

**Department of Veterans Affairs  
Advisory Committee on Women Veterans  
Committee Meeting Minutes**

**VA Central Office, 810 Vermont Avenue, NW  
Washington, DC 20420  
April 20-22, 2004**

**Advisory Committee Members Present:**

Marsha Four, Chair	CAPT Lory Manning, USN (Ret)
SFC Gwen M. Diehl, USA (Ret)	
Bertha Cruz Hall	CDR Joan O'Connor, USNR (Ret)
LTC Kathy LaSauce, USAF (Ret)	Cynthia Falzone
Sheryl Schmidt	CMSgt Luc Shoals, USAF (Ret)

**Advisory Committee Members Excused:**

The Honorable Winsome Sears	COL Kathleen A. Morrissey, NJARNG (Ret), Vice-chair
CDR Donna Hoffmeier, USN (Ret)	
Edward Hartman	

**Ex-Officio Member Present:**

COL Denise Dailey, Defense Advisory Committee on Women in the Services (DACOWITS)

**VA Staff Present:**

<b>Center for Women Veterans</b>	Dr. Irene Trowell-Harris, Director, Harriett Heywood, Associate Director	Desiree Long Rebecca Schiller Petra Johnson
<b>Veterans Health Administration</b>	Carole Turner, Director, Women Veterans Health Program (WVHP) Garry Bernard, WVHP	Linda Lipson, Health Services Research and Development Service (HSR&D)
<b>Veterans Benefits Administration</b>	Linda Pyne, Women Veterans Coordinator	

**Guests:**

Sandra Miller, Vietnam Veterans of America

**Tuesday, April 20**

Meeting was called to order by the Committee Chair, Marsha Four. Items discussed included:

- Development of an orientation package for new appointees to the Advisory Committee on Women Veterans to be distributed before their first meeting to gain better understanding of Committee mission, goals, and objectives.
- Resignation of Lewis Schulz II from the Committee; Center for Women Veterans (Center) staff will draft a letter of appreciation for signature of the Secretary of Veterans Affairs.
- Review of current mailing list and update contact information of Committee members.
- Discussion of timeline for writing the 2004 Report.
- Discussion of process for review and adoption of the meeting minutes; proposed collective approval via e-mail vote of final edit.
- Administration of the Advisory Committee Engagement Survey of all Federal advisory committees conducted by the General Services Administration (GSA).
- Including revision dates on documents, such as reports, etc. to keep better track of changes.

**Update: Overview of Focus Group site visits to Miami and Los Angeles: Luc Shoals**

- Luc Shoals discussed purpose and demographics of the focus groups, description of administrative process and catalog of questions presented to them, and participant selection. The groups varied in size depending on location, but generally consisted of veterans; the purpose was to assist VA improve the way it delivers its services and benefits. The greatest concern was expressed regarding VA health care, such as delays in setting up the initial appointment and the rotation of doctors and interns, and the rude attitude of some administrative staff. Participants expressed their satisfaction with general care clinics but expressed dissatisfaction with the fee basis system. Overall, 90 percent of the focus groups prefer VA facilities to private ones. The survey was Congressionally mandated and conducted by VA's Office of Policy, Planning, and Preparedness, in order to formulate policy recommendations for the Secretary.

**Update: Veterans Health Administration: Susan Mather, M.D., M.P.H., Chief Officer, Office of Public Health and Environmental Hazards**

- Resignation of Dr. Roswell and designation of Dr. Jonathan B. Perlin as Acting Under Secretary for Health.
- Designation of Dr. Michael J. Kussman as Acting Deputy Under Secretary for Health.
- Discussion of veterans' population statistics; comparison of increasing number of female veterans and decreasing number of male veterans.
- New employee orientation brochures entitled "We are Women Veterans," highlighting information regarding women veterans and their military experience, were produced and distributed to staff at VA medical centers and Community Based Outpatient Clinics (CBOCs).
- VHA is working to provide a smoother transition to the VA health care system for veterans who received medical discharge from active duty.
- Increasing injuries such as loss of limb(s) of veterans returning from combat theaters.

- As rehabilitation of facilities expands, it is assumed that rooms will be constructed to house women veterans.
- Increasing number of female patients: 4.6 percent in FY 2003 compared to 3.5 percent in FY 2000. One-half of women veterans are less than 50 years old.
- Specialization of blind rehabilitation to increase services to women veterans.
- Discussion of possible Committee recommendation of a research study to examine demographic changes in the veteran population and the changing health care needs specifically concerning women veterans.
- Concern over stability of women primary care clinics in VA health care system. Discussion of size of patient panel would justify the designation of a half day primary care clinic.
- Brief discussion of video “Our Turn to Serve,” which was produced at the Secretary’s initiative and is shown to troops returning from Iraq to assist with seamless transition process and educate service members about VA services and benefits.

