

**DEPARTMENT OF  
VETERANS AFFAIRS**

**ADVISORY COMMITTEE ON WOMEN  
VETERANS  
REPORT 2010**

***Women Veterans—A Proud Tradition  
of Service***

**SEPTEMBER 2010**

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## Chair's Letter

June 28, 2010

The Honorable Eric K. Shinseki  
Secretary of Veterans Affairs  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Secretary Shinseki:

I am pleased to provide you with the 2010 Report of the Advisory Committee on Women Veterans. The strategic initiatives described in this report clearly demonstrate the innovative ways that the Committee addressed important and relevant issues for Women Veterans. What we have achieved thus far, gives us great focus, optimism, and momentum for what we can and must achieve in the future.

As we continue to actively transform VA systems into a 21<sup>st</sup> Century Centric model designed to meet the basic and unique needs of women Veterans, it is clear that this organization faces unprecedented challenges as more and more Women Veterans will seek benefits and health care services through VA's various programs. However, as the VA has prevailed throughout its history, it will continue to faithfully honor its commitment to provide Veterans, including women Veterans, with high quality health care and other vital services "second to none."

The 2010 Advisory Committee Report delineates 10 rigorously studied recommendations and rationales that provide constructive and quintessential strategies to enhance VA's ongoing initiatives and programs to address benefits and health care needs of Women Veterans. More importantly, the results of our previous recommendations have been very transparent to Women Veterans.

It is appropriate to note that the outstanding accomplishments of this Committee could not have been possible without the unconditional commitment and tireless support of the Director and Staff of the Center for Women Veterans, the Women Veterans Health Strategic Health Care Group, and the valuable insight from our ex-officio members and advisors.

Finally, I am indeed honored to have served as the Chair of the Advisory Committee on Women Veterans. On behalf of the Committee, I extend my sincere gratitude to you for allowing us to be true ambassadors of goodwill to serve our fellow comrades. Having embarked on new challenges that compels us to help prepare the VA to meet the many and unique needs of Women Veterans has been a rewarding experience for me and this Committee, but namely, for and those whom we serve—Women Veterans.

Sincerely,

/s/

Shirley A. Quarles, Ed.D., R.N., F.A.A.N.  
COL, USAR  
Chair, Advisory Committee on Women Veterans

Enclosure

## **PART I**

### **Executive Summary**

The 2010 Report of the Advisory Committee on Women Veterans provides recommendations and supporting rationales that address the following issues:

- Health Care
- Training
- Women Veteran Program Managers (WVPM)
- Women Veteran Coordinators (WVC)
- Rural Health
- Outreach

The report of the Advisory Committee on Women Veterans (Committee) is submitted biennially by the Committee. The Committee is appointed by the Secretary of Veterans Affairs (Secretary) for a 2- or 3-year term. Current Committee membership includes representation by Veterans from the Air Force, Navy, Army and Marine Corps, as well as the Reserves. Members represent a variety of military career fields and possess extensive military experience, to include service in the Vietnam War, the Persian Gulf War, and Operation Enduring Freedom/Operation Iraqi Freedom.

A total of 10 recommendations with supporting rationale, as well as responses from the Department of Veterans Affairs (VA), are provided in this report. Recommendations stem from data and information gathered in exchange with VA officials, Department of Labor (DOL) officials, members of House and Senate Congressional Committee staff offices, women Veterans, researchers, Veterans service organizations, internal VA reports, and site visits to Veterans Health Administration (VHA), National Cemetery Administration (NCA) and Veterans Benefits Administration (VBA) facilities. The Committee feels confident that the 10 recommendations and supporting rationale will reflect value-added ways for VA to strategically and efficiently address many needs of women Veterans.

#### **Highlights**

- Establishing more collaborative partnerships would ensure the availability of timely, comprehensive recovery treatment for women Veterans that addresses their respective needs.
- Providing child care options may facilitate access for women Veterans attempting to utilize VA healthcare services.

- Establishing more gender specific programs would better facilitate the recovery of female Veterans who have been traumatized due to their combat experiences or who have experienced military sexual trauma (MST).
- Awareness training for VA employees is necessary to ensure that women Veterans receive quality service as they access VA's benefits and services.
- Development of a plan to address the high turnover rates among WVPMs is essential to ensuring continuity of services for women Veterans.
- VA regional offices (VAROs) that serve a catchment area containing 40,000 or greater women Veterans should have a full-time WVC.
- Duties and functions of the Veterans Benefits Administration's (VBA) WVCs should be well established and standardized among the VAROs to ensure that women Veterans receive the same quality service, no matter where they decide to access benefits and services.
- A biennial conference for WVCs conducted by VBA's Area Directors (East, South, Central and West), that includes VISN-level WVPMs, and other appropriate personnel, would improve communication across VA.
- Rural health mobile vans and clinics should have standardized protocols for providing care to rural women Veterans.
- Media related and printed marketing materials disseminated for outreach should continuously include images of female Veterans, or women in uniform in receipt of VA's services.

## **PART II**

### **Summary of Recommendations**

1. That the Department of Veterans Affairs (VA) establishes more collaborative partnerships that would enable women Veterans, especially those with children, to receive comprehensive recovery treatment through established alcohol and drug abuse programs.
2. That VA provides childcare options for eligible Veterans to facilitate access to quality health care services, to include public and private partnerships.
3. That VA establishes more gender-specific health treatment programs for women Veterans, such as “women only” PTSD programs and MST programs.
4. That VA establishes a women Veterans awareness training program in an effort to educate new employees about the changing roles of women in the military, their combat-related exposures, and MST sensitivity.
5. That VA develops a plan of action to reverse the high turnover rate of full-time WVPs, and develops a succession plan to ensure continuity of care for women Veterans.
6. That VBA establishes permanent, full-time WVC positions in VA regional offices (VARO) that serve a catchment area that has greater than 40,000 women Veterans-- to direct assistance to women Veterans accessing benefits and services through VA.
7. That duties and functions of WVCs be standardized for consistency of services provided to women Veterans, and that these duties be evaluated in each VARO during the scheduled internal Compensation and Pension Services site visit to ensure compliance and efficiency.
8. That VBA conducts area conferences every 2 years for WVCs and others who provide women Veterans specific services, in an effort to build greater communication, collaboration of functions, and awareness of issues, concerns, policies and programs for women Veterans in their respective areas.
9. That VA ensures rural health mobile vans and clinics have standardized protocols for providing care to rural women Veterans to ensure access and availability of health care screenings, and treatment; are appropriately equipped and staffed with specially trained personnel to adequately address the gender-specific health care needs of women Veterans; and have standardized protocols to address issues that require follow-up or referral.

10. That VA collaborates with the Center for Women Veterans on media campaigns to ensure the consistent inclusion of women Veterans in posters, printed materials, brochures, Web sites, videos and news releases.



## Part III

### Recommendations, Rationales, and VA Responses

#### A. HEALTH CARE

Recommendations:

- 1. That the Department of Veterans Affairs (VA) establishes more collaborative partnerships that would enable women Veterans, especially those with children, to receive comprehensive recovery treatment through established alcohol and drug abuse programs.**

***Rationale:** Data briefed by the Chief Consultant of the Women Veterans Health Strategic Health Care Group indicate that, although the number of homeless Veterans is much lower in younger age frames, there is a higher percentage of women Veterans in younger age frames than men.<sup>1</sup> Many of these younger women Veterans have children, thus, presenting unique challenges in terms of treatment options within VA. Statistics provided by VA's Homeless Program Office, also indicate that 85 percent of homeless women Veterans require treatment for substance abuse.<sup>2</sup> The Homeless Program Office also identified unrecognized mental health issues--such as post traumatic stress disorder (PTSD) and adjustment disorders--sexual trauma; undocumented combat stress; and hidden substance use as risk factors for homelessness.*

*Establishing collaborations with state, county, and community agencies to enhance women Veterans' receipt of timely access to comprehensive recovery treatment and existing alcohol and drug abuse programs in their communities is in alignment with VA's initiative to address substance abuse among our homeless Veterans population and a specific goal set forth by the Secretary during the 2009 VA Mental Health Summit--to establish a coordinated mental health model that leverages the resources of American society-at-large.<sup>3</sup>*

*Establishing more collaborative partnerships would ensure the availability of timely, comprehensive recovery treatment for women Veterans that address their respective needs, possibly reducing the number of homeless women Veterans, and providing these women with the tools they need to maintain their mental health and stabilize their lives.*

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<sup>1</sup> Official minutes from the March 30-April 1, 2010 meeting of the Advisory Committee on Women Veterans; briefing conducted by Chief Consultant, Women Veterans Health Strategic Health Care Group.

<sup>2</sup> Official minutes from the October 2009 meeting of the Advisory Committee on Women Veterans; briefing conducted by Director of VA's Homeless Veterans Program.

<sup>3</sup> Secretary Shinseki's remarks during VA Mental Health Summit, October 26, 2009.

***VA Response: Concur.***

The Department of Veterans Affairs (VA) supports the establishment of collaborative partnerships that would benefit Veterans. We also agree that women face special issues with regard to childcare and other obstacles to accessing comprehensive care to support recovery. This is true for Veterans, and for women in general using non-VA health care services. These are difficult issues, and we appreciate any specific guidance the Committee may have to add to the avenues we are exploring, which are described in more detail below.

