

**Department of Veterans Affairs  
Advisory Committee on Women Veterans  
March 13-15, 2001  
Minutes**

The meeting of the VA Advisory Committee on Women Veterans convened at 8:30 AM, on March 13, 2001; VA Central Office, in Washington, D.C.

**Advisory Members Present**

Col. Karen Ray, USA (Ret), Chair  
Cmdr. Constance Evans, USPHS (Ret) Co-Chair  
MSgt. Sherry Blede, Air National Guard  
Mrs. Bertha Cruz Hall  
Ms. Joy Ilem  
Capt. Lory Manning, USN (Ret)  
Col. Kathleen Morrissey, NJ Army National Guard  
CSM Douglas Russell, USA (Ret)  
LTC. Consuelo C. Kickbusch, USA (Ret)  
Col. Michele (Mitzi) Manning, USMC (Ret)

**VA Staff Present**

Joan Furey, Director, OOW  
Maryanne Carson, EA, OOW  
Carole Turner, Director,  
Women's Health Program  
Lynda Petty, Veterans Benefits  
Women Veterans Coordinator

**Guests**

Ms. Carolyn Amos, VFW  
Ms. Teresa Morris, VFW

**Absentees**

MG Marcelite J. Harris, USAF (Ret)  
Ms. Joy Ilem, Assistant Nat'l. Leg. Dir, DAV

**New Members**

Marsha L. Four, RN  
M. Joy Mann, Captain, USAFR

Joan Furey called the meeting to order at 8:45am. Round-table introductions were made. Ms. Furey acknowledged the following guests: Mr. Erwin Huelsewede, White House Liaison who is responsible for overseeing the 23 advisory committees at VA; Karen Barber, the liaison for the National Cemetery Administration; Mary Leyland, Director of the VA Regional Office in Puerto Rico, ex-officio member and the BVA liaison; Ed Chow, Special Assistant to the Assistant Secretary for Planning and Analysis; Carolyn Amos and Teresa Morris from the VFW.

Two new members of the Advisory Committee were introduced: CAPT M. Joy Mann, USAFR; and Ms. Marsha Four, Chair of the Women's Committee on Vietnam Veterans of America.

The Chair reviewed the agenda. The minutes were read and a motion to approve, with corrections to the October and June meetings, was made and seconded.

Ms. Furey discussed the concurrence process for the 2000 report for the Advisory Committee. The Chair asked that the members review the comments and responses in the section of the report that pertains to the briefings the Committee is scheduled to receive later. This will help to expedite the question/answer period and assure all concerns were covered. Discussion followed regarding the issues the Committee wanted addressed at the briefings. Particular concerns included homelessness and the "true" definition of the McKinny Act; Compensation and Pension (C&P) claims and the use of "markers"; VA and Tri-care.

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**Update: Center for Women Veterans - Joan Furey, Director**

Ms. Furey discussed the activities of the Center from 1996 to 2000. The briefing included the Report of the Center for Women Veterans, with particular emphasis on the initiatives, and the 2000 Summit. A summary of activities over the last four years is included in her report, with sections on education, training, outreach, relationships that were developed between the VSO and the Center, information dissemination, and homelessness among women veterans. Ms. Furey pointed out that VA funding for research increased from \$330,000 in 1997, to 1.6 million in 2000. Also an additional 3.9 million in women's research was received. The research department sent out a report on research in women's health at V, for FY 1999. This gives a good summary of VA in support of women's health research.

\$3 million has been allocated for demonstration projects for women veterans who are homeless. The projects are designed to do focus outreach to women; provide access to psychiatric care, PTSD, and substance abuse treatment; and provide VA case managers and housing options for single women and women with children. Managers were asked to do community collaboration with non-VA funded programs in order to provide for women with children. The response has been tremendous and all beds that were contracted for have been filled. The Center has a goal to visit all of the funded sites within the year.

