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**Department of Veterans Affairs
Advisory Committee on Women Veterans
Meeting Minutes
VA Central Office, 810 Vermont Avenue, NW
Washington, DC 20420
March 20-23, 2006**

Advisory Committee Members Present:

Chair

Marsha Four, USA

SFC Gwen M. Diehl, USA, Retired
CPO Kathleen Janoski, USN, Retired
1SG Pamela Luce, USA, Retired
COL Jacqueline Morgan, USAF, Retired
Carlene Narcho, USA
Virgil Walker, ANG

CDR Joan O'Connor, USNR, Retired
COL Shirley Ann Quarles, USAR
Lupe Saldana, USMC
CAPT Emily Sanford, USN, Retired
CMSgt Sara A. Sellers, USAF, Retired

Advisory Committee Members Excused:

Edward Hartman, USA

Lorna Papke-Dupouy, USMC

Ex-Officio Members Present:

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

Linda Piquet, Veterans Benefits Administration (VBA), Compensation and Pension Service

Advisors Present:

Lindee Lenox, Director, Memorial Programs Service, National Cemetery Administration (NCA)

CDR Lucienne D. Nelson, Senior Policy Advisor, Department of Health and Human Services (HHS)

Carole Turner, Director, Women Veterans Health Program, Veterans Health Administration (VHA)

VA Staff Present:

Center for Women Veterans	Dr. Irene Trowell-Harris, Director	Desiree Long
	Betty Moseley Brown, Associate Director	Rebecca Schiller Beth Swickard

Office of Public and Intergovernmental Affairs	Jurita Barber, Public Affairs Specialist
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Office of the Secretary	Kevin Secor, Veterans Service Organization Liaison
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Veterans Health Administration (VHA)	Regina Mack-Abney, Associate Director, Women Veterans Health Program
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Guests:

Alec Petkoff, The American Legion
Shannon Middleton, The American Legion
Joanna Truitt, The American Legion Auxiliary
George Hawley, Veterans of Foreign Wars of the United States (VFW)
Robert E. Wallace, VFW
Pamela Totten-Browning, VFW
Valaria Griffin, VFW
William Bradshaw, VFW

Monday March 20

Discussion:

Meeting was called to order. Items discussed included:

- Agenda for the March 20-23, 2006, meeting reviewed and accepted.
- Minutes from November 2005 meeting were formally approved.
- Overview of bio of Dr. Lawrence Deyton, the new ex-officio member from VHA. Dr. Kussman will introduce Dr. Deyton during his briefing to the Committee.
- Introduction of members and guests attending the meeting.

Briefing: Center for Veterans Enterprise, Gail Wegner, Deputy Director

- Overview of the Center for Veterans Enterprise (CVE).
- The CVE's mission is to "help veterans build wealth through business ownership" and to expand the business base through structured growth.
- CVE partners with the Small Business Administration (SBA) to help veterans start or expand their own businesses. They also assist veterans with small businesses find employment opportunities with Federal contractors.
- Discussion of the laws and Executive Orders (EO) that mandate the use of Veteran-owned Small Businesses (VOSB), Women-owned Small Businesses (WOSB), and Service-Disabled Veteran-owned Small Businesses (SDVOSB) by the Federal Government. CVE has defined ways to close this spending gap within VA: leadership at all levels must be engaged; they must spotlight the problem and maintain visibility; demand a minimum performance and monitor the agency's progress; VA should lead rather than follow; VA teams need to know how to locate WOSB, VOSB, and SDVOSB programs; VA staff need to apply procurement tools, and encourage owners to enter the federal marketplace.

