

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

**VA Central Office, 810 Vermont Avenue, NW  
Washington, DC 20420  
October 19-21, 2004**

**Advisory Committee Members Present:**

Marsha Four, Chair	COL Kathleen A. Morrissey, NJARNG (Ret), Vice-chair
SFC Gwen M. Diehl, USA (Ret)	CDR Joan O'Connor, USNR (Ret)
Lorna Papke-Dupouy	CMSgt Luc Shoals, USAF (Ret)
Cynthia Falzone	The Honorable Sara A. Sellers, USAF (Ret)
Carlene Narcho	

**Advisory Committee Members Excused:**

Edward Hartman	The Honorable Winsome Sears
CAPT Emily Sanford, USN (Ret)	

**Ex-Officio Member Present:**

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

**VA Staff Present:**

**Center for Women Veterans**

Dr. Irene Trowell-Harris,  
Director

Rebecca Schiller

Elizabeth Swickard

Desiree Long  
Juanita Mullen

**Veterans Health Administration**

Carole Turner, Director,  
Women Veterans Health  
Program (WVHP)

Claudia DeWane, Deputy Field  
Director, WVHP, VISN 1-5

Connie LaRosa, Deputy Field  
Director, WVHP, VISN 10-15,  
23

Sherri Bauch, Deputy Field Director,  
WVHP, VISN 18-22

Dr. Patty Hayes, Lead  
WVPM, VISN 5

**Veterans Benefits Administration**

Linda Piquet  
Compensation and Pension  
Service

Betty Moseley Brown, VBA  
Outreach Coordinator

Advisory Committee on Women Veterans – Committee Meeting Minutes  
October 19-21, 2004

**Guests:** Marion H. Blackwell, Sylvia Williams, Veterans of Foreign Wars of the United States  
Cathy Wiblemo, The American Legion

**Tuesday, October 19:**

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

- o Approval of meeting minutes from April 20-22, 2004 meeting.
- o Beginning of two-year process for the next Advisory Committee report; each member was asked to review the briefings and begin to compile a list of issues and concerns in a notebook for consideration for the 2006 Committee report.
- o Review of subcommittee membership.
- o Review and discussion of draft Advisory Committee on Women Veterans (ACWV) 2004 Report.

**Update: Capital Asset Realignment for Enhanced Services (CARES) Implementation and Strategic Planning: Susan Pendergrass, DrPH, Acting Director of Strategic Initiatives**

- o The Secretary will establish an advisory committee to oversee CARES. This committee will then appoint 20 subcommittees to address the issues in each designated CARES site. There will be at least four public hearings per site to discuss options to be considered by the contractor and the subcommittee. Each subcommittee will have two VA representatives; one SES-level employee and one clinician, plus four representatives from the local community.
- o CARES Planning Initiatives: Updated demand projections using FY '03 actual data and projections for the next 20 years. Currently developing long-term care and mental health projections.
- o Rural Access Hospitals: Ensure VA health care providers afford adequate care in rural hospitals.
- o The CARES office has not mandated a specific process at the Veterans Integrated Service Network (VISN) level. Each VA Medical Center (VAMC) Director is responsible for implementation of any recommendations.

**Committee Discussion: 2004 ACWV Report**

- o Discussion of the recommendations will be addressed in the briefings throughout the meeting.

**Update: Veterans Health Administration: Ann Patterson, Director, Network Support and Dr. Mark Brown, Director, Environmental Agents Service**

- o Dr. Mark Brown briefed the Advisory Committee on returning Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans and their rates of using VA services.

Advisory Committee on Women Veterans – Committee Meeting Minutes  
October 19-21, 2004

- As of June 23, 2004, there were 168,528 OIF veterans, of which 50,705 were active duty troops and 117,823 were Reserve and National Guard.
- There were 45,880 OEF veterans, of whom 4,614 were active duty and 41,266 were Reserve and National Guard.
- VA has found that separated OIF veterans are experiencing similar health problems as separated OEF veterans; however VA health care usage among separated OIF veterans is higher (16% or 27,571) compared to OEF veterans (11% or 5,113) for Fiscal Years (FY) 2003 and 2004. OIF veterans utilizing VA equal 0.6% of the 4.5 million veterans receiving VA health care in 2002, a small proportion of total VA patients. The most common issues for these veterans include diseases of the musculoskeletal, digestive, nervous, and respiratory systems, mental disorders, and other ill-defined conditions.
- Seventeen percent of the 15,291 female OIF/OEF veterans have received VA services at least once; the most common diagnoses are diseases of the musculoskeletal and digestive systems.
- A higher percentage of separated active duty troops (23%) have sought VA health care compared to Reservist/National Guard personnel (13%)
- Although OEF/OIF veterans have access to VA health care for 2 years free of charge following separation for combat-related conditions, the Committee expressed concerns that PTSD will not surface within the 2-year timeframe and questioned how VA will handle those cases
- As a major outreach effort to OEF/OIF veterans, the Secretary is sending welcome home letters to all returning service members. Enclosed in the letter is a brochure that explains available benefits and services.
- Ann Paterson discussed time allotments for the WVPM. She said that in July 2003, 74 WVPMs were working the required 10 hours a week, whereas in May 2004, 116 WVPMs were spending 10 hours a week on the program. She also noted that Directive and Handbook 1330.2 were created to define performance standards and duties to meet these standards for WVPMs.