The concerns of VBA in relation to the length of time it is taking for the claims process to be completed for veterans, and the education and training of rating specialists in the regional office was discussed. Ms. Furey noted that the Center will be more aggressive in visiting the regional offices and providing training to them in an effort to increase productivity in the new fiscal year.

The Center will design an outreach plan with focus on minority women veterans that would allow VA to get into the minority veteran communities. Emphasis will be placed on Native American, Hispanic and African American women veterans. The outreach plan will focus on women veterans issues, education, the challenges of minority women veterans, and sensitivity issues. Ms. Furey asked that the Committee undertake this project and assist with designing the outreach plan.

Ms. Furey discussed joint collaboration with the VSOs, particularly in terms of training. In her report she participated in meetings or presented briefings to the American Legion, VFW, VVA, AMVETS, and DAV. Presentations were made to the Women Marines Association, the Women's Army Corps, the Vietnam Women Veterans, the Women Veterans of America and the America GI Forum. She has been invited to give presentations to the State, by the National County Services Veterans Association. To date, she has provided training to their service officers and employees in ten States.

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Legislative initiatives that were passed during the last session include:

- ❖ The VA Millennium Healthcare Bill: This Bill extends the sexual trauma counseling authority to VA through the year 2004. It mandates the study on incidence of sexual trauma among reservists who experienced that trauma while on active duty for training, and their utilization for VA services.
- ❖ The Vietnam Veterans Benefits Act: This Act is designed to compensate the children of women who served in Vietnam. VHA research showed that these children were born with higher incidence of birth defects. VBA is writing up the regulations which will be very similar to the way we compensated the children of Vietnam veterans who has Spina bifida.
- ❖ The Veteran Special Monthly Compensation Gender Equity Act: This Advisory Committee played a major part in the passing of this Bill, because they made recommendations pertaining to this Bill in their 1998 Report.

In collaboration with WIMSA, the DOD Health Affairs and the Uniformed Services University of the Health Sciences, is sponsoring a program that will be held on September 20-21, 2001. This program will focus on research pertaining to health issues of women in the military and women veterans. This two-day program is a professional, scientific seminar on the research being done both in DOD and VA on health issues.

The National Strategic Working Groups will look at mental health care for women in the VA. This in a more focused way to study the mental health care for women than in the past.

Current initiatives underway include:

Evaluation of the Transition Assistance Program (TAP). Staff from the Center will visit ten TAP sites to ascertain the number of women attending the sessions; the barriers surrounding women being given permission to attend; what the content is in terms of it's relevance to women; is the information about women getting out; or the people who are doing the TAP program knowledgeable about benefits and services for women; if that information getting out there, and it's not what can we do to improve that.

Outreach event on women on active duty informing them about VA. Lory Manning will be working with the Center, thru WREI, concerning the employment initiatives for women veterans and the assessment of veterans. She will brief the Committee later.

The Internet Web Page on women services has a 30-day response time from the Center. [www.va.gov/womenvets/index](http://www.va.gov/womenvets/index)

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In an effort to foster communication between DOD, the VSOs and VA, Ms. Furey will meet quarterly with VHA, VBA and NCA to discuss current issues involving the women veteran population. Funding is requested in the 2002 budget to have a major joint coordinator's conference that will fully focus on improving communication across the Department, as opposed to a conference where people attend, but continue in the same mode. Focus will include ways to improve and monitor outreach.

Summary of the Summit Proceedings The Summit proceedings can be accessed on the Internet at [www.va.gov/womenvets/index](http://www.va.gov/womenvets/index)

The women veterans felt they needed to be more involved in advisory committee activities, to increase individual community involvement. Ms. Furey suggested that the Committee could help through their respective associations, organizations or facilities.

