



# *Fulfilling a Promise to America's Daughters*

VA Advisory Committee on Women Veterans

Report 2004



*The ground they broke was hard soil indeed.*

*But with great heart and true grit,*

*They plowed right through*

*the prejudice and presumption,*

*cutting a path for their daughters*

*and granddaughters*

*to serve their country in uniform.*



# *Fulfilling a Promise to America's Daughters*

## VA Advisory Committee on Women Veterans Report 2004

The Department of Veterans Affairs Advisory Committee on Women Veterans is required to submit a report of activities in compliance with the provisions of Public Law 98-160.

March 2005

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*This Report is dedicated to the women veterans of our great Nation  
who have stood the test of time,  
persevered, marching forward, eyes front,  
accepting not, that which was less for their service.*

The Advisory Committee on Women Veterans (Committee) celebrated its 20th anniversary in the fall of 2003, having been established in 1983 by Public Law 98-160. Its history is one of strong advocacy in fulfilling its Congressional charge of assessing the needs of women veterans with respect to compensation, health care, rehabilitation, outreach, and other benefits and programs administered by the Department of Veterans Affairs (VA); reviewing the programs and activities of VA that are designed to meet these needs; developing and providing recommendations to the Secretary of Veterans Affairs for appropriate actions regarding the needs and services of women veterans; and following up on these recommendations.

Since its inception, steady and continued progress has been seen in VA's approach to addressing the benefits, services, care and treatment of women veterans. However, the Committee also recognizes that, in a delivery system as massive as VA, whose largest recipient population is male, oversight and advocacy remain crucial. For this reporting period of 2002 - 2004, the Committee reviewed the recommendations of the 2002 Report, gathered information from extensive briefings by VA leadership, reviewed pertinent VA reports and publications, interfaced with outside agency ex-officio members of the Committee and veterans service organizations, participated in two full Committee VA site visits that included Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA), National Cemetery Administration (NCA), and Vet Centers. The site visits incorporated local women veterans town hall meetings. Several individual Committee members made additional scheduled VA site visits, and members had personal contact with women veterans in various forums.

The aforementioned activities brought us to the recommendations contained herein. This report builds on those of the past to recognize and define vital issues that impact women veterans and their receipt of benefits by recommending VA actions to improve the quality of care and services. Additionally, the report contains numerous appendices as a documentation of activity and also as a Committee historical record for future times, so as not to lose over time, what has, in fact, gone before.

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The composition of the Committee membership is vital to the accomplishment of this charge. The selection of its membership attends to the integrity of the Committee and the true purpose for which it was established. It is imperative that the Committee is balanced in regard to the contributory strength and expertise of its members while ensuring a comprehensive representation of diversity and experience. Without this, the efforts of the Committee would be far less than comprehensive and fall short of its intended mission.

Women are the fastest growing population within VA's health care system. The numbers indicate that in Fiscal Year (FY) 2003, 333,578 women enrolled (up 9.4 percent from FY 2002), and for users in FY 2003, 196,134 women used (up 7.5 percent from FY 2002) the services provided by VA.

The number of women in the military continues to climb, most recently, in part, due to the challenges facing our country since September 11, 2001. It is also our honor to represent this new era for future women veterans by contributing to VA's need to stand ready to serve their needs with dignity and respect.

With all that has been done within VA for women veterans, the Advisory Committee was saddened to learn of the passing of Dr. Katherine Skinner of the Health Services Research and Development Service of the VA Medical Center in Bedford, Massachusetts. The women veterans' community is indebted to Dr. Skinner for her contribution and pioneering work in assessing the health status of women veterans. She was the primary investigator of the "Quality of Life in Women Veterans Using VA Ambulatory Care." The findings of her research have helped to guide VHA in enhancing women veterans' health care across the country. In deep appreciation for her work, we remember Dr. Skinner.

It is difficult to list all those who have assisted the Committee over the past 2 years. VA senior leadership and staff were available to us without question. I, on behalf of the entire Committee, thank them all for providing us with the necessary data, insight, and knowledge that have become a part of the background of each recommendation. Many of these individuals are noted in the Appendix on Briefings found in this Report. I personally thank those who worked closely with the Committee throughout the reporting period. This includes the Director and staff of the Women Veterans Health Program office, along with the four Deputy Field Directors; the Women Veterans

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Coordinator of VBA; the Directors and staff of the Medical Centers, Vet Centers, and Regional Offices that were a part of our site visits; and the Director and Associate Director of the Center for Women Veterans were all vital contributors. The Center for Women Veterans coordinated and provided the Committee with full administrative support and I am deeply appreciative of the Center and its entire staff for the professional approach and attention it gave to the Committee.

The Committee serves at the pleasure of the Secretary. I would like to thank Secretary Principi for his confidence in appointing each of us to this distinguished Committee. We have worked diligently to fulfill our duties and responsibilities to not only the Secretary and the Department of Veterans Affairs, but to all the women veterans of this country. It has been my great honor to sit as Chair of the Advisory Committee on Women Veterans for the reporting period 2002-2004. And I am proud to have served with these selected members of the Committee who are veterans from a wide sweep of local communities across the U.S. We have all been given a tremendous opportunity to serve our country, once again.

The Committee members are all veterans, and as such, we know it is all about "the mission." The Committee strives to be ever true to its mission...to our duty...true to our sister veterans of today, and true to the trust placed in us by those who have gone before on the committee, in an effort, and with hope, that we too, have added to the Committee's strong foundation for those who follow.

Respectfully submitted,



Marsha Four, R.N.  
Chair





## Executive Summary

The 2004 Report of the Advisory Committee on Women Veterans provides recommendations that address the following issues:

- Strategic Planning
- Outreach
- Research and Studies
- Women Veterans Health Program
- Women Veterans Program Managers/Benefits Coordinators
- Health Care
- Behavioral and Mental Health Care
- Women Veterans Who are Homeless
- Sexual Trauma Counseling
- Training
- Veteran Employment and Education
- National Cemeteries
- Departments of Defense and Veterans Affairs

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 60 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

- Address recommendations to improve the care for women veterans by increasing time commitment for Women Veterans Program Managers (WVPM) and Benefits Coordinators positions, permanently removing eligibility restrictions for sexual trauma counseling, and

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ensuring a standardized new employee orientation that includes information concerning the specific needs of women veterans.

- Ensure that the WVPMs are included at all Veterans Integrated Service Network (VISN) level and local Capital Asset Realignment for Enhanced Services (CARES) implementation planning and decision-making processes, including privacy standards and construction.
- Develop outreach materials targeting minority women veterans, older women veterans, and those living in rural areas and the U.S. territories, with attention to their unique ethnic, cultural, and geographic influences.
- Ensure that patient satisfaction assessments and clinical performance measures and monitors are aggregated and reported by gender to detect differences in the quality of care. This research is to include increases of Post Traumatic Stress Disorder (PTSD) in certain minority women veterans, specifically African-American.
- Conduct a national study through the VHA's Health Services Research and Development on the variation of all VHA care delivery models for women, including primary care clinics, and that this study additionally includes how these models are linked with outcomes of quality of care and patient satisfaction.
- Utilize the WVPMs on medical center and VISN committees relative to strategic planning, staff education and orientation, and facilities management. That the VISN leadership incorporates the WVPM Integrated Business Plan into the overall VISN Strategic Plan.
- Recommend that each inpatient/residential psychiatric unit has capacity to dedicate a specific area on the unit to segregated patient rooms and treatment for women veterans, including PTSD units and homeless domiciliaries.
- Authorize funding to provide for enough additional Military Sexual Trauma (MST) counselors to meet the needs of those suffering MST as identified by the Vet Center team leaders in conjunction with the Office of Readjustment Counseling Services. MST counselors should be allocated based on need.
- That the Secretary requests consideration by the Secretary of Defense for an evaluation that gender be added to the Form DD214, "Certificate of Release or Discharge from Active Duty," for outreach and strategic planning purposes.
- VISN Directors commit to continue funding the Homeless Women Veterans Pilot Projects within the VISN where these programs are located, based on positive outcomes as determined by the Director, VA Program on Homelessness.
- Mandate that new staff orientation and sensitivity trainings and orientations with annual in-services to the staff of all VHA treatment sites, to include contracted Community Based Outpatient Clinics; document training on the employee training record; and ensure that the training is comprehensive in nature to include the history of women in the armed forces and military sexual trauma.

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- Recommend that the Secretary communicates the Committee's request to the DOL, that DOL, through its network of state employment directors and assistant directors, work with states to the greatest extent possible, to ensure Local Veterans Employment Representatives and Disabled Veteran Outreach Program receive information that will increase their sensitivity to women veterans issues to include military sexual trauma.
  - Recommend that the National Cemetery Administration include designations of acronyms WAAC, WAVES, SPAR, WAC, WAFS, and WASP, on headstones or markers to recognize women veterans who served in those specially designated units/corps.



## **Summary of Recommendations**

1. Ensure that Women Veterans Program Managers (WVPMs) are active participants at all Veterans Integrated Service Network (VISN) level and local Capital Asset Realignment for Enhanced Services (CARES) implementation planning and decision-making group processes.
2. Conduct a sub-analysis of CARES data and market penetration to determine women veterans' trends. That these data are aggregated at the local medical center and reported to the Women Veterans Health Program (WVHP) office in order to plan for projections of Veterans Health Administration (VHA) impacting the local medical center utilization of services and care for women veterans.
3. Perform a current assessment of compliance with the Privacy Standards, as outlined in the revised VHA Handbook 1330.1, "VHA Services for Women Veterans," at all VHA treatment delivery sites and re-assess this compliance on an annual basis with monitored outcomes reported to the local respective VISN leadership and the WVHP office.
4. Ensure that all medical center Space Utilization/Facilities Management committees apply the Privacy Standards outlined in revised VHA Handbook 1330.1 in the work process and that these privacy standards are applied consistently throughout the facilities. That this is facilitated by the inclusion of the WVPM on all space planning or renovating projects in the medical center where services are offered and provided to women veterans to include Community Based Outpatient Clinics (CBOC). The VISN Women Veterans' Health Council to assess and report on this annually with copies of the report forwarded to VISN leadership and the WVHP office.
5. Translate into Spanish, brochures and outreach materials that are currently only available in English.
6. Develop outreach materials targeting minority women veterans, older women veterans, and those living in rural areas and the U.S. territories, with attention to their unique ethnic, cultural, and geographic influences.
7. That the Veterans Benefits Administration (VBA) begin an outreach effort to medical associations, such as the American Medical Association (AMA) and health care providers, etc., that may have contact with people born to mothers who served in Vietnam who are eligible for compensation for certain birth defects.
8. Aggregate and report, by gender, patient satisfaction assessments and clinical performance measures in order to facilitate trending and comparison of differences in the quality of care.

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9. Commission a follow-up study to the study entitled “Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans” published by Louis Harris and Associates in August 1985, to examine the current status, demographics, needs, and experience of women veterans of the U.S. Armed Forces.
  10. Identify and solicit earmarked research funds to conduct a study with sufficient numbers of women veterans by age, race or ethnicity, period of service, and both VA and non-VA healthcare utilization to conduct appropriate statistical analyses on the success of VA health and benefits programs in meeting the needs of women veterans. (This is a follow-up to Recommendation #17 of this Committee’s 2002 Report.)
  11. Conduct a study to investigate the reason for the disproportionate occurrence of the incidence of Post Traumatic Stress Disorder (PTSD) in African-American women veterans, in light of the fact that 35 percent of those seeking treatment for PTSD are African-American women, as cited in current literature reviews which demonstrates an increase in that cohort.
  12. Conduct a study to investigate the impact of the Anthrax vaccine and other military occupational exposures, both intentional (i.e. immunizations to include Anthrax) and unintentional (i.e. chemical exposures) on the reproductive system.
  13. Actively proceed with the authorized National Vietnam Veterans Longitudinal Study and re-address and evaluate the cohorts of the 1988 “The National Vietnam Veterans Readjustment Study” to include a broad based health inquiry.
  14. Fund and perform qualitative study/studies through Health Services Research and Development (HSR&D) to attain outcomes to determine appropriate panel size to maintain competence in the delivery of care to women veterans; and to determine how many women veterans are necessary to maintain a primary women’s health care clinic.
  15. Fund and conduct a national study through HSR&D on the variation of all VHA care delivery models for women, including primary care clinics, and that this study additionally include how these models are linked with outcomes of quality of care and patient satisfaction.
  16. The WVHP office conduct an assessment of compliance to determine whether clinicians, who also serve as WVPs, have appropriate time allocations to perform and accomplish the duties of both positions.
  17. Perform a study to determine the prevalence of Military Sexual Trauma (MST) among homeless women veterans, the psychosocial consequences of MST, and whether a correlation exists between MST and homelessness.
  18. Incorporate performance standards into the Executive Career Field Performance Plans that demonstrate individual leadership, and accountability of care and services provided to women veterans.

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19. The WVHP remains in a position and at a reporting level of high organizational visibility to ensure and protect its strength, authority, and autonomy within VHA in order to: guarantee its ability to provide consultation and program oversight; provide guidance and direction to all levels within VHA to include the medical centers and VISNs; and ensure that there be no diminution of the role and authority of the program.
  20. Local and VISN leadership be held accountable for implementing all strategies outlined in VHA Handbooks 1330.1 and 1330.2, and that mechanisms be developed for a process to monitor compliance. Furthermore, demonstrate evidence of the level of support and implementation of formal guidance outlined in the VHA Handbooks.
  21. On an annual basis, the four Deputy Field Directors (DFD), as well as one Lead VISN Woman Program Manager designated by the Committee, will provide a briefing on key issues within their respective areas during one of the Committee's Washington, DC, meetings.
  22. Establish a minimum of 20 hours or .5 full-time equivalent (FTE) as a threshold for the time allotted to WVPMs in the accomplishment of their duties.
  23. VHA provide the WVPMs with appropriate space, equipment and administrative support to accomplish their responsibilities in accordance with guidance outlined in VHA Handbook 1330.2 and that VBA provide this same level of support to its Women Veteran Coordinators.
  24. Utilize the WVPMs on medical center and VISN committees relative to strategic planning, staff education and orientation, and facilities management.
  25. VISN leadership to demonstrate and show evidence that the strategies outlined in the Women Veterans Health Program Integrated Business Plan has been incorporated into its plan. Further, that the VISN Women Veterans Health Council assesses this process and report its findings to the WVHP.
  26. All medical center women veterans' advisory committees incorporate non-VA employee women veterans consumers on their committee who represent the diverse population within each VA medical center treatment area and that this local women veterans advisory committee and the WVPM host an annual town meeting for women veterans of the area.
  27. Modify the Fee Basis package to alert providers of the need to follow-up on test results (i.e. mammography) of patients referred to community (outside) providers in order to provide timely continuity of care and case management.
  28. Medical center clinics monitor the oversight of coordination for case management between community contract care providers and VHA care providers for continuity of care. Additionally, develop a process for oversight to ensure that providers communicate findings to patients in a timely manner.