Currently, the Veterans Health Administration (VHA) offers specialty treatment to foster recovery from alcohol and drug problems with more than 260 plus programs across VA. More than one-third of these programs offer specialized services or groups for women Veterans. Staff in VA's specialty drug and alcohol treatment programs are highly experienced with arranging housing and other services for patients to allow them to engage in treatment. Over 2 percent of all patients seen in specialty drug and alcohol treatment programs are identified as homeless, and 4.3 percent of these homeless patients are female. These programs use a variety of housing services to ensure access for women Veterans. These housing services include VA-operated residential treatment programs, VA domiciliaries, per diem beds, contracted care in community operated programs such as half-way houses or homeless shelters, and collaborative care coordinated with community programs.

One of the primary pillars of the Five-Year Plan to End Homelessness Among Veterans is the continued development of community partnerships. The Plan requires close collaboration with Federal, state, local, and tribal governments; faith-based, non-profit and private groups; and outreach to Veterans, people and organizations providing services to Veterans, and the general public. Through VA's Grant and Per Diem (GPD) Program, VA assists community-based organizations with the provision of services for homeless Veterans by providing GPD payments to community-based organizations. Some of these projects are specifically for women Veterans while others have capacity to serve women Veterans within their program. In fiscal years (FYs) 2004, 2007, and 2009, the GPD Program awarded special need grants to organizations that serve specialized groups of homeless Veterans, including women Veterans with dependent children. Currently, there are six special need projects that target women Veterans.

Access to VA Mental Health Residential Rehabilitation Treatment Programs (MHR RTP) for Veterans with dependents remains an issue. In most cases, when a woman Veteran with dependents is referred for MHR RTP services, the program first works with the Veteran to look at options for the children to be cared for by a family member or friends. In some cases, where local community-based services are available, women Veterans reside in a local supportive housing program with their children, while they receive the day component of MHR RTP and VA outpatient services. Such local services provide day care while the Veteran attends treatment. VA appreciates the need to keep developing such community partnerships, which

are currently available only in some locations, in order to support the special needs of women Veterans with children.

VA's Office of Mental Health Services has acknowledged the additional barriers to care that can arise when treating a female minority among a predominantly male patient population. The Uniform Services Handbook 1160.01 requires that "All VA facilities must have environments that can accommodate and support women and men with safety, privacy, dignity, and respect", and that "All inpatient and residential care facilities must provide separate and secured sleeping accommodations for women. Mixed gender units must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to door locks and proximity to staff." When VA facilities do not have adequate access to services and housing options necessary to engage women or male Veterans for alcohol or substance use problems, they are required to identify and pay for provision of these services by community programs or other VA facilities. This requirement is encouraging programs to develop closer ties with community programs that are experienced in addressing the special needs of women with substance use disorders and their children.

VA is developing new metrics to assess adequacy of delivery of each individual element of evidence-based treatment for alcohol and drug problems in each of our facilities. Facility performance on these metrics will be additionally examined specifically in the women Veteran population to identify sites having difficulty engaging female patients in care to promote recovery from substance use disorders. Under-performing sites will receive technical assistance from experts in VA alcohol and drug treatment, potentially including help in identifying and building collaborative arrangements with community programs to ensure that special barriers to receiving substance use treatment in women and women with children are addressed.

## **2. That VA provides childcare options for eligible Veterans to facilitate access to quality health care services, to include public and private partnerships.**

***Rationale:*** *Women Veterans are more likely to be the primary caregivers of children. Given the increasing number of younger women Veterans who will seek care from VA, a lack of available child care options may create a barrier to accessing services at VA medical facilities. VA projects that the number of women who will be seen by VA in the next 2 years will double. Women Veterans currently accessing VA healthcare services frequently cite the lack of child care as a major barrier to keeping their scheduled appointments. VA's report titled, "Provision of Primary Care to Women Veterans," states that new women Veterans seeking VA care are overwhelmingly under the age of 40 and of childbearing age,<sup>4</sup> indicating that this will be a growing challenge as more women Veterans enter the VA system. Also, given the reality of single-parent households with women serving as the parent, facilitating child care services is essential to enhancing access to VA benefits and services.*

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<sup>4</sup> Report of the Under Secretary for Health Workgroup "Provision of Primary Care to Women Veterans;" November 2008.

*Partnering with public and private organizations will provide child care options for women Veterans, allowing them equal access to the quality benefits and services.*

**VA Response: Concur in principle.**

We support the Committee's rationale for providing childcare options and its intent in removing barriers that could limit a Veteran's access to health care. No statute expressly authorizes VA in general to provide childcare for patients who are being treated at VHA facilities; therefore; Congress has not expressly granted VA the authority to provide childcare to patients.

While VA has no specific authorization to provide childcare for patients at VA facilities, we are pleased that Section 205 of the recent passage of **PL 111-163, the "Caregivers and Veterans Omnibus Health Services Act of 2010,"** authorizes VA to carry out a 2-year pilot program to assess the feasibility and advisability of childcare for "qualified Veterans who are the primary caretaker of a child." The law allows for various types of childcare to be piloted, in at least three Veterans Integrated Service Networks (VISN). Regulations on the definition of primary caretaker, as well as defining how this benefit will be offered operationally are currently under review for development.

**3. That VA establishes more gender-specific health treatment programs for women Veterans, such as "women only" PTSD programs and Military Sexual Trauma (MST) programs.**

***Rationale:** Although there is high utilization by women who served in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF), women Veterans have historically under-utilized VA health care. Utilization data illustrate that existing models of care delivery present barriers to women Veterans using VA.<sup>5</sup> Many women Veterans report being uncomfortable participating in programs with male Veterans, or report that the unavailability of gender specific PTSD sessions prevents them from receiving timely care for their mental health needs. In some instances, women Veterans either seek treatment outside of VA or simply forgo treatment altogether.*

*The Government Accountability Office's (GAO) March 2010 final report examining VA's efforts to provide quality service for women Veterans summarizes its visit to 19 medical facilities—9 VA medical centers (VAMC) and 10 community based outpatient clinics (CBOC). GAO notes that of the nine VA medical centers (VAMC) visited, none of them offered dedicated women only inpatient mental health units.<sup>6</sup> Most VAMCs included in GAO's visit offered mixed gender inpatient mental health services or residential mental health treatment programs, but few had specialized programs for women Veterans.*

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<sup>5</sup> Official minutes from the March 30-April 1, 2010 meeting of the Advisory Committee on Women Veterans; briefing conducted by Chief Consultant, Women Veterans Health Strategic Health Care Group.

<sup>6</sup> March 31, 2010 report of the Government Accountability Office; *VA Health Care: VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Improve Oversight Processes.*

*The establishment of more gender specific programs would better facilitate the recovery of female Veterans who have been traumatized due to their combat experiences or who have experienced MST. There is a growing need for expansion of such programs due to the increasing volume of women Veterans who have experienced a traumatizing event.*

**VA Response: Concur in principle.**

VA appreciates the need for mental health programs that meet the needs of women Veterans. There is no one correct way to accomplish this goal, and programs of several types must be offered, to ensure that diverse women Veterans with diverse needs can obtain appropriate treatment.

VHA Handbook 1160.01, *Uniform Mental Health Services In VA Medical Centers And Clinics*, codifies the long-standing VA practice of promoting treatment in environments that are sensitive to gender-related issues. For example, all inpatient and residential programs must provide separate and secured sleeping accommodations for women. Mixed gender units must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to, door locks and proximity to staff. Additionally, most women Veterans seeking MST-related health care receive outpatient services, which are available at all VAMCs and do not clinically require the intensity of a residential program. Women receiving outpatient care should receive sensitive care with an opportunity to have care delivered by a same-gender or opposite-gender care provider, as preferred.

For a subset of Veterans, there are advantages to models of care in which treatment occurs in an environment where all Veterans are of one gender. Both male and female survivors of MST may have concerns about their safety, ability to disclose and engage fully in treatment, and address gender-specific concerns in mixed gender environments. Among VA's residential programs that provide specialized trauma/MST-related care, about one-half treats only women, and one-half treat only men. Veterans who feel a strong need for a same gender treatment environment are able to receive MST-related mental health care from these programs with a single gender environment. Although the sites visited in the GAO investigation referred to in the Recommendation were not always facilities with one of these programs, the report does include a complete listing of programs available nationally. This is important to note, as these programs are considered regional and/or national resources, not just a resource for the local facility. Wait lists at single gender programs are minimal to non-existent, indicating sufficient capacity to meet demand for this type of care, and comparable in length to programs with mixed gender environments. The MST Support Team is monitoring census and the existence of a wait list for these women-only programs to assess for additional need for this level of service. Certainly as the number of women Veterans increases, additional programs will eventually need to be added; this should be driven by data generated by this continuous monitoring of the current utilization of programs.

