Department of Veterans Affairs Advisory Committee on Women Veterans
Meeting Minutes
VA Central Office, 810 Vermont Avenue, NW
Washington, DC 20420
October 31 – November 2, 2006

Advisory Committee Members Present:

COL Shirley Quarles, USAR, Chair
SFC Gwen M. Diehl, USA, Retired
Velma Hart, USAR
CPO Kathleen Janoski, USN, Retired
Marlene R. Kramel, USA
Mary Antoinette Lawrie, USAF
1SG Pamela Luce, USA, Retired
Brenda Moore, USA
COL Jacqueline Morgan, USAF, Retired, Vice-Chair
Lupe Saldana, USMC
CMSgt Sara A. Sellers, USAF, Retired
Celia Renteria Szelwach, USA
Joanna Crosariol Truitt

Advisory Committee Member Absent:

Virgil Walker, ANG

Ex-Officio Members Present:

COL Denise Dailey, Military Director, Department of Defense (DoD) – Defense Advisory Committee on Women in the Services (DACOWITS)

Ex-Officio Members Absent:

Lily Fetzer, Director, Veterans Benefits Administration (VBA) Regional Office, San Diego, CA

Pamela Langley, Department of Labor, Veterans' Employment and Training Service

Advisors Present:

Lindee Lenox, Director, Memorial Programs Service, National Cemetery Administration (NCA)
CDR Lucienne D. Nelson, Program Manager, Critical Infrastructure Protection for Healthcare and Public Health Sector, Department of Health and Human Services
Linda Piquet, VBA, Program Manager for Women Veterans Outreach Program
Carole Turner, Director, Veterans Health Administration (VHA) Women Veterans Health Program

VA Staff Present:

Center for Women Veterans	Dr. Irene Trowell-Harris, Director Betty Moseley Brown, Assoc. Director	Desiree Long Chanel Bankston-Carter Michelle Terry
Center for Minority Veterans	Juanita Mullen	
VHA	Regina Mack-Abney, Associate Director, Women Veterans Health Program	

Guests:

Leisa Davis
Francine Greenberg
Joy Ilem, Disabled American Veterans
Anne Imne, Vice President, SAIC Health Solutions
Shannon Middleton, The American Legion
Sandra Mize
Sarah A. Shigley

Tuesday , October 31, 2006

Meeting was called to order by the Chair. Items discussed included:

- Agenda review.
- Minutes from the June 2006 North Chicago Site Visit were reviewed and accepted.
- Introduction of members and guests.

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

- Group photographs with Secretary Nicholson and Committee.
- Presentation of Certificates of Appointment to new members and individual photographs with Secretary Nicholson.

Update: 2006 Advisory Committee Report, Dr. Irene Trowell-Harris, Director

A brief overview of the 2006 ACWV report was given.

- The report was forwarded to the appropriate Administration and Staff Offices for response and concurrence. Report will be submitted to Office of General Counsel for legal review. After review by Office of General Counsel, it will be submitted to the Secretary for his approval and signature.
- The report will be distributed to members of Congress, VA medical centers, VA Administrations, State Departments of Veterans Affairs, veterans service organizations, and other veteran-related organizations.
- The report will be published in early 2007, and posted to the Center's Web site.

Update: Center for Women Veterans, Betty Moseley Brown, Associate Director

- Provided a summary of the Center's activities.
- Provided information on outreach activities.
- Discussed VA's strategic goals and the Center's performance measures.

Briefing: Overview of VHA Initiatives, Michael J. Kussman, M.D., MS, MACP, Acting Under Secretary for Health

- VHA understands the need to continue to drive research on women, who currently constitute 10 percent of enrollees in VA's healthcare system. However, for some gender-specific diseases, VA needs to fee-base services, when appropriate, and in the best interest of the veteran.
- VHA is collaborating with the United Kingdom, France, and Australia on common areas of interest.

- In this current conflict, 70 percent of injuries are from Improvised Explosive Devices (IEDs). Service members are surviving with complicated injuries due to body armor which protects against gun shot wounds but not IEDs. VA Polytrauma Rehabilitation Centers (PRC) were established and modeled on the four Traumatic Brain Injury (TBI) Centers (Minneapolis, MN, Palo Alto, CA, Richmond, VA, and Tampa, FL) to help with the complex and extreme injuries. In total, VA has treated approximately 484 amputees of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) in the PRCs.
- VHA is noticing differences in women with PTSD. VHA attempts to inform veterans and service members of how and where to get assistance.
- VHA is challenged with treatment of sexual trauma, and is training VHA staff to recognize and treat veterans with MST.
- Largest number of veterans applying for compensation and pension are veterans with an average age of 57; not OEF/OIF veterans.