Women veterans felt strongly about collaboration and national, State and community support. They did not feel that they were necessarily encouraged to participate in organizations as best as they could, and they were not encouraged to participate at the VA level. General consensus was that part of the reason was women are not being referred to VA to sit on the other advisory committees. Ms. Furey asked that the Committee give VA referrals of people who are appropriate to serve on the advisory committees. These names will be forwarded to the White House Liaison Office, and will be placed in the pool of qualified candidates. She reiterated that there is an urgent need to have women on all of the advisory committees because of the changing demographics of the veterans population.

Work Group Reports:

Education: This was the number one key issue, and it was addressed from a number of different perspectives, including improving the knowledge of VHA and BVA staff, and the State at the veterans service organization level. Ms. Furey stated that the education of VBA staff on gender specific needs of women veterans who are homeless is what's behind the "One VA" concept. Training has began and will be incorporated into the national training agenda.

Minority Women Veterans: As stated before the Center is planning to design an outreach program in collaboration with the Advisory Committee. In terms of minority women health research, in general there has been some increase, and a briefing will be announced. The Chair has agreed to do a presentation at the WIMSA monthly health program on health issues affecting African American women. This is scheduled in May.

State Department of Veterans Affairs has future plans to sponsor a State women veterans conference. The Center staff should work with the directors on details. The State of Texas is sponsoring a Texas State Women Veteran Summit.

VSOs plan to improve the women veterans outreach program by enhancing leadership opportunities for women. Plans will be made to develop and provide gender-specific education programs for all field VSOs, and copies of the report will go to all VSOs to share the findings of the summit. Recommendations that will underscore the issues to establish advisory committees on women veterans' and ensure that their issues are incorporated into the National agenda and National platform, and enhance partnership with Federal and State agencies working to create a more positive outlook is underway.

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Homelessness: A solid start is currently underway. Questions were asked regarding the women veteran coordinators interfacing with other homeless outreach program workers within the VA system. Ms. Furey felt that the demonstration project should provide a guide to VA for working with the rest of the system regarding homelessness.

Healthcare: This is an education initiative and VA research is ongoing.

Compensation and Pension: Women veterans voiced concern regarding the examination process. In a preliminary discussion with VBA, the secretary is starting a task force to do an in-depth analysis of this process over the next 2 years.

Summary of recommendations: Women veterans felt education, accountability and quality standards were foremost. They suggested that VA should continue to work on improving services, advertise information and accomplishments, increase employment opportunity, develop Internet partnerships, improve information dissemination, and access the availability of health care.

**Briefing: Compensation and Pension Process (C&P) - Diane Fuller, Assistant Director, Demand Management VBA; Carolyn Hunt, Regional Director, Lincoln VA Regional Office and chair of the C&P Service Women's Advisory Group; and Lynda Petty, National Woman Liaison for VBA**

Ms. Fuller briefly discussed the programs she is responsible for within VBA. These include the women advisory committee, women's programs, POW, elderly, homeless, judiciary, outreach, and surveys.

Ms. Petty discussed the Veterans Service Center representatives, rating specialists for the Service Center, and how they are trained. In Ms. Petty's briefing, she stated that whenever veterans discuss benefits, most often they are in relation to compensation and pension. C&P covers service-connected for a disability that occurred in service, veteran education, and home loan. The training resources for VBA include the Academy in Baltimore, Veterans Benefit Network – Web Page, the C&P web site, the performance support system, as well as on the job training.

Ms. Carolyn Hunt discussed the Quality Control Program, whereby each veteran service representative in the regional office listened to approximately 45-50 phone calls per month from veterans. Silent monitoring programs are being used as a means to identify the training topics and techniques. The types of questions the veterans ask, and the consistency of these questions, determines the topics for training. Since this Office has the 1-800 number, not only are they responsible for answering questions pertaining to benefits for VBA, but this includes VHA, State and local Government, and benefits for other Federal programs.

Ms. Hunt briefed the Committee on the claims process, case management, rating procedures and the combined rating table. She also discussed the new position in VBA that is the Decision Review Officer.