**Update: Veterans Benefits Administration: Diane Fuller, Assistant Director, Veterans Services, Compensation and Pension Service**

- Announcement that Lynda Petty accepted the position as Officer-in-Charge at Walter Reed Army Hospital.
- Linda Piquet has assumed the position formally occupied by Lynda Petty in VBA.
- VBA has translated the brochure and outreach information about disability compensation for MST (Recommendation #5) into Spanish and will be posting it on their website soon.
- VBA believes that their outreach programs meet the needs of the veteran population. Each region tailors their outreach to meet the needs of their specific veteran population. VBA agrees that non-traditional ways to disseminate outreach materials may need to be used.
- VBA agrees that they need to be more active with all Women Veterans Coordinators (WVC's) to initiate more outreach activity and will resume quarterly conference calls with them to discuss best practices and training.
- VBA non-concurred with Recommendation #7 that they utilize the AMA for outreach to mothers of children with certain birth defects. The audience is too broad and the cost would not provide

Advisory Committee on Women Veterans – Committee Meeting Minutes  
October 19-21, 2004

- any real benefits to veterans. VBA, however will consider outreach to the AMA on a state-by-state basis.
- Discussion of Recommendation #23 regarding space, equipment, and administrative support to the WVC: WVCs do not face the same type of space/facility issues as the WVPs as private space is always available if needed. Also, there is always someone available for a veteran to speak with.
  - There are no set minimum hours for WVCs, but each VA regional office will look at the population and the need and then make recommendations to their respective WVC.
  - Veteran Service Representatives (VSRs) work with women veterans who have special issues. The VSR's Guide to Personal Trauma is to be updated and distributed to the field. Five or six satellite broadcasts about military sexual trauma (MST) will be produced and distributed to the field.
  - Discussion of Recommendation #55, to propose legislation to increase the delimiting period for Montgomery GI Bill usage from 10 to 20 years: VBA non-concurred with the recommendation because it believes that modifying the Montgomery GI Bill to allow its use 20 years after discharge is too long to readjust to civilian life. If the Committee feels strongly about pursuing this issue, VBA recommends discussions with the Education Subcommittee and DoD. The Committee should also consider consulting Congressional members and local veterans service organizations to raise the awareness of this legislative issue.
  - In FY '04, 261,000 active duty personnel were provided information at 7,200 briefings (includes 85,000 National Guard and Reserve personnel). The TAP facilitators perform the briefings, but it is not mandatory for servicemembers to attend except for the Marine Corps. The TAP Steering Committee (consisting of representatives from DOL, DoD, and VA) is working towards requiring every separating servicemember to attend a briefing. DOL was asked to include gender on TAP participant form.
  - Every separating military person must complete form DD2648, Preseparation Counseling Checklist and a separation counseling session under 10 U.S.C.
  - Benefits Delivery at Discharge (BDD) Program was discussed. VBA will process compensation claims 90 days before discharge and benefits will begin at the point of discharge. All servicemembers are eligible to apply for this program at the available 136 locations (with possible expansion). To make this transition easier, VA and DoD are working together to create a joint exam that will fulfill all requirements. They are testing this at 28 military transfer facilities.

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

- Introduction of Deputy Field Directors (DFD).
- Discussion of the Integrated Business Plan and how it relates to the ACWV Report Recommendations Directives 1330.1 and 1330.2 appear to provide adequate responses to many of the ACWV Report recommendations.
- The Director, Women Veterans Health Program provided an analysis of the WVPs' administrative allotments. Of significance is a 25 percent increase in WVPs who indicated that they have at least 10 hours per week allotted for them to work on their administrative duties associated with their position as the WVPM.

Advisory Committee on Women Veterans – Committee Meeting Minutes  
October 19-21, 2004

- Community-Based Outpatient Clinics (CBOC's) are not mandated to have a WVPM, however each CBOC has a person who is responsible for the duties.