Update: Veterans Benefits Administration, Thomas Pamperin, Assistant Director for Policy, Compensation and Pension Service

- Benefits Executive Council Initiatives
  - Benefits Delivery at Discharge (BDD)
    - There are currently 140 BDD sites, including 7 Homeland Security Coast Guard sites and 3 Katrina-impacted sites. Memorandums of Understanding with regards to access, space, and IT support are complete.
    - Processing approximately 200,000 original claims per year; one-half of which are recent veterans; the remainder consist of those 13 years after service (some due to presumptive disabilities; some due to healthcare eligibility). VBA processed approximately 100,000 claims 10 years ago.
    - BDD decisions are made within 42 days, when a DD214 is provided. Conversely, decision made after discharge are averaging 172 days.
  - Activation and Mobilization Data – data sharing between VA and the National Guard/Reserve alerts VA when the veteran returns to active duty to prevent overpayments. Currently, the Defense Manpower Data Center notifies VA when veterans are on active duty; including National Guard/Reservists.
  - National Guard/Reserve Transition Assistance
    - VA briefing conducted at town hall meetings, family readiness groups and during drill units for National Guard/Reservists returning home
    - VA and the National Guard Bureau collaborated to train 54 National Guard State Benefits Advisors – 1 for each 50 states and 4 territories
- Outreach Updates:
  - Began pilot mentoring program for new Women Veteran Coordinators – to be completed by January 2007.

- Released Women Veterans Coordinator's Toolkit in May 2006, and posted on VA intranet.
- Continuous outreach efforts.
  - Transition Assistance Program and other military services briefings.
  - Seamless Transition – Military Treatment Facilities.
  - Veterans Assistance at Discharge System – prompts mailing of benefits package.

Women Veterans Health Program Panel Discussion – Carole L. Turner, Director, VHA Women Veterans Health Program. Panel Members, Dr. Lawrence Deyton, Chief Public Health & Environmental Hazards Officer, Sara Vickers, Primary Care Service Line.

- Panel members discussed VHA's Women Veterans Health Program (WVHP) and issues relevant to women veterans' health.
  - A proposal to convert the WVHP to a Strategic Health Group is under consideration.
  - Discussed the role of Women Veterans Program Managers (formerly Women Veteran Coordinators).
  - A goal of VHA's Patient Care Services is to have one patient care provider in every medical center and Community-Based Outpatient Clinic to treat women veterans.
  - Medical services provided to women veterans include comprehensive primary care and medication management, preventive medicine screening (Pap/mammograms), breast care, and reproductive health care including maternity and infertility care (including contraception, tubal ligation and reversals but excluding in-vitro fertilization).
  - Mental health services for women veterans include mental health counseling, PTSD Programs, counseling for homelessness, domestic violence, and military sexual trauma (MST) counseling and treatment.
  - VA programs for homeless women are located in Atlanta, Brooklyn, Cleveland, Dallas, Boston, Tampa, Cincinnati, Seattle, San Francisco, Los Angeles, and Houston.
  - Fifty percent of women veterans are under the age of 49 years.
  - Ten percent of present forces in Iraq and Afghanistan are women. To date, 70 women have been killed in OEF/OIF.
  - Combat veterans' healthcare eligibility - service members who served in OEF/OIF are entitled to 2 years of free VA medical care after separating from military service; there is no co-payment for this group during the 2-year period.
  - VA healthcare utilization among OEF/OIF veterans through third quarter of Fiscal Year 2006:
    - 23,635 females evaluated through third quarter.
    - 673 hospitalized at least once.
    - 23,626 seen as an outpatient at least once (36.2 percent).

- One-third of all returning service members seen in VA have been women.

