis Ahlman, Clinical/Quality Assurance Liaison, Deputy Under Secretary for Health for Operations and Management, VHA

- Recommendation 2- Mental Health Integration in Primary Care for Women Veterans:
 - Mental Health (MH) Uniform Services Package (2008) requires integrated MH services in Women's Health Clinics.
 - Provides for co-located, collaborative MH providers.
 - Includes care managers with MH clinical oversight.
 - Focus is on prevalent conditions: depression, anxiety, alcohol misuse, post-traumatic stress disorder (PTSD) screening with special emphasis on military sexual trauma issues in Women's Clinic.
- Recommendation 6- Quality of Women's Health:
 - According to the Primary Care-Mental Health (PC-MH) Integration Survey 2009, 93% of VA facilities have a PC-MH Integration program in place.
 - VHA produces an annual Hospital Quality Report Card, which stratifies key clinical quality metrics by multiple patient characteristics, including gender.

- The FY08 Report is publicly available at:
http://www1.va.gov/health/docs/Hospital_Quality_Report.pdf .
- The FY09 Report is in press with an anticipated release date before mid-November. When it is released, it will be posted on the same website, and copies will be made available to the ACWV.

- Recommendation 8- Tracking Abnormal Mammography Results:
 - VHA is committed to achieving this result.
 - Software to support capture of mammography diagnostic codes was deployed in August 2009 and implementation is underway.
 - Formal policy to support capture of diagnostic codes is in development.
 - Formal policy requiring follow-up for abnormal results has been issued.

- Recommendation 13- Women Veterans Program Managers Participation in Welcome Home Programs:
 - Each VA facility currently designs its own local activities to meet the specific needs of Veterans returning to a particular area.
 - VHA Women's Health Program is developing a template to be shared with all facilities to ensure that the Women's Health Program is an integral part of the Welcome Home planning group at each facility.
 - Additionally, Yellow Ribbon Panel events (for OEF/OIF service members) provide another venue to promote women's health care to female Veterans using written materials and briefers for "Table Tops."
 - Yellow Ribbon Reintegration Program Liaison at Department of Defense working on a program to provide VHA information on planned events.

Update on 2008 Report (Recommendation 5- Newborn Care)/Legislative Issues affecting Women Veterans, The Honorable Joan M. Evans, Assistant Secretary for Congressional and Legislative Affairs

- Recommendation 5- VA supports legislation regarding entitlement of newborns born to Women Veterans to receive limited maternity care benefits.
 - These infants, who are not statutory beneficiaries, should be treated as eligible beneficiaries for the purposes of initial neonatal care.
 - Current Status: HR 1211 and S 252 language addresses this recommendation:
 - In General.—The Secretary may furnish health care services described in subsection (b) to a newborn child of a woman Veteran who is receiving maternity care furnished by the Department for not more than 7 days after the birth of the child if the Veteran delivered the child in— (1) a facility of the Department; or (2) another facility pursuant to a Department contract for services relating to such delivery.
 - Covered Health Care Services.—Health care services described in this subsection are all post-delivery care services, including routine care services, that a newborn requires.

- GAO Report Update:
 - VA has made significant progress by:
 - Making the Women Veterans Program Manager (WVPM) a permanent position.
 - Establishing a system-wide comprehensive primary care model for Women Veterans at every VAMC and CBOC.
- Discussed current outlook:
 - The number of women accessing VA care between 2006 to 2008 grew by 12 percent.
 - VA recognizes the need to prepare for the population of women Veterans accessing VA care.
 - VA leadership is committed to working with Congress, VSOs, and the media to transform.
 - VA leadership acknowledges that women Veterans serve in combat areas and suffer from combat-related issues.
- Discussed Major Areas of Member Focus:
 - Assessing services VA is providing for women Veterans.
 - Improving the claims process for women so their combat service is not questioned.
 - Providing child care so all Veterans are able to seek care at VA.
 - Proving medical care for newborn children of women Veterans.
 - Ensure VA delivers coordinated, comprehensive primary women's health care at every VA facility.
 - Ensuring mental health care is integrated into the primary care model.
 - Cultivate and enhance capabilities of all VA staff with regard to the needs of women.
 - Promote and incentivize innovation in care delivery.
 - Ensure the women Veterans program managers are effective.

Veterans Employment Initiatives, Dennis May, Director, Veterans Employment Coordination Service (VECS)

- Veterans comprise approximately 30 percent of VA's 288,000 employees; 8 percent are service-connected disabled Veterans.
- July 2008 – VECS fully staffed.
- Mission Statement:
 - Lead Department efforts to attract, recruit, and hire Veterans into the VA, particularly severely injured Veterans.
 - Open opportunities to Veteran employment and ensure that Veterans are able to successfully enter VA's workforce.
 - Help ensure that VA managers and supervisors are thoroughly familiar with the use of special authorities to hire Veterans.
- VECS Activities:
 - Partner with Veteran stakeholders to promote VA career opportunities.
 - Outreach to Veterans, particularly severely injured Veterans from Iraq and Afghanistan.

