

**Department of Veterans Affairs (VA) Advisory Committee on Women Veterans  
(ACWV)  
Meeting Minutes  
ASAE Conference Center  
Washington, DC 20420  
February 19-21, 2008**

**Advisory Committee Members Present:**

Dr. Shirley Quarles, USAR, Chair	1SG Pamela Cypert, USA, Retired
CDR René Campos, USN, Retired	Dr. Brenda Moore, USA
CMSgt Helena R. Carapellatti, USAF, Retired	COL Jacqueline Morgan, USAF, Retired, Vice-Chair
Velma Hart, USAR	TSgt Barbara Pittman, USAF, Retired
CPO Kathleen Janoski, USN, Retired	Celia Szelwach, USA
Marlene R. Kramel, USA	Joanna Crosariol Truitt
Mary Antoinette Lawrie, USAF	

**Ex-Officio Members Present:**

COL Denise Dailey, Military Director, Department of Defense (DoD) – Defense Advisory Committee on Women in the Services (DACOWITS)  
Cheryl Rawls, Director, VA Regional Office (VARO), North Little Rock, Arkansas  
Cynthia Morrison, Department of Labor, Veterans' Employment and Training Service

**Ex-Officio Members Excused:**

None

**Advisors Present:**

Dr. Patricia Hayes, Acting Chief Consultant, Veterans Health Administration (VHA), Women Veterans Health Strategic Healthcare Group (WVHSHG)  
Carolyn Bryant, Veterans Benefits Administration (VBA), Program Manager for Women Veterans Outreach Program

**Advisors Excused:**

Lindee Lenox, Director, Memorial Programs Service, National Cemetery Administration (NCA)  
CAPT Angela M. Martinelli, Division of Treatment and Recovery Research, National Institute on Alcohol Abuse and Alcoholism, National Institute of Health (NIH)

**VA Staff Present:**

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<b>Center for Women Veterans</b>	Dr. Irene Trowell-Harris, Director Dr. Betty Moseley Brown, Assoc. Director	Desiree Long Shannon Middleton Michelle Terry
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**Guests:**

Yanira Gomez, Veterans of Foreign Wars of the United States (VFW)  
Denise Williams, The American Legion  
Cheryl Knowles, VA  
Renaee Allen, VA  
Chanel Bankston-Carter, VA

**Tuesday, February 19, 2008**

***Meeting was called to order by the Chair, Dr. Shirley A. Quarles***

. Items discussed included:

- o Introduction of members and visitors.
- o Agenda review.
- o 2006 Report.
- o Assignment of subcommittees.

**Update: Update on 2006 ACWV Report and Process for 2008 Report Timeline, Irene Trowell-Harris, R.N., Ed.D. Director, Center for Women Veterans (CWV)**

- o The final printing of the report was received on February 14, 2008.
- o Report will be widely disseminated to members of Congress, Library of Congress, VAMCs, VA administrations, State Department of Veterans Affairs, VSOs, and other veteran related organizations by March 28, 2008.
- o Report recommendations should not address issues outside of the ACWV's area of responsibility, should not be repetitive of past recommendations and should follow established guidelines.
- o Recommendations should cover issues that have impact on a broad number of women veterans.
- o 2008 report timeline:
  - **March 1 through June 2** – Dr. Trowell-Harris, Designated Federal Officer (DFO) to coordinate report with ACWV chair and members.
  - **June 23** – Report is formally submitted to Secretary.
  - **June 23** – CWV staff discusses recommendations and makes assignments to appropriate VA administrations and staff offices for response.
  - **July 11 – July 22** - Center staff reviews draft responses, clarifying, refining, and finalizing, as necessary.
  - **July 22** –Responses placed in electronic document management system for formal concurrence; follow-up on concurrence, if necessary.
  - **August 5** –DFO submits report/response packet to Executive Secretariat for review and final signature.
  - **August 18** – Report and Secretary's responses formally submitted to Congress.

**Briefing: Overview of VHA Initiatives, Michael J. Kussman, M.D., MS, MACP, Under Secretary for Health**

- VHA committed to meeting the needs of veterans:
  - 1,400 sites of care within VHA.
  - Increased budget/funds available for veterans care.
  - Number of women veterans doubling; VA preparing for the influx.
  - More research being done on women's health care issues.
  - Shared gender-specific education planned this year for providers.
- VHA must be sure that a Women's Health Clinic (WHC) is available and visible and:
  - WHC should be a designated full-service primary care clinic, provided comprehensive primary care and basic gender-specific care.
  - Appropriate signage will give recognition and identity to the clinic area as a safe place for women to go.
- VHA's Women Veterans Health Strategic Healthcare Group (WVHSHG) charged with implementing plan to have WHC designated full service primary care clinic. It may be a good idea for VHA to utilize experts to take a closer look at women's health surgical procedures being done in VA, to focus on quality services, and to enhance care as needed to meet the needs of women veterans.
- Biggest challenge for women veterans is that they continue to be a minority.
- The more women veterans enroll in the medical system, the more action will be executed at the local level.
- The challenge is to get a cultural shift incorporated throughout the system.
- Recently hired a retired doctor from Walter Reed Army Medical Center to work in the IG to determine the needs of women veterans, where VHA is doing satisfactorily and where VHA is not doing satisfactorily.