Mixed gender programs that provide specialized MST-related care also have advantages: helping survivors to challenge assumptions and confront fears about the opposite sex; fostering respect for appropriate boundaries in relationships; and promoting an emotionally corrective experience. Also, mixed-gender treatment programs can help improve accessibility to care and maximize efficient use of resources. This is particularly true for programs operating on “cohort” models in which a program runs a specified number of weeks with a group of patients beginning and ending the program together. Being able to draw from both men and women patients helps prevent the possibility of last minute cancellations resulting in beds being empty for the duration of the cohort. Given the advantages associated with both approaches, VA does not promote one model as universally appropriate for all treatment settings. Rather, we encourage careful consideration of the needs of specific Veterans and use of single-gender programs when they are clinically most appropriate. This requires thoughtful discussion with each woman Veteran regarding which approach to care will meet her needs, and when a level of vulnerability indicates a women-only unit is preferable, such units should be utilized.

## **B. TRAINING**

Recommendation:

- 4. That VA establishes a women Veterans awareness training program in an effort to educate new employees about the changing roles of women in the military, their combat-related exposures, and MST sensitivity.**

***Rationale:*** *Women Veterans frequently report being disrespected and not given the recognition that they deserve for having served our country when seeking and utilizing VA services and benefits. VHA’s November 2008 report on the provision of primary care to women Veterans included the following action statement to “Train and sensitize all VA staff on issues specific to women Veterans.”<sup>7</sup> The Advisory Committee on Women Veterans (ACWV) believes that making this training available in VA facilities remains a critical component for ensuring that VA employees possess a baseline understanding of women Veterans’ issues and the barriers that they continue to face when seeking VA services and benefits. As more women Veterans are encouraged to use VA, this awareness training becomes a necessity and deserves a high priority.*

***VA Response: Concur.***

Human Resources and Administration (HR&A): HR&A fully supports this recommendation, and currently has a women Veterans awareness training program that includes four courses that address women Veterans’ issues. These courses are housed in the VA Learning Management System (LMS) and are available online to all VA employees on demand. The titles of these courses are:

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<sup>7</sup> Report of the Under Secretary for Health Workgroup; Provision of Primary Care to Women Veterans; November 2008.

- Deployment Stressors and Post-Traumatic Stress Symptoms Among ARNG Women
- Women Veterans - On the Rise!
- Using DSS Reports to Support and Evaluate Your Women's Veteran Program
- We Are Women Veterans

HR&A, through the VA Learning University (VALU), is committed to developing new courses to increase the military cultural awareness of VA employees. VALU is developing new courses and special attention will be given to the development and dissemination of courses addressing women Veterans awareness training so that we can better serve women Veterans.

Veterans Health Administration (VHA): VHA is addressing the needs of women Veterans by continuing to enhance educational efforts for all employees in order to improve cultural sensitivity and awareness of the roles of women within the military, their combat- and non-combat related experiences, exposures and diagnoses including Post-Traumatic Stress Disorder (PTSD) and MST. Addressing provider and staff proficiencies is extremely crucial in the provision of care for all women Veterans. VHA developed a Mini-Residency Program in Women Veterans Health to refresh primary care provider's knowledge of women's health issues and ensure there are sufficient numbers of trained providers to meet women Veterans' needs in a safe and sensitive manner. The 2.5-day national mini-residency program has been offered in nine regions across the country since 2008 with over 400 VA providers trained in the national program.

To assist providers and staff, various training and education tools including video, satellite broadcasts and national training programs have also been developed, which not only increase awareness, but also provide information on services and resources available to women Veterans. As outlined in Women Veterans Program Manager (WVPM) Position, Handbook 1330.02, WVPMs are full-time employees who are available at every VA facility to promote, develop, and implement training, outreach, education, and support services for women Veterans, providers, and staff. In addition, performance metrics have been created for facility WVPMs to ensure that educational activities are developed and provided to increase sensitivity and awareness of the unique needs of women Veterans, while supporting change to maintain safe and welcoming environments for women Veterans.

Monthly communication materials have been created and posted online to support outreach and education activities for facilities and WVPMs. These materials highlight the roles of women Veterans and specific services available throughout VA. A new video, "You Served, You Deserve," has been created to enhance awareness of all employees on women's roles in the military, current services available through VA, and the importance of comprehensive patient-centered care for women Veterans. This video is available online ([www.publichealth.va.gov/womenshealth/publications.asp](http://www.publichealth.va.gov/womenshealth/publications.asp)) and at orientation for employees.

Veterans Benefits Administration (VBA):

VBA is strengthening its training program in the development and rating of MST and combat related exposure claims, to include addressing sensitivity to women Veteran's issues. VBA anticipates the new training program will be completed and ready for presentation to the WVCs and VBA field personnel in November 2010. To promote uniformity across administrations, VBA welcomes participation from VISN-level WVPMs to ensure a clear and consistent message is provided to women Veterans when addressing their needs and concerns.

National Cemetery Administration (NCA):

Although NCA does not currently have a dedicated training program on special issues related to women Veterans, we would be very supportive of a VA-wide effort to provide training to staff on this topic. We would like to suggest that for any training mandate related to women Veterans, a non-computer-based option be made available (DVD or CD-Rom is preferred) to deliver training to front-line field personnel.

### **C. WOMEN VETERANS PROGRAM MANAGERS**

Recommendation:

- 5. That VA develops a plan of action to reverse the high turnover rate of full time women Veterans program managers, and develops a succession plan to ensure continuity of care for women Veterans.**

***Rationale:*** Based upon information provided by the Chief Consultant of the Women Veterans Health Strategic Health Care Group, VA has encountered a challenge in retaining full-time women Veterans program managers. High turnover rates may result in a lack in continuity of services being provided to women Veterans as their utilization of VA services is projected to increase. It was reported in some instances, that vacant positions have gone unfilled for lengthy time periods. This may contribute to inconsistencies by VA medical centers in fully utilizing women Veterans program managers in the intended role as outlined in the position description. According to GAO's March 2010 report on VA's services for women Veterans, some medical facilities have not implemented the full time WVPM position with the broad responsibilities, authority, and access to senior facility leadership that VA envisioned in creating these positions.<sup>8</sup>

**VA Response: Concur.**

The position of WVPM is vital to the services provided to women Veterans. For this reason, the position was converted to a full-time position in December 2008. VHA's

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<sup>8</sup> March 31, 2010 report of the Government Accountability Office; *VA Health Care: VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Improve Oversight Processes.*



Deputy Under Secretary for Operations and Management oversees compliance with this requirement, and regularly tracks and reports the status of the positions.

The professional background of the WVPs is primarily that of Nurse or Social Worker. For the years 2005-2008, the position was primarily part-time with collateral duties. Annual turnover during that period averaged 22 percent. From 2008-2009, many WVPs had to decide whether they were interested in being full-time managers of facility-level or VISN programs, or instead wished to maintain their clinical activities in direct patient care. Many of the WVPs opted to return to full-time patient care roles, particularly Clinical Nurse Specialists and Nurse Practitioners. Thus, the turnover rate was quite high in FY 2009, at 42 percent. In addition, retirements have also been a contributing factor in turnover. A survey of women's health services completed in 2005 indicated that, at that time, over 33 percent of the WVPs were considered retirement-eligible in the next 5 years.

The turnover rates calculated for FY 2010 and beyond will provide a more accurate assessment of the turnover trends for the position. VA recognizes that any turnover can result in gaps due to time lags in the appointment of new WVPs, and re-training requirements as well, challenge VHA's ability to meet women Veterans needs for care coordination and continuity of services.

VA is committed to reducing employee turnover by providing support to the position of the WVP. In accordance with GAO recommendations, VA has addressed the issues of clarifying reporting and administrative oversight of the position by revising VHA Handbook 1330.02, *Women Veterans Program Manager Position*. VA has been working with WVPs locally to establish facility coverage and succession plans. In addition, VA has updated the online WVP Orientation Program to include a preceptor/mentor component to ensure an ongoing high level of support throughout the orientation process. WVPs are further supported with monthly calls with their Lead WVPs, Deputy Field Directors, and VACO staff.

#### **D. WOMEN VETERANS COORDINATORS**

Recommendations:

- 6. That Veterans Benefit Administration (VBA) establishes permanent full time Women Veterans Coordinator (WVC) positions in VA regional offices (RO) that serve a catchment area that has greater than 40,000 women Veterans--to direct assistance to women Veterans accessing benefits and services through VA.**

***Rationale:** Historically, women Veterans who served in the armed forces--active and reserve components--have not self-identified as Veterans and thus it has been a continuous challenge for VA to keep this population informed of their eligibility for various benefits and services. Current data from DoD indicate a continued increase*

*in the number of women serving in the military<sup>9</sup> and VA projects a steady increase of women Veterans eligible for VA benefits.<sup>10</sup>*

*VBA designated WVCs in each RO to be responsible for outreach to women Veterans, assist male and female Veterans with claims involving issues of a sensitive nature such as MST, and to promote the use of VA benefits, programs and services by women Veterans.<sup>11</sup> However, because this is a collateral duty and the incoming volume of claims continues to grow,<sup>12</sup> especially from OEF/OIF Veterans seeking benefits from VBA, WVCs face additional challenges in meeting the requirement of this collateral function.*