**Briefing: Deputy Field Directors and Lead VISN Women Veterans Program Manager**

- The ACWV will attempt to schedule meetings when the DFDs and Lead WVPM are in town so that they can attend the meetings as well.
- Dr. Patty Hayes, Lead WVPM, VISN 5, provided an overview of her duties.
- DFDs Connie LaRosa, VISN 10-15 and 23; Dr. Claudia DeWane, VISN 1-5; Sherri Bauch, 18-22 briefed the Committee on each of their region's strengths and weaknesses. Meri Mallard, VISN 6-9 and 16-17 was not able to be present due to previous travel commitments.
- Issues that the DFD's are working on include refinements of the integrated business plan, 1330.1 and 1330.2, time allotments for WVPM, and staff education products and MST videos.

**Briefing: Ethics: Jonathan Gurland, Office of General Counsel**

- Advisory Committee members received the required ethics briefing from VA's General Counsel staff attorney. Information provided to members included definitions of Special Government Employees, how to obtain ethics advice, conflicts of interest, standards of ethical conduct, gifts, expert testimony, and the Hatch Act.

**Committee Discussion:**

- Committee members were asked to decide which subcommittee, Health or Benefits, they prefer to work on for the 2006 report.
- Discussion of topics to be addressed by Dr. Perlin and Nora Egan.

**Wednesday, October 20**

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

- Subcommittees announced.
- Items of concern to discuss with presenters.
- Introduction of Juanita Mullen, Program Analyst working jointly for the Center for Minority Veterans and the Center for Women Veterans, and Betty Moseley Brown, the incoming Associate Director, Center for Women Veterans.

**Briefing: Office of Congressional and Legislative Affairs (OCLA): Pamela Iovino, Acting Assistant Secretary for Congressional and Legislative Affairs**

- Discussion of VA's legislative proposals addressed in the ACWV Report.
- HR 3936, the MST Counseling Provision, passed the Senate but did not pass the House. VA is hoping that it will be reintroduced during the lame duck session and then will possibly pass.
- The Newborn Care legislation did not pass in the Senate.
- Cadet Nurse Corps legislation did not make it out of committee and as the number of Cadet Nurses diminishes, OCLA is not optimistic about this legislation getting passed.
- Discussion of the DoD's Task Force on MST and how they are trying to formulate one definition of Military Sexual Assault.

Advisory Committee on Women Veterans – Committee Meeting Minutes  
October 19-21, 2004

- Senate Bill 2486, Veterans Benefits Improvement Act was passed by both the Senate and House increasing amount paid for dependency and indemnity compensation (DIC) to surviving spouses with dependent children.
- The legislation to amend 38 U.S.C. Section 542(c)(1) to extend to the year 2010, the requirement for submission of the Advisory Committee on Women Veterans' Biennial Report to Congress did not pass and must be re-introduced in the 109<sup>th</sup> Session.
- Discussion of Recommendation #55, extending the delimiting date for education benefits to 20 years for women. OCLA believes that this will not pass, because Congress views it is a transitional benefit that should have a time limit.. The issue may be brought up with Congressional leaders with validated data to substantiate this proposal. .
- Brief discussion of the Legislative Process. It was recommended that at the next meeting, additional time is allowed for a briefing describing the legislative process.

**Briefing: Research Issues related to women veterans: Susan Krumhaus, Program Analyst/Statistician, Office of Policy, Planning, and Preparedness, Policy Analysis Service**

- Discussion of Recommendation #10 regarding identifying and soliciting earmarked research funds to conduct a study with sufficient number of women veterans. The Office of Policy, Planning and Preparedness has contracted with Abt Associates for a NSC Modernization Plan and begins working sometime in October 2004 to identify data needs of women veterans.
- Overview of the National Survey of Veterans (NSV) Modernization Program. Three main tasks:
  1. NSV Analysis and Modernization Plan - Obtain stakeholder input; frequency of NSV and surveying cohorts; sampling frames; questionnaire design/wording; and establishment of a clearinghouse.
  2. 2001 NSV Analysis Update - assess coverage of current and past data analyses; conduct supplemental analyses; and enhance data dissemination.
  3. 2001 NSV Media Enhancement - develop interactive multimedia report formats.