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New initiatives:

Under the TAP system the veteran will be notified of the current status of their claim. When a claim is received, a telephone call will be placed to the veteran giving the expected date when his claim will be processed. This will provide a personal contact as opposed to sending a form letter. After that, the veteran will be contacted every 60 days with a status update the claim.

New employees assigned to the Integrated Staff for case management are expected to perform in the areas of adjudication and veteran service. Previously, these were separate areas.

The Virtual Information Centers will be set up so that when claims are established in the system, a letter will be generated and sent to the veteran confirming the information received, and/or requesting additional information, if necessary. A contact person will be assigned and that name and direct phone number will be provided to the veteran. This will alleviate the problem of not knowing who is handling their case.

When the 1/800 number is dialed, the veteran will be given a 5-digit code that they can punch in, and the call will be routed to the regional office where their claim is located. This system is not available in all the regional offices at this time. It is still being phased in.

**Update: National Strategic Work Group on Women Veterans Health Programs and Women Veterans Coordinator Study – Carole Turner, Director, Women Veterans Health Program**

Ms. Turner provided the following update to the Committee:

Clinical accomplishments:

During FY 2000, over 152,000 women applied for health care services. Included in that total, 12,000 of them were on an inpatient basis.

FY 2000 also marks the first full year that VA provided maternity care for women veterans under the Uniform Benefits Act. Approximately 1000 women veterans received maternity benefits, either directly at VA facilities, or with funds allocated as part of the VA sharing agreements.

During the last FY, 544 VA babies were delivered. The count at the last briefing to the Committee (October) was 171.

An infertility work group developed an information letter to provide guidance to the field on infertility services for enrolled veterans that are sanctioned by the VA. (Copy of letter included in handouts.)

Administrative:

A prototype job description for the lead women veterans coordinators was developed to facilitate communication and implementation of guidelines. All of the 22 networks within the VISN have now appointed lead women veterans coordinators, and they have adopted the guidelines.

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An informal women veterans advisory health council was established. The council is comprised of the 22 women veterans coordinators from across the Network. This council provides a forum for the lead coordinators to communicate directly with the Women Veterans Health Program Office. The lead coordinators will get timely information and obtain first-hand knowledge about the Program.

Upcoming educational initiative:

During FY 2001, the Annual Ambulatory Care Conference will be held. This conference will replace the yearly "National Clinical Update". Plans are being made to bring together the Women Veterans Health Program, the Primary Care Program, the Association of VA Ambulatory Chiefs of Medicine, patient's health educational and preventative medicine, to coordinate and put this conference together. The 4-day conference will be held this fall in San Diego, CA, and approximately 500-700 people are expected. With this type of forum, we hope to send the message out to a wider audience. The first day will include the lead women veterans coordinators business, and Joan Furey and Erica will kickoff the conference with a 3-hour, pre-conference workshop.

Research initiatives: The Women Veterans Health Strategic Work Groups requested technical assistance from two centers of excellence to conduct a comprehensive study. The centers are located in Bedford and Sepulveda. The purpose of the study is two-fold: 1) access the variations in the structure and organization of women's health care delivery, and determine the influence of such variations on the effectiveness of care. All 176 VA medical centers will be accessed; and 2) access the experience of women veterans who use VA care with respect to their health care status, outcome, and satisfaction of care. The 1999 data gathered from the study by the Katherine Skinner Group on 36,000 women veterans will be used. The study will be done in 4 stages; will be completed by the Fall. The findings will be incorporated into the final strategic plan that is being prepared for the Under Secretary of Health.

Legislative initiatives:

Special Pay Compensation. The President signed the Veteran's Benefit and Healthcare Act Improvement, which provides for the award of special monthly compensation to veterans who suffered as the result of a service-connected disability; the anatomically loss or the loss of use of certain specific organs; or the loss of speech or hearing. An additional anatomical loss of one or both breasts, including loss from mastectomy was also included. The same bill, but different from the Vietnam babies legislation, provides for benefits for children of women veterans who served in countries in Vietnam who suffered from certain birth defects. Effective 12/1/2001. Final regulations will be published by the Fall.