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29. Monitor data on services and treatment provided by fee-basis and contract, in a VHA database for evaluation, in order to project future needs and utilization of services by women veterans.
  30. Develop a comprehensive educational plan for primary care providers/clinicians that will enhance current practice and the utilization of the mental health screenings, to ensure that they more readily identify those women veterans who are at high risk and in need of mental health referrals in order to expedite the primary care referral to a mental health provider.
  31. Team leaders to monitor and evaluate the workload of the counseling and support staff, along with staff/client ratios at Vet Centers, to determine if personnel levels are adequate to provide timely treatment in meeting the current demands along with the expected/projected client increases as a result of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) and the increasing number of women veterans accessing the VA system, with a report to the Director of Readjustment Counseling Services.
  32. Vet Center team leaders identify and evaluate barriers that may lead to a diminished ability to serve women veterans with a report to the Director of Readjustment Counseling Services.
  33. Ensure that each inpatient/residential psychiatric unit has capacity to dedicate a specific area on the unit to segregated patient rooms, bathrooms, social areas, and treatment for women veterans, and that this arrangement is extended to PTSD units and homeless domiciliaries.
  34. All VISN homeless coordinators review and monitor the homeless veteran community outreach plan within their respective VISN medical centers to ensure that women veterans are a targeted population, and that an annual report is forwarded to the VA Program on Homelessness.
  35. The VHA, at each of its medical center behavioral/mental health departments, develop and implement a strategic plan and proactive local policy to provide coordinated linkages with community-based non-profits, social service providers, and local governmental agencies. This should include the identification of resources to provide care and support for the children of homeless women veterans, in order to bring comprehensive assistance to homeless veterans.
  36. The Secretary of Veterans Affairs, as current Chair of the Presidential Interagency Council on Homelessness (ICH), work with the ICH to initiate a grant that would coordinate a grant-funded Request for Proposal (RFP) from VA Homeless Grant and Per Diem Program with that of the Department of Health and Human Services (HHS), to allow non-profit organizations to respond to a single RFP grant initiative addressing the residential needs of homeless women veterans with children.
  37. VISN Directors commit to continue funding the Homeless Women Veterans Pilot Projects within the VISN where these programs are located, based on positive outcomes as determined by the Director VA Program on Homelessness.

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38. VA develops guidelines for homeless women veterans' program case management based on a review of outcomes and lessons learned from the 11 VA homeless women veterans' pilot programs, for utilization in local VA homeless programs.
  39. The Secretary identify funding for the homeless special needs grants in the VA Grant and Per Diem Program, as outlined in Public Law 107-95, "Homeless Veterans Comprehensive Assistance Act of 2001," and that a RFP be released.
  40. VA Grant and Per Diem Program identify homeless women veterans as a priority in the next capital and per diem only (PDO) grant round RFPs as offered within the VA Grant and Per Diem Program.
  41. VA seeks legislation to make permanent the authority to provide counseling, treatment, and care to victims of military sexual trauma.
  42. Make the treatment of PTSD arising from sexual assault a permanent function of the Vet Center mission.
  43. Extend VA's authority to provide counseling, treatment, and care for sexual trauma victims to National Guard members and Reservists who were sexually assaulted while on active duty for training.
  44. Provide funding to support hiring additional MST counselors to meet the needs of those suffering MST as identified by the Vet Center team leaders in conjunction with the Office of Readjustment Counseling Services.
  45. Authorize and fund the contract fee basis program administered by the Vet Center program to treat MST veterans when and where necessary.
  46. VHA develop enhanced initiatives and devote additional resources to assist the Behavioral and Mental Health Program with expanding the MST program and incorporating a more coordinated integrated approach to this delivery of care. Further, the Committee recommends that this coordination should include but not be limited to outreach, provider education, MST research, clinical care services, information technology systems development, data capture, the development of best practices, and the reporting of performance outcomes.
  47. Waive the eligibility criteria for prenatal and delivery care to women veterans who are pregnant due to rape while on active duty.
  48. Mandate that new staff orientation and sensitivity trainings and orientations with annual in-services to the staff of all VHA treatment sites, to include contracted CBOCs; document training on the employee training record; and ensure that the training is comprehensive in nature to include the history of women in the armed forces and military sexual trauma.
  49. VHA develops a training program that is mandatory for all affiliate residents and interns prior to their practice in a VA facility and that it includes a history of veterans' sacrifice and service and its impact on current health related conditions of the veterans era of service.



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50. Incorporate and extend MST training (as offered within VA medical centers or the VISNs) to Vet Center staff as determined appropriate by the Vet Center team leader and the Director of Readjustment Counseling Services, in conjunction with the medical center behavioral and mental health department.
  51. The Secretary communicates the Committee's request to the Department of Labor (DOL), that DOL, through its network of state employment directors and assistant directors, work with states to ensure Local Veterans Employment Representatives (LVERs) and Disabled Veteran Outreach Programs (DVOPs) receive information that will increase their sensitivity to women veterans issues to include MST.
  52. VA continue efforts to develop, recruit, and retain women employees for senior management positions and that the Secretary continue to aggressively encourage the identification of women veterans, who are viable candidates, for appointment to all VA advisory committees. The Committee requests that the Secretary extend this recommendation on behalf of the Committee to the Secretary of Labor.
  53. The Secretary extend this recommendation, on behalf of the Committee, to the Secretary of Labor, that DOL (VETS) continue efforts to work with state representatives to encourage the hiring of more women veterans as DVOPs and LVERs, and that the DOL identify obstacles and barriers to this effort.
  54. The Secretary extend this recommendation, on behalf of the Committee, to the Secretary of Labor; that the contracts developed by DOL's Veterans' Employment and Training Service (VETS) for training and rehabilitation services or employment opportunities for veterans of OEF and OIF provide ample and equitable opportunity for women veterans of these operations. The Committee requests that grantees report participation and job placement rates by gender to DOL VETS.
  55. VA propose legislation to increase the delimiting period for Montgomery GI Bill usage from 10 to 20 years.
  56. The National Cemetery Administration (NCA) include designations of acronyms WAAC, WAVES, SPAR, WAC, WAFS, and WASP, on headstones or markers to recognize women veterans who served in those specially designated units/corps.
  57. Ensure that veteran benefits advisors' at Transition Assistance Program briefings specifically address the existence of VA MST programs, and that information packets are disseminated.
  58. The Secretary establishes a process whereby formal member appointments are made by both the Department of Defense (DoD) and VA, for representation on all task forces and working groups dealing with MST.
  59. The Secretary suggests to DoD that pregnant service members, opting to be released from active duty prior to delivery, be briefed by the veterans TAP representative on VA eligibility, services and limits of VA services regarding pregnancy care within VA. The

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Committee also recommends that the women service members receive a briefing from the Tri-Care customer service representative on benefits related to delivery and newborn coverage. These two briefing requirements should be incorporated into the Commander's pregnancy counseling checklist.

60. The Secretary of Veterans Affairs request consideration by the Secretary of Defense for an evaluation that gender be added to the Form DD214, "Certificate of Release or Discharge from Active Duty."



## Recommendations and Rationale

### A. Strategic Planning

#### Recommendations:

1. Ensure that Women Veterans Program Managers (WVPMs) are active participants at all Veterans Integrated Service Network (VISN) level and local Capital Asset Realignment for Enhanced Services (CARES) implementation planning and decision-making group processes.
2. Conduct a sub-analysis of CARES data and market penetration to determine women veterans' trends. That these data are aggregated at the local medical center and reported to the Women Veterans Health Program (WVHP) office in order to plan for projections of Veterans Health Administration (VHA) impacting the local medical center utilization of services and care for women veterans.

**Rationale:** *As the CARES process moves forward, the Committee expects that the ability of VA medical centers (and other health facilities) to provide services for women veterans will be preserved and improved. This will only happen if specific attention is paid to this aspect of VA's mission throughout CARES implementation to avert the prohibitive costs of retrofitting new facilities.*

*Matters of importance to women veterans - including space/facilities, privacy and safety - must be addressed during the implementation and integration steps of the CARES process at the national, VISN, and local levels.*

*During site visits, the Committee has often observed that the limited space and poor configuration in women's health examination rooms resulted in violation of patient privacy. Privacy standards as published in revised Handbook 1330.1, have been determined within VA. Often these standards do not translate into specific direction and definition for site utilization. Standard examination rooms have basic equipment. However, if it is a gynecology examination room, the foot of the table is to be placed away from the door with enough space for the doctor to perform the exam. This may require additional space.*

#### Recommendations:

3. Perform a current assessment of compliance with the Privacy Standards, as outlined in the revised VHA Handbook 1330.1, "VHA Services for Women Veterans," at all VHA treatment delivery sites and re-assess this compliance on an annual basis with monitored outcomes reported to the local respective VISN leadership and the WVHP office.
4. Ensure that all medical center Space Utilization/Facilities Management committees apply the Privacy Standards outlined in revised VHA Handbook 1330.1 in the work process and

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that these privacy standards are applied consistently throughout the facilities. That this is facilitated by the inclusion of the WVPM on all space planning or renovating projects in the medical center where services are offered and provided to women veterans to include Community Based Outpatient Clinics (CBOC). The VISN Women Veterans' Health Council to assess and report on this annually with copies of the report forwarded to VISN leadership and the WVHP office.

**Rationale:** *As the result of site visits and feedback from women veterans, evidence indicates that issues related to facilities environment privacy standards remain and are a continued concern.*

## **B. Outreach**

### **Recommendations:**

5. Translate into Spanish, brochures and outreach materials that are currently only available in English.
6. Develop outreach materials targeting minority women veterans, older women veterans, and those living in rural areas and the U.S. territories, with attention to their unique ethnic, cultural, and geographic influences.

**Rationale:** *The Committee commends VA for their extensive efforts and new initiatives in its outreach to women veterans. With the increasing number of women veterans and those eligible activated National Guard and Reserve troops, the Committee believes that outreach will remain a priority, especially to those segments of the women veteran population that are hard to reach. The Committee further commends VA and the WVHP office for the development of the "Women Veterans Health Program" and "Military Sexual Trauma Counseling and Treatment" pamphlets that have been printed in English and Spanish, as well as the orientation brochure entitled "We are Women Veterans."*

### **Recommendation:**

7. That the Veterans Benefits Administration (VBA) begin an outreach effort to medical associations, such as the American Medical Association (AMA) and health care providers, etc., that may have contact with people born to mothers who served in Vietnam who are eligible for compensation for certain birth defects.

**Rationale:** *Public Law 106-419, "Veterans Benefits and Health Care Improvement Act of 2000," authorizes benefits to children born of mothers who served in Vietnam and who have certain types of birth defects. It has been noted in briefings from VBA that few have applied for such benefits to date. Since many of those eligible for this benefit are no longer minors, it is felt that they are probably receiving care by community providers who are not aware of the benefits for which they are eligible.*

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## C. Research and Studies

### Recommendations:

8. Aggregate and report, by gender, patient satisfaction assessments and clinical performance measures in order to facilitate trending and comparison of differences in the quality of care.
9. Commission a follow-up study to the study entitled “Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans,” published by Louis Harris and Associates in August 1985, to examine the current status, demographics, needs, and experience of women veterans of the U.S. Armed Forces.
10. Identify and solicit earmarked research funds to conduct a study with sufficient numbers of women veterans by age, race or ethnicity, period of service, and both VA and non-VA healthcare utilization to conduct appropriate statistical analyses on the success of VA health and benefits programs in meeting the needs of women veterans. (This is a follow-up to Recommendation #17 of this Committee’s 2002 Report.)
11. Conduct a study to investigate the reason for the disproportionate occurrence of the incidence of Post Traumatic Stress Disorder (PTSD) in African-American women veterans, in light of the fact that 35 percent of those seeking treatment for PTSD are African-American women, as cited in current literature reviews which demonstrates an increase in that cohort.
12. Conduct a study to investigate the impact of the Anthrax vaccine and other military occupational exposures, both intentional (i.e. immunizations to include Anthrax) and unintentional (i.e. chemical exposures) on the reproductive system.
13. Actively proceed with the authorized National Vietnam Veterans Longitudinal Study and re-address and evaluate the cohorts of the 1988 “National Vietnam Veterans Readjustment Study” to include a broad based health inquiry.

**Rationale:** *The Committee commends VA for the attention that has been given to studies and research in regard to women veterans. Further, the Committee commends VA for its approach to the development of a comprehensive VA women’s health research agenda, which includes a systematic review of VA’s research portfolio related to women’s health, a literature review as a foundation for an evidence base, analyses of existing data and data sources on the health and health care of female veterans, and identification of strategic priorities for research based on analysis of the needs of women veterans and the gaps in knowledge.*

*Based on the briefings over the past 2 years, the Committee has recognized and determined that a number of possible areas of investigation are needed for consideration. A number of studies, performed several decades ago, if re-addressed, would provide VA with current demographics and information on long-term health effects resulting from previous military service.*

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Over 51 percent of enlisted women and 24 percent of women officers come from minority groups. There are some indications that they may be more susceptible to PTSD from combat or personal trauma. The study entitled "Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans," published by Louis Harris and Associates in August 1985 was the last study designed to provide broad demographics trends on the current female, veteran population. "The National Vietnam Veterans Readjustment Study," was yet another that compared in-country Vietnam veterans with Vietnam Era veterans and civilian cohorts.

**Recommendations:**

14. Fund and perform qualitative study/studies through Health Services Research and Development (HSR&D) to attain outcomes to determine appropriate panel size to maintain competence in the delivery of care to women veterans; and to determine how many women veterans are necessary to maintain a primary women's health care clinic.
15. Fund and conduct a national study through HSR&D on the variation of all VHA care delivery models for women, including primary care clinics, and that this study additionally include how these models are linked with outcomes of quality of care and patient satisfaction.

**Rationale:** *Women veteran's health clinics and care centers have a wide and varied approach to the delivery of care to women veterans across the country. In VHA, care delivery models exist as comprehensive care centers, as primary care clinics, and others as Ob-Gyn clinics. Yet, it has not been determined what standard should exist for the appropriate women veterans' panel size in order to maintain physician competence in the delivery of primary and gender related care to women, nor have the components of effective, quality care been determined.*

*Many years were devoted to the struggle of the establishment of these specific VHA women's health clinics and comprehensive centers. The Committee looks to the emphasis that university medical centers place on women's health care as a specialty, as evidenced by the requirement that trainees have a proportionate number of women on the longitudinal panels.*

*The Committee is extremely concerned about a possible erosion of specific free-standing comprehensive women's health clinics and the mainstreaming of women veterans into general primary care.*

*As a foundation for developing a sound evidence base related to the organization and delivery of health care services to women veterans and the continuation and possible expansion of women's health clinics, a number of studies are being recommended.*

**Recommendation:**

16. The WVHP office conduct an assessment of compliance to determine whether clinicians, who also serve as WVPs, have appropriate time allocations to perform and accomplish the duties of both positions.

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**Rationale:** *WVPMs are critical in the successful implementation of the processes and systems to ensure timely access to quality care for the increasing numbers of women veterans accessing VA health care. In accordance with guidance published in VHA Handbook 1330.2, WVPMs must be allocated adequate time to perform the administrative requirements of their role.*

**Recommendation:**

17. Perform a study to determine the prevalence of Military Sexual Trauma (MST) among homeless women veterans, the psychosocial consequences of MST, and whether a correlation exists between MST and homelessness.

**Rationale:** *Data gathered by the Northeast Program Evaluation Center (NEPEC) in a study of program cohorts, from the 11 VA homeless women veterans' pilot programs, indicate that 43 percent of the study participants had reported rape and 38 percent reported sexual harassment while in the military.*

## **D. Women Veterans Health Program**

**Recommendations:**

18. Incorporate performance standards into the Executive Career Field Performance Plans that demonstrate individual leadership, and accountability of care and services provided to women veterans.
19. The WVHP remains in a position and at a reporting level of high organizational visibility to ensure and protect its strength, authority, and autonomy within VHA in order to: guarantee its ability to provide consultation and program oversight; provide guidance and direction to all levels within VHA to include the medical centers and VISNs; and ensure that there be no diminution of the role and authority of the program.
20. Local and VISN leadership be held accountable for implementing all strategies outlined in VHA Handbooks 1330.1 and 1330.2, and that mechanisms be developed for a process to monitor compliance. Furthermore, demonstrate evidence of the level of support and implementation of formal guidance outlined in the VHA Handbooks.