**Briefing: Overview of VBA Initiatives, Keith Pedigo, Assistant Deputy Under Secretary, Office of Policy & Program Management**

- Each VBA regional office has a designated Women Veterans Coordinator (WVC) that:
  - Works with representatives at the national and local levels, the Center for Women Veterans, the VHA Women Veterans Health Program, and the Secretary's Advisory Committee on Women Veterans to improve outreach to women veterans.
  - Participates in transition briefings for active duty military service members including Guard and Reserve units.
  - Coordinates and attends annual women veteran reunions, health fairs, and wellness events.

- VBA holds quarterly conference calls with the WVC's to inform and exchange ideas for improving outreach to women veterans.
- VBA's Intranet site has a "Toolkit" to assist WVCs in their outreach efforts. The "Toolkit" gives the WVC direct hot links to valuable information and various other programs and services outside of VA for women veterans.
- Various factors impact growth in number of claims, like improved and expanded outreach; Operations Enduring and Iraqi Freedom, aging veteran population, eligibility for VA health care.
- Devoted additional staffing resources to work on claims.
- Deployed new training tools and centralized training programs for new employees; 80 hours of training mandatory for all employees.
- Utilizing a "brokering" strategy to help balance the inventory across regional offices (centralized management).
- Established two Development Centers to assist regional offices in obtaining evidence required for decision.
- Incorporated strong oversight of claims processing operations (inspections, reviews, assistance visits).
- Introduced full VETSNET suite on a priority basis.
- Claims reduction incentives:
  - Increase overtime funding.
  - Reemployed annuitants – 70.
  - Continue to accelerate hiring and fund additional training programs for new staff.
  - Contact veterans by telephone to reduce development time.

**Update: Summit 2008 and Center Activities, Betty Moseley Brown, Ed.D., Associate Director, CWV**

- Update on a meeting held to discuss utilizing VETSNET for tracking MST-related claims (Recommendation 6), with input from Dr. Patricia Hayes (VHA) and Cheryl Rawls (VBA):
  - Meeting included staff from the CWV, VBA and VHA.
  - Claims are filed for secondary conditions/issues related to MST, but may not list MST as cause of ailment; MST might not be identified immediately.
  - MST is not tracked as an identifier; it is not a condition; there is no diagnostic code assigned to it.
  - VHA and VBA do not use personal trauma code consistently.
  - VA transitioning from BDN to VETSNET, a new corporate database using five lines of coordination.

- Not all field offices have transitioned to the new system to date. By April, two-thirds of the regional offices will have transitioned to VETSNET; some claims will still have to be counted in BDN. All Regional Offices will transition to VETSNET by the end of this year.
- It may take longer to configure VETSNET to do what the ACWV is requesting, adding a field to the system to give it the ability to capture personal trauma-related or MST-related PTSD claims.
- Even after regional offices transition, there will be some regional offices who will not have VETSNET capability.
- VHA has the ability to list those being treated for MST, or those who screen positive for MST; the list can be matched with VBA claims to see if there is a correlation. VHA cannot capture those who do not use the VA health care system. VHA will pull a random sample to see what the data show.
- Legislation for incarcerated veterans has expired. Center has a report on research discussing incarcerated women veterans. Research shows that women are being incarcerated at higher level for drug-related crimes.
- Provided information on outreach activities.
- Discussed VA's strategic goals and the Center's performance measures.
- Center's recent and upcoming events.
- 2008 National Summit on Women Veterans Issues:
  - Targeted attendance is approximately 300-350.
  - The Summit will be held June 20-22, 2008 in Washington, D.C.
  - ACWV may need to meet a few days before the Summit to finalize report.
  - Thursday: early check-in for the Summit; Friday: official greetings, breakout sessions; WIMSA reception; Saturday: breakout sessions, town hall meeting, health expo; Sunday: summary of breakout sessions.
  - ACWV members will serve as facilitators for breakout sessions; they will introduce the speakers and moderate the session.

**Briefing: Overview of Women Veterans Health Strategic Healthcare Group (WVHSHG), Patricia M. Hayes, Ph.D., Acting Chief Consultant. Recommendations 2 & 16**

- VHA has updated program brochures: English and Spanish versions
- Collaborating and communicating with:
  - Local Transition Assistance Programs.
  - Post deployment activities and stand-downs.
  - State Women Veterans Coordinators.
  - VA, DoD, EES conference April 2007.