Upcoming initiatives include:

Eating disorder workgroup  
Military sexual trauma technical advisory group  
Women veterans gender disparity work group  
Health care research group  
Joint effort with DOD to develop guidelines for an uncomplicated pregnancy clinical practice group.

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**Update: Women Research and Education Institute (WREI) - Lory Manning, Director, Military Women's Project, and Advisory Committee Member**

Ms. Manning gave a briefing on the research underway at WREI, on women veterans and employment. She is working with the Department of Labor Veterans Employment and Training Service, to find out what is known about women veteran's employment and, what type of research has been done in that area during the past 15 years. Current samples are too small to make any conclusion. A small prestigious working group will put a paper together using the statistics that are available. This group will suggest avenues that need to be pursued to get a better idea of what's going on with women veterans in terms of employment.

**Briefing: Women Veterans Homeless Initiative:  
Josephine Hawkins, Program Analyst**

Mrs. Hawkins gave a brief overview of the VA homeless program, and spoke specifically in the area of women veterans who are homeless and seeking safety. In FY2000 Congress allocated \$50 million to VA for the homeless program. Of that amount, \$3 million was allocated exclusively for women veterans who are homeless, and especially those with children. The goals of the study was to test the effectiveness of women seeking safety, evaluate the outcome of the VA Homeless Women Veterans Program, and test the effectiveness of a new approach - psychotherapy. Samples for the study will consist of 100 women, from each of the 11 sites. The sites are Boston, Brooklyn, Cincinnati, and Cleveland from the East; Tampa and Atlanta from the South; Los Angeles and San Francisco from the West Coast; Seattle from the Upper Northwest; Dallas and Houston from the Southwest. This study will be done in two phases. Phase one will sample women who are just entering the homeless case management services, and Phase two will incorporate the outcome study.

In response to several questions generated by the Committee, Mrs. Gay Koerber, Associate Chief Consultant, Health Care for Homeless Veterans, addressed the questions.

Mrs. Koerber discussed the definition of "homelessness" as it applies to veterans living with someone, vs. veterans who are living on the street, in emergency shelters, abandoned buildings, etc. When the RFP was written inviting VA medical centers to apply for money for a homeless program, the RFP defined women veterans who are at risk for homelessness, and included were those who were doubled-up or temporarily living with family members or friends. Mrs. Koerber pointed out that in some cases, the issue of "homeless" becomes a judgment call if the housing arrangement is not permanent. The Program is one that is designed to meet the needs of the truly homeless and un-housed population.

Mrs. Koerber clarified the issue around the funding, and noted that there is confusion but no program is at risk. As a result of technicalities, etc., the funding was late reaching the sites, but was out by June of this year (2001). By the time the facilities received the funding, the year was pretty much gone. Since a full year of funding was put out in June, the medical centers were encouraged to do a variety of things to protect the resources so they wouldn't lose that year's funding. It was suggested that the medical centers do a "buy ahead". This is to purchase something they knew they would require funding for during the fiscal year such as equipment, etc. When they received their money for the fiscal year, they carved out the amount of money they used, and made the rest of the money available to the program.



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Mrs. Koerber stated that to the best of her knowledge, the four years of funding for the program is available, but it is cut off at the end of the fiscal year, and is rolled over into the program. The whole idea of "roll over" is to assist the medical centers in its transition between specific purpose funding that would have continuously come out of Central Office versus the medical centers and VISNs, who are now needing to pick up and carry the ball. The medical centers and VISNs understand that it is now their responsibility to continue providing funding for these programs.

Clinicians will continue to complete the evaluation forms. These forms will be forwarded to the VA Northeast Program Evaluation Center that is located in West Haven, CT, at the VA Medical Center. The Center, that does the evaluations primarily in mental health, will do the data and analyses, and put information back into the field. This will be an ongoing monitoring program. The data will go back to the site on a quarterly basis, once the program is fully operational.