**Discussion: VHA Initiatives: Jonathan B. Perlin, M.D., Acting Under Secretary for Health, and Laura J. Miller, Deputy Under Secretary for Health, Operations, and Management**

- Discussion of the Survey of Healthcare Experiences of Patients (SHEP). The SHEP was initiated to unite the collection of patient satisfaction, functional status, and healthy behavior data in one survey administration. The results of this survey findings indicated a need to increase awareness and discussion of sexual trauma. VA also needs to look at coordinating all care for those who experienced poly-trauma.
- Discussion of VHA's performance measures and directives regarding accountability and compliance measurements. There are standards in place that need to be reviewed and corrected.
- VHA has incorporated performance standards into their Executive Career Field Performance Plans (ECFPP). VHA is also looking to include adherence to standards into this plan.
- The Committee suggested that VHA use Directives 1330.1 and 1330.2 to create a performance measure/contract in the Network Directors Performance Standards.
- All comments and suggestions pertaining to research are to be sent to Ms. Laura Miller.

**Update: Center for Women Veterans: Dr. Irene Trowell-Harris, Director, Desiree Long, Program Analyst, and Rebecca Schiller, Program Analyst**

- Desiree Long provided an overview of the 2004 Summit on Women Veterans Issues. The 3-day Summit was attended by over 300 individuals, primarily women veterans. ACWV members served as moderators, facilitators, or panel members. The goal of the Summit was to provide a forum in which to review issues raised in the Summit 2000, VA's progress on these issues, identify and discuss current initiatives for women veterans, identify issues of concern to the women veterans' community, develop recommendations to address them through legislative, programmatic, and outreach activities, and develop a plan for continuous progress on women veterans' issues.
- Dr. Trowell-Harris provided an update on the ACWV 2004 Report and the 2004 Summit Proceedings. She discussed recent meetings and presentations she attended and/or provided remarks. She also discussed the DoD Sexual Assault conference that she recently attended.
- There has been no approval for any new members to the ACWV, but the membership recommendation packages are in the White House Liaison's office pending approval. Any new recommendations should be provided to the CWV as soon as possible.
- Introduction of incoming Associate Director, Betty Moseley Brown, Program Analyst, Juanita Mullen, and Program Assistant, Beth Swickard.
- Rebecca Schiller discussed the finding of the Advisory Committee Engagement Survey (ACES). The ACWV received an overall mean of 4.33 (out of 5.0), surpassing the Government-wide mean of 4.16. The data demonstrated that VA has four advisory committees with best practices in committee management.

**Briefing: VA/DoD Health Executive Council: Sheila McCready, Office of VA/DoD Liaison**

- Discussion of the VA/DoD Joint Executive Council (JEC) structure and make-up. The JEC consists of ancillary sub-groups that include the Joint Strategic Planning Steering Group, the Capital Assets Planning and Coordination Steering Group, the Benefits Executive Council (BEC) and the Health Executive Council (HEC)
- Discussion of goals and mission of each sub-group and the HEC's 14 work groups.
- Ongoing Initiatives/Next Steps:
  1. Improve Coordination between VA/DoD Executive Council Structure and VA Seamless Transition Task Force.
  2. Joint Strategic Planning
  3. OMB Milestones and Performance Monitoring
  4. Information Management/Information Technology (IM/IT) Initiatives
  5. Single Physical-Transition Physical
  6. Identification of Key, Emerging Issues.

**Update: VHA Office of Quality and Performance: Dr. Thomas Craig and Dr. Steve Wright**

- Discussion of the Performance Measures External Peer Review Program(EPRP) and the SHEP by gender.

Advisory Committee on Women Veterans – Committee Meeting Minutes  
October 19-21, 2004

- Four major discussion issues:
  1. Surveys measured overall quality and patient satisfaction: This study looked at several issues ranging from overall quality to emotional support to involvement of the family in care and surveyed inpatients and outpatients. In all areas, satisfaction ranges from 59% (Pharmacy pickup) to 94% (female outpatient rating of courtesy). In every area, male and female answers are basically the same.
  2. Comfort Privacy and Safety: This study found that females have equal or better scores when it comes to these issues compared to men. The privacy scores are significantly better for women.
  3. Performance Indicators: They surveyed the performance indicators for a wide variety of health issues ranging from diabetes, cancer, and mental health. They found that men and women have about equal performance scores in each of the categories except for Blood pressure and LDL-C.
  4. Prevention Index and Chronic Disease Index: This showed that in 2004, more women utilized the health care offered by VA than in 2003, and when they came to VA for health care, they were screened at a higher rate for diabetic, cardiovascular, mental health indicators and received more cancer screening and immunizations in 2004 as well.