Briefing: Veterans Health Administration, Michael J. Kussman, M.D., MS, MACP, Principal Deputy Under Secretary for Health, Lawrence R. Deyton, M.D., MSPH, Chief Public Health and Environmental Hazards Officer

- Dr. Deyton introduced to the Advisory Committee.
- Discussion of OEF/OIF Seamless Transition and the continuum of care for severely injured servicemembers. Multidisciplinary teams were established at Walter Reed Army Medical Center and 7 military installations to work in conjunction with the Department of Defense (DoD.)
- A Seamless Transition Counselor is in place at each major VA Medical Center (VAMC) to assist the veteran once they return to their home.
- VHA established four Poly-Trauma Centers around the country (Minneapolis, MN, Palo Alto, CA, Richmond, VA, and Tampa, FL) to help with the influx of veterans returning with poly-trauma injuries. Many of the injuries are blast injuries, and thus are multifactorial, such as blindness, amputations, traumatic brain injuries (TBI), and spinal cord injuries.
- All injured servicemembers are evaluated for TBI. Approximately 60-70 percent of the injuries from OEF/OIF have some level of TBI.
- VHA has begun to streamline all the rehabilitation and counseling that severely injured veterans need in one facility at each of the four poly-trauma centers.
- Discussion of the National Vietnam Veterans Longitudinal Study. Researchers have looked at the data but the number of original participants is now so small that they don't believe good data can be extrapolated from it. They are considering evaluating other databases.
- Discussion of the article, *Quality of Ambulatory Care for Women and Men in the Veterans Affairs Health Care System*. The study did not address gender-specific care and the younger average age of veterans.

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

- Photographs with Secretary Nicholson and the Committee.
- Committee members introduced to the Secretary.
- Secretary provided remarks on upcoming VA initiatives.
- Presentation of Certificates of Appointment to new members and photographs with Secretary Nicholson.

Update: Vocational Rehabilitation and Employment Service (VR&E), Veterans Benefits Administration, Judy Caden, Director

- VR&E has established Five-Tracks to Employment: Reemployment; Rapid Access to Employment; Self-Employment; Employment through long-term services; and Independent Living to assist veterans.
- VR&E would like to create Job Resource Labs at each VA Regional Office (VARO) to serve as an employment resource center for veterans.
- VR&E has established an online employment service system, <http://www.VetSuccess.gov>, to support veterans, VR&E staff, employers, and other VR&E partners. It serves as a virtual one-stop employment network.
- VR&E services are a component of the Disabled Transition Assistance Programs (DTAP).

- The program, “Coming Home to Work,” assists service members who are medically discharged and provides them with job skills for the civilian world. The service members work with a Vocational Rehabilitation Counselor to find un-paid work experience within the Federal Government.
- VR&E and the Department of Labor Veterans’ Employment and Training Service (VETS) have established three work groups with the following mission: to develop and implement effective performance measures for assessing the results of partnership activities; develop a joint training curriculum design for use at the National Veterans’ Training Institute (NVTI); and develop a methodology for joint data collection, analysis, and reporting.
- The Committee discussed updates on recommendations 51, 53, 54 from the ACWV 2004 Report.

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

- Discussion of the 2004 Recommendation Matrix.
- Ms. Moseley Brown also discussed recent meetings and presentations that she and Dr. Trowell-Harris had attended and/or provided remarks. She also provided an update on upcoming meetings and initiatives of the Center for Women Veterans.

Tuesday, March 21, 2006

Discussion:

- Meeting called to order.
- Introduction of Ms. Lucretia McClenney, Director, Center for Minority Veterans. Ms. McClenney provided a brief overview of the Center for Minority Veterans to the Committee.

Briefing: National Cemetery Administration, The Honorable William F. Tuerk, Under Secretary for Memorial Affairs

- General overview of the National Cemetery Administration (NCA). NCA provides burial space for veterans, maintains the cemeteries as national shrines; administers the Federal grants program for construction and improvement of state veterans’ cemeteries; furnishes headstones and markers; and administers the Presidential Memorial Certificate Program. In FY 2005 they performed 93,245 interments.
- NCA is expanding six existing cemeteries and planning to build five new national cemeteries.
- Overview of the State Cemetery Grants Program. NCA has provided grants more than \$258 million since 1980 for the establishment and improvement of

- state cemeteries. There are currently 63 operational state cemeteries and five more under construction.
- Discussion of the ten most active national cemeteries in FY 2004.
- Discussion of NCA's initiative, the National Shrine Commitment, to maintain the appearance of VA cemeteries in a manner befitting their status as national shrines.
- NCA received a rating of 95 in "customer satisfaction" on the American Customer Satisfaction Index during 2005. This rating is the highest received by any Federal Government Agency.