**Rationale:** *For more than 7 years, the WVHP office has been providing oversight and direction for the delivery model for the care and treatment of women veterans within VA. The contributions of the WVHP to advancing the delivery of health care and services to women veterans throughout VA's health care system are indisputable. The commitment, expertise, and investment of program officials have resulted in program enhancements and improved health care and customer satisfaction outcomes since the office's formal designation within the VHA in 1997.*

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**Recommendation:**

21. On an annual basis, the four Deputy Field Directors (DFD), as well as one Lead VISN Woman Program Manager designated by the Committee, will provide a briefing on key issues within their respective areas during one of the Committee's Washington, DC, meetings.

**Rationale:** *The Committee historically makes one site visit per year. It is recognized that due to the vast VHA system, the Committee is limited to the number of locations that could be visited over time. The Committee appreciates the energy and investment of the DFDs in the delivery of women veterans' health care and as a source of information to the Committee.*

## **E. Women Veterans Program Managers/Benefits Coordinators**

**Recommendations:**

22. Establish a minimum of 20 hours or .5 FTE as a threshold for the time allotted to WVPMS in the accomplishment of their duties.
23. VHA provide the WVPMS with appropriate space, equipment and administrative support to accomplish their responsibilities in accordance with guidance outlined in VHA Handbook 1330.2 and that VBA provide this same level of support to its Women Veteran Coordinators.

**Rationale:** *As reported by the WVHP office, the increasing number of women veterans was noted. Women veterans enrolled in VA in Fiscal Year (FY) 2003 were 333,578 (up 9.4 percent from FY 2002) and of those enrolled in FY 2003, 196,134 (up 7.5 percent from FY 2002) actually used the system. The projected number of women veterans, as estimated by the CARES data, projects that in 2012 the number of women veterans will be 528,728 and in 2022 it will be 699,314. It is unclear if these numbers account for the large number of activated women serving in the National Guard and Reserves.*

*The Committee views the administrative demands of the WVPM as increasing especially in terms of outreach and utilization as resource team members. We also considered the duties and responsibilities they face in order to adhere to and comply with VHA Handbook 1330.2 in the accomplishment of their duties.*

*While we recognize the progress of establishing a minimum threshold of 10 hours (.25 FTE) for WVPMS, the Committee continues to view this as insufficient for them to accomplish their mission and goals.*

**Recommendations:**

24. Utilize the WVPMS on medical center and VISN committees relative to strategic planning, staff education and orientation, and facilities management.
25. VISN leadership to demonstrate and show evidence that the strategies outlined in the WVHP Integrated Business Plan have been incorporated into its plan. Further, that the



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VISN Women Veterans Health Council assesses this process and report its findings to the WVHP.

**Rationale:** *The WVPMs are deeply vested in their role and position of providing assessment of needs and implementation of services to women veterans. The wealth of knowledge and expertise they have to offer not only to the women veterans but also to the medical center and VISN cannot be denied. The Committee feels the WVPMs would also provide a great resource and contribution to the mission in many arenas where they are not necessarily being fully utilized. This was apparent on the Committee's last two site visits.*

**Recommendation:**

- 26.** All medical center women veterans' advisory committees incorporate non-VA employee women veterans consumers on their committee who represent the diverse population within each VA medical center treatment area and that this local women veterans advisory committee and the WVPM host an annual town meeting for women veterans of the area.

**Rationale:** *Reflecting on the experiences and diversity of the Committee, we applaud the efforts of the WVPMs in their contribution to their local women veterans advisory committees. These local committees serve not only the medical center but also their community of women veterans. We believe these local committees should also be a diverse representative body with the ability to not only be the voice of local women veterans but also allow for women veterans to have a voice.*

## **F. Health Care**

**Recommendations:**

- 27.** Modify the Fee Basis package to alert providers of the need to follow-up on test results (i.e. mammography) of patients referred to community (outside) providers in order to provide timely continuity of care and case management.
- 28.** Medical center clinics monitor the oversight of coordination for case management between community contract care providers and VHA care providers for continuity of care. Additionally, develop a process for oversight to ensure that providers communicate findings to patients in a timely manner.
- 29.** Monitor data on services and treatment provided by fee-basis and contract, in a VHA database for evaluation, in order to project future needs and utilization of services by women veterans.

**Rationale:** *Providing high-quality, user-friendly health care for women in a traditionally all male environment such as VHA is a daunting challenge. Data capture is vital as VA explores new services to include workload, utilization, and cost. As software is expanded, it is essential that every facility identify a mechanism to collect and track data for outcome measures and the evaluation of the delivery of care.*

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**Recommendation:**

30. Develop a comprehensive educational plan for primary care providers/clinicians that will enhance current practice and the utilization of the mental health screenings, to ensure that they more readily identify those women veterans who are at high risk and in need of mental health referrals in order to expedite the primary care referral to a mental health provider.

**Rationale:** *Literature on abuse and victimization indicates that female sexual assault victims seek the help of a medical physician twice as frequently as male victims and that the severity of the victimization is the most powerful predictor of utilization rates. The patient seldom identifies trauma or behavioral health as his or her chief complaint. Frequent physical symptoms seen in trauma survivors are chronic pain, gastrointestinal problems, obesity, and hypertension. In order to address the needs of veterans in a holistic approach to the delivery of sexual trauma care the Committee is concerned about the fragmented and lack of coordinated approaches utilized in the assessment and treatment of the emotional and physical after-effects of MST.*

## **G. Behavioral and Mental Health Care**

**Recommendations:**

31. Team leaders to monitor and evaluate the workload of the counseling and support staff, along with staff/client ratios at Vet Centers, to determine if personnel levels are adequate to provide timely treatment in meeting the current demands along with the expected/projected client increases as a result of OEF/OIF and the increasing number of women veterans accessing the VA system, with a report to the Director of Readjustment Counseling Services.
32. Vet Center team leaders identify and evaluate barriers that may lead to a diminished ability to serve women veterans with a report to the Director of Readjustment Counseling Services.

**Rationale:** *VA did not focus on treating the emotional traumas experienced by veterans during military service until the late 1970's. The impetus for this was congressional action authorizing the Vet Center Program. Today, as in the past, Vet Centers are often the first stop for veterans requiring treatment for PTSD, addiction and other mental health conditions. The Global War on Terrorism is producing a new generation of veterans who will need such treatment well into the future. To date, more than 67,000 of these combat zone veterans are women. A VA outreach effort is underway now to inform these veterans of the services Vet Centers can provide for them. These outreach efforts must include women veterans, and PTSD, as well as other programs provided by Vet Centers to OEF and OIF veterans, must identify and eliminate barriers to women's participation. The Vet Centers have received a temporary increase in staff to help handle what could become a long-term increased workload resulting from the newly focused outreach effort. It is the Committee's sense that with this workload increase future increased funding may be necessary to provide a permanent increase in full-time equivalent FTE counseling positions.*

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**Recommendation:**

- 33.** Ensure that each inpatient/residential psychiatric unit has capacity to dedicate a specific area on the unit to segregated patient rooms, bathrooms, social areas, and treatment for women veterans, and that this arrangement is extended to PTSD units and homeless domiciliaries.

**Rationale:** *During site visits and through briefings, the Committee has noted that psychiatric treatment facilities, domiciliaries, and other spaces used for inpatient/residential treatment of women suffering from mental health conditions are inadequately configured to ensure the privacy and safety these women need to achieve successful treatment outcomes. This is particularly important for those women who suffered from military sexual trauma, sexual trauma, and domestic violence.*

## **H. Women Veterans Who are Homeless**

**Recommendations:**

- 34.** All VISN homeless coordinators review and monitor the homeless veteran community outreach plan within their respective VISN medical centers to ensure that women veterans are a targeted population, and that an annual report is forwarded to the Director, VA Program on Homelessness.
- 35.** The VHA, at each of its medical center behavioral/mental health departments, develop and implement a strategic plan and proactive local policy to provide coordinated linkages with community-based non-profits, social service providers, and local governmental agencies. This should include the identification of resources to provide care and support for the children of homeless women veterans, in order to bring comprehensive assistance to homeless veterans.
- 36.** The Secretary, as current Chair of the ICH, work with the ICH to initiate a grant that would coordinate a grant-funded RFP from VA Homeless Grant and Per Diem Program with that of HHS, to allow non-profit organizations to respond to a single RFP grant initiative addressing the residential needs of homeless women veterans with children.

**Rationale:** *The rising number of women in the military has the potential for an increase in the number of women veterans who are homeless. Women veterans who are homeless must be recognized as having unique needs, such as privacy, childcare, prenatal and pregnancy care, and treatment for physical and sexual trauma.*

**Recommendations:**

- 37.** VISN Directors commit to continue funding the Homeless Women Veterans Pilot Projects within the VISN where these programs are located, based on positive outcomes as determined by the Director VA Program on Homelessness.

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38. VA develops guidelines for homeless women veterans' program case management based on a review of outcomes and lessons learned from the 11 VA homeless women veterans' pilot programs, for utilization in local VA homeless programs.

**Rationale:** *The special attention and investment made recently by VA in pilot programs for women veterans who are homeless that have resulted in development of successful approaches to helping these women should be shared across the system to increase positive outcomes.*

**Recommendations:**

39. The Secretary identify funding for the homeless special needs grants in the VA Grant and Per Diem Program, as outlined in Public Law 107-95, "Homeless Veterans Comprehensive Assistance Act of 2001," and that a RFP be released.
40. VA Grant and Per Diem Program identify homeless women veterans as a priority in the next capital and PDO grant round RFPs as offered within the VA Grant and Per Diem Program.

**Rationale:** *Women veterans who are homeless are estimated to be approximately three to four percent of the homeless veterans' population. Women veterans who are homeless seeking residential treatment in VHA may have minor dependents and would have to relinquish custody or find guardians in order to be admitted to residential programs, i.e. domiciliaries, substance abuse treatment units, and PTSD units. Often times, placement in the community or in VA funded Homeless Grant and Per Diem transitional programs are the only options of choice for the woman veteran.*

## **I. Sexual Trauma Counseling**

**Recommendations:**

41. VA seeks legislation to make permanent the authority to provide counseling, treatment, and care to victims of military sexual trauma.
42. Make the treatment of PTSD arising from sexual assault a permanent function of the Vet Center mission.
43. Extend VA's authority to provide counseling, treatment, and care for sexual trauma victims to National Guard members and Reservists who were sexually assaulted while on active duty for training.

**Rationale:** *The legal authority, Public Law 103-452, "1994 Veterans Health Program Extension Act," that permits VA to provide sexual trauma counseling and treatment to military members of both sexes, even if they are not otherwise eligible for veterans' benefits, expires on December 31, 2004. The Committee recognizes that a VA legislative proposal has been put forward and that recent Congressional hearings were held on this issue. Data indicate that of those screened for MST, 1 in 20 women (19,463) and 1 in 100 men (22,486)*

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reported this experience. The most recent screening data indicate that 21 percent of female veterans screened in FY 2002 and 19.03 percent of those screened in FY 2003 reported MST. Additionally, a recently completed VHA study, "Military Sexual Trauma Among the Reserve Components of the Armed Forces," shows that Guard and Reserve component members have been sexually assaulted while on active duty for training. Under current law, these victims are not eligible for treatment.

**Recommendations:**

44. Provide funding to support hiring additional MST counselors to meet the needs of those suffering MST as identified by the Vet Center team leaders in conjunction with the Office of Readjustment Counseling Services.
45. Authorize and fund the contract fee basis program administered by the Vet Center program to treat MST veterans when and where necessary.

**Rationale:** Currently, funding levels support 39 FTE positions for MST counselors within the 206-facility Vet Center system. The Committee is concerned that this FTE level is inadequate to meet the need for such treatment, due to the current data reported on VA MST screenings. MST counselors have overloaded patient panels and there can be long waiting times for treatment. If current funding does not allow for additional counseling staff levels, consideration must be given to fee-basis contracting for the service, where the workload indicates an increased need.

**Recommendation:**

46. VHA develop enhanced initiatives and devote additional resources to assist the Behavioral and Mental Health Program with expanding the MST program and incorporating a more coordinated integrated approach to this delivery of care. Further, the Committee recommends that this coordination should include but not be limited to outreach, provider education, MST research, clinical care services, information technology systems development, data capture, the development of best practices, and the reporting of performance outcomes.

**Rationale:** Services, treatment, and care are provided to MST victims in an array of VHA facilities and program settings including inpatient and outpatient wards, medical and mental health arenas, Vet Centers, women's health centers, and CBOCs. Considering the fragmented system of service delivery, a more coordinated and comprehensive approach is needed.

**Recommendation:**

47. Waive the eligibility criteria for prenatal and delivery care to women veterans who are pregnant due to rape while on active duty.

**Rationale:** It is unclear, under current legislation that provides for treatment and care as the result of MST, if women veterans and those who are otherwise ineligible to receive VA care (those with less than 24 months of active duty, National Guard and Reservists) who as the

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result of MST become pregnant, will be eligible for prenatal care and childbirth benefits. The Committee recognizes that this may be a rare occurrence; however, the Committee believes it must be defined.

## J. Training

### Recommendations:

48. Mandate that new staff orientation and sensitivity trainings and orientations with annual in-services to the staff of all VHA treatment sites, to include contracted CBOCs; document training on the employee training record; and ensure that the training is comprehensive in nature to include the history of women in the armed forces and military sexual trauma.
49. VHA develops a training program that is mandatory for all affiliate residents and interns prior to their practice in a VA facility and that it includes a history of veterans' sacrifice and service and its impact on current health related conditions of the veteran's era of service.

**Rationale:** *New staff orientation and sensitivity training is developed and offered at medical centers, vet centers, CBOCs and to affiliated staff. However, training does not occur on a consistent or universal basis. The Committee believes this is an important element that needs more attention and is an investment in the total care and services offered by VHA. The Committee finds this especially true in regard to the affiliates and believes that veterans have the right to expect that those who deliver their care have an understanding of who they are as veterans and the sacrifice they have made. This issue is made difficult by the rotational aspects of residents and interns.*

*The medical community, university medical schools, and the Nation at large have benefited greatly from the expenditures made by VA for both direct healthcare and medical research. These expenditures have come from VA's budget as yet another investment in our country. However, the actual veteran does not benefit reciprocally.*

### Recommendation:

50. Incorporate and extend MST training (as offered within VA medical centers or the VISNs) to Vet Center staff as determined appropriate by the Vet Center team leader and the Director of Readjustment Counseling Services, in conjunction with the medical center behavioral and mental health department.

**Rationale:** *In order to maximize and efficiently utilize the limited funding available, the Committee believes that the sharing of resources is an important aspect of fiscal responsibility. For this reason the Committee believes that certain training sessions and seminars be extended beyond the walls of the medical center to other VA staff.*

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**Recommendation:**

- 51.** The Secretary communicates the Committee's request to the DOL, that DOL, through its network of state employment directors and assistant directors, work with states to ensure LVERs and DVOPs receive information that will increase their sensitivity to women veterans' issues to include MST.