- Maintain a constant presence at:
 - Military career fairs.
 - Transition assistance centers.
 - Outreach events.
- Manage Local VECs and assist in their efforts to establish partnerships and collaborate with:
 - Vocational Rehabilitation and Employment Services.
 - Marine Corps' Wounded Warrior Regiment.
 - Army's Wounded Warrior Program and Warrior Transition Units.
 - Veterans Service Organizations.
 - Other Veteran stakeholders.

Readjustment Counseling, Linda Parkes, Team Leader, Spokane Vet Center, Readjustment Counseling Service (RCS)

- Readjustment counseling is a wide range of psycho-social services offered to eligible Veterans and their families to assist them in making a successful transition from military to civilian life.
- Services offered at Vet Centers nationwide include:
 - Counseling for Veterans and their families.
 - Marital and family counseling for military-related issues.
 - Bereavement counseling.
 - Military sexual trauma counseling and referral.
 - Demobilization outreach and services.
 - Substance abuse assessment and referral.
 - Employment assessment and referral.
 - Screening and referrals for VHA and VBA issues.
 - Veteran's community outreach and education.
- RCS, also known as the Vet Center Program, was established in 1979 to provide readjustment counseling to combat Veterans in a community-based setting, easy for Veterans to access.
 - Vet Center direct counseling staff that are VHA qualified mental health professionals (Licensed Psychologists, Licensed Social Workers, and Nurses)- 60 percent .
 - Vet Center staff that are women- 42 percent.
 - Vet Center staff that are women combat theater Veterans- 10 percent, with an additional 8 percent that are non-combat Veterans.
- Vet Centers participate in the post deployment health reassessment (PDHRA) process beginning with the pilot in November 2005.
- Vet Center staff on site at each event to facilitate referrals for readjustment counseling and provide outreach materials and education to separating service members and their families.
- From November 2005 through July 31, 2009, Vet Centers have participated in 1,412 distinct PDHRA events and facilitated 23,045 Vet Center referrals.

- Through August 2009, the Vet Centers have assisted the families of 1,656 fallen service members--1,160 (70 percent) were in-theater casualties in Iraq or Afghanistan.
- Over 15,958 bereavement visits have been provided by Vet Center staff, many times in the family's home. This is an average of 9.6 visits per family.
- 50 mobile Vet Centers are being utilized to provide access to VA for returning Veterans via outreach to demobilization active military bases, National Guard, and Reserve locations nationally. The vehicles provide essential homeless Veteran services including participation in Stand Down events. The vehicles also support Vet Center services to rural areas geographically distant from VA services.
- Develop women Veteran and family focused services in existing and new sites in Vet Centers to promote state of the art holistic care. These would include leveraging new technologies to promote access, care, and case management of women Veterans and families. Hire more women providers (peer to peer) to provide services in a safe environment.
 - Develop a 24/7 call center for women Veterans with peer counselors
 - Develop a social networking program to facilitate rural services
 - Provide women combat/family services in each Vet Center.
 - Develop new models to provide more comprehensive services such as employment, benefits, and some primary care (i.e., rural areas).

Subcommittee Breakout Sessions

Health and Benefits subcommittees met with assigned ACWV members to discuss issues to be considered for the upcoming 2010 Report.

Discussion: Wrap-up, Dr. Shirley Quarles Chair, ACWV

Thursday, October 29, 2009- Pan American Room

Meeting was called to order by the Chair.

Items discussed included:

- Dr. Quarles opened the floor for comments or remarks.
- Subcommittee Chairs shared progress from their breakout sessions.
- Discussed dates and location for upcoming meeting.

Overview of Veterans Health Administration (VHA) Initiatives, Dr. Gerald Cross, Acting Under Secretary for Health

- Briefly discussed a report done by Harvard Medical School and ABT Associates (July 2009) lauding VA's hematologic cancer care.
- Discussed key points of a Congressional Budget Office report (August 2009) entitled, *Quality Initiatives undertaken by the Veterans Health Administration*.
- Discussed gender composition of VHA employees.
- Provided outpatient metrics.

Article Review/Library Services, Carl Kazen/Vivian Stahl

- Library Service:
 - Follows and analyzes literature from a variety of sources.
 - Provides an organized way to quickly keep up with the literature.
 - Provides a foundation on which to formulate advice based on current research.
 - Provides current awareness/late breaking news on topics of interest front page news.
- Role of the Reference Librarian:
 - Perform comprehensive research.
 - Create focused literature reviews in a variety of online databases, including Social Science Citation Index and PubMed/MEDLINE.
 - Deliver current awareness alerts.
- Sources Searched:
 - LexisNexis – female/women Veterans.
 - PubMed/MEDINE - female/women Veterans.
 - Medical News Today, MEDLINEPlus – women’s health information.

Subcommittee Breakout Sessions

Health and Benefits subcommittees met with assigned ACWV members to discuss issues to be considered for the upcoming 2010 Report.

Discussion: Wrap-up, Dr. Shirley Quarles, Chair, ACWV

Meeting adjourned.



Shirley A. Quarles, Ed.D., R.N., F.A.A.N.
Chair, Advisory Committee on Women Veterans



Irene Trowell-Harris, Ed.D., R.N.
Designated Federal Officer