*In response to a recommendation addressing protected time for WVCs to effectively assist women Veterans that was made in the 2008 report of the ACWV, VBA indicated that WVCs would be given sufficient time to perform their duties, as determined by the needs of the women Veterans in the catchment area served by each RO. However, WVCs who participated in VBA's first ever WVC national training conference, held August 17-21, 2009 in St. Paul, MN, indicated resoundingly, that they do not have sufficient time to perform their duties effectively.<sup>13</sup> This produces a barrier to the utilization of VA's benefits and services for women Veterans. Establishing at least one full-time coordinator at each RO that has a large population of women Veterans in its catchment area will improve VA's outreach to women Veterans, as well as improve their knowledge and utilization of available benefits and services.*

*VA established a precedent for addressing the specific needs of other populations of Veterans, to include women Veterans, in establishing 20 full-time homeless Veterans outreach coordinators to effectively serve the growing population of homeless Veterans.<sup>14</sup> Current Veterans population data indicate that 17 of the 57 ROs serve catchment areas that have 40,000 or more women Veterans.<sup>15</sup> Although the establishment of full-time homeless Veterans outreach coordinators was Congressionally mandated, creating full-time women Veterans' coordinators would allow VA to proactively resolve the challenges it has faced in reaching and attracting women Veterans.*

**VA Response: Concur.**

VBA is committed to providing women Veterans access to information about and assistance with filing claims for VA benefits and health care services. As of

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<sup>9</sup> Statistical Information Analysis Division (SIAD) on Active Duty by Rank/Grade; Women Only; September 30, 2009; <http://siadapp.dmdc.osd.mil/personnel/MILITARY/miltop.htm>.

<sup>10</sup> Vet Pop 2007; <http://www1.va.gov/VETDATA/Demographics/Demographics.asp>.

<sup>11</sup> The Women Veterans Coordinators Toolkit; Women Veterans Coordinators Web Page; <http://vbaw.vba.va.gov/bl/21/outreach/wvets/toolkit.htm>.

<sup>12</sup> Testimony of Acting Under Secretary for Benefits before the Senate Committee on Veterans Affairs; July 9, 2008.

<sup>13</sup> Official minutes of the October 2009 meeting of the Advisory Committee on Women Veterans; briefing conducted by Director, Little Rock Regional Office.

<sup>14</sup> VBA Letter 20-02-34; Homeless Veterans Outreach and Claims Processing—Public Law 107-95.

<sup>15</sup> Women Veterans Population Statistics; <http://www1.va.gov/womenvet/statistics.asp>.

August 1, 2010, VBA has a total of 73 WVCs nationwide. All regional offices (ROs) have at least one individual designated to serve as the WVC, and larger offices have two or three employees assigned to this task. In addition, WVCs are also located in our national call centers and out-based locations to meet the needs of women Veterans. We agree there is a need to proactively identify and improve access to VA services and benefits available for women Veterans as well as all Veterans nationwide. The Waco RO has upgraded their WVC position to full-time. VBA is identifying other stations that have a women Veteran population of over 40,000 and will establish a full-time WVC position at these sites.

**7. That duties and functions of WVCs be standardized for consistency of services provided to women Veterans and that these duties be evaluated in each VA regional office (VARO) during the scheduled internal Compensation and Pension Services site visit to ensure compliance and efficiency.**

***Rationale:** To ensure that women Veterans are receiving the same access to VA's quality services and benefits no matter where they reside, it is important that the duties and functions of WVC are well established and standardized among the VAROs. Although VBA has an established Web-based WVC toolkit, WVCs who attended the August 2009 WVC training conference indicated that they did not have the necessary tools to perform their functions and did not know where to find these tools.<sup>16</sup> In addition, some WVCs and call center representatives were unsure of their roles. WVCs currently have no official position descriptions and their functions and duties vary greatly across the VAROs.*

*Standardized duties can serve as a blue print of job responsibilities. Evaluation of how these standardized duties are implemented and VAROs' compliance with official WVC policies promotes government accountability and transparency. Doing so will also enhance women Veterans' knowledge of and access to VA's benefits and services.*

**VA Response: Concur**

To ensure that women Veterans' needs are adequately addressed, VBA implemented standardized duties for WVC on March 21, 2000, by guidance issued in a formal letter (OFO Letter 201-00-09) to all field personnel. The standardized duties for WVCs have enabled VBA to proactively attend outreach initiatives to ensure VA benefit information is provided and women's issues are addressed in these forums. The VA Central Office Women Veterans Program Manager provides oversight and ensures that new women Veterans coordinators are aware of their roles and responsibilities.

WVCs participate in local women Veterans events and provide training to organizations that may include women Veteran members. A WVC serves as a point of contact for VA and other service providers and Veterans with special needs

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<sup>16</sup> Official minutes of the October 2009 meeting of the Advisory Committee on Women Veterans; briefing conducted by Director, Little Rock Regional Office.

(Veterans who experienced sexual trauma while on active duty). WVCs establish networks among community service providers, share information on claims processing with WVPs at VAMCs, vet centers and community organizations. They also liaison with women Veterans' organizations or groups with predominantly women members. WVCs maintain rosters of primary contacts and provide speakers for meetings and special events, as appropriate. Additionally, they maintain a resource directory of community service providers who provide services specifically to women and distribute the directory as appropriate. WVCs also promote information about VA benefits and services in places where women Veterans live or frequently visit.

VA Central Office interviews WVCs during site visits to determine the types of outreach being conducted, assess their needs, and provide assistance as needed.

- 8. That VBA conducts Area conferences every 2 years for WVCs and others who provide women Veterans-specific services, in an effort to build greater communication, collaboration of functions, and awareness of issues, concerns, policies and programs for women Veterans in their respective areas.**

***Rationale:** VA continues to face challenges related to outreaching and educating women Veterans, to include those from the Reserve component and those living in rural areas. It is important that these Veterans are exposed to as much information as possible during outreach initiatives, as well as when they interact with VA's various points of contact. To ensure that each exposure to VA is productive and meaningful, those who provide women Veterans services should be knowledgeable about the available programs and services—especially those that are gender specific or sensitive in nature. Also, feedback on the 2009 WVC training conference indicated that attendees found this type of forum to be very useful and productive.<sup>17</sup>*

*Having VBA's Area directors (East, South, Central and West) conduct a conference every two years for WVCs that includes VISN level women Veterans program managers (WVPM), and other appropriate personnel would foster greater communication across VA, promote awareness of women Veterans issues that are unique to the respective area, and promote collaboration to resolve or address area-specific trends. The conference would serve as a training opportunity to keep WVCs abreast of their functions and duties, share ideas and best practices, enhance and encourage innovation, and learn of changes to VA's policies and programs for women Veterans. Most importantly, it would enhance abilities of those who provide services to women Veterans.*

**VA Response: Concur.**

VBA currently conducts continuing education for WVCs through national training conferences held every two years. These conferences bring in national partners

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<sup>17</sup> Official minutes of the October 2009 meeting of the Advisory Committee on Women Veterans; briefing conducted by Director, Little Rock Regional Office.

within and outside VA, in addition to those at the state and local levels. By having a national conference, VBA can ensure that all WVCs receive the most relevant and up-to-date information. The conferences also allow for networking so that individuals can discuss issues unique to their respective areas. VBA will consider having targeted break out sessions to further enhance and foster local partnerships and coalitions.

## **E. RURAL HEALTH**

Recommendation:

- 9. That VA ensures rural health mobile vans and clinics have standardized protocols for providing care to rural women Veterans that ensure access and availability of health care screenings, and treatment; are appropriately equipped and staffed with specially trained personnel to adequately address the gender-specific health care needs of women Veterans; and have standardized protocols to address issues that require follow-up or referral.**

***Rationale:** According to the VA Office of Rural Health Strategic Plan, men and women from geographically rural and highly rural areas make up a disproportionate share of service members, and comprise about one-third of the enrolled Veterans who served in Iraq and Afghanistan. Many of these Veterans are returning to rural communities,<sup>18</sup> therefore the female Veterans population in rural areas will likely increase. The rural women Veterans' population deserves the opportunity to receive access to quality health care screenings and preventative primary care services routinely provided in VA medical facilities and CBOCs.*

**VA Response: Concur.**

VA's Office of Rural Health (ORH) is currently tracking the four Rural Mobile Clinics that were funded by Congress in 2008. When this funded pilot project concludes at the end of this fiscal year (FY), ORH will provide an executive summary with recommendations that will guide the planning and implementation of future mobile clinics to ensure that they are consistent with the VHA Handbook 1330.01, "Health Care Services For Women Veterans."

ORH has also awarded funding to VISN 17 for a Mobile Mammography Unit and to VISN 16 to implement a Mobile Unit dedicated to comprehensive Women's health care. All rural health initiatives that impact women Veterans are expected to meet the same standards, as defined by VA policies and protocols, which ensure access and quality of care throughout the VA system.

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<sup>18</sup> Office of Rural Health : <http://www.ruralhealth.va.gov>.

## F. OUTREACH

Recommendation:

10. That VA collaborates with the Center for Women Veterans on media campaigns to ensure the consistent inclusion of women Veterans in posters, printed materials, brochures, Web sites, videos and news releases.