***Rationale:** As more women move from active duty to veteran status, seeking employment, training opportunities, and re-entry into the job market, consideration must be given to the military experience of women veterans and the impact it has had on their lives as they move to re-integrate into the community at large.*

## **K. Veteran Employment and Education**

**Recommendation:**

- 52.** VA continue efforts to develop, recruit, and retain women employees for senior management positions and that the Secretary continue to aggressively encourage the identification of women veterans, who are viable candidates, for appointment to all VA advisory committees. The Committee requests that the Secretary extend this recommendation on behalf of the Committee to the Secretary of Labor.

***Rationale:** The Committee commends the Secretary for his initiative to develop, recruit, and retain women employees throughout VA for senior management positions. The Committee recognizes the progress made by VA and DOL to ensure qualified women veterans, including minority women, are identified and appointed to serve on all veterans advisory committees. Women veterans across the country excel in all arenas and provide an excellent resource for advisory committees far beyond their gender. The Committee believes that increased attention is needed in their appointments.*

**Recommendations:**

- 53.** The Secretary extend this recommendation, on behalf of the Committee, to the Secretary of Labor, that VETS continue efforts to work with state representatives to encourage the hiring of more women veterans as DVOPs and LVERs, and that DOL identify obstacles and barriers to this effort.
- 54.** The Secretary extend this recommendation, on behalf of the Committee, to the Secretary of Labor; that the contracts developed VETS for training and rehabilitation services or employment opportunities for veterans of OEF and OIF provide ample and equitable opportunity for women veterans of these operations. The Committee requests that grantees report participation and job placement rates by gender to VETS.

***Rationale:** Approximately 67,000 female troops have been deployed in support of OEF and OIF. Women are being exposed to the hazards of a combat environment and the physical and mental traumas of combat as never before. It is important to keep their needs in mind when designing veterans' employment and employment rehabilitation programs.*

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*The approaching retirement of many state-level DVOP and LVERs affords an opportunity for DOL VETS to work with state representatives to encourage the hiring of more women veterans into these positions. The Committee commends the efforts DOL has made to use the good offices of its network of state directors and assistant directors to encourage each state to identify, recruit and hire more women veterans into LVER and DVOP positions.*

*The Committee anticipates that the VETS will develop programs and award new contracts to provide training and rehabilitation services as well as employment opportunities for veterans of OEF/OIF. It is important that the needs of women combat zone veterans be made part of this process.*

**Recommendation:**

**55.** VA propose legislation to increase the delimiting period for Montgomery GI Bill usage from 10 to 20 years.

***Rationale:** With VA support, Congress recently passed legislation to increase the value of Montgomery GI Bill benefits. Among the beneficiaries of this legislation will be veterans of OEF/OIF. Consideration should be given to an extension to allow veterans who chose full-time parenting - most of whom are women - to use their benefits to prepare them for return to the workforce after meeting the demands of child rearing. Additionally, an extension of the delimiting period will permit increased opportunity for older veterans who may need to update skills or change employment fields to remain a part of the labor force.*

## **L. National Cemeteries**

**Recommendation:**

**56.** The National Cemetery Administration (NCA) include designations of acronyms WAAC, WAVES, SPAR, WAC, WAFS, and WASP, on headstones or markers to recognize women veterans who served in those specially designated units/corps.

***Rationale:** Headstones provided by the NCA are a source of pride to women veterans in that they are the final, lasting testament to their veteran status. When large numbers of women were openly encouraged to assist their country during World War II, Korea and in the initial phases of the Cold War, they were placed into specially designated units, such as Women's Auxiliary Army Corps (WAAC), Women Accepted for Volunteer Emergency Service (WAVES), Semper Paratus-Always Ready (SPAR), Women's Army Corps (WAC), Women's Auxiliary Ferrying Squadron (WAFS), and Women Airforce Service Pilots (WASP). Although women today train and serve alongside their male counterparts in integrated squadrons, it is important to honor the special status of the women veterans who paved the way for total integration of generations to follow.*



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## M. Departments of Defense and Veterans Affairs

### Recommendation:

57. Ensure that veteran benefits advisors' at Transition Assistance Program briefings specifically address the existence of VA MST programs, and that information packets are disseminated.

**Rationale:** *The Committee commends VA and the Department of Defense Manpower Data Center for establishing the lines of communication to share information on combat injuries (and non-battle casualties) for the returning veterans of OEF/OIF as they are discharged from active duty.*

*Data indicate that of those screened for MST, 1 in 20 women (19,463) and 1 in 100 men (22,486) reported this experience. Due to increasing number of veterans, both men and women, who present with the need for these services the Committee strongly recommends that VA provides them.*

### Recommendations:

58. The Secretary establishes a process whereby formal member appointments are made by both the Department of Defense (DoD) and VA, for representation on all task forces and working groups dealing with MST.
59. The Secretary suggests to DoD that pregnant service members, opting to be released from active duty prior to delivery, be briefed by the veterans TAP representative on VA eligibility, services and limits of VA services regarding pregnancy care within VA. The Committee also recommends that the women service members receive a briefing from the Tri-Care customer service representative on benefits related to delivery and newborn coverage. These two briefing requirements should be incorporated into the Commander's pregnancy counseling checklist.

**Rationale:** *Some women who are pregnant and choose to separate from active duty are eligible to enroll in VA, however, some find themselves not adequately informed with regard to VA eligibility priority enrollment and how this will impact the timeframe for access to VA maternity benefits. Complete information on all available resources, as it relates to maternity and delivery care, will allow the woman the opportunity to make an informed decision on the coverage that best fits her needs.*

### Recommendation:

60. The Secretary requests consideration by the Secretary of Defense for an evaluation that gender be added to the Form DD214.

**Rationale:** *The DD214, "Certificate of Release or Discharge From Active Duty," an important tool for outreach, program development efforts, and strategic planning purposes. However, it is difficult to determine the gender based on name alone.*



## VA Response to Recommendations

### A. Strategic Planning

1. Ensure that Women Veterans Program Managers (WVPMs) are active participants at all Veterans Integrated Service Network (VISN) level and local Capital Asset Realignment for Enhanced Services (CARES) implementation planning and decision-making group processes.

**VA Response:** Concur. WVPMs are active participants at VISN level and local CARES implementation planning and decision-making group processes. Presently, there is a Lead WVPM designated for each VISN who also serves as a member of the National Women Veterans Health Program Field Advisory Group. In addition, each VA facility has a designated Women Veterans Program Manager. VHA will utilize these existing processes in providing input and consultation to CARES implementation and planning activities. CARES decisions will also be incorporated into VHA ongoing strategic planning activities and support the Women Veterans Health Program's (WVHP) continued involvement to ensure quality, accessible delivery of services to women veterans. The Director, Women Veterans Health Program office, is a consultant to the National Leadership Board (NLB) Strategic Planning Committee, and will be a consultant to each NLB strategic champion group on issues relevant to women's health. As CARES issues arise, VISN and local medical center directors will seek advice and counsel from the WVHP office.

- Target Date: Ongoing

2. Conduct a sub-analysis of CARES data and market penetration to determine women veterans' trends. That these data are aggregated at the local medical center and reported to the Women Veterans Health Program (Women Veterans Health Program office) office in order to plan for projections of Veterans Health Administration (VHA) impacting the local medical center utilization of services and care for women veterans.

**VA Response:** Concur. Women veterans are one of the fastest growing segment of the veteran population based on the Census2000 and VetPop data. VHA anticipates that women veteran enrollees will increase as well and has empowered the Women Veterans Health Program to collaborate with all VHA program offices to actively explore and propose strategies to ensure that we are prepared to meet the needs of women veterans. Our ability to project valid women veteran health care utilization trends at the health care market area level has been restricted by the fact that women veteran enrollees have consistently comprised only approximately 4.5 percent of the total VHA enrollees. VHA's Policy and Forecasting Office will consult with actuary contractors to ensure alternative women veteran health care utilization data is available to support future strategic planning initiatives.

- Target Date: FY 05

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3. Perform a current assessment of compliance with the Privacy Standards, as outlined in the revised VHA Handbook 1330.1, "VHA Services for Women Veterans," at all VHA treatment delivery sites and re-assess this compliance on an annual basis with monitored outcomes reported to the local respective VISN leadership and the WVHP office.

**VA Response:** Concur. The National Women Veterans Health Program Integrated Business Plan, Objective 1.1 states: "The Women Veterans Health Program (WVHP) office will develop and incorporate structural/environmental and psychosocial patient safety and privacy standards in the revised VHA Handbook 1330.1, Services for Women." Appendix B of the Handbook outlines the Standards that were developed and Appendix C provides a tool to monitor outcomes of compliance with the Privacy Standards. Also, data obtained from the Survey of Health Care Experiences of Patients for FY 02 and FY 03, with a focus on women veterans' satisfaction results, indicate that in both years, 85-86 percent of the women queried were satisfied with privacy. These results are from inpatients. Appendix C also focuses on inpatient and outpatient compliance with privacy standards. The revised VHA Handbook 1330.1 published in July 2004 requires every facility to complete a Plan of Care/Clinical Inventory commencing in FY 05. VHA's Office of the Deputy Under Secretary for Health for Operations and Management will coordinate with the WVHP to assess compliance with the established privacy standards on an annual basis.

- Target Date: 3rd quarter FY 05 and annually thereafter

4. Ensure that all medical center Space Utilization/Facilities Management committees apply the Privacy Standards outlined in revised VHA Handbook 1330.1 in the work process and that these privacy standards are applied consistently throughout the facilities. That this is facilitated by the inclusion of the WVPM on all space planning or renovating projects in the medical center where services are offered and provided to women veterans to include Community Based Outpatient Clinics (CBOC). The VISN Women Veterans' Health Council to assess and report on this annually with copies of the report forwarded to VISN leadership and the WVHP office.

**VA Response:** Concur. VHA Handbook 1330.1, VHA Services for Women Veterans, Appendix B "Women Veterans Health Structural and/or Environmental Privacy and Safety Standards," provides guidance to WVPMs, who are responsible for interpreting and providing education to facility staff on the safety and privacy needs of women veterans. The Handbook states that the WVPM should be included in all space planning or renovation projects at the facility and CBOCs where services are offered and provided to women veterans. VISN Lead WVPMs and VISN Women Veterans Health Councils will share the standards with VISN leadership. Appendix C, "Plan of Care/Clinical Inventory," will be required from each facility for FY 05 and will assess the level of compliance. This report will be submitted to facility and VISN leadership prior to sending it in to the national Women Veterans Health Program Office.

- Target Date: 1st quarter FY 05

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## B. Outreach

5. Translate into Spanish, brochures and outreach materials that are currently only available in English.

**VA Response:** Concur. The most widely requested and distributed brochures, pamphlets, fact sheets, and booklets are available in Spanish (listed below). The VHA, VBA, and NCA actively monitor materials to ensure that they meet the needs of veterans. The following is a list of the most widely distributed materials available in Spanish. Numerous benefit fact sheets and other informational materials, printed in Spanish, are available on VA's Internet web site (<http://www.va.gov>).

- Women Veterans Health Program Brochure, *A Promise Kept*
- Military Sexual Trauma Brochure, *Counseling and Treatment*
- A Summary of VA Benefits*
- Federal Benefits for Veterans and Dependents*
- Gulf War Veteran Information*
- Veterans of the Gulf War*
- Investigation of Gulf War Veterans*

The following Benefit Fact Sheets are available on the VA Web Page in both English and Spanish:

- Disability Compensation Benefits
- Disability Pension Benefits
- Dependency and Indemnity Compensation
- Burial Plot-Interment Allowance
- Death Pension Benefits
- Burial Flag
- Montgomery GI-Bill – Active Duty – Chapter 30
- Vocational Rehabilitation Benefits – Chapter 31
- Post-Vietnam Educational Assistance Program (VEAP) – Chapter 32
- Montgomery GI Bill – Selected Reserves – Chapter 106
- Assistance for Homeless Veterans
- Former Prisoners of War POWs
- Home Loan Guaranty Benefits
- Incarcerated Veterans Benefits
- Service-Disabled Veterans Insurance - RH

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Survivors & Dependents Educational Assistance – Chapter 35

VA will also have the Fact Sheet on Disability Compensation for Sexual Trauma translated into Spanish and posted on the VA Web Page.

VA will consider the Committee's request for printing additional publications in Spanish.

- Target Date: Ongoing

6. Develop outreach materials targeting minority women veterans, older women veterans, and those living in rural areas and the U.S. territories, with attention to their unique ethnic, cultural, and geographic influences.

**VA Response:** Concur. Homeless women veterans are a segment of the various populations targeted in VA's overall outreach efforts among them minorities, the elderly, and those residing in outlying areas. We believe that the reality of "women are veterans too" is deeply engrained VA-wide. VHA's revised Handbook 1330.1, Health Care for Women Veterans incorporated cultural standards, which serves as guidance to the field on the importance of women's unique ethnic, cultural, and geographic influences. The WVHP Orientation brochure entitled "We are Women Veterans" reviews the history of women veterans to help insure cultural and gender sensitivity. All brochures developed by the WVHP for outreach are available in Spanish and English. In addition, all WVHP outreach materials have been designed to represent cultural and ethnic sensitivity.

Information materials and exhibits used in VBA's outreach programs depict diversity. VBA will encourage local VA staff involved in outreach to incorporate, where lacking, inclusion of women in materials. We believe that VBA outreach coordinators are sensitive to women's issues and this sensitivity crosses into all age groups, ethnic origin, or geographic concerns.

- Target Date: Ongoing

7. That the Veterans Benefits Administration (VBA) begin an outreach effort to medical associations, such as the American Medical Association (AMA) and health care providers, etc., that may have contact with people born to mothers who served in Vietnam who are eligible for compensation for certain birth defects.

**VA Response:** Pending further discussion. VBA has conducted extensive outreach on Spina Bifida benefits as well as benefits for women Vietnam veterans' children with birth defects. Several initiatives were implemented to provide information and assistance to this special group of veterans and dependents, including:

- Web Page Information
- Publications
- Toll-Free Telephone Service
- Electronic Inquiry
- Women Veterans Coordinator (WVC) Training

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- External Contacts and Briefings
  - Women Vietnam Veterans Reproductive Outcomes Health Study Group
  - Meeting with Service Organization Representatives

### C. Research and Studies

8. Aggregate and report, by gender, patient satisfaction assessments and clinical performance measures in order to facilitate trending and comparison of differences in the quality of care.

**VA Response:** Concur. VHA's Office of Quality and Performance currently has the capability of aggregating customer satisfaction and clinical performance indices by gender. Ongoing analyses are conducted by the Office of Quality and Performance; their website updated regularly and currently contains End of Fiscal Year '03 male/female comparisons on prevention and clinical practice guideline performance measures. The Office of Quality and Performance will provide a briefing to the Committee at their next scheduled meeting.

- Target Date: October 2004

9. Commission a follow-up study to the study entitled "Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans" published by Louis Harris and Associates in August 1985, to examine the current status, demographics, needs, and experience of women veterans of the U.S. Armed Forces.

**VA Response:** Concur. The study on the needs, attitudes and experiences of women veterans published in 1985 is outdated. During the years subsequent to that study, the number of women serving in the military has increased and their roles changed dramatically. Today, approximately 10.5 percent of the OEF/OIF veterans seeking VA health care are women. Approximately 4.5 percent of our enrollees and patients are female. A survey of enrolled female veterans will assist us in identifying the needs of this increasing veteran population. To meet the increasing and changing health care needs of women veterans, a current study of women veterans' demographics and experiences merits serious consideration. We also recognize the need for more global studies on specific veteran populations. Extensive women veteran demographic data are currently available in multiple data repositories e.g., VetPop, Census2000, Defense Management Data Center and VHA actuarial data repositories. The Under Secretary for Health and VA's Office of Policy, Planning, and Preparedness will collaborate with the ACWV to determine committee expectations relative to future studies on women veterans over and above data that currently exists. Once determined, it is reasonable to expect that an appropriate survey could be conducted within a year.