**Thursday, October 21**

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

- Introduction of the Committee members to the Deputy Secretary.
- The Deputy Secretary noted several VA employees that he has met in the past few weeks who went above and beyond the call of duty to help others in need.
- Agreed that women veterans are in need of every service and program that VA has to offer.
- Three million dollars was just awarded for grants for women veteran homeless transitional housing to include homeless women veterans with children.
- The Deputy Secretary reminded the ACWV to be creative in recommending solutions to issues and to not hesitate discussing real concerns. He also thanked the Committee for their time, effort, and hard work that they commit to the ACWV.
- Discussion of concerns that the ACWV has been discussing during this meeting.
- Photos taken and certificates presented to new Committee members.

**Briefing: Employment Opportunities for Women Veterans: Ron Drach, Director of Planning and Legislative Affairs, Department of Labor (DOL), Veterans Employment and Training (VETS)**

- Discussion of Recommendation #53. The Disabled Veteran Outreach Program (DVOP) and Local Veterans Employment Representatives Program (LVER) are funded by grants through each state, therefore DOL can only encourage states to hire veterans and cannot require that they do so.
- In the 1<sup>st</sup> and 2<sup>nd</sup> quarter of FY '04, 730,760 veterans were receiving employment services, and of this group, the number employed were 441,148 (56.7%). The placement rate is almost equal between men and women.



Advisory Committee on Women Veterans – Committee Meeting Minutes  
October 19-21, 2004

- There has been a steady decline in the number of veterans employed by the federal government. In FY '02, 102,000 veterans were federal employees; with a decrease in FY '03 to 95,000. This may reflect the decline of total workforce in the federal government and that women do not always identify themselves as veterans.
- A Veterans Informational Program was established by OPM to provide information on how to apply for a government job. Although a good effort, veterans need help to obtain the jobs, not in how to apply for them.
- The Department of the Navy and soon the Department of the Army will give any active duty, disabled OIF/OEF veteran a job within that department as a civilian if they choose not to serve on active duty and meet the eligibility criteria.
- Discussion of underemployed women veterans. Data are difficult to obtain about this, because the current system is unable to distinguish a definition of underemployment.
- Discussion of the Real Life-Lines Program. This is a program that was just established by DOL for OIF/OEF disabled veterans. This program will offer medical/physical/vocational rehabilitation for these veterans. A representative of the DVOP first discusses the program with the veteran and their family at Walter Reed or Bethesda. They then establish a person-to-person linkage with a point of contact in their area. Although this is a pilot program, DOL is hoping to expand in the near future.

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

- Introduction of Jacqueline Kuchyak, Deputy Network Director, VISN 9. She is shadowing the Chief of Staff.
- Update on CARES.
- Mental Health Strategic Plan is not yet signed but will be signed by the Secretary when there is a plan to have uniform access to mental health care and substance abuse programs across the country.
- Discussion of how to integrate returning OIF/OEF service members. VA is hiring more counselors to help deal with PTSD and seamless transition has been enacted to help make the transition to civilian life smoother.
- Legislative issues discussed were the passage of the Cost of Living Adjustment , and VA's legislative package. This package has been submitted but is on hold until the next congressional session.
- The Chief of Staff will further discuss the Committee membership recommendations with the White House Liaison.
- Discussion of Performance Standards of Senior VHA officials. Asked to pass along any sites that have programs that ACWV believe are failing to meet these standards and staff of the Office of the Secretary will look into them.

Advisory Committee on Women Veterans – Committee Meeting Minutes  
October 19-21, 2004

- Discussion of the Montgomery GI Bill. The Secretary signed off on the non-concurrence because he believes there needs to more discussion of the issue before it is put into the legislative package.

**Briefing: VA Research on Women's Health Issues: Stephan D. Fihn, M.D., M.P.H., Acting Chief Research and Development Officer**

- Overview of the VA Office of Research and Development (ORD).
- Discussion of research projects relating to women veterans' health.
- Three hundred eighty five million dollars was appropriated for VA research in FY '03. Out of that, \$27.9 million was used to fund 273 studies specific to Women's Health. The National Institute of Health (NIH) does grant about \$600 million to VA investigators.
- In FY '03, the main areas of research pertaining to women included Reproductive Health, Mental Health, Substance Abuse, and Health Services.
- ORD in general concurred with the research priorities set for in the ACWV 2004 Report and has ongoing research projects addressing these priorities.
- ORD is looking into posting some of the research publications on VA's website.

**Committee Discussion**

- The next Advisory Committee meeting will be held February 8-10, 2005 in Washington, DC.
- The next site visit will be sometime in May 2005.
- Send agenda suggestions for the upcoming meeting to Rebecca Schiller or Marsha Four within the next 14 days.
- Also send any suggestions, questions for Dr. Perlin or Nora Egan to CWV as well as emergency contact information immediately.