***Rationale:*** Many women Veterans do not self-recognize as Veterans, and thus may be unaware that they are entitled to VA's benefits and services. There is a misperception that women are not Veterans if they were not involved in combat. A well planned and consistent campaign would communicate the importance of the various roles and contributions of women who serve in the military to all Veterans, VA employees and the public. The Committee recognizes that VA has made improvements in bringing visibility to active duty women and women Veterans, especially through media campaigns such as "Her Story." Absent such programs, media related and printed marketing materials continue to lack the inclusion of female Veterans, or the depiction of women in receipt of VA's services. A review of current sections of the VA website reflect very limited examples of women Veterans in photos for homeless or minority Veterans, indicating that the existing monitoring of outreach products and media services is not totally effective at this point. The last revision of the burial benefits video included images of women, but none depicted women in uniform or images that clearly depicted women Veterans.

**VA Response: Concur.**

The Office of Public and Intergovernmental Affairs (OPIA): OPIA recognizes the importance of including clear imagery and messaging about women Veterans receiving VA services on outreach and media products and releases. To effectively reach women Veterans, OPIA will collaborate with the Center for Women Veterans and ensure this audience is effectively targeted. OPIA will also begin including more women Veterans in general outreach and media products, and will work to develop products which are solely for women Veterans. This will ensure that women become self-aware of their Veteran status and empower them to apply for VA's services and benefits which they have earned.

**National Cemetery Administration (NCA):**

NCA engages in significant outreach to a wide variety of Veteran service organizations, including those representing the interests of women and minority Veterans. The multiple award-winning public service video, "A Sacred Trust" provides a broad overview of the benefits programs managed by NCA. The video shows the diverse make up of NCA employees, cemetery geography, and those Veterans and family members who use NCA memorial benefits. In the future when a new video is necessary, NCA will focus more on addressing women and minority Veterans.

Veterans Benefits Administration (VBA): The first draft pamphlet for women Veterans, “VA Benefits and Services for Women Veterans,” was unveiled in August 2009 at the WVC Training Conference in Minneapolis, MN. This pamphlet was created with input from the Center for Women Veterans and the VHA. Through its Benefits Assistance Service (BAS), VBA is working to improve the visibility of women currently serving in the uniformed services and women Veterans. BAS will collaborate with the Center for Women Veterans to develop, promote, and market specific outreach products and tools related to women’s issues and will use such mediums as the Internet and social media sites, such as Facebook, Twitter, and YouTube, to increase awareness of VA benefits and services.

Human Resources Administration (HRA): HRA fully supports initiatives that aim to ensure that women Veterans are included in all materials used to market or disseminate the services and benefits offered by VA.

Veterans Health Administration (VHA): The enhancement of VA outreach and communications materials to be more inclusive of women Veterans is very important. Consistent with the importance of this goal is ensuring increased understanding, sensitivity and awareness of the contribution of women in the military, by including images of women Veterans in brochures, media campaigns, web communications and videos.

VA has revamped its outreach materials and health education campaigns to reflect the face of the women Veterans. Recently, the Women Veterans Health Strategic Healthcare Group (SHG) received national recognition in the 2010 VHA ACE Achievement Award competition for its series of health posters in women Veterans health education. The group has been particularly conscious of representing women of all eras and branches of service, and of diverse ethnic and racial sub-groups.

In addition, several video tools have recently been released which are focused on women Veterans. These include, “Face Behind the File: Women at War,” interviews with three women Veterans from WWII, Vietnam and the Operation Enduring Freedom/Operation Iraqi Freedom and the Women Veterans Health SHG orientation video, “You served, You Deserve” ([www.publichealth.va.gov/womenshealth/publications.asp](http://www.publichealth.va.gov/womenshealth/publications.asp)), which includes women Veterans describing how VA’s health services have been providing care to them.

## **PART IV**

### **Appendices**



## ***Appendix A***

### ***Historical Perspective***

Women Veterans were the best-kept secret for many years. The 1980 Census was the first time that American women were asked if they had ever served in the Armed Forces, and an astonishing 1.2 million said “yes.” Because very few of these newly identified Veterans used VA services, Congress and VA began a concerted effort to recognize and inform them of their benefits and entitlements. Activities were initiated to increase public awareness about services for women in the military and women Veterans.

Soon after the 1980 census, Congress granted Veteran status to women who had served in the Women’s Army Auxiliary Corps (WAAC) during World War II.

In 1982, at the request of Senator Daniel Inouye, the General Accounting Office (GAO), conducted a study and issued a report entitled: “Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits.” This study found that:

- Women did not have equal access to VA benefits.
- Women treated in VA facilities did not receive complete physical examinations.
- VA was not providing gynecological care.
- Women Veterans were not adequately informed of their benefits under the law.

At the same time, VA commissioned Louis Harris and Associates to conduct a “Survey of Female Veterans: A Study of the Needs, Attitudes and Experiences of Women Veterans,” published in August 1985, to determine the needs and experiences of this population. This survey found that 57 percent of the women did not know they were eligible for VA services, benefits, and programs. Another particularly troublesome finding was that women Veterans reported twice the rates of cancer as compared to the women in the general adult population, with gynecological cancers being the most common.

The results of the Census and the Harris survey raised many questions concerning women Veterans, but one conclusion was inescapable: the system was failing them. In April 1983, Harry Walters, Administrator of the Veterans Administration, began to remedy this situation by establishing a National Advisory Committee on Women Veterans.

In November 1983, following the first meeting of the VA Advisory Committee, Congress passed Public Law 98-160, “Veterans’ Health Care Amendments of 1983,” mandating VA to establish an Advisory Committee on Women Veterans. The charge to the Committee was broad. Not only were they tasked with assessing the needs of women Veterans with respect to adequate access to VA programs and services, but they were also empowered to make recommendations for change.

Under the leadership of Dr. Susan H. Mather, Chief Officer, Public Health and Environmental Hazards, the Committee was entrusted with the responsibility to follow-up on these activities and to report their progress to Congress in a biennial report.

The following events are historical markers since the establishment of the Advisory Committee on Women Veterans.

- 1984 First report of the Advisory Committee identified the need for strong outreach, and the lack of adequate privacy and gender-specific treatment for women at VA facilities as the most pressing areas of concern.

Pamphlets, posters and publications about the service of women Veterans and their eligibility for VA services were developed.

President Reagan proclaimed the first "Women Veterans Recognition Week." The states of New Jersey, California and Washington declared 1984 as "Women Veterans Year."

- 1985 As a result of the Advisory Committee's recommendations, VA appointed the first Women Veterans Coordinators.

"The National Vietnam Veterans Readjustment Study," commissioned by Congress, was the first national study on Veterans that included women.

- 1986 The Advisory Committee report focused on health care needs. Recommendations were made to expand VA health care to include osteoporosis, gynecological and hormonal care, research, mammography, Agent Orange exposure diseases and smoking cessation.

Women Veterans Coordinators were appointed in VA regional offices.

- 1987 Congress revisited the issue of women Veterans in an oversight hearing. Women Veterans testified to noted progress but expressed concern about the consistency of the quality of health care provided to women Veterans at VA facilities.

- 1988 A Veterans Health Administration office to address women's health issues was first created.

- 1989 The Advisory Committee on Women Veterans began site visits.

- 1991 GAO was tasked by Congress to do a follow-up study on VA health care for women. Their 1992 report was entitled, "VA Health Care for Women - Despite Progress, Improvement Needed."

- 1992 The 1991 GAO report, along with Congressional hearings related to sexual harassment and assault, led to the enactment of Public Law 102-585, "Veterans Health Care Act of 1992." It provided specific provisions for women's health and broadened the context of Post-Traumatic Stress Disorder (PTSD) to include care for the aftermath of sexual trauma associated with military duty.

- 1993 Dedication of the Vietnam Women's Memorial.

- 1994 Secretary Jesse Brown established the Women Veterans Program Office within the Office of the Assistant Secretary for Policy and Planning. Joan Furey was appointed Executive Director of the Women Veterans Program Office.

The Center for Women Veterans was created by Congress under Public Law 103-446, "Veterans' Benefits Improvements Act of 1994."

The National Center for Post-Traumatic Stress Disorder created a Women's Health Sciences Division at the Boston VA Medical Center.

Three research projects were proposed by VA as an alternative to a comprehensive epidemiologic study of the long-term health effects experienced by women who served in the Armed Forces in Vietnam, as mandated by Public Law 99-272, "Veterans' Health-Care Amendments of 1986." The original study was determined not scientifically feasible. The three research projects included:

- a study of post-service mortality (results were published in 1995);
- the re-analysis of psychological health outcome data collected for women in "The National Vietnam Veterans Readjustment Study" (completed in 1988); and,
- a study of reproductive outcomes among women Vietnam Veterans.

VA funds the first national study on the quality of life of women Veterans who use VA health care services.

1995 Joan Furey was appointed as the first Director of the Center for Women Veterans. Committee members increased communication with women Veterans, increased individual site visits to VA facilities, and provided briefings to Congressional members and staff.

1996 The first "National Summit on Women Veterans Issues" was held in Washington, DC, marking the first time women Veterans from across the Nation had the opportunity to come together with policy makers and VA officials.

1997 Kathy Zeiler was appointed as the first full-time Director for the Women Veterans Health Program.

The Women in Military Service for America Memorial was dedicated.

The First National Conference of VA Women Veterans Coordinators was held in San Antonio, Texas.