- Target date: Within a calendar year of the identification of specific study variables provided by the Advisory Committee on Women Veterans.

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10. Identify and solicit earmarked research funds to conduct a study with sufficient numbers of women veterans by age, race or ethnicity, period of service, and both VA and non-VA healthcare utilization to conduct appropriate statistical analyses on the success of VA health and benefits programs in meeting the needs of women veterans. (This is a follow-up to Recommendation #17 of this Committee's 2002 Report.)

**VA Response:** Concur. The Office of Policy, Planning and Preparedness is currently in the process of reviewing proposals for a contract to further analyze the findings of the 2001 National Survey of Veterans. The 2001 survey oversampled women veterans and may provide a rich source of data in these areas. We will emphasize to the contractor the need to look closely at the data from the women veteran cohort.

- Target Date: Expect to have contract awarded by end of FY 04.

11. Conduct a study to investigate the reason for the disproportionate occurrence of the incidence of Post Traumatic Stress Disorder (PTSD) in African-American women veterans, in light of the fact that 35 percent of those seeking treatment for PTSD are African-American women, as cited in current literature reviews which demonstrates an increase in that cohort.

**VA Response:** Concur. PTSD in women veterans is a priority research area. VA has existing solicitations for research on both women veterans' health care and posttraumatic stress disorder (PTSD). These solicitations also encourage consideration of the needs of special populations of women veterans. VHA's Office of Research and Development (ORD) will continue to encourage studies that explore the prevalence and incidence of PTSD among women veterans, and assess treatment alternatives, taking into consideration special needs of differing demographic groups of women veterans (e.g., racial and ethnic groups, and by era of service such as Iraq vs. Gulf War). ORD will solicit requests for proposals (RFP) to encourage research related to women's health care and PTSD and will consider this is a priority area of investigation.

- Target Date: Ongoing

12. Conduct a study to investigate the impact of the Anthrax vaccine and other military occupational exposures, both intentional (i.e. immunizations to include Anthrax) and unintentional (i.e. chemical exposures) on the reproductive system.

**VA Response:** Concur. Research studies investigating the effects of chemical and other occupational hazardous exposures on the reproductive system are important. Even though studies to date have not demonstrated adverse reproduction outcomes for veterans of Operations Desert Shield/Desert Storm (1990-1991), studies covering even longer periods are necessary. This is an area that is highlighted as a priority in the recent Solicitation of Applications for Deployment Health Services Research.

- Target Date: Ongoing

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13. Actively proceed with the authorized National Vietnam Veterans Longitudinal Study (NVVLS) and re-address and evaluate the cohorts of the 1988 “The National Vietnam Veterans Readjustment Study” to include a broad based health inquiry.

**VA Response:** Concur. Plans for the NVVLS are currently under review. While the final form of the project is still unclear, it is reasonable to anticipate that a broad-based health inquiry may be included. The Director of the WVHP will confer with the study developers to ensure that women veterans’ cohort are included in the broad based health inquiry.

- Target Date: 3rd quarter FY 05

14. Fund and perform qualitative study/studies through Health Services Research and Development (HSR&D) to attain outcomes to determine appropriate panel size to maintain competence in the delivery of care to women veterans; and to determine how many women veterans are necessary to maintain a primary women’s health care clinic.
15. Fund and conduct a national study through HSR&D on the variation of all VHA care delivery models for women, including primary care clinics, and that this study additionally include how these models are linked with outcomes of quality of care and patient satisfaction.

**VA Response (Recommendations 14 & 15):** Concur. Research on the quality and outcomes of the various care delivery models for women veterans is important. VHA has developed and implemented guidance on appropriate panel sizes for primary care. Current solicitations encourage research in this area (both qualitative and quantitative) and future solicitations will continue to direct attention to examining the relationship of health care delivery organization, provider expertise and experience, quality of care, outcomes, and patient satisfaction. Data from the Survey for Women Veterans should also provide additional information. It will be necessary to evaluate the outcomes of these research initiatives relative to the appropriate panel size and care delivery models for women before assuming a position on these two recommendations. The competitive, scientific peer review process will determine the actual funding of any research studies in these areas.

- Target Date: FY 06

16. The WVHP office conduct an assessment of compliance to determine whether clinicians, who also serve as WVPMs, have appropriate time allocations to perform and accomplish the duties of both positions.

**VA Response:** Concur. VHA Handbook 1330.2, “Women Veterans Program Manager Positions” (March 2003) provides guidance on developing the WVPM position description for Title 5 and Title 38 employees. Six performance standards were identified to ensure the WVPMs successful performance.

The performance standards and competency statements are focused on administrative duties. Administrative time allocation is negotiated between the WVPM and management team based on measurable program outcomes. Clinical time allocations are calculated



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separately with the minimum ten-hour administrative duties clearly defined. A July 16, 2003, memorandum from the Deputy Under Secretary for Health for Operations and Management (DUSHOM) to the VISN directors recommended at least ten hours of administrative time. A second memorandum on June 16, 2004, requesting an update on the goal of having the WVPM dedicate a minimum of 10 hours per week (.25 FTEE) for programmatic activities was received on July 6, 2004. Measurement of compliance, program effectiveness, and administrative WVPM hours will be monitored through site visits by Deputy Field Directors and Lead WVPMs, VISN Women's Health Advisory Councils and VHA Handbook 1330.1, Appendix C, "Plan of Care/Clinical Inventory." Additional assessment of administrative hours will be reviewed annually through the Plan of Care/Clinical Inventory commencing in FY 05.

- Target Date: Ongoing monitoring

17. Perform a study to determine the prevalence of Military Sexual Trauma (MST) among homeless women veterans, the psychosocial consequences of MST, and whether a correlation exists between MST and homelessness.

**VA Response:** Concur. The Associate Chief Consultant, Health Care for Homeless Veterans and the Northeast Program Evaluation Center (NEPEC) are conducting an evaluation of an 11-site demonstration project specifically funded to provide targeted outreach and specialized services to homeless women veterans. Both baseline and follow-up data obtained on 600 homeless women veterans who participated in the evaluation of the national homeless women veterans program indicate that 33 percent show evidence of PTSD. Detailed data are also available on their trauma histories before, during, and after military service and have demonstrated that almost 90 percent had been exposed to serious lifetime trauma (67 percent had been raped and 64 percent sexually assaulted). During their period of military service 31 percent had been raped, 27 percent assaulted and 36 percent either raped or assaulted. It is important to note that this sample was not selected because of their trauma histories, but rather because they were homeless and in need of services. Data collection is scheduled to end in February 2005. The NEPEC will issue a report in August 2005. Data are continually fed back to the office of the Associate Chief Consultant, Health Care for Homeless Veterans for review and appropriate action. Analysis of the data will yield information on the prevalence of MST among homeless women veterans, the psychosocial consequences of MST, and whether a correlation exists between MST and homelessness and aid in the identification of additional research and resource opportunities.

Additional programs will be established in the next several years allowing gathering of additional data. We are keenly aware of this being a serious problem and our efforts are focused on providing treatment services to these veterans as well as continuing to evaluate their needs to improve our services.

- Target Date: FY 05

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## D. Women Veterans Health Program

18. Incorporate performance standards into the Executive Career Field Performance Plans that demonstrate individual leadership, and accountability of care and services provided to women veterans.

**VA Response:** Concur: VHA has mechanisms in place to ensure that all performance standards are measured and/or analyzed by gender to ensure accountability for women's care and that appropriate time and resources are available to ensure that women's needs are being met. Each performance measurement can be aggregated by gender to discern differences or identify deficiencies along gender lines.

In March 2000, the VBA issued an all-station directive reinforcing its commitment to outreach to women veterans. It emphasized the importance of the Women Veteran Coordinator (WVC) position and provided basic language to be used as an addendum to the assigned coordinator's position description. The directive provided Core-Operating Standards for the WVC program that requires regional office management to quantify the amount of time and resources that can be will be devoted to WVC functions. Appropriate space, equipment, and clerical support are important elements in supporting the role of the WVC. These guidelines will be reviewed and reissued, if appropriate.

- Target Date: Ongoing

19. The WVHP remains in a position and at a reporting level of high organizational visibility to ensure and protect its strength, authority, and autonomy within VHA in order to: guarantee its ability to provide consultation and program oversight; provide guidance and direction to all levels within VHA to include the medical centers and VISNs; and ensure that there be no diminution of the role and authority of the program.

**VA Response:** Concur. The WVHP is appropriately placed and will continue to receive support from within VHA.

- Target Date: Ongoing

20. Local and VISN leadership be held accountable for implementing all strategies outlined in VHA Handbooks 1330.1 and 1330.2, "Women Veterans Program Manager Position," and that mechanisms be developed for a process to monitor compliance. Furthermore, demonstrate evidence of the level of support and implementation of formal guidance outlined in the VHA Handbooks.

**VA Response:** Concur. The WVHP Integrated Business Plan, VHA Handbook 1330.1, "VHA Services for Women Veterans," and VHA Handbook 1330.2, "Women Veterans Program Manager Positions," have been distributed to all facilities and VISN offices. The Deputy Field Directors (DFDs) and WVPMs continue to provide education regarding the program goals and the published information. The documents are available on the WVHP intranet website and are available to all VA employees. National and VISN level education conferences in primary care, mental health and preventive health also focus

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on the provision of women's health care. Implementation of strategies of Handbooks 1330.1 and 1330.2 will be monitored through the Plan of Care/Clinical Inventory annually commencing in FY 05. The WVHP staff will continue to assess compliance through ongoing site visits and feedback.

- Target Date: 3rd quarter FY 05 and annually thereafter

21. On an annual basis, the four Deputy Field Directors (DFD), as well as one Lead VISN Woman Program Manager designated by the Committee, will provide a briefing on key issues within their respective areas during one of the Committee's Washington, DC, meetings.

**VA Response:** Concur. The four DFDs and one designated Lead VISN WVPM will provide a briefing to the Committee at their October 2004 meeting in Washington, DC.

- Target Date: October 2004

## **E. Women Veterans Program Managers/Benefits Coordinators**

22. Establish a minimum of 20 hours or .5 full-time equivalent (FTE) as a threshold for the time allotted to WVPMs in the accomplishment of their duties.

**VA Response:** Nonconcur. We believe it is important to provide adequate time to the WVPM. VISN directors, as well as the Director, WVHP office continually survey and monitor time allocations. Adjustments will be made, as appropriate.

- Target Date: Ongoing

23. VHA provide the WVPMs with appropriate space, equipment and administrative support to accomplish their responsibilities in accordance with guidance outlined in VHA Handbook 1330.2 and that VBA provide this same level of support to its Women Veterans Coordinators.

**VA Response:** Concur. VHA believes they are in compliance. Specific instances of non-compliance should be brought to the attention of the Deputy Under Secretary for Health for Management and Operations.

In March 2000, VBA issued an all-station directive reinforcing its commitment to outreach to women veterans. It emphasized the importance of the WVC position and provided basic language to be used as an addendum to the assigned coordinator's position description. The directive provided Core-Operating Standards for the WVC program that requires regional office management to quantify the amount of time and resources that can be will be devoted to WVC functions. Appropriate space, equipment, and clerical support are important elements in supporting the role of the WVC. These guidelines will be reviewed and reissued, if appropriate.

24. Utilize the WVPMs on medical center and VISN committees relative to strategic planning, staff education and orientation, and facilities management.

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**VA Response:** Concur. VHA Handbooks 1330.1 and 1330.2 state that the WVPM will be a member and/or advisor on appropriate committees (i.e., strategic planning, staff education and orientation, and facilities management). VHA will review the CBOC handbook and incorporate into Handbooks 1330.1 and 1330.2 that a Lead WVPM will serve as a member or consultant on any CBOC and facilities management committee. The Lead WVPMs are members of the VHA National Advisory Committee and have been involved in the development and implementation of the Integrated Business Plan (IBP). All of the Lead WVPMs are recognized as the women's health contact person in their VISN and participate on VISN level committees. The Director, Women Veterans Health Program office, will monitor as part of an ongoing performance standard.

- Target Date: Ongoing

25. VISN leadership to demonstrate and show evidence that the strategies outlined in the Women Veterans Health Program Integrated Business Plan has been incorporated into its plan. Further, that the VISN Women Veterans Health Council assesses this process and report its findings to the WVHP.

**VA Response:** Concur. The Lead WVPM will work to incorporate appropriate performance measures from the WVHP Integrated Business Plan into the VISN Strategic Plan. The VISN Women Veterans Health Council will perform an annual systematic review of the VISN Strategic Plan for the purpose of monitoring relative to outcomes and reported out to the Committee, VISN Director, as well as the USHOM through the Director, WVHP.

- Target Date: Monitored relative to outcomes and report on the status of achievement to the committee on request.

26. All medical center women veterans' advisory committees incorporate non-VA employee women veterans consumers on their committee who represent the diverse population within each VA medical center treatment area and that this local women veterans advisory committee and the WVPM host an annual town meeting for women veterans of the area.

**VA Response:** Concur. Guidance published and incorporated in VHA Handbook 1330.1, "VHA Services for Women Veterans," dated July 16, 2004. The Director, Women Veterans Health Program office, will follow-up to ensure compliance and implementation.

- Target Date: 3rd quarter FY 05 and annually thereafter

## F. Health Care

27. Modify the Fee Basis package to alert providers of the need to follow-up on test results (i.e. mammography) of patients referred to community (outside) providers in order to provide timely continuity of care and case management.

**VA Response:** Nonconcur. The Vista Fee software package is a financial system and was not designed to serve as a clinical alert. The clinical care package that is currently

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used by VA clinicians is the more appropriate mode to house the referral of a veteran to community care and to retrieve an alert. The responsible primary care provider or team member will annotate in the Computerized Patient Record System (CPRS) and provide timely and proper follow-up. The alert in CPRS could then also be used to report VAMC receipt of community health care reports by VAMC departments outside of Fee operations as well.

28. Medical center clinics monitor the oversight of coordination for case management between community contract care providers and VHA care providers for continuity of care. Additionally, develop a process for oversight to ensure that providers communicate findings to patients in a timely manner.

**VA Response:** Concur. CBOC and inpatient contracting template will stipulate that contract providers will provide information to the VA provider and patient within a reasonable period of time. A provision that requires communication of tests results to patients and VA providers will be added to the new fee basis template, as well as to all CBOC contracts as a performance requirement.

- Target Date: FY 05

29. Monitor data on services and treatment provided by fee-basis and contract, in a VHA database for evaluation, in order to project future needs and utilization of services by women veterans.

**VA Response:** Concur. A number of national database initiatives including the Fee Data cube being developed through VSSC can provide or can be modified to provide paid fee claims data associated with veterans identified as being female, as the information is transmitted from VistA Fee to Central Fee and KLF. The first version of the Fee Replacement Software (anticipate FY 07 national release), will feature a centralized veteran Fee record that will allow for queries to retrieve various fee authorization information regardless of having processed paid fee claims. The new system will allow VHA to monitor data more carefully.

- Target Date: FY 07

30. Develop a comprehensive educational plan for primary care providers/clinicians that will enhance current practice and the utilization of the mental health screenings, to ensure that they more readily identify those women veterans who are at high risk and in need of mental health referrals in order to expedite the primary care referral to a mental health provider.