Items of Interest: Thomas G. Bowman, Chief of Staff

- Discussion of the Secretary of VA's top priorities:
 - PTSD and mental health issues among returning OEF/OIF veterans
 - Seamless transition for severely-injured service members
 - Joint obesity initiative, "HealthierUS Veterans," with the Department of Health and Human Services
 - VA's department-wide IT transformation
 - Workforce succession planning
 - Newly created Office of Operations Security and Preparedness
- The Capital Asset and Realignment for Enhanced Services (CARES) is moving forward; however, 18 sites are being further assessed and a decision will be made in the fall as to their status.
- Discussion of the National Rehabilitation Games, which include the Winter Sports Clinic, the Golden Age Games, Creative Arts Festival, and the Wheel Chair Games. More women are participating each year in these events.

Update: Women Veterans Health Program Roundtable Discussion, Carole Turner, Director, VHA Women Veterans Health Program (WVHP)

- Discussion on items of follow-up from the November 2005 ACWV meeting. Ms. Turner provided an update on Recommendations 1 and 8 from the 2004 ACWV report as well as an update from the ACWV Site Visit to the VA New Jersey Health Care System.
- A VISN 3 Women Veteran Program Manager (WVPM) retreat was held. Issues discussed at this retreat include mammography, the women's health software program that was implemented at each facility, and the NJ campus pilot project of women veterans' mental health peer volunteers.
- Areas identified in need included: tracking women's health outcomes; monitoring quality of care provided to women in all settings; outreach to OEF/OIF women veterans; patient education regarding MST services; women's health clinic no-shows; and partnering with gynecology/oncology providers in the community.

- Discussion of the study, “Effectiveness of Treatment for Homeless Female Veterans with Psychiatric and/or Substance Abuse Disorders: Impact of Seeking Safety and Residential Treatment.”
- Discussion of the current WVHP projects, including the Strategic Plan, the Women Veterans Health Program national meeting, gender-specific performance measures, Women’s Health Clinic coding, preventive medicine co-payment initiatives, the Women Veterans Mental Health Committee, and the Military Sexual Trauma (MST) Program Oversight.
- Discussion of the National Survey of Military Sexual Trauma Practice. Survey will provide a baseline that will allow for evaluation of changes in the MST program over time. Currently 9 out of 10 VA facilities have a mandatory universal screening program in place. Almost 100 percent of the facilities surveyed provide some MST counseling.
- An MST Oversight group was established. This group will review the MST programs and serve as a point of contact for the MST Coordinators in the field for any questions or concerns they may have.
- Discussion of the VA Health Care Utilization among OEF/OIF veterans.
- The five VISN’s treating the most women veterans are the VA Atlanta Network (VISN 7); South Central VA Health Care Network (VISN 16); VA Great Lakes Health Care System (VISN 12); VA Sunshine Healthcare Network (VISN 8); and VA Desert Pacific Healthcare Network (VISN 22).
- The top five diseases diagnosed among women veterans are: Musculoskeletal System; Connective System; Symptoms, Signs and Ill Defined Conditions; Mental Disorders; Disease of Digestive System; and Diseases of the Genitourinary System.
- As of January 2006, 2,522 of the 19,019 female OEF/OIF women veterans who utilized VA health care have been treated for PTSD.