- Disease prevalence – top five categories:
  - Diseases of musculoskeletal system
    - Connective system (42 percent)
  - Symptoms, signs, and ill defined conditions (38 percent).
  - Mental disorders (35 percent).
  - Disease of digestive system (33 percent)
  - Diseases of genitourinary system (29 percent).
- Women veterans health in 2010:
  - Women will be seen in greater numbers in VA and will make up a greater percentage of the population.
  - There will continue to be a difference in the needs of younger women veterans, particularly in reproductive health, as well as older women veterans' health needs.
  - Women will have a larger role in combat and we will see more war-related wounds, amputations, chemical/environmental exposures, blindness, etc.
  - Military sexual trauma will continue to plague women veterans.
  - Improving care for women improves care for men too.
- Discussed and provided feedback on recommendations 3-5, 14-15 and 17-19.

Briefing: Congressional and Legislative Affairs, Charles Likel, Advisor, Office of Congressional and Legislative Affairs

- Mr. Likel provided an overview of pending legislation in Congress that affects women veterans.
  - H.R. 3920 – to authorize the establishment of domestic violence court systems from amounts available for grants to combat violence against women.
  - H.R. 2193 – United States Cadet Nurse Corps Equity Act.
  - S.1182 – Sec. 2 Care for Newborn Children of Women Veterans Receiving Maternity Care.
  - H.R. 3082 – Veterans Small Business and Memorial Affairs Act of 2006.
  - H.R. 5122 – John Warner National Defense Authorization Act for Fiscal Year 2007 – some provisions contain items of interest to VA.
  - Discussed and provided feedback on recommendation 5 of the Advisory Committee on Women Veterans 2006 Report.

Briefing: VA Research on Women's Health Issues, Dr. Shirley Meehan, Acting Director, Health Services Research & Development

- Dr. Meehan provided an update on the VA Women's Health Research agenda, and discussed and provided feedback on recommendations 12-13 from the Advisory Committee on Women Veterans 2006 Report.

- Discussed 4 Step Action Plan: Appraisal of VA research portfolio, develop evidence base on the health and health care needs of women veterans, identify research priorities, and foster the conduct of VA women's health research.
- Discussed the Strategic Plan – accomplishments and advancement of VA women's health research.
- Discussed new research responding to recommended priorities.
  - Priority research solicitation for VA women's health research.
    - Increase in the number of women's health proposals submitted. Five newly funded projects in response to solicitation (sixth in process).
  - Health Services Research – needs assessment in high priority conditions:
    - Evaluation of MST Screening and Treatment.
    - MST Effects on PTSD and Health Behavior – A Longitudinal Study of Marines.
    - Physical and Sexual Assault in Deployed Women: Risks, Outcomes and Services.
    - Women Veterans Ambulatory Care Use – Project Phase II.
    - Chronic Physical and Mental Illness in Women Veterans.
- Discussed building research capacity and increasing research capabilities and efficiency.

Wednesday, November 1, 2006

Meeting called to order by the Advisory Committee Chair, Dr. Quarles.

Briefing: Polytrauma, Dr. Barbara Sigford, National Program Director, Physical Medicine and Rehabilitation, Minneapolis VAMC

- Polytrauma is defined as two or more injuries to physical regions or organ systems, one of which may be life threatening, resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability. Traumatic Brain Injury (TBI) frequently occurs in polytrauma in combination with other disabling conditions such as amputation, auditory and visual impairments, spinal cord injury, PTSD, and other mental health conditions. Injury to the brain is the impairment that primarily guides the course of the rehabilitation in patients admitted to the PRC's.
- Discussed new challenges and ways of meeting new challenges for polytrauma patients using integrated care, interdisciplinary care, and multidisciplinary team of consultants.
- Polytrauma System of Care (PSC) includes:
  - Polytrauma rehabilitation centers.
    - Co-located with VA TBI Centers in Richmond, Tampa, Palo Alto, and Minneapolis.
  - Polytrauma network sites are located in all 21 VISNs.
  - Polytrauma support clinic teams.
  - Polytrauma point of contact.

- Case management.
- Telehealth.
- Long-term follow-up.
- Care for those who can't return home.

- In summary:
  - PSC is a continuum based on intensity and geography.
  - PSC is evolving.
  - Care of the new generation of combat veteran takes a culture change.
  - Long term, proactive specialized follow-up is expected.
  - Polytrauma care involves all of VHA.