- OEF/OIF women veterans are utilizing VA Services (41 percent enrolled) and more frequently—46 percent were seen, 2-10 visits; 37.6 percent seen 11 or more times since 2003.
- The total number of women using VA services will increase markedly in the next 2-4 years, impacting facilities and community clinics.
- Primary Care mini residencies rolling out across the country; more to be scheduled FY 2009; 40 providers per session; intensive 3 day training including pelvic exams with live professional trainers.
- Birth defect prevention:
  - Workgroups formed.
  - Brochure for veterans.
  - Brochure for providers.
  - Article written for Federal Practitioner: Treatment recommendations for prescribing to women.
  - Data work group.
  - Pharmacy group-Medical Record changes.
- Plan of Care /Clinical Inventory:
  - Completed data February 8,2008.
  - Report will follow.
  - Highlighting community based outpatient clinic review.
- VHA surveyed field for equipment needs; made \$32,500,000 available in FY 2008 supplemental funds to meet those needs.
- Includes \$7.9 million in mammography:
  - All sites with mammography now have full field digital.
  - Includes 32 more DEXA scan machines.
  - 70 more colposcopes, certification in colposcopy for providers.

**Discussion: Work on 2008 report, Wrap-up, Dr. Shirley Quarles, Chair, ACWV**

**Wednesday, February 20, 2008**

Meeting called to order by the Chair. Items discussed included:

- Review of recommendations on 2006 report matrix.

**Briefing: Dr. Joseph Francis, M.D. MPH, Deputy Chief, Research and Development Officer, VHA. Recommendation 12**

- Health Services Research is important for VA to measure and improve the quality of care.
- VA research strategic priorities: OEF/OIF, genomic medicine, and personalized research.

- VA and DoD research collaborations include areas such as: prosthetics, traumatic brain/blast injury, longitudinal studies, PTSD and regenerative medicine.
- VA's Women's Health Research Agenda:
  - Fifty distinguished researchers from around the U.S.
  - Senior leaders from VA, NIH, National Cancer Institute, Agency for Healthcare Research and Quality.
  - Researchers have published articles on women veteran's health in peer-reviewed journals, like Journal of General Internal Medicine.
  - VA Women's Health Research Scientific Review Board brings expertise from within and outside VA to focus on new women veterans' health care research.
  - Increased funding rates for research focused on women veterans' health and health care needs.
  - Proposals targeting priority areas in chronic disease management, prevention, mental health.
- Other funded VA women's health care research; some issues include: Impact of practice structure on quality of care for women veterans (Yano); Gender equity in VA quality (Bean-Mayberry); Determinants of changes in how VA women's health care is organized (Yano); Fragmentation of care and unmet health care needs (Washington); OEF/OIF projects: physical and sexual assault; barriers and stigma to care.
- New national survey funded by Women Veterans Health Strategic Health Care Group to: identify current demographics, health care needs, and VA experiences of women veterans; determine how health care needs and barriers to VA health care use differ among women veterans of different periods of military services. (e.g., OEF/OIF vs. earlier periods); assess women veterans' preferences for and perceived value of different types of VA interventions to improve access and quality; 2,500 to 3,200 will be surveyed across U.S. and will include equal numbers of VA users and non-users.
- Planning underway for a longitudinal study on women Vietnam-era veterans to address key health outcomes; long-term outcomes of deployment have not been studied in women veterans.
- First cooperative trial among women veterans (prolonged-exposure vs. present-centered therapy) showed that women who received prolonged-exposure experienced greater reduction of PTSD symptoms, are more likely to no longer meet PTSD diagnosis criteria, and are more likely to achieve total remission.

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

- Group photographs were taken with Deputy Secretary and Committee.
- Overview of VA initiatives/legislation was provided.
- Discussed 2008 budget and statistics on women veterans.
- Stressed the importance of the Advisory Committee on Women Veterans in shaping the services and benefits provided by VA for women veterans.

**Discussion: Work on 2008 report, Wrap-up, Dr. Shirley Quarles, Chair, ACWV**

**Thursday, February 21, 2008**

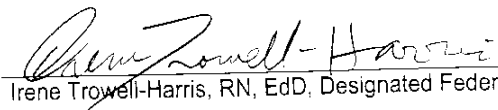
**Breakout of subcommittees on health and benefits to work on recommendations for the 2008 Report.**

**Discussion: Review of 2008 Report, Recommendations and Title, Dr. Shirley Quarles, Chair, ACWV**

- Full Committee meeting was called to order by the Chair.
- Subcommittees provided an overview of their respective recommendations.
- Committee reviewed potential titles submitted for the upcoming 2008 report and voted on the title for the report.

**Meeting Adjourned**

  
COL Shirley A. Quarles, Chair

  
Irene Trowell-Harris, RN, EdD, Designated Federal Official