**VA Response:** Concur. VHA's Patient Care Services ensures that all primary care education programs address women veterans' health issues, achieving this inclusion through partnering with the VHA Women Veterans Health Program office on all course development, conference planning, and training design.

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There are a number of recently developed educational products that address MST assessment and care. They include: The Veterans Health Initiative, "Military Trauma" published in Jan. 2004 and the "Iraq War Guide" from VA's National Center for PTSD, revised in May 2004. Also, screening for mental disorders in primary care and specialty mental health venues is emphasized in the joint VA/ DoD Clinical Practice Guidelines on PTSD published in May 2004. These tools and the training modules will help ensure that all veterans, particularly those returning OEF/OIF service members, are properly screened and referred for specialty care, as needed.

- Target Date: Ongoing

## **G. Behavioral and Mental Health Care**

31. Team leaders to monitor and evaluate the workload of the counseling and support staff, along with staff/client ratios at Vet Centers, to determine if personnel levels are adequate to provide timely treatment in meeting the current demands along with the expected/projected client increases as a result of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) and the increasing number of women veterans accessing the VA system, with a report to the Director of Readjustment Counseling Services.

**VA Response:** Concur. Program planning and evaluation are integral aspects of established Vet Center program policy and operations. Vet Center program workload reports are readily available and are routinely monitored at all levels of program activity to include workload levels for individual Vet Center counselors and teams, as well as for regional and national workload aggregates. Workload activity is continuously monitored to ensure that the veteran clients served by the Vet Center are representative as to gender, ethnicity and era of service when compared to the local veteran population.

- Target Date: Ongoing

32. Vet Center team leaders identify and evaluate barriers that may lead to a diminished ability to serve women veterans with a report to the Director of Readjustment Counseling Services.

**VA Response:** Concur. A hallmark of the Vet Center program since inception is the tailoring of the services specific to the needs of the local veteran population. This includes systematic attention to relieving the impact of any potential barriers to care for local veterans. For this purpose Vet Center Team Leaders and Regional Managers are responsible for ensuring that the Vet Center is located strategically within the community for ease of access by veterans and family members, and that the Vet Center staff composition adequately reflects the local veteran population. Vet Centers are small community-based facilities, located outside of the larger medical centers, in easily accessible, consumer-oriented facilities highly responsive to the needs of the local veterans. The Vet Center program service mission is more-than-medical featuring a holistic mix of direct counseling and multiple community-based service functions. Vet

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Center Team Leaders and Regional Managers will continually assess potential barriers to care for local veterans.

- Target Date: Ongoing

33. Ensure that each inpatient/residential psychiatric unit has capacity to dedicate a specific area on the unit to segregated patient rooms, bathrooms, social areas, and treatment for women veterans, and that this arrangement is extended to PTSD units and homeless domiciliaries.

**VA Response:** Concur. Space design and accommodation of privacy and personal needs continue to be a high priority; Patient Care Services (PCS) will work to ensure that all mental health construction and design projects include dedicated space for women veterans. These issues are being considered in the Mental Health Strategic Plan, which included a Women's Health Sub Group.

- Target Date: Ongoing

## H. Women Veterans Who Are Homeless

34. All VISN homeless coordinators review and monitor the homeless veteran community outreach plan within their respective VISN medical centers to ensure that women veterans are a targeted population, and that an annual report is forwarded to the VA Program on Homelessness.

**VA Response:** Concur. Homeless women veterans' needs are a high priority. Information outreach activities and other information concerning specialized services to homeless women veterans are contained in VA's Annual Report to Congress. A separate report on the 11-site demonstration project for homeless women veterans will be issued by the NEPEC in August 2005.

VISN homeless coordinators continually review programs and services provided to all homeless veterans including women veterans. This ongoing review and coordination effort includes periodic conference calls that identify important issues including enhancements of services to women veterans. The Associate Chief Consultant, Health Care for Homeless Veterans will work with the Deputy Under Secretary for Health for Operations and Management (10N) to survey VISNs to identify outreach plans to homeless women veterans for each VA medical center in the VISN. Discussions on outreach to homeless women veterans have been and will continue to be a topic of high priority on all homeless program calls. The Director of Homeless Veterans Programs and the Associate Chief Consultant Health Care for Homeless Veterans will continue to monitor field actions and site reports compiled to enhance services to this target population provided to them by the NEPEC.

- Target Date: Ongoing

35. The VHA, at each of its medical center behavioral/mental health departments, develop and implement a strategic plan and proactive local policy to provide coordinated linkages

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with community-based non-profits, social service providers, and local governmental agencies. This should include the identification of resources to provide care and support for the children of homeless women veterans, in order to bring comprehensive assistance to homeless veterans.

**VA Response:** Concur. VA actively engages community-based service providers, social service providers and local government agencies formally in the development of local needs and plans through the Comprehensive Homeless Assessment Local Education and Networking Group (CHALENG) for veterans.

Case management of mental health patients, will help ensure a comprehensive coordination of services. VHA's partnering with community providers of services to homeless veterans ensures that community resources beyond the scope of VA's service mandate are identified and made available to those women in need. In addition, VA issued a Notice of Funding Availability (NOFA) on July 14, 2004, to solicit applications from operational, grant and per diem-funded programs in order to enhance services to homeless women veterans, including women with children. It is expected that funding will be announced in October 2004.

- Target Date: Ongoing

36. The Secretary of Veterans Affairs, as current Chair of the Presidential Interagency Council on Homelessness (ICH), work with the ICH to initiate a grant that would coordinate a grant-funded Request for Proposal (RFP) from VA Homeless Grant and Per Diem Program with that of the Department of Health and Human Services (HHS), to allow non-profit organizations to respond to a single RFP grant initiative addressing the residential needs of homeless women veterans with children.

**VA Response:** Concur. VA has been in discussion with and hopes to develop a funding opportunity with the Department of Health and Human Services to provide services to family members particularly children of homeless veterans. We will continue to pursue this enhanced coordinated services plan with HHS. In addition, VA is pleased to report that our latest NOFA has enhanced targeted funding for transitional housing programs that serve homeless women veterans with children. We will gladly share with the Committee the funding made available under this NOFA later this year after awards are announced.

- Target Date: Ongoing

37. VISN Directors commit to continue funding the Homeless Women Veterans Pilot Projects within the VISN where these programs are located, based on positive outcomes as determined by the Director VA Program on Homelessness.

**VA Response:** Concur. VA continues to make a strong effort to find and serve homeless women veterans with a full range of health care benefits, transitional housing and access to other supportive services at 11 sites identified four years ago. The outcome has been positive and VA has continued to strongly support those pilots. The Director, Homeless



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Veterans Programs, and the Associate Chief Consultant, Health Care for Homeless Veterans, monitor the progress at these sites periodically. However, final determination of whether these projects continue is best determined by facility and VISN leadership since it is their responsibility to manage the resources needed to manage these programs. As we monitor the eleven sites in this pilot, we will evaluate and adjust to improve outreach, services delivery and programmatic outcomes. We will enhance opportunities for clinical staff to share experiences and to enhance service delivery.

- Target Date: Ongoing

38. VA develops guidelines for homeless women veterans' program case management based on a review of outcomes and lessons learned from the 11 VA homeless women veterans' pilot programs, for utilization in local VA homeless programs.

**VA Response:** Concur. The Associate Chief Consultant, Health Care for Homeless Veterans will work with the Director, Homeless Veterans Programs, the Director, Center for Women Veterans, the Director, WVHP, the Director, NEPEC, and the Deputy Under Secretary for Health for Operations and Management to ensure that successful programs are identified and supported. Improvements to homeless women's programs are ongoing and based upon literature and clinical experience. As we monitor and evaluate, we are learning lessons and adjusting programs accordingly.

- Target Date: Ongoing

39. The Secretary identify funding for the homeless special needs grants in the VA Grant and Per Diem Program, as outlined in Public Law 107-95, "Homeless Veterans Comprehensive Assistance Act of 2001," and that a RFP be released.

**VA Response:** Concur. VA is taking steps to implement its funding to "special needs" populations under title 38 Section 2061. VA currently has a Notice of Funding Availability (NOFA) outstanding and is reviewing applications from existing service providers to enhance services to homeless women veterans, including those with children. We will share the results of selections made with the committee when they are made public.

40. VA Grant and Per Diem Program identify homeless women veterans as a priority in the next capital and per diem only (PDO) grant round RFPs as offered within the VA Grant and Per Diem Program.

**VA Response:** Concur. VA has been very successful in increasing the level of services for homeless women veterans. The percentage of women veterans who participate in programs funded by VA's Grant and Per Diem program is 3.3 percent; however, nearly 20 percent of all programs have a capacity to serve women veterans. We believe that our efforts to increase awareness of and funding to support women veterans, particularly women veterans with children will encourage even greater levels of participation by women veterans. We appreciate this Committee's recommendation among others to identify "women veterans" as a priority for funding under the Homeless Providers Grant

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and Per Diem Program, and have already taken steps to increase funding for women veterans specific programs.

## I. Sexual Trauma Counseling

41. VA seeks legislation to make permanent the authority to provide counseling, treatment, and care to victims of military sexual trauma.

**VA Response:** Concur. This legislation has been approved by both the Senate and the House and is awaiting final congressional action.

- Target Date: Pending outcome of legislative proposal

42. Make the treatment of PTSD arising from sexual assault a permanent function of the Vet Center mission.

**VA Response:** Nonconcur. VA is authorized to provide treatment for military sexual trauma as specified in 38 U.S.C. 1720D. Military sexual trauma (MST) counseling currently provided in Vet Center programs resulted from a VHA policy decision. VA has no legislative authority to make MST counseling permanent within the Readjustment Counseling Service mission. However, that is not to say that VA leadership could not again decide as a matter of policy to implement any future MST-related treatment authority through VA's Vet Center programs.

- Target Date: Ongoing

43. Extend VA's authority to provide counseling, treatment, and care for sexual trauma victims to National Guard members and Reservists who were sexually assaulted while on active duty for training.

**VA Response:** Concur. Legislative proposals are under advisement by VA.

- Target Date: Pending outcome of legislative proposal

44. Provide funding to support hiring additional MST counselors to meet the needs of those suffering MST as identified by the Vet Center team leaders in conjunction with the Office of Readjustment Counseling Services.

**VA Response:** Concur. Readjustment Counseling Service (RCS) is supportive of increasing the number of dedicated military sexual trauma counselors in the Vet Center program contingent upon appropriated VHA medical care appropriations.

- Target Date: Ongoing

45. Authorize and fund the contract fee basis program administered by the Vet Center program to treat MST veterans when and where necessary.

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**VA Response:** Nonconcur. As alluded to above, VA's treatment authorities to provide readjustment counseling services to combat veterans and counseling and care for victims of MST are distinct and separate authorities (39 U.S.C. 1712A and 38 U.S.C. 1720D, respectively.) Although the Vet Centers do play a key role in providing (PTSD) counseling for MST victims, the authority to furnish readjustment counseling services by contract only covers those veterans included under the terms of section 1712A, i.e., certain combat veterans. Veterans eligible for MST care and counseling under section 1720D are not included among those veterans. Hence, that contract authority cannot extend to them.

- Target Date: Ongoing

46. VHA develop enhanced initiatives and devote additional resources to assist the Behavioral and Mental Health Program with expanding the MST program and incorporating a more coordinated integrated approach to this delivery of care. Further, the Committee recommends that this coordination should include but not be limited to outreach, provider education, MST research, clinical care services, information technology systems development, data capture, the development of best practices, and the reporting of performance outcomes.

**VA Response:** Concur. VA's orientation toward our patients and their families is informed by the principles of the President's New Freedom Commission on Mental Health and the Action Agenda for Transforming VA Mental Health Care that drives implementation of the President's Commission recommendations in our Department. This orientation is based on health promotion and a preventive care approach. It focuses on patient and family education about good health care practices and behaviors to avoid. For those who do have mental disorders, the orientation involves the concepts of rehabilitation that addresses a patient's strengths as well as deficits. It embodies a belief in recovery of function to the greatest degree possible for each patient. Survivors of MST will be significant beneficiaries of this approach.

The Action Agenda and the Mental Health Strategic Plan from which it is derived, are broad in scope and encompass the areas of clinical care, research and education. MST is a key element of the Employee Education Service's (EES) FY 05 Critical Focus Areas. Mental Health has been identified as an area of focus for EES's FY 2005 education and training support. MST will be a major element of that training.

- Target Date: Ongoing

47. Waive the eligibility criteria for prenatal and delivery care to women veterans who are pregnant due to rape while on active duty.

**VA Response:** VA is considering whether to seek a legal opinion on that issue/ recommendation.

- Target Date: 1st Quarter FY 05

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## J. Training

48. Mandate that new staff orientation and sensitivity trainings and orientations with annual in-services to the staff of all VHA treatment sites, to include contracted CBOCs; document training on the employee training record; and ensure that the training is comprehensive in nature to include the history of women in the armed forces and military sexual trauma.

**VA Response:** Concur. VHA currently has systems in place to capture orientation and training. New employee orientation provides an opportunity for the facility's WVPM to educate new staff about VA services available to women veterans. In an effort to expand education to all staff, the WVHP Integrated Business Plan has a working group dedicated to developing new products, tools and processes that focus on the unique needs and contributions of women veterans. An orientation brochure developed by the WVHP, "We Are Women Veterans" and accompanying video provides a history of women's service in the military, and is used for contractors, academic trainees and staff orientation. The Deputy Under Secretary for Health for Operations and Management directed local and VISN leadership, in a recent memo, to ensure that this information is provided to all VA health care contractors and academic trainees who provided care to women veterans. The Military Sexual Trauma brochure was redesigned to be sensitive to the needs of survivors of MST and is available in Spanish and English. New Women Veteran Program Managers in VHA receive 40 hours of training within six months of their appointment, and documentation of this training is done by the local facility. VISN directors will re-enforce the need to track such training. Refer to response #30.

- Target Date: Ongoing

49. VHA develops a training program that is mandatory for all affiliate residents and interns prior to their practice in a VA facility and that it includes a history of veterans' sacrifice and service and its impact on current health related conditions of the veterans era of service.

**VA Response:** Concur. Understanding the military history is an important component of working with and treating our veteran patients. The Office of Academic Affiliations has sent out approximately 150,000 VA Military Service History Pocket Cards (June 2004) each year for the past five years to all trainees in our health care facilities. The Card is a pocket-sized resource that provides all VA health professions trainees with a guide to understanding health issues that are unique to veterans. It also suggests questions that invite the veteran to tell his/her own story while providing literature references to a specially developed Internet web site that provides information offering greater insight into the veteran's story. These cards have been enthusiastically received. This year, the Office of Academic Affiliations will include distribution of the Military Service Pocket Card to all new clinical employees as well as trainees.

In addition, the Employee Education System has just produced an orientation video in May 2004, titled "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

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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.

VHA will ensure that the video offering will be included in the orientation package for new physician residents, which is currently under development. VHA anticipates that the package will be completed in time for the next academic year.

- Target Date: Ongoing.

50. Incorporate and extend MST training (as offered within VA medical centers or the VISNs) to Vet Center staff as determined appropriate by the Vet Center team leader and the Director of Readjustment Counseling Services, in conjunction with the medical center behavioral and mental health department.

**VA Response:** Concur. This training is currently being provided. A comprehensive training module on MST has been developed as part of the Veterans Health Initiative. This on-line course, developed by VA clinicians, educates on symptoms, conditions, and associated sensitivities of individuals who have suffered these experiences, to assist in appropriate care delivery.