**Update: Han K. Kang, Dr.P.H., Director, Environmental Epidemiology Service**

- Provided demographic profile of female veterans who served in Iraq.
- Department of Defense (DoD) provides preliminary data on Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans each month based on service members who recently received combat/imminent danger pay.
- Data are collected and reconciled from five different source lists.
- Presentation of breakdown by gender.
- Mental disorder ranks highest among health problems of returning veterans.
- Committee requested a breakdown of service-connected injuries by ethnic background to include Hispanics, as well as a breakdown of categories of mental health disorders.

**Update: Veterans Benefits Administration, Linda Pyne, Program Analyst, Compensation and Pension Service**

- Legislation passed in December 2003 on Dependency and Indemnity Compensation (DIC), service-connected death benefits, affects mostly women. This law enables surviving spouses to have these benefits restored, in the event of remarriage to a non-veteran.
- Negative report on new legislative proposals specific to women veterans; call for recommendations.
- Difficulty of receiving service-connected benefits with diagnosis of unknown etiology (gender- related illnesses/symptoms which are unique to women).
- Committee proposes recommendation to expand educational benefits beyond the 10-year limit.
- Discussion of statistics on PTSD cases before the Board of Veterans Appeals (BVA). PTSD related benefits are based on markers that are too vague and leave too much discretion at the physician’s level.
- Continued increase in outreach effort to veterans returning from combat zones.
- Processing of service-connected death claims within 38 hours; Chapter 30 (VA education programs) refunds are generally processed within 24 hours.
- Request for recommendations on benefits related to women veterans issues.

- Clarification of qualification of veteran status.

**Update: Veterans Health Administration: Carole L. Turner, Director, VHA Women Veterans Health Program**

- Proposal of annual meeting between Advisory Committee and Deputy Field Directors (DFDs) as part of improving outreach efforts. Discussion of possible meeting during the Summit 2004: National Summit on Women Veterans, June 18-20, 2004, in Washington, DC.
- Distribution and discussion of new brochures about Women Veterans Health Programs and military sexual trauma (MST) in English and Spanish.
- Slide presentation of VHA MST Program.
  - Historic Milestones
  - Secretary's outreach to women veterans
  - Key Program Components
  - Awareness
  - Education and Sensitivity Training
  - Screening and Treatment
  - Outreach
  - Program Evaluation
  - Women Veterans Stress Disorders Treatment Teams
  - Proposed MST legislation.

**Update: Center for Women Veterans: Director, Irene Trowell-Harris, R.N., Ed.D., and Harriett Heywood, Esq., Associate Director**

- Status of nomination package of membership recommendations for the Advisory Committee on Women Veterans, such as new appointments, extension of terms, and reappointments.
- Overview of town hall meetings, veteran's forums, speeches, media interviews and update on outreach efforts.
- Progress of other projects and completed projects.
- Upcoming scheduled or planned meetings.
- Committee-related items and follow-up on issues discussed during last meeting.
- Ms. Heywood reported on the progress of planning and logistics for the Summit 2004: National Summit on Women Veterans Issues, such as the number of participants registered to date; conference location, co-sponsors, audience, features, agenda, preparation of proceedings, etc.

**Update: Veterans Health Administration, Readjustment Counseling Service: Charles Flora, Deputy Director**

- Women veterans have been included since the establishment of Vet Centers.
- Attraction of Vet Centers to veterans because of close proximity to communities and unique understanding of military and combat experiences.
- Services provided to 1.8 million veterans since 1979, with a total of 16 million visits from veterans and their family members. .

- 60,000 women veterans have been served since 1993, for a total of 500,000 visits. The figures represent between 6-7 percent of total veterans seen and number of visits, respectively.
- 206 Vet Centers nationwide; 39 percent of total staff members (940) are female; 76 percent of the staff are veterans.
- Since FY 93, Vet Center staff has provided sexual trauma counseling to approximately 11,000 veterans for a total of 250,000 visits.
- In FY 2003, vet centers treated 130,000 “uniques” with 40,000 veterans receiving all of their care from vet centers.
- Proposal to VHA Under Secretary for Health to recruit 50 new employees to perform outreach at demobilization sites for veterans returning from Iraq. These recruits will be employed in addition to the current Vet Center staff (940), but only as temporary employees.
- Forty hours annually of MST counseling has been added to training curriculum.
- Training conferences for team leaders, office managers, and counselors.
- 39 of the permanent positions are authorized for full-time MST counseling.
- Advisory Committee on Women Veterans proposed development of recommendation to help secure additional funding to increase number of positions authorized for MST counseling.
- Is the policy that every Vet Center must have staff qualified to assess veterans with MST and make the appropriate referrals.