1998 VA completed the "Women Vietnam Veterans Reproductive Outcome Study," and published its findings.

The 50th Anniversary of the Women's Armed Forces Integration Act.

1999 Carole Turner was appointed as the second Director for the Women Veterans Health Program.

Results of the 1998 VA study indicated that children of women who served in Vietnam had a higher rate of birth defects. This prompted a Congressional hearing.

For the first time, the Subcommittee on Minority Women Veterans was established within the Advisory Committee.

VA's decision to provide prenatal and obstetrical care to eligible women Veterans signaled a new era in VA gender-specific services.

The Second National Conference of VA Women Veterans Coordinators was held in Chicago, Illinois.

- 2000 VA allocated funds for the first time (\$3 million) to support programs specifically for women Veterans who are homeless. Three-year demonstration programs were designed at 11 locations across the country.

The Veterans Benefits and Health Care Improvement Act of 2000, PL 106-419, authorized special monthly compensation for women Veterans with a service-connected mastectomy. Additionally, it provided benefits for children with birth defects born to women Vietnam Veterans.

The Sunset Provision for sexual trauma counseling in VA was extended to December 31, 2004.

VA convened two task forces to study the necessity for inpatient psychiatric units for women in each VISN, and the need to extend sexual trauma counseling to Reservists and National Guard who have been victimized while on inactive duty training days.

The second "National Women Veterans - Summit 2000" was held in Washington, DC.

VHA Women Veterans Health Program was selected as the Bronze Winner of the 2000 Wyth-Ayerst HERA Award. Awards are presented to those demonstrating leadership in women and children's health.

- 2001 Women's Health National Strategic Work Group convened to develop progressive, state-of-the-art programs to provide high-quality comprehensive health care for FY 2002 through FY 2007. The Group commissioned Dr. Katherine M. Skinner to study the role of Women Veterans Coordinators.

September 11, 2001, changed the battlefield. Women in the Pentagon are now as vulnerable as those directly on the front lines. The likelihood of women casualties increases commensurately.

Dr. Irene Trowell-Harris was appointed as the second Director of the Center for Women Veterans.

The Charter for VA Advisory Committee on Women Veterans was renewed.

Appointments of the first minority women Veterans in leadership were made on the VA Advisory Committee on Women Veterans, in the positions of an African-American as Chair, and an American Indian as Vice-Chair.

- 2002 The Third National Conference of VA Women Veterans Coordinators was held in Las Vegas, Nevada.

The population of women Veterans as a percentage of all Veterans is expected to increase as the number of former military service women continues to grow.

Dr. Irene Trowell-Harris testified before then Subcommittee on Health, House Committee on Veterans' Affairs on services in VA for women Veterans.

- 2003 According to VA's Office of Policy, Planning & Preparedness VetPro program (based on the 2000 Census) of the 25.6 million Veterans, 1.7 million are women Veterans. In 2002, the 1.7 million women Veterans constituted 6.5 percent of all

Veterans living in the United States, Puerto Rico, and overseas.

VA has seen a significant increase in the number of women Veterans who receive benefits and health care services from the Department. The number of women Veterans enrolled in VA's health care system grew from approximately 226,000 in FY 2000 to nearly 305,000 in FY 2002, an increase of approximately 35 percent. Women Veterans enrolled in VA in Fiscal Year (FY) 2003 were 331,000 (up 8.6 percent from FY 2002) and of those enrolled in FY 2003, 195,516 (up 7.2 percent from FY 2002) actually used the system.

VA celebrated the 20th Anniversary of the Advisory Committee on Women Veterans on September 15, 2003, at the Women in Military Service for America Memorial (WIMSA) with Senator Daniel K. Inouye presenting the keynote address. Committee past and present chairs, co-chairs and members were honored at the ceremony.

The Charter for VA Advisory Committee on Women Veterans was renewed.

- 2004 The Fourth National Conference of VA Women Veterans Coordinators was held in Las Vegas, Nevada.

The third "National Summit on Women Veterans Issues - Summit 2004" was held in Washington, DC.

The Sunset Provision for sexual trauma counseling in VA was extended permanently.

- 2005 The Charter for VA Advisory Committee on Women Veterans was renewed.

- 2006 Dr. Susan Mather retired from the Department of Veterans Affairs on January 3. Dr. Mather served as the Designated Federal Official (DFO) for the Advisory Committee on Women Veterans from 1983 until 1995. She continued to serve as an ex officio member on the Committee from 1995 until her retirement in 2006. Dr. Mather had a distinguished career serving those we are so honored to serve.

The Fifth National Conference of VA Women Veterans Program Managers was held in Orlando, Florida.

The entire Journal of General Internal Medicine for March 2006 was dedicated to research on women Veterans. There were 16 articles, covering various issues, to include VA health care utilization, health and mental health issues among women Veterans.

- 2007 The Charter for VA Advisory Committee on Women Veterans was renewed. Carole Turner, the second Director for the Women Veterans Health Program, retired from VA January 2007.

Dr. Betty Moseley Brown testified before the House Veterans' Affairs Committee Subcommittee on Health to highlight VA services available for women Veterans.

- 2008 Women's Veterans Health Program Office was elevated to the Women Veterans Health Strategic Health Care Group, effective March 2008. Patricia M. Hayes, PhD, was appointed Chief Consultant April 13, 2008. The Advisory Committee

recommended the realignment of the Women Veterans Health Program Office to the status of a Strategic Healthcare Group and the Program Director position be designated as a Chief Consultant in the 2006 report.

The fourth "National Summit on Women Veterans' Issues - Summit 2008" was held in Washington, DC. Members of the Advisory Committee on Women Veterans served as facilitators for the various workshop sessions and the town hall meeting.

Dr. Paula Schnurr, Deputy Executive Director for VA's National Center for Post Traumatic Stress Disorder (PTSD), received the 3rd annual Ladies Home Journal "Health Breakthrough Award" for her work with PTSD and women Veterans.

Memo signed July 8, 2008 regarding the hiring of a full-time Women Veterans Program Manager at each medical center. The establishment of a full-time Women Veterans Program Manager position at VA medical centers had been recommended by the Advisory Committee in the 2006 report.

There are 1.7 million women Veterans comprising 7 percent of the total Veterans population. As the number of women in the military increases, it is estimated that 10 percent of all Veterans will be women by the year 2020.

As of July 2008, there are currently over 27 research projects funded by VA's Health Services Research & Development Service addressing women Veterans' issues.

Versions of the "Women Veterans Health Care Improvement Act of 2008" introduced in both the House (H.R. 4107) and the Senate (S. 2799); some aspects related to improving health care services for women Veterans have passed.

Public Law 110-387 "Women Veterans Health Care Improvement Act of 2008" establishes a permanent requirement for the Advisory Committee on Women Veterans' biennial report.

In November 2008, the Director of the Center for women Veterans, representing the Secretary of Veterans Affairs, briefed the Fédération Mondiale des Anciens Combattants, World Veterans Federation, Standing Committee on Women on VA's initiatives, benefits and services for women Veterans in Paris, France.

2009 Charter for the Advisory Committee on Women Veterans approved by Secretary, Veterans Affairs.

Director of the Center for Women Veterans is designated to represent the Department on the White House Interagency Council on Women and Girls, which was created to ensure that American women and girls are treated fairly in all matters of public policy.

The Government Accountability Office (GAO) released its report, *"VA Health Care: VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Improve Oversight Processes,"* detailing its findings on VA's health services for women Veterans gathered from several visits to VA medical centers.

On May 20, the Center Director, Advisory Committee chair, and others women Veterans' advocates participated in a roundtable discussion with the House Committee on Veterans' Affairs regarding the Department's current services for women Veterans, as well as developing an implementation plan to enhance services for women Veterans.

On July 1, President Barack Obama signed S.614, a bill awarding the Congressional Gold Medal to women who served in the Women Airforce Service Pilots (WASP) program, which was established during World War II; 1,102 women volunteered and 38 women pilots died during service to their country.

On Nov. 19, Secretary of Veterans Affairs Eric K. Shinseki announced that the Department would launch a comprehensive study of women Veterans who served in the military during the Vietnam War, to explore the effects of their military service upon their mental and physical health.

- 2010 The Center for Women Veterans initiates the "Her Story" campaign during Women's History Month, highlighting the many accomplishments of women who are serving and women Veterans.

The Department of Veterans Affairs launched in March 2010 a yearlong campaign, "*Her Story*," in an effort to nationally recognize the contributions of women Veterans employees at each VA facility, highlighting their military service and their continued commitment to the service of our great nation.

PL 111-163, the "Caregivers and Veterans Omnibus Health Services Act of 2010," authorizes VA to carry out a 2-year pilot program to assess the feasibility and advisability of childcare for "qualified Veterans who are the primary caretaker of a child." It also authorizes VA to provide health care to newborn children of qualifying women Veterans for up to seven days, and increases focus on research for women Veterans.

July 14 -16, 2010, VA hosted a Women's Health Services Research Conference. The Theme was, "Using Research to Build the Evidence Base for Improving the Quality of Care for Women Veterans." This important VA research conference brought together investigators interested in pursuing research on women Veterans and women in the military with leaders in women's health care delivery and policy, within and outside the VA, to significantly advance the state and potential impact of VA women's health research.