Beginning in 1993 with the inception of VA's program to provide sexual trauma counseling, RCS program officials played a prominent role in collaborating with other VHA officials to implement this program and conduct the initial training of VHA staff. RCS was instrumental in developing the Staff Training and Experience Profiles (STEP) used to evaluate the credentials of prospective sexual trauma counselors applying for a position at a Vet Center. RCS annual in-service training programs regularly feature sexual trauma treatment as curriculum topics. VA medical center clinicians are frequently used as faculty and VISN service providers routinely attend targeted clinical presentations at RCS trainings. The educational cross-fertilization goes in the other direction as well, as Vet Center sexual trauma counselors are encouraged to access training via neighboring VISN sponsored programs.

51. The Secretary communicates the Committee's request to the Department of Labor (DOL), that DOL, through its network of state employment directors and assistant directors, work with states to ensure Local Veterans Employment Representatives (LVERs) and Disabled Veteran Outreach Programs (DVOPs) receive information that will increase their sensitivity to women veterans issues to include MST.

**VA Response:** Concur. VBA's Vocational Rehabilitation and Employment Service has a longstanding and ongoing working relationship with DOL's Veterans Employment and Training Services (VETS), and will develop training materials such as a joint VA/DOL Satellite Broadcast to be used for training LVERs and DVOPS and VR&E field staff working with women veterans. These materials will feature sensitivity to MST issues. VR&E officials will meet with DOL to discuss shared training efforts. The materials will be available by the 2nd quarter of FY 05.

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- Target Date: 2nd quarter of FY 05

## **K. Veteran Employment and Education**

52. VA continue efforts to develop, recruit, and retain women employees for senior management positions and that the Secretary continue to aggressively encourage the identification of women veterans, who are viable candidates, for appointment to all VA advisory committees. The Committee requests that the Secretary extend this recommendation on behalf of the Committee to the Secretary of Labor.

**VA Response:** Concur. In the report to the Secretary of Veterans Affairs on April 2, 2003, the Secretary's Task Force on the Employment and Advancement of Women in the Department of Veterans Affairs identified strategies for success that will move VA into a position of leadership in the employment and advancement of women. A report on the implementation of all strategies will be completed by December 2004.

VA conducted benchmarking and assessed best practices from internal and external programs that will improve the recruitment, employment, and development of women employees. VA's Recruitment and Marketing Plan was then updated in August 2004. One of the objectives is to expand VA's outreach efforts and employment of veterans. With that objective in mind, the strategies are to:

- prepare the Secretary of VA's memorandum re-emphasizing VA's commitment to the hiring of veterans, using veteran's preference and veteran hiring flexibilities, and marketing of the National Veteran Employment Program (NVEP) initiatives for interagency cooperation;
- develop a veteran-focused Web site linking veterans to on-line resources;
- participate in military job fairs at the local and or national level;
- create a critical hard-to-fill vacancies database and provide access to veteran candidates through the NVEP Web site;
- update veterans outreach brochures;
- network with and establish partnering and liaison relationships with veterans stakeholders;
- link the NVEP Web site to military service sites, veterans stakeholders' sites, transition centers, and transition Web sites nationally;
- develop a media plan for veterans outreach initiatives;
- meet with Administration representatives and other VA key officials to discuss NVEP strategies and initiatives for the Administrations' participation;
- track and monitor veterans' employment trends in VA;
- develop a marketing plan to educate human resources specialists on veterans' preference laws, statutes, and veteran hiring flexibilities;

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- ❑ network and identify points of contact in VA's Office of Human Resources Management to assist veterans with the application processes;
  - ❑ assess the effectiveness of the Delegated Examining Units' process in addressing veterans employment in VA; and,
  - ❑ increase veterans employment in VA to attain the representation goal of 33 percent by the year 2008.

VA actively pursues appointing gender and ethnic diversity to all of its advisory committees. All VA advisory committees have female members, and ten committees have members who are women veterans. In reaffirming VA's commitment to build upon its record of appointing advisory committee members who are women veterans, VA invites the active participation of the Advisory Committee on Women Veterans. Recommendations of veteran candidates should be forwarded to Dr. Irene Trowell-Harris, Director, Center for Women Veterans, who will then forward them to VA's Advisory Committee Management Officer. VA deeply appreciates the Committee's willingness to assist in this endeavor.

- Target Date: December 2004

53. The Secretary extend this recommendation, on behalf of the Committee, to the Secretary of Labor, that DOL (VETS) continue efforts to work with state representatives to encourage the hiring of more women veterans as DVOPs and LVERs, and that the DOL identify obstacles and barriers to this effort.
54. The Secretary extend this recommendation, on behalf of the Committee, to the Secretary of Labor; that the contracts developed by DOL's Veterans' Employment and Training Service (VETS) for training and rehabilitation services or employment opportunities for veterans of OEF and OIF provide ample and equitable opportunity for women veterans of these operations. The Committee requests that grantees report participation and job placement rates by gender to DOL VETS.

**VA Response (Recommendations 53 and 54):** Concur. VBA's Vocational Rehabilitation and Employment Service has a longstanding and ongoing working relationship with DOL's Veterans Employment and Training Services (VETS), and will develop training materials such as a joint VA/DOL Satellite Broadcast to used for training LVERs and DVOPS and VR&E field staff working with women veterans. These materials will feature sensitivity to MST issues. VR&E officials will meet with DOL to discuss shared training efforts. The materials will be available by the 2nd quarter of FY 05.

- Target Date: 2nd quarter of FY 05

55. VA propose legislation to increase the delimiting period for Montgomery GI Bill usage from 10 to 20 years.

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

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## L. National Cemeteries

56. The National Cemetery Administration (NCA) include designations of acronyms WAAC, WAVES, SPAR, WAC, WAFS, and WASP, on headstones or markers to recognize women veterans who served in those specially designated units/corps.

**VA Response:** Concur. The designations for those units, such as WAAC or WAVES, are already available to be inscribed on headstones and markers. While they are not mandatory in the inscription as service designations are (e.g., US ARMY), they are accommodated in the additional inscription area upon request from the next of kin and there are some references to what might be added to an inscription in the form's instructions. The next revision of the form will probably take place in 2005 and we will definitely consider adding more descriptive options, such as WAAC, etc., in the instructions.

- Target Date: FY 05

## M. Departments of Defense and Veterans Affairs

57. Ensure that veteran benefits advisors at Transition Assistance Program briefings specifically address the existence of VA MST programs, and that information packets are disseminated.

**VA Response:** Concur. Information about veterans benefits has already been incorporated in the standard military transition briefings that VBA representatives conduct for the formal Transition Assistance Program as well as for other military briefings. MST information has been incorporated in the slide presentation used by those representatives.

58. The Secretary establishes a process whereby formal member appointments are made by both the Department of Defense (DoD) and VA, for representation on all task forces and working groups dealing with MST.

**VA Response:** Concur. The intent of this recommendation has been met at various levels throughout both agencies. The Director of the Center for Women Veterans (CWV) is a formal member on the Defense Advisory Committee On Women In The Services (DACOWITS) as the VA representative and advisor on all joint agency initiatives that impact women service members. Colonel Denise Daley is a formal member of the Secretary of VA's Advisory Committee on Women Veterans. VA clinical and policy experts served at witnesses on two Senate Armed Services Committee hearings on the subject of Military Sexual Trauma. The Directors of the CWV and WVHP partnered with the DoD Task Force on Care for Victims of Sexual Assault charged by the Under Secretary of Defense in the development of a comprehensive program for sexual assault victims and the development of the United States Army sexual assault program. In follow-up to the final task force report, five VA clinical and policy experts have been invited to participate in a Care for Victims of Sexual Assault Conference to develop strategic courses of action on critical unresolved issues discussed in the Task Force Report. The conference will take place from September 20-24, 2004, at the National Conference Center in Lansdowne, VA.



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- Target Date: Ongoing

59. The Secretary suggests to DoD that pregnant service members, opting to be released from active duty prior to delivery, be briefed by the veterans TAP representative on VA eligibility, services and limits of VA services regarding pregnancy care within VA. The Committee also recommends that the women service members receive a briefing from the Tri-Care customer service representative on benefits related to delivery and newborn coverage. These two briefing requirements should be incorporated into the Commander's pregnancy counseling checklist.

**VA Response:** Concur. VBA will include information in TAP briefings about limited pregnancy medical services for veterans. Compliance will be observed during supervisory evaluations of the briefings conducted by the military service coordinators.

- Target Date: Ongoing

60. The Secretary of Veterans Affairs request consideration by the Secretary of Defense for an evaluation that gender be added to the Form DD214, "Certificate of Release or Discharge from Active Duty."

**VA Response:** Concur. DoD will be migrating to a new integrated personnel system, DIMHRS (Defense Integrated Military Human Resources System), which will capture gender as a data element. Information will be contained in DIMHRS that is identical to what is on the DD214 today. Over 100 of the data elements available through DIMHRS will be shared with VA.

Revision of the paper DD214 to include gender will be referred by VBA to the appropriate working group of the Benefits Executive Council which is comprised of representatives of VA and DoD.

- Target Date: FY 05



**APPENDICES**

*Fulfilling a Promise to  
America's Daughters*



## 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 General Accounting Office (GAO), conducted a study and issued a report entitled: “Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits.” This study found that:

- Women did not have equal access to VA benefits.
- Women treated in VA facilities did not receive complete physical examinations.
- VA was not providing gynecological care.
- Women veterans were not adequately informed of their benefits under the law.

At the same time, VA commissioned Louis Harris and Associates to conduct a “Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans,” 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.

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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 gender-specific 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.

1988 A Veterans Health Administration office to address women’s health issues was first created.

1989 The Advisory Committee on Women Veterans began site visits.

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.

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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.

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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 gender-specific 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.

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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 health care system grew from 226,000 in FY 2000 to 420,000 in FY 2002, an increase of 86%. Women veterans enrolled in VA in Fiscal Year (FY) 2003 were 333,578 (up 9.4 percent from FY 2002) and of those enrolled in FY 2003, 196,134 (up 7.5 percent from FY 2002) actually used the system.

VA celebrated the 20th Anniversary of the Advisory Committee on Women Veterans on 15 September 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.



## **Past Chairs and Current Chair of the Advisory Committee on Women Veterans**

Dr. Susan Mather - Interim Designated Federal Official

COL Lorraine Rossi, USA, Retired (1983-86)

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. (1992-94)

Dr. Susan Mather – Interim Chair (1994-96)

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

MAJ Linda Schwartz, USAF, NC, Retired (1997-2000)

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

Marsha T. Four, R.N. (2002 - Present)





## **VA Advisory Committee Membership Profile**

### **(2002-2004)**

#### **MARSHA TANSEY FOUR, USA**

##### **CHAIR 2002-2004**

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. 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 and appointed Chair in August 2002.

#### **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

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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. Ms. Falzone was appointed to the Advisory Committee on Women Veterans in September 2002.

### **BERTHA CRUZ HALL, USAF**

Mrs. Cruz Hall is a Hispanic veteran, who served in the United States Air Force for 4 years. She worked in Personal Affairs and assisted survivors of servicemen with obtaining benefits. Currently, she is retired from the Texas Veterans Commission, where she provided direct counseling to veterans in reference to all matters relating to veterans benefits. She also retired as the State Women Veterans Coordinator for Texas, where she represented veterans before the discharge review boards, and assisted with claims appeals. Other affiliations include the Tarrant County Veterans Council; District Service Officer, American Legion; executive committee member of the Disabled American Veterans, and a member of the advisory board for the Fort Worth Homeless Veterans Program. In addition to her knowledge of women veterans' issues, Mrs. Cruz Hall's extensive background in veterans' assistance activities is a valuable asset to this Committee. Mrs. Cruz Hall was appointed to the Advisory Committee on Women Veterans in February 1998.

### **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.

### **KATHY LASAUCE**

#### **LIEUTENANT COLONEL, USAF, RETIRED**

Colonel LaSauce retired from the Air Force in 1992 as the senior ranking woman pilot in the U.S. military. She was among the first women to serve as Aircraft Maintenance Officer, and one of the first ten women trained as Air Force pilots. She accumulated almost 4,000 hours of international flight time as a Lockheed C-141 aircraft commander, instructor, flight examiner

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pilot, and Boeing 707 presidential support pilot. Prior to her retirement, Colonel LaSauce was the Deputy Commander for Air Transportation, 89th Military Airlift Wing; Commander, 93rd Aerial Port Squadron; and Assistant Deputy Commander, 89th Operations Group, 89th Airlift Wing, Andrews Air Force Base, MD. During her career, she represented the Air Force in a number of public appearances. Colonel LaSauce received numerous awards, including the California Professional Woman of the Year for 1978, and the Citation of Honor that is one of the Air Force Association's highest awards. She earned a masters degree in Aeronautical Science from Embry-Riddle Aeronautical University. Colonel LaSauce was appointed to the Advisory Committee on Women Veterans in January 2002.

### **M. JOY MANN**

#### **MAJOR, USAF, RESERVE**

Major Joy Mann is the Commander of the 512th Mission Support Squadron, United States Air Force Reserve. Her squadron members provide personnel service, education and training assistance, and computer and network service to over 1,800 Reserve members located at Dover Air Force Base, Delaware. Major Mann is an Air Reserve Technician - a Federal civilian employee who has dual status as a Reservist. She has completed the following military courses: Squadron Officers School and Air Command and Staff College. Her education includes a bachelor's degree and a master's degree in French literature from the University of Delaware. Major Mann is a lifetime member of the Reserve Officers Association, where she holds the Department of Delaware Air Force Vice President position. She is a volunteer member of the Delaware Committee for Employer Support of the Guard and Reserve, working as the State Ombudsman. Major Mann was appointed to the Advisory Committee on Women Veterans in October of 2000.

### **LORY MANNING**

#### **CAPTAIN, USN, RETIRED**

Captain Manning retired from the U.S. Navy in 1994, after a 25-year career. A graduate of the Naval War College, Command and Staff College, she held increasingly responsible positions in the Navy, including tours of duty on the staff of the Chief of Naval Operations; Chief of Naval Personnel; and Chief of Legislative Affairs. Captain Manning was directly involved in the development of naval policy on the utilization of women. She is the recipient of numerous military awards, including the Legion of Merit. Currently, she serves as the Director of the Women in the Military and Hire a Vet Projects at the Women's Research and Education Institute (WREI), located in Washington, DC. Captain Manning was appointed to the Advisory Committee on Women Veterans in June 1998.

### **MICHELLE (MITZI) MANNING**

#### **COLONEL, USMC, RETIRED**

Colonel Michele "Mitzi" Manning served in the US Marine Corps from 1972-1999, and is currently attending Wesley Theological Seminary. She is a Certified Candidate for the Order of Deacon in Full Connection in the United Methodist Church, and hopes to serve

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as a chaplain to the elderly. Her assignments in the Marine Corps included command of a squadron and the Western Sector; US Military Entrance Processing Command; Assistant Chief of Staff, Marine Forces Pacific; and as the Secretary of the Joint Staff. Her awards include the Defense Superior Service Medal with Oak Leaf Cluster, the Legion of Merit, the Meritorious Service Medal with three stars, the Navy Commendation Medal, the National Defense Service Medal with Bronze Star, the Sea Service Deployment Ribbon, and the Drill Instructor Ribbon. She currently serves as the Chaplain of the Women Marines Association. Colonel Manning was appointed to the Committee July of 2000 and served as Vice Chair from 2002 through 2003.