Update: Walter Reed Army Medical Center, Lynda Petty, Officer-in-Charge, Veterans Benefits Administration

- The Seamless Transition program at Walter Reed Army Medical Center (WRAMC) and the National Naval Medical Center (NNMC) is a partnership between VA and DoD that assists seriously injured military service members who served in OEF/OIF.
- The Seamless Transition program goals are to ensure transition of health care between DoD and VA; facilitate priority access to VA health care; provide clear and comprehensive benefits information for service members and their families; and to transfer medical records between DoD and VA.
- VA/DoD Liaisons at WRAMC and NNMC ensure the transfer of patients (inpatient and outpatient) and their health care records; collaborate with VA Eligibility Office; provide onsite collaboration with service members and military treatment facility (MTF) staff; and refer patients to VBA benefits counselors and Vocational Rehabilitation Counselors.

- There are MTF Coordinators at 8 military installations.
- Military Services Coordinator (MSC)/OIF Coordinators assist service members in gathering evidence and completing VA forms for compensation and pension, adaptive automobile grants, adaptive housing grants, Loan Guaranty Certificate of Eligibility, Vocational Rehabilitation and Education (VR&E) applications; and the Traumatic Service Group Life Insurance (TSGLI). The Coordinators aim to have a completed VA claim waiting for the veteran once they are discharged, rather than the veteran having to wait for completion of the paperwork.
- There are OEF/OIF Points of Contact (POC) at most VHA Facilities. These POCs help the veteran establish their initial appointments and assist in the transfer of care from DoD to VA. They communicate with the Combat Veteran Case Manager at the facility about all returning combat veterans.
- The Case Manager provides ongoing case management services to the veteran and their families; maintains a close relationship with the interdisciplinary treatment team; and communicates closely with the VBA case manager.
- Discussion of the four VA Poly-Trauma Centers located in Minneapolis, MN, Palo Alto, CA, Richmond, VA, and Tampa, FL.

Briefing: VA Homeless Programs and Initiatives, Pete Dougherty, Director

- Introduction of Paul Smits, responsible for VHA's homeless programs.
- Over the past 2 years, VA has been surveying women veterans about domiciliary and residential programs. Women veterans have reported that there is a lack of privacy, they often feel harassed because they are living in a male-dominated community, and they are concerned for their safety in domiciliaries.
- In response to these findings, VHA provided funding to remedy these issues. Locks are being put on doors, privacy curtains are installed, and there is a sexual harassment orientation for all patients.
- The Grant and Per Diem programs are seeing more women. Currently, there are 8 new special needs grants programs specifically for women veterans. Approximately \$2.7 million has been granted for a total of 104 beds among the 8 programs.
- The Homeless Program Office is planning to expand its multi-family program, with a goal of 5,000 beds. Currently there are 250 active beds. Two programs are opening soon; the Catholic Charities of the Archdiocese of Chicago's program, with 144 apartments, is set to open in September 2006.
- There are currently 43 domiciliaries and VHA is providing funding for 11 more. All programs are required to admit women. There are currently 27 women-only grant and per diem programs.
- The Homeless Programs Office is working to better identify returning service members who are at risk for becoming homeless. They are partnering with DoD to identify these servicemembers.
- The new 28 minute DVD on homeless veterans was shown.

Wednesday, March 22 and Thursday, March 23

The ACWV worked on the Recommendations for the 2006 ACWV report in subcommittees.


Presentation: ACWV 2006 Draft Recommendations

The ACWV subcommittees presented their draft recommendations to the full Committee and the Center for Women Veterans' staff.

Closing:

- The site visit will be to the North Chicago VAMC on June 12-16, traveling on June 11 and 17. The committee will have an administrative meeting on Sunday, June 11, at the hotel to discuss the protocol for the site visit.
- The tentative dates for the next ACWV meeting are Oct. 24-26 with travel dates of Oct. 23 and 27. The alternate dates for the meeting are Oct. 31-Nov. 2, traveling on Oct. 30 and Nov. 3.
- The Committee recommended that Dr. Donna Washington brief the Committee at the next meeting on VA's research initiatives.
- The Committee chose the color for the cover of the 2006 ACWV Report.
- The subcommittees are to send any suggested or revised recommendations to Marsha.
- Meeting adjourned.


Marsha Tansey Four, R.N., Chair


Irene Trowell-Harris, R.N., Ed.D.
Designated Federal Official