On July 28, 2010, at the Women's Memorial, VA sponsored a daylong forum for women Veterans' advocates and Veterans service organizations (VSO). The purpose of the Forum was to highlight enhancements in VA services and benefits for women Veterans. Members of the Advisory Committee on Women Veterans attended as part of their site visit to Washington, DC.

There are 1.8 million women Veterans comprising 7.7 percent of the total Veterans population. As the number of women in the military increases, it is estimated that 10 percent of all Veterans will be women by the year 2020.

There are currently over 35 research projects funded by VA's Health Services

Research & Development Service addressing women Veterans' issues.



**Appendix B**  
**Past Chairs and Current Chair of the**  
**Advisory Committee on Women Veterans**

Susan H. Mather, M.D., M.P.H.-Interim Designated Federal Official  
(1983-86 - estimate)

COL Lorraine Rossi, USA, Retired (1986)

MG Jeanne Holm, USAF, Retired (1986-88)

RADM Frances T. Shea-Buckley, USN, Retired (1988-89)

MG Mary Clarke, USA, Retired (1989-92)

Shirley Ann Waltz Menard, Ph.D., R.N., USA (1992-94)

Susan H. Mather, M.D., M.P.H. - Interim Chair (1994-1996)

RADM Mary Nielubowicz, USN, Retired (1996-97)

MAJ Linda Spoonster Schwartz, R.N., M.S.N., D.P.H., USAF, NC, Retired (1998-  
2000)

COL Karen L. Ray, USA, Retired (2000-02)

Marsha T. Four, USA (2002-06)

COL Shirley A. Quarles, R.N., Ed.D., USA, NC (2006-present)

## **APPENDIX C**

### **VA Advisory Committee on Women Veterans Membership Profile**

**Colonel Shirley Quarles, R.N., F.A.A.N., Ed.D., U.S. Army Reserves, Chair**, currently serves in the US Army Reserve Nurse Corps, with 27 years of both active and reserve service. Dr. Quarles is also Professor and Department Chair at the Medical College of Georgia Health Sciences University—School of Nursing, and an affiliate Professor at Emory University, School of Nursing in Atlanta, Georgia. Prior to these roles, she served as Director of Women's Health Research Initiatives and Clinical Practice Guidelines Coordinator for the Atlanta Research and Education Foundation at the Atlanta VA Medical Center. Dr. Quarles was mobilized in support of both Desert Shield Storm (Assistant Officer in Charge of the Mobilization/Demobilization Center, Fort Bragg, NC) and OEF/OIF (General Staff Officer—G1, 81<sup>st</sup> Regional Readiness Command, Birmingham, AL). Dr. Quarles completed her post doctoral studies in Clinical Nursing Interventions at Emory University's School of Nursing, received an Ed.D. in Higher Education Administration and Research Education, a M.Ed. in Community Health Education, and a B.S. in Nursing Science. As a Colonel, Dr. Quarles completed US Army War College and received a Master's Degree in Strategic Studies (MSS). She is also a former council member of the Tri-Service (US Army, Navy and Air Force) Nursing Research Program. In 2008, Dr. Quarles was selected as a fellow in the American Academy of Nursing. She has been actively engaged with Advisory Committee on Women Veterans since 2005.

**Colonel Matrice W. Browne, M.D., F.A.C.O.G., U.S. Army, Retired**, was commissioned in the U.S. Army in 1980. During her career, she served as assistant head of the education division in the department of obstetrics/gynecology at the Uniformed Services University of the Health Sciences (USUHS), Bethesda, MD; obstetrics/gynecology physician and chief of obstetrics/gynecology service at Dewitt Army Community Hospital, Fort Belvoir, VA; chief of ambulatory obstetrics/gynecology service at Walter Reed Health Care System, Washington, D.C.; and chief of the department of Women's Health and chair of patient and family centered care at Blanchfield Army Community Hospital in Ft. Campbell, KY. She received many awards and recognitions, to include: the Joint Service Commendation Medal, for mentoring and recruitment of the USUHS students into the career of obstetrics and gynecology; the APGO Excellence in Teaching Award; USUHS Mentor of the Year; the Order of Military Merit; and the Legion of Merit. She earned a bachelor's degree from University of Texas at San Antonio in 1980 and a medical degree from USUHS in 1985. In 2007, after nearly 26 years on active duty, Dr. Browne retired and began her private practice in Olney, Maryland, specializing in women's health and gynecology--from adolescent to post menopausal care--to include surgical management of gynecological problems, and preventative care. She also holds faculty positions at USUHS and Meharry Medical College.

**Commander Rene A. Campos, U.S. Navy, Retired**, served with more than 20 years of honorable service. Some of her duties included Branch Head of the Enlisted Performance Evaluations, Officer/Enlisted Program Manager, Officer in Charge of Personnel Support Detachment, and Director of Resource Management Office. Ms. Campos is currently the Deputy Director of Family Matters, Government Relations, Military Officers Association of America. Her duties include lobbying and advocating for service-members and their families on issues related to personnel, pay and compensations, benefits, and other quality of life programs. She represents active duty, Guard and Reserve, retirees, Veterans, survivors, and family members. She has a Bachelor of Art degree in Psychology and Criminal Justice from Columbia College and a Masters degree in Business Administration from the University of Phoenix. Ms. Campos received the Navy Commendation Medal for directing base closure efforts and transfer of 3,000 personnel records from Philadelphia, PA, to the Detachment.

**Chief Master Sergeant Helena R. Carapellatti, U.S. Air Force, Retired**, enlisted and served on active duty in the USAF from 1979 to 1984. She joined the Air National Guard in 1987 and retired at the rank of Chief Master Sergeant in 2006. Her last assignment was as the superintendent of policy and procedures at the National Guard Bureau. In this position, she reviewed, wrote, and published policy and procedures for Air National Guard supply activities nationwide. She also assisted in policy review and rewrites of Department of Defense, Air Force and other National Guard policies. Ms. Carapellatti is a member of the Navajo Nation and grew up near Shiprock, NM. She has a master's degree in sociology and employed with the U.S. Census Bureau on the human capital and decennial field staff.

**Petty Officer Second Class Davy Coke, U.S. Navy, Retired**, enlisted in 1970. He has over 21 years experience in the field of defense aerospace engineering. During his career, he has served three tours of duty in Vietnam, prepared combat flight plans for a military squadron, lead flight mechanic, and handled all logistics in Vietnam, and volunteered as the dependent assistant personal to provide newly transferred military spouses and dependents with transitioning assistance while serving in Japan. Following his retirement, PO2 Coke served on the advisory board for the Young Engineers Program, provided landing craft training for Marines and Navy personnel to prepare machinery for combat, provided peer support to Veterans who suffered strokes at the San Diego VAMC during their rehabilitation, and has been a demonstrator for various prosthetic devices. He is a lifetime member of the Fleet Reserves Association (FRA). PO2 Coke performs outreach efforts to help prepare young women and men service members for responsibilities as young engineers in combat.

**Valerie Cortazzo** served in the U.S. Navy from May 1981 to June 1987. She is a former employee of the Pittsburgh VA Health Care System, and has been a leading advocate for Veterans in southwestern Pennsylvania, specializing in mental health and women's issues. She has an associate's degrees in paralegal studies, business management, and general studies. She graduated, with high honor, from Indiana University of Pennsylvania in August 2010, earning a dual bachelor's degree in business management and human resources. Ms. Cortazzo is a founding member of

the Coalition for Veterans Advocates and continues to volunteer numerous hours helping Veterans and their families. She is a disabled Veteran and holds membership in multiple Veterans service organizations.

**Karen Etzler** served in the U.S. Air Force as a pneudraulic aircraft mechanic from September 1974 to March 1978, and a personal affairs counselor from March 1978 to August 1979. After a two year break in service, Ms. Etzler re-enlisted as a personal affairs counselor from October 1981 to August 1984. She attained the rank of staff sergeant. Ms. Etzler earned an associate's degree in general studies from Central Texas College in 1984. She also completed VA law/annual Veterans service officer education and maintains current, full accreditation. Her awards include the Missouri Veterans Commission employee of the quarter, Air Force Commendation Medal, and First Oak Leaf Cluster. She served as a Veterans service officer for 11 years, assisting Veterans with their earned VA benefits, and was also appointed as the State of Missouri Women Veterans Coordinator from July 2005, until her retirement in September 2010. She holds membership in multiple Veterans service organizations and has three children currently serving in the military.

**Yanira Gomez** served in the U.S. Army from 1995-2005 and has over nine years of experience in the medical field. During her military career, she served as a medical specialist, physical therapy technician and a medical supervisor/clerk. During her enlistment, she enrolled in the health related profession program at Long Island University in New York and also attended Colorado Springs Community College in Colorado. Ms. Gomez was employed with the Veterans of Foreign Wars (VFW) in Washington, DC, where she served as a claims consultant, an assistant Veterans service officer, and a national outreach officer. Her professional experience enhanced her knowledgeable about VA claims and appellate processes, and advising and counseling Veterans. Ms. Gomez served as the VFW's women Veterans spokesperson. She currently works for VA's Board of Veterans Appeals, ensuring that regulations governing the issuance of Veterans benefits are appropriately applied in the delivery of benefits to Veterans. She served on the Committee from 2008-2009.