Briefing: Seamless Transition, Marianne Mathewson-Chapman, PhD, ARNP, Chief, Outreach to Guard/Reserve, VHA Office of Seamless Transition of Staff

- Discussed DoD/VA healthcare and benefits that are being coordinated for women veterans in OEF/OIF.
- Provided information on the categories of war wounds suffered by women veterans.
- Provided information on the environment of care for transitioning female combat veterans.
- Discussed VA women veterans programs that are provided in VA Medical Centers.
- Discussed outreach and military service briefings.
- Discussed current mental health initiatives.
- Provided update on the Combat Women Veterans Task Force.

Briefing: HealthierUS Veterans Initiative, Linda Kinsinger, MD, MPH, Director, National Center for Health Promotion and Disease Prevention and Ellen Bosley, MS, MBA, RD, Director, Nutrition and Food Service

- Discussed the HealthierUS Program Initiative sponsored by Department of Veterans Affairs and Health and Human Services (HHS). The program's emphasis is on improving the health of veterans and family members by encouraging healthy eating and physical activity. The aim is to reduce risk of obesity and diabetes.
- Discussed VA & HHS Partnership. HHS has excellent strategies, programs, research to address obesity & diabetes. VA is "lab" with large patient population and significant community presence.
- Discussed good nutrition and physical activity.
- Discussed partnering with community organizations and participating in a fitness challenge.
- Concluded session with workout demonstration.

Briefing by Conference Call: Combat PTSD Programs for Women Veterans, Dr. Amy Street, National Center for PTSD

- Discussed increased role of women in combat.

- Discussed Military Sexual Trauma in the war zone, gender differences and other stressors associated with OIF/OEF service and homecoming.
- Discussed women and combat in Iraq. Over 100,000 women have served in the Iraq Theater of war.
- Discussed PTSD rates from the National Vietnam Veterans' Readjustment Study.
- Research indicates that there are no gender differences in the impact of deployment experience on well-being. Examined mental health problems among 3,671 Soldiers and Marines 3-4 months after their return from Afghanistan or Iraq.
- Discussed using existing dataset to address gender differences in pre-deployment, deployment, and post-deployment factors associated with health outcomes among Gulf War I veterans.
- Discussed National Survey findings which suggest a number of gender differences in exposure to deployment stressors and their impact on health outcomes. Women and men experience similar levels of concern about family disruptions related to deployment, but concern about family disruptions are more strongly implicated in health outcomes for women compared to men.
- Deployment exposures are more detrimental to women deployed from Active Duty status, compared to women deployed from National Guard or Reserve units.

Briefing: VA Homeless Programs and Initiatives, Lisa Pape, Director, Residential Treatment Programs, VHA Homeless and Residential Rehabilitation.

- Discussed Homeless Veterans Initiatives. $4.5 million for Grant and Per Diem (G&PD) Liaisons in FY 2005, $4.6 million for an additional 46 G&PD Liaisons FY 2006, providing Liaisons to all medical centers with responsibility for 10 or more G&PD beds.
- The program ensures maximum coordination between VA and Grant and Per Diem providers, enhanced case management and to oversee services in Grant and Per Diem Programs.
- Discussed Grant and Per Diem FY 2006 report. Fifty-two total awards granted, 39 capital grants, 18 vans, 811 transitional beds created.
- Discussed 2002-2005 report. Study goal was to assess outcomes of 1,350 homeless veterans 12 months after treatment and discharge from Domiciliary Care for Homeless Veterans programs, G&PD, and Health Care for Homeless Veterans residential programs.
- Discussed incarcerated veterans re-entry initiative. The goal is to develop and distribute VA and community resource information to incarcerated veterans re- entering community life.
- Discussed and provided feedback to recommendations 20-23 of the 2006 Advisory Committee on Women Veterans Report. Safety, Security, and Privacy Assessments conducted annually. Revision of current tool is

underway to include assessment of gender-specific needs, positive therapeutic environments and successful treatment modalities for women veterans. Increase training regarding violence reduction and sexual harassment.

Briefing: Ethics: Jonathan Gurland, Office of General Counsel

- Provided information on ethic rules for Advisory Committee members who are special government employees.
- Discussed the Federal Criminal Code.
- Discussed standards of ethical conduct.
- Provided information on how to get ethical advice.

Thursday, November 3, 2006

Meeting was called to order by the Advisory Committee Chair, Dr. Quarles.