### **Wednesday, April 21**

Meeting was called to order by Chair, Marsha Four. Items of note included:

- Agenda changes.
- Schedule of meeting of Subcommittees (Health and Benefits).

### **Briefing: Office of Congressional and Legislative Affairs: Bill Buffington**

- Legislation on care of newborns was submitted as part of the Department’s legislative package for the 108<sup>th</sup> Congress, 1<sup>st</sup> Session).
- VA MST counseling authorization expires December 12, 2004; draft legislation proposing making the authorization permanent was sent to the Office of Management and Budget (OMB) for approval. Hearings are scheduled for first or second week of May.
- Dr. Mather’s provided testimony on MST before the Senate Armed Services Committee, Subcommittee on Personnel. Two witness panels consisting of DoD officials and Government officials.
- Proposed legislation to extend the biennial reporting requirement of the Advisory Committee on Women Veterans to 2010; draft is also at OMB for review.
- Concern that if VA’s MST Counseling Authorization is not extended, women veterans who are not otherwise eligible for veterans’ benefits will not receive counseling needed.
- Subcommittee on Benefits hearing will be held soon on increasing the Home Loan Guarantee.

- Title 35, Section 1151, disability compensation entitlement due to malpractice at VA hospital or clinic while receiving care through Vocational Rehabilitation will not be extended to other benefits.
- Possible change to Montgomery GI Bill to extend educational benefits from 10 years to 15.
- Proposal to change VA budget from discretionary to mandatory.

**Update: National Capital Asset Realignment for Enhanced Services (CARES), Ethel Sligh, Executive Assistant**

- Slide presentation providing an overview of CARES scope, facilities overview, process and timelines, impact of CARES planning on women veterans, potential uses of CARES planning for women veterans programs, and summary and conclusion.
- Anticipation of report release by Secretary by the end of April 2004.
- Possible recommendation to abstract data by gender in future iterations of CARES.
- Grouping of projected future health care needs into health care categories.
- Growing numbers and changes in veterans population taken into consideration in CARES process.
- Brief overview of “ELDA” Enrollee Level Decision Analysis;” explanation of ELDA reliance rate (percentage of health care services sought by enrollees measured at service level, excluding specialty levels).

**Committee Discussion:**

- Prior to meeting, request that each presenter bring 20 copies of handouts and/or briefing materials.
- All materials distributed during meeting will be mailed to absent members.
- Legislation with expiration dates, sunset dates, etc., should be included in the Committee’s report.
- Call for final vote on title of 2004 Report .

**Discussion: Chief of Staff, Nora Egan**

- Discussion of CARES process; projected 5-year cost of CARES and priorities within the implementation process.
- Discussion of Committee developing a recommendation about training and more upward mobility for Nurse Practitioners to become VISN directors, hospital administrators and directors, and other key leadership positions in the field.
- The 42% increase in VA funding (FY 2005 budget) spanned over the next four years may be offset by the increasing number of veterans entering the VA system.
- Number of veterans waiting for VA health care appointments has decreased, from 312,500 15 months ago, to 5,614 waiting more than 60 days.
- 70% of health care professionals in the United States receive their training in the VA health care system.
- Committee members expressed concern over privacy standards for women veterans. Ms. Egan suggested developing a recommendation to include a privacy component in the contract to train medical professionals entering or training in the VA system, prior to their employment by VA.

- Committee members also expressed concern over accountability of medical professionals.
- Committee request for more MST counselors for the Vet Centers.
- Discussion of lack of standardization of VA facilities contracting out to non-profit organizations for programs for homeless veterans.

### **Thursday, April 22**

#### **Remarks: Deputy Secretary of Veterans Affairs, The Honorable Gordon H. Mansfield**

- CARES report represents framework of VA planning for next 20 years.
- Positive aspect of CARES: Provide more outreach to people including women veterans.
- Mr. Mansfield conducted unannounced field visit to Cleveland medical center; interviewed veterans and staff in response to recent “Primetime” special on ABC television. Evaluated problem areas.
- Report on productive meeting with nursing executives at Phoenix, AZ, facility.
- Found staff at VA facilities to be comprised of caring, hard-working, compassionate people.
- One Cleveland facility will be remodeled during CARES implementation process.
- Involvement of Women Veterans Program Managers (WVPMs) in overall strategic planning phase of CARES.
- Suggestion for Committee to meet with Dr. Perlin (VHA) to discuss lack of care specifically for women veterans within the homeless veterans programs and possible Committee recommendations in this area.
- Discussion of improvements made to homeless veterans facilities. Mr. Mansfield hopes that with Secretary Principi, as the new chair of the Interagency Council on Homelessness, funding for Per Diem grant programs will improve.
- Reassurance that during CARES implementation stage facilities will not be closed without providing communities with a substitute.
- Roll-out of five-year plan for construction.