Trying to find appropriate service providers to partner with VA is a drawback to becoming fully operational; but it's anticipated that the program should be up and going by the Fall. COL Manning asked about the need for volunteer partners. She stated that she is a Chaplain of the Woman Marine Association. All chapters have projects and many are in the area of providing volunteer services to non-profit organizations. She stated that she would be happy to discuss this with the executive board, and put out information if there was a need to get volunteer hours from service organizations. In response, Mrs. Koerber stated that the homeless programs are always interested in volunteer services. However, she suggested that COL Manning should wait approximately three months before notifying the chapters, to be sure that the programs are fully operational and have their contracts in place with the residential service providers. Once they are up and running, they would know what kind of volunteer services are needed. Mrs. Koerber will get list of the sites to the Committee.

Regarding the question pertaining to an advisory board for the project, Mrs. Koerber stated that the structure of each program is left up to the program coordinator.

**Briefing: Legislative Issues and Congressional Affairs - Dennis Duffy, Acting Assistant Secretary for Policy and Planning, and the Office of Congressional and Legislative Affairs**

Mr. Duffy provided the Committee with a comprehensive review of the composition and structure of the 107<sup>th</sup> Congress. He discussed the major committees that impact on the operations of the department of VA, and their primarily jurisdiction for legislation relating to veterans.

**Briefing: VA and Tricare - Rose Quicker, Director, VHA Medical Sharing and Purchasing Office**

In her briefing, Ms. Quicker stated the VA/DOD sharing goes back to 1982, when legislation was passed giving VA authority to enter into its sharing agreement. VA and DOD are the largest health care systems in the entire world, and under that agreement VA can send its beneficiaries to a military treatment facility, and DOD can send its patients to the VA. As of 10/01/01 retirees will be able to stay with Tricare and receive benefits for that. Since Tricare is a DOD program and not a VA program, some veterans are dually eligible for both Tricare and VA benefits: Tricare if they are a DOD retiree, and VA benefits if they have a service-connected condition. For additional information on Tricare, Ms. Quicker encouraged using their Web site: [www.tricare.osd.mil.com](http://www.tricare.osd.mil.com)

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**Remarks and Presentation of Appointment Certificates –  
The Honorable Anthony Principi, Secretary of Veterans Affairs**

Ms. Furey introduced the Secretary. In his remarks he stated that he felt good about the mission of this Department. He spoke of VA leading the way on the GI Bill and related it to the value of education. Affordable housing available for the veterans, the aging population and the geriatrics research center lead the way for the care of veterans and the benefits programs for veterans. As the number of women in the military increase, research, care, and treatment should be at the forefront, and the Department will play a very big role. Mr. Principi told the Committee that he was here to learn from them, and that he will come to get a better understanding of what the needs are for the women veterans. He assured the Committee that because of their commitment and time that is invested in this important work, he will support them and have dialogue and open communication. Their work will not be just words on paper that will be shelved somewhere. He is committed to discuss with the Committee how best VA can implement their suggestions. In closing, he informed them that during the final hours of their advisory meeting, he would be more than happy to come in and discuss what the Committee had arrived at, think about the recommendations, and hope that they can be implemented. Certificates were presented to the new appointees.

**Briefing: Board of Veterans Appeals (BVA) - Rick Thrasher,  
Chief Counsel, Litigation Support**

Mr. Thrasher opened his briefing by giving background information on his tenure with the VA. He stated that he has been with the BVA since 1991. He gave an in-depth overview of the Board, and its definition as an independent operating element within the Department that represents the highest level of administrative appeal within the Department. The Chairman of the Board of Veterans Appeals reports directly to the Secretary.

Mr. Thrasher explained the mechanics of the appeals process within the Department of Veterans Affairs, and stated that whenever an appeal is requested, it is for a review of some type of action that has happened. The veteran has one year from the date they were mailed "notice of determination" to file an appeal. The Board does not have jurisdiction over certain medical issues, such as medical care treatment.