Update: Women Veterans Research, Donna Washington, MD, MPH, Primary Care and Women's Health Staff Physician, VA Greater Los Angeles Healthcare System HSR&D Center of Excellence

- Dr. Washington discussed the following:
  - Current findings in women veterans' health care research.
  - Lack of information about VA and perceptions of poor VA quality that pose barriers to VA use for women veterans.
  - Research initiative to address limited women's health care resources.
  - Women veterans' health care use – other important challenges & policy implications.
  - Limited awareness of VA eligibility, women's health services, and quality.
  - Scope of on-site gynecologic services – linked to inability to recruit specialists.
  - Military sexual trauma and risk for homelessness.
  - Increase MST case finding and awareness of MST care eligibility.
  - Expanding geographic availability of female-only treatment programs for homeless women veterans.
  - Additional research recommendations - to meet the changing health care needs of the growing number of women veterans continue investment in VA research enterprise.

Briefing: Fee Program, Terry McCullough, Supervisory Senior Fee Program Specialist, Sandra Mize, Fee Policy Specialist, VA Health Administration Center

- The purpose of the Fee Program is to support VA patients, VA staff, and non-VA care providers in the timely access to medically necessary services.
- Fee care should be arranged in advance. However, in case of medical emergencies, VA should be notified within 72 hours of admission. Fee is not a permanent authorization.
- Use of Fee services is based on individual needs, capability of the VA system, and other factors (such as the special needs for women veterans).

- Major services that are provided through Fee include:
  - Contract Adult Day Care.
  - Contract Halfway House.
  - State Nursing Home and Domiciliary Care Community Nursing Home.
  - Home Health services (skilled).
  - Home Health aide//homemaker services.
  - Hospice Care (outpatient/inpatient).
  - Respite Care (outpatient/inpatient).
- Discussed forms of Fee authorization and eligibility.
- Discussed the Community Nursing Home (CNH) Program. The CNH program is to assist the veteran and family in making transition from episode of hospital care back to the community.
- Discussed billing issues related to Fee care.

Briefing: Deputy Secretary, The Honorable Gordon H. Mansfield

- Briefly discussed site visit to North Chicago to include information on the integration of services between the North Chicago VA Medical Center and DoD's Naval Hospital Great Lakes.
- Discussion with the Advisory Committee Members on the Fee Program.
- Provided overview on the Spinal Cord Injury Hall of Fame and his recent induction.

Briefing: Overview of VA Mental Health Program, Susan McCutcheon, RN, Ed.D, Program Manager for Special Projects for Mental Health Strategic Health Group

- Dr. McCutcheon provided an overview of the VA Mental Health Program:
  - New organization chart with sections for:
    - PTSD and returning veterans (Iraq & Afghanistan).
    - Inpatient/outpatient services.
    - Addictive Disorders.
    - Domiciliary and residential treatment beds.
    - New psychosocial rehabilitation and recovery services.
    - Mental health informatics.
  - Mental health services include:
    - Mental illness research, education, and clinical centers.
    - Center for Integrated Health Care.
    - Centers of Excellence – Mental health and returning vets.
    - National Center for PTSD.
    - Evaluation sites:
      - Northeast Program Evaluation Center (NEPEC).
      - Serious Mental Illness Treatment Research and Evaluation Center (SMITREC).
      - Performance Evaluation and Research Center (PERC).
  - Mental Health Strategic Plan is based on six goals from the President's New Freedom Commission on Mental Health and adapted to VA context. VA is

the only major health care system that has done such an adaptation and made such a commitment.

- Mental health enhancement funds are distributed through Requests For Proposals (RFPs).
- In January 2006, the Office of Mental Health Services assumed the responsibility for oversight of the MST Program.
- Every VISN has an MST POC that participates on quarterly conference calls, and every medical center has an MST Coordinator.

Briefing: Key Issues from the 2005 Defense Advisory Committee on Women in the Services (DACOWITS) Report, COL Denise Dailey, Military Director

- COL Dailey provided an overview of the 2005 DACOWITS Report findings and recommendations:
- The report focused on three major topics:
- Family Well-Being.
- Career Opportunities.
- Unique Guard/Reserve Issues.
- In 2006, the DACOWITS will focus on how to attract and retain more women in the legal, medical, and clergy occupations and achieve a higher rate of promotion to general officer/flag officer grades for women in these fields.

Closing:

- Finalized dates for next meeting. February 27 – March 1, 2007.
- Discussed sharing of information with sub-committees (health and benefits).
- Brief discussion on next site visit, June 2007.