**KATHLEEN A. MORRISSEY, R.N., B.S.N.**  
**COLONEL, USA, RETIRED**

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 has been 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 recently retired as the Assistant Director of New Jersey's Veterans Health Care Services. 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**

Ms. Narcho served in the United States Army for 8 years. Since that time, she has served in many different capacities related to Native American issues. She has provided outreach to Native American groups, training in many subjects, including child abuse and neglect. She has been a member of the Navajo County Advisory Board, the National Council of Native American Advisory, and the National Council of American Indians Welfare Reform Task Force. Currently, she is Executive Director, Department of Social Services, White Mountain Apache Tribe, Whiteriver, AZ. She was appointed to the Committee in March 2004.

**JOAN E. O'CONNOR**  
**COMMANDER, USN, RETIRED**

Commander O'Connor retired from the Naval Reserve in 1999. She was a direct commissioned Public Affairs Officer and served on active duty in Boston from 1980-1981. As General Counsel for the Massachusetts Department of Veterans' Services, she drafts legislation and regulations and writes legal opinions on veterans' laws and benefits. She hears administrative law appeals from veterans who have been denied public assistance. She represents the Department on employment issues at administrative hearings and Departmental appeals. 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 O'Connor was appointed to the Advisory Committee on Women Veterans in January 2002.

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## **LORNA PAPKE-DUPOUY, USMC**

Ms. Papke-Dupouy has over 26 years of experience dealing with issues concerning women in the Department of the Navy. She also served 10 years on active duty with the United States Marine Corps. Her accomplishments include generating an "Education and Pre-deployment Fair" onboard an aircraft carrier for over 5,000 officers, sailors and family members, preparing them for impending 6-month separation. She also choreographed USS Abraham Lincoln's Homecoming 2001, "Pennies from Heaven," onboard Naval Station Everett, hosting family members, local citizens and friends welcoming home the crew of over 3,000 officers and sailors. She was appointed to the Committee in March 2004.

## **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 March 2004.

## **SHERYL SCHMIDT, USAF**

Ms. Schmidt is an Air Force veteran who served on active duty from 1974 - 1980 in electronics installation and combat communications. She currently serves as the Deputy Secretary for Women Veterans Affairs and Operations with the California Department of Veterans Affairs. She is responsible for ensuring that issues important to women veterans remain part of the California public policy process and provides executive oversight to the Farm and Home Loan Division and the Veterans Services Division. Her background in California's veteran's programs ensures that the issues and recommendations suggested by the Committee reach a broader number of women veterans. Ms. Schmidt received her bachelor's degree in Management from St. Leo University; her master's in Business Administration (M.B.A.) from California State University, Sacramento; and is a licensed CPA. Ms. Schmidt is a lifetime member of the Disabled American Veterans, American Veterans, and the American Legion. She also serves on the California Military Museum Advisory Board and the Sacramento Women Veterans Resource Project (women veterans homeless transition center). Ms. Schmidt was appointed to the Advisory Committee on Women Veterans in January 2002.

## **MASTER SERGEANT LEWIS E. SCHULZ II**

### **USAF RETIRED**

Lewis E. Schulz II is retired from the US Air Force at the grade of Master Sergeant. During his military service, he held positions as Accounting Supervisor, Special Agent - Defense Investigative Service; B52 Defense Aerial Gunner/Instructor; and Deputy Comptroller. After his military retirement, Mr. Schulz was the Director of the Department of Veterans' Services

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in Collier County, Florida. He conducted specialized administrative work in counseling, advising and assisting veterans, widows and dependents in any claims with the Veterans Administration or other federal, state or County agencies. He has had course work majoring in psychology, and is currently retired as a civilian. Mr. Schulz presently serves as President of the National Academy for Veterans' Service Officers and is a member of several veterans service organizations. Master Sergeant Schulz was appointed to the Advisory Committee on Women Veterans September of 2002.

### **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, becoming the first elected female veteran to represent a minority district since Reconstruction. 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 was appointed as a Commissioner on the American Battle Monuments Commission. She also served on the Defense Advisory Committee on Women in the Services (DACOWITS) for 3 years. She was appointed to the Committee in March 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. She entered the Army National Guard in 1979-1981, and served as a Photojournalist. CMSGT 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. She later held the position as a Minority Officer Recruiter, where she recruited minority pilots and navigators nationwide for the Air National Guard. In September 2000, Sergeant Shoals retired. Chief Shoals also holds an Associate

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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. Chief Master Sergeant Shoals was appointed to the Advisory Committee on Women Veterans in September 2002.



## **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





## Summary of Site Visits for 2002-2003

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

### **Tampa/Bay Pines, FL:**

The Committee conducted a site visit September 23-27, 2002, to the Tampa and Bay Pines VA Medical Centers (VISN 8). The Tampa VA Medical Center, a Women Veterans Comprehensive Health was the recipient of the 2002 Award of Excellence, for its Women's Health Center.

Briefings and tours at Tampa and Bay Pines Medical Centers included the Women's Health Clinics, Sexual Trauma Treatment Unit, Mental Health and Psychiatric Departments, the Homeless Domiciliary, the Homeless Women Veterans Demonstration Program, the Spinal Cord Injury Unit, Geriatric Unit, and Prosthetics. The Committee had particular interest in the Sexual Trauma Treatment Unit and the Homeless Women Veterans Demonstration Program, 1 of only 11 in the VA system. Veterans expressed concerns about issues such as time allotment for WVPMS, additional examination rooms, homeless program, space, privacy, especially with the inpatient psychiatric unit and the MST program.

### **Phoenix, AZ:**

The Advisory Committee on Women Veterans conducted a site visit during June 16-21, 2003, to the VA Medical Center in Phoenix, AZ (VISN 18). The main focus of the visit was the Carl T. Hayden VA Medical Center. However, the Committee received briefings from WVPMS in VISN 18. Additionally, presentations and tours were given at the VA Regional Office, Vet Center, VISN 18 office and adjacent Community Based Outpatient Clinic, National Memorial Cemetery of Arizona, Arizona State Veterans Commission office, and Veterans State Home. Veterans expressed concerns about issues such as time allotment for WVPMS gender-specific services, participation in CARES, space, privacy, lack of a formally-structured VISN Women Veterans Advisory Committee, and mental health and MST treatment.



## Briefings to the Advisory Committee on Women Veterans (2002-2004)

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 budget, CARES, MST, January and September 2003, January and April 2004.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, January and September 2003, issues update, budget, Committee website, and National Summit.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, January and April 2004, initiatives update, Committee membership, media interviews.
- Harriett Heywood, Esq., Associate Director, Center for Women Veterans, update on 2004 National Summit, April 2004.
- Desiree Long, Program Analyst, Center for Women Veterans, Results of the Stakeholders Engagement Survey, April 2004.
- Luc Shoals, Advisory Committee on Women Veterans, overview of Focus Group Site Visits to Miami and Los Angeles, April 2004.

### **Veterans Benefits Administration (VBA)**

- Lynda Petty, Women Veterans Program Coordinator, Compensation and Pension Service, January and April 2004, Special Monthly Compensation (SMC-k) for mastectomy, recent regulations and legislation, status of claims for the Vietnam Veterans Benefits.
- Carolyn Hunt, Deputy Director, Compensation and Pension Service, January and September 2003 and January 2004, recent regulations and legislation, status of claims for the Vietnam Veterans Benefits Act. Recent regulations and legislation related to women veterans; research on differences in compensation and pensions ratings between male and female veterans; and legislative proposals submitted by VBA.

### **Veterans Health Administration (VHA)**

- Carole Turner, Director, Women Veterans Health Program, Update women's health programs and issues, January and September 2003, January and April 2004.
- The Honorable Robert H. Roswell, M. D., Under Secretary for Health, the future of women's health care provided by VA, renewing privileges of physicians practicing at VA, limitation on time-allotments for clinic appointments, waiting time for appointments and emergency treatment, January 2003 and April 2004.

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- Dr. Susan Mather, Chief Public Health and Environmental Hazards Officer, update of Women Veterans Health Services Survey, status of the eight Comprehensive Women Veterans Health Centers and Centers of Excellence, outcome of data collection and type; programs involved in collection, January 2003 and September 2003.
  - Susan H. Mather, M.D., M.P.H., Chief Public Health and Environmental Hazards Officer, plans for expanding treatment for medically-discharged women veterans, plans to expand access to all VA programs, especially rehabilitation for women veterans, impact of increased enrollment of women veterans in VA health care related to long-term treatment and support, plans for treatment of PTSD for women veterans, plans to increase access to VA services to activated female Reservists, April 2004.
  - Dr. Jonathan Perlin, Deputy Under Secretary for Health, sensitivity training for providers (physicians, residents, etc), limitation on time-allotments for clinic appointments, status of women veteran wellness clinics, appropriateness and cost of mammograms within VA versus by fee-basis/contract and follow up on 2002 Committee recommendations, September 2003.
  - Laura Miller, Deputy Under Secretary for Health for Operations and Management, follow-up on 2002 Report Recommendations, status of VISN-wide Strategic Plan incorporating outreach goals, plan for inpatient psychiatric beds dedicated for women veterans, ensure that a system-wide standardized training module be utilized for all new employee orientation, which includes the specific needs of women veterans as contributed by the WVPMS, January 2004.
  - Marsha Goodwin, Community-based Outpatient Clinics (CBOCs), Women Veterans Domiciliary Programs, January 2003.
  - Paul Kearns, Director, Veterans Equitable Resource Allocations (VERA), Resource Allocation and Analysis, current initiatives, January 2003.
  - Han K. Kang, Dr.P.H., Director, Environmental Epidemiology Service, Data from the Department of Defense Manpower Data Center Database on recent combat veterans, April 2004.

#### **National Cemetery Administration (NCA)**

- Peggy McGee, January 2003, NCA update and issues, distributed videos.
- Lindee Lenox, Chief of Operations, Office of Memorial Programs, presented on grave markers for women, especially from Army/Air Force, placement of flags in cemeteries or on headstones, September 2003.

#### **Services for Women Veterans Who Are Homeless**

- Peter Dougherty, Director, Homeless Program, Initiative for Homeless Women Veterans, January and September 2003.
- Peter Dougherty, Director, VA Homeless Program, eleven homeless women veterans demonstration programs, continuance of future funding for homeless programs, January 2004.

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## **Department of Labor (DOL)**

- Ron Drach, Team Leader, Strategic Planning and Legislative Affairs, Veterans' Employment and Training Service (VETS), January 2004, update on policies and plans.
- Frederico Juarbe, Jr., Assistant Secretary, Veterans Employment and Training, January 2003, current initiatives, overview of operation, progress report: Special grants to train women veterans for non-traditional jobs.

## **Legislative Initiatives and Hill Site Visits**

- Site Visits to the House and Senate Veterans' Affairs Committee Members and Staff, January and September 2003, January 2004.
- The Honorable Gordon H. Mansfield, Assistant Secretary for Congressional and Legislative Affairs, issues affecting women veterans, the Tyler-Bender Mandatory Discharge Relief Act of 2002, Procedure to introduce legislation regarding submission of the Advisory Committee's Biennial Report to Congress, January and September 2003.
- Pamela Iovino, Deputy Assistant Secretary for Legislative Affairs, Legislative issues affecting women veterans, Cadet Nurse Proposal, MST continuation legislation, Status of legislative extension request through 2010 for the Advisory Committee's Biennial Report to Congress, September 2003 and January 2004.
- Phil Riggan, Advisory Committee Manager, White House Liaison, Charter Renewal for the Advisory Committee, Length of Committee membership, September 2003 and January 2004.
- Bill Buffington, Director, Legislative Affairs, Legislative issues affecting women veterans, Cadet Nurse Proposal, MST continuation legislation, Status of legislative extension request through 2010 for the Advisory Committee's Biennial Report to Congress, April 2004.

## **Capital Asset Realignment for Enhanced Services (CARES)**

- Dr. Barbara Chang, Consultant for Academic and Clinical Affairs, January and September 2003, (CARES), protection of the Women's Health Centers, protection of separate and defined space for women, special programs for women.
- Jay Halpern, Director, Office of CARES, impact of health care services on women veterans, January 2004.
- Ethel Sligh, Program Analyst, release of CARES Report, next steps and implementation, April 2004.

## **Minority Veterans Issues - Center for Minority Veterans (CMV)**

- Charles Nesby, Director, CMV, January 2003, Overview: Center for Minority Veterans, Outreach to Native American women, benefits pamphlets in Spanish language.

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## **Research and Surveys**

- Dr. John Demakis, Director, VHA Health Services Research and Development, Women Veterans Health Status Survey's initial findings, VA Research Studies on Issues related to Womens' Health, VA-funded research on women veterans, January 2003 and 2004.
- Susan Krumhaus, National Survey of Veterans (NSV) Project Manager, Office of Policy and Planning, Policy Analysis Service, update on the NSV, January and September 2003.

## **Sexual Trauma Counseling Services - Readjustment Counseling Services (RCS)**

- Dr. Alphonso Batres, Director, and Charles Flora, Deputy Director, RCS, update on sexual trauma counseling, budget, staffing and new programs, January 2004.
- Charles Flora, Deputy Director, RCS, services for women veterans, April 2004.

## **Board of Veterans Appeals (BVA)**

- Rick Thrasher, Chief Counsel for Litigation Support, Board of Veterans Appeals, use of "markers" for reviewing claims regarding sexual trauma, January 2004.

## **Office of General Counsel**

- Roberto DiBella, Office of General Counsel, ethics issues, January 2004.

## **Veterans Service Organizations (VSO)**

- Robert E. Wallace, Executive Director, and William L. Bradshaw, Director for National Veterans Service, Veterans of Foreign Wars of the United States (VFW), January 2004.



## Charter Renewal

### 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 FOR WHICH THE COMMITTEE IS RESPONSIBLE: In carrying out its primary responsibility of providing advice to the Secretary of Veterans Affairs, the Committee will review reports and studies on VA policies affecting health care and benefits services to women veterans. By statute, the Committee shall submit to the Secretary, not later than July 1 of each even-numbered year, a report on VA programs and activities that pertain to women veterans. Each such report shall include (1) an assessment of both the needs of women veterans and the benefits and programs provided by VA to meet those needs and (2) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate. The Committee may submit to the Secretary such other reports and recommendations 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 \$86,000 and .6 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: Anthony J. Principi Date: 11/6/03  
Secretary of Veterans Affairs



## Center for Women Veterans Mission and Goals



### MISSION

The mission of the Center for Women Veterans is to assure that women veterans receive benefits and services on a par with male veterans, encounter no discrimination in their attempt to access these services, are treated with respect and dignity by VA service providers, and to act as the primary advisor to the Secretary for Veterans Affairs on all matters related to programs, issues, and initiatives for and 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:

- Identifying policies, practices, programs, and related activities that are unresponsive or sensitive to the needs of women veterans and recommend changes, revisions or new initiatives designed to address these deficiencies.
- Fostering communication between all elements of VA on these findings and assuring that women veterans' issues are incorporated into their strategic planning.
- Promoting and providing educational activities on women's issues generally, and women veterans specifically for, VA personnel and other appropriate individuals.
- Encouraging collaborative activities on issues related to women with other Federal agencies.
- Creating an informal forum for the open discussion of women veterans' issues for interested VA personnel.
- Developing an open dialog with the women veteran community to assess their perception of VA services for women.
- Promoting research activities on women veterans' issues.
- Fulfilling all other functions of the Center as outlined by Congress in Public Law 103-446.



**Department of Veterans Affairs  
Center for Women Veterans  
Washington, DC 20420**

**2004 Report  
VA Advisory Committee on Women Veterans  
*Fulfilling a Promise to America's Daughters*  
March 2005**

[www.va.gov/womenvet](http://www.va.gov/womenvet)