During the briefing, Mr. Thrasher covered the following areas:

The Board's review

The Court of Appeals for Veterans Claims in the United States

The Court of Appeals for the Federal Circuit

The United States Supreme Court

The requirements for a hearing, a constitutional right of the veteran

The right of any family member to military honors for the burial of an honorably discharged veteran, and the law which enforces it.

**Briefing: FY 2001 Committee Budget - Kathleen Hamilton, Office of Financial  
Management and Alice Raatjes, Center for Women Veterans**

The budget for the Committee was reviewed, and it was pointed out that the Committee does not have an unlimited budget, but is restricted by funds. Areas not funded from the Committee budget is transferred out of the Center's travel fund to make up the difference. The budget structure was discussed. The 2001 budget was increased to \$35,000, to fund three advisory committees meetings for the year.

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**Executive Session – Advisory Committee**

The Chair discussed the plan for the 2002 report and the preparation for it. Ms. Furey commented that the Office of Congressional Affairs and the Office of Policy and Analyses requested a timeline for the report. She stated that the report is due to Congress 60 days after its due date to the Secretary, which is July 1, and in order to meet that date, the report must be completed and thru the concurrence process not later than May 1, and then sent to the Congress by September 1.

Ms. Furey discussed the terms of five members who were scheduled to rotate off July 1, a situation that will create logistical problems in terms of writing the report. It was suggested that a subgroup, comprised of local members, could be assembled to write the 2002 report, and through teleconference, the report can be discussed by the full Committee. The Committee agreed on "*Women Veterans Building on a Century of Service*" as the new theme for the report. A design for a new cover was discussed. Chair asked for suggestions by the Fall meeting, and one week, during the last two weeks of October was suggested as the dates for meeting. Working group assignments would be decided at that time.

Ms. Furey gave an update on the next meeting, which is the Boston site visit. She discussed the medical centers that were on the agenda, and informed the Committee that Jamaica Plains will host the visit. A suggestion was made to hold the women veterans forum during the day in the afternoon.

A suggestion was made to send a thank you note to Mr. Wallace at the VFW for sponsoring the luncheon, and for all the support they have given to the Committee.

Ms. Furey informed the Committee that her appointment is up May 15, and her position is uncertain due to the major transition in the administration. The Committee suggested writing a letter under the chair's signature encouraging consideration to reappoint Ms. Furey as Director of the Center. After deliberating, it was decided that it would be more to her advantage, if the letter spoke to the excellent job Ms. Furey was doing.

Chair requested a meeting with the secretary, but she has not gotten a response yet. She will make an appointment to go up to his office after the meeting is over.

**Topic: Women Veterans who are Homeless**

**Discussion:** The Committee voiced concerns regarding the funding program for the homeless. It was felt, that as a Committee, they should closely monitor this program. Focus should be in two areas: obtaining a clear definition of "homeless" and making sure that it is consistent throughout all the programs; and assuring that the program is stable enough to give comprehensive long-term assistance, since the Committee is now aware that they know there is a significant population that is considered homeless. A subcommittee can be formed to look into the issues to get a clearer picture and present it to the Committee. The program office should provide any information to the Committee. The Chair can bring the issues before the Secretary in a letter, or other ways such as a briefing.

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**Action:** A motion was made to add to the minutes that Joan Furey would get the information on the homeless program, and a conference call would be made no later than the end of May to the Committee. At that time, the Committee would decide what position they would take as it relates to the homeless issue.

**Next meeting:** Site Visit: Boston, MA, scheduled for June 25-29, 2001

**Closing:** Business meeting and Committee discussions concluded. The Advisory Committee for Women Veterans adjourned at 11:45a.

Respectfully submitted by: \_\_\_\_\_  
Irene Trowell-Harris, R.N., Ed.D.

Approved by: \_\_\_\_\_  
Col. Karen Ray, Chair