**Velma Hart**, served in the U.S. Army Reserves for nearly 10 years in both the signal and administration corps. She has been an association professional for over 20 years having served six non-profit organizations ranging from 501 (c) (3) to 501 (c) (19) within the Washington, D.C. area. She earned her Certified Association Executive designation and was the recipient of the Greater Washington Society of Association Executives Scholarship, which is awarded annually to outstanding leaders in the field of association and nonprofit management. Ms. Hart is a member of AMVETS (American Veteran) and currently serves as their National Finance Director/Chief Fiscal Officer. She was appointed to the Committee in August 2006.

**Marlene Kramel, R.N.** served in the Army Nurse Corps in Vietnam. She began her military service as a staff nurse in pediatrics at Letterman Army Hospital, Presidio, CA. In March 1966, she was deployed with the 67<sup>th</sup> EVAC Hospital to Viet Nam where she assumed responsibility for setting up the ICU and recovery units. During her 38 years

as a registered nurse, Ms. Kramel served as a staff nurse, head nurse, mental health clinic nurse, psychiatric nursing supervisor, and full-time Women Veterans Program Manager, a position she held for 12 years at the VAMC in Alexandria, Louisiana. Ms. Kramel's clinical background in mental health nursing (American Nurses Association certification in psychiatric and mental health nursing) enabled her to establish a strong sexual trauma program at the medical center. She retired in October 2002, but remains actively involved with VA, Veterans' organizations, and the community. She is a lifetime member of the DAV and the VFW. Ms. Kramel was appointed to the Committee in August 2006.

**The Honorable Mary Antoinette Lawrie** served as a Captain in the Air Force Nurse Corps in Florida, Vietnam, and Mississippi. Prior to her military service, she was a volunteer in the Peace Corps. Ms. Lawrie began her VA service at the VAMC in Bay Pines, Florida, where she served as the coordinator of the Women Veterans Health Program until her retirement in 2005. She is a former Commissioner for the State of Florida Department of Veterans Affairs. Ms. Lawrie has authored publications including one on "Meeting the Needs of Women Veterans," and received numerous awards in recognition for her service to women Veterans. She was appointed to the Committee in August 2006.

**Lindsay Long** served in the U.S. Marine Corps from 1997 to 1998 as an aviation electronics technician trainee. She was meritoriously promoted to the rank of private first class and then lance corporal. Ms. Long is currently a chemical operator at the Oak Ridge National Laboratory and serves as the American Indian representative for the Department of Energy's Native American Committee. She has an associate's degree in environmental health. Ms. Long is a member of various state and non-profit women Veterans' organizations, such as the Women Marines Association, Women Veterans Network), Tennessee Valley Health System, and the East Tennessee Women Veterans Network, and volunteers to assist with various local homeless Veterans initiatives. She is as a member of the Hopi and Ohkay Owingeh (formerly San Juan Pueblo) tribes.

**Colonel Gloria Maser, U.S. Army Reserves** served 29 years in the Army's Nurse Corps, as a reservist and a part of the active duty component. She has acquired professional experience in the private sector, in the military, and in various government agencies for 30 years. Her most current assignments included the Army Wounded Warrior Project, and acting as a senior project manager for 62 nationally based non-clinical case managers embedded in Army and Navy medical centers, Army medical treatment facilities, and poly-trauma centers. COL Maser served as the Deputy Chief of Staff Health Affairs from July 2005- July 2006 in Baghdad, Iraq, where she was responsible for creating the structure for Iraqi military and police health systems. Her professional experience has afforded her the opportunity to develop and lead multi-disciplinary teams who provide vocational rehabilitation for diverse groups of Veterans, to serve as director of nursing care for a private clinic foundation, to be executive director of an organization designed to assist physically disabled adults, and to serve as State Occupational Safety/Health manager for the Ohio National Guard. COL Maser has earned multiple medals during her military service and is involved in various

Veterans service organizations, to include: the Reserve Officers Association, Association of Military Surgeons of the United States, Senior Army Reserve Commanders Association, and Veterans of Foreign Wars.

**Sergeant First Class Gundel Metz, Women's Army Corps, U.S. Army Retired** enlisted in 1975. After completing Basic Training in Ft. McClellan, Alabama, she successfully completed the German language course at the Defense Language Institute in Monterey, California. She spent her twenty year career as an administrative specialist and chemical operations specialist, serving in various leadership positions. Her duty assignments included posts in Germany, Ft. Benning, Georgia, Ft. Campbell, Kentucky and Camp Casey, Korea. She earned her bachelor's of science degree in public management from Austin Peay State University in Clarksville, Tennessee. Ms. Metz's awards include four Meritorious Service Medals, three Army Commendations Medals, three Army Achievement Medals, six Good Conduct Medals, one National Defense Service Medal and the Korean Defense Service Medal. She retired from the Army in 1995. Ms. Metz began working for the Wisconsin Department of Veterans Affairs in March 2001. In 2004, she was appointed as the State Women Veterans Coordinator (SWVC) by Secretary Scocos of the Wisconsin Department of Veterans Affairs. In addition to serving as the SWVC, she also serves as a Veterans benefit specialist, assisting Veterans in applying for their state and federal benefits. Ms. Metz has been active with the National Association of Women Veterans Coordinators since 2006.

**Technical Sergeant Barbara Pittman, USAF, Retired** served in the U.S. Air Force with 20 years of honorable service. She worked as a Paralegal Technician in the service. In addition to working as an Air Force Paralegal, she performed duties as a first responder to aircraft accidents in Germany and volcanic eruptions and evacuations in the Philippines. After retiring from the USAF, Ms. Pittman worked as a legal technician for Marine Spill Response Corporation (MSRC), the United States Air Legal Services Agency, Information Litigation Branch as a Freedom on Information Act (FOIA) Manager and the Department of Veterans Affairs, Office of General Counsel (OGC). She currently works for the Government of the District of Columbia, Executive Office of the Mayor as the Veterans Benefits Special Assistant to the Mayor. Ms. Pittman has a Bachelor of Science in Business Management and a minor in marketing. She also has a Paralegal degree from the Community College of the Air Force at Maxwell AFB. She was appointed to the Committee in September 2007.

**Celia Szelwach** was commissioned as an officer in the Army Transportation Corps, after graduating from the U.S. Military Academy at West Point in 1990. Her career began during the Desert Shield/Desert Storm era at Fort Bragg, North Carolina, where she became a senior paratrooper, earned numerous commendations, and achieved the rank of Captain. Since completion of her military commitment in 1995, Ms. Szelwach has served in a variety of roles in Corporate America, including management of her own consulting company. She is currently a doctoral candidate and serves as the Ethics and Compliance Manager for a national engineering consulting firm. In 2007, she founded the Women Veterans Network, a global online community connecting women Veterans

of all ages, services, ranks, experiences, and geographies. She was appointed to the Committee in August 2006.

**Joanna Truitt** served in various leadership positions in several institutions of higher education across the country. She was an administrator in the areas of finance and administration, faculty and student services at the University of Houston, University of Maryland University College, and Cleveland State University. She also served as the Associate Dean of Students and Director of Student Activities at The Catholic University of America and the Associate Director, University Union, at Towson University. Although Ms. Truitt has not served in the military, she is a Veterans' advocate, and the daughter of a Navy veteran. She served as the D.C. Director of the American Legion Auxiliary, the world's largest women's patriotic service organization. Ms. Truitt is active in social and civic organizations. She is currently employed as a human resource specialist with a company that provides the public sector with integrated technology and service solutions. She was appointed to the Committee in August 2006.

**Barbara Ward, R.N., M.P.A., U.S. Air Force** served during the Vietnam War era, serving as a staff nurse on a general medical-surgical nursing unit. She currently serves as the Deputy Secretary of Women and Minority Veteran Affairs in California, responsible for policy development of issues related to women and minority Veterans, and research issues that require legislative solutions at the local level. She is a licensed R.N. in the State of California, has a bachelor of science in nursing from Florida A&M University, and a masters degree in public administration and health care administration from Golden Gate University in California. She has extensive experience in health care and managed care, is knowledgeable about Joint Commission of Accreditation of Healthcare Organizations (JCAHO), and has experience in project management and program development. She is a board member of various organizations, to include the Health Education Council, a past board member of the American Cancer Society, and a member of Sigma Theta Nursing Sorority.

**Kayla Williams** served in the U.S. Army from 2000 until 2005. As a soldier with the 101<sup>st</sup> Airborne Division, she participated in the initial invasion of Iraq in 2003, serving as the commander's interpreter during combat operations. She volunteers as a member of the Board of Directors for Grace After Fire and serves as senior advisor for VoteVets.org. Ms. Williams authored *Love My Rifle More Than You: Young and Female in the US Army*, sharing her experiences as a woman in the military. She has testified before Congress to advocate for women Veterans' issues. Ms. Williams received a bachelor's degree in English literature from Bowling Green State University in 1997 and a master's degree in international relations from American University in 2008. She has been employed with RAND Corporation since 2007 and currently serves as a project associate, conducting research and analysis on intelligence, defense, military, and Veterans' issues.

## **Appendix D**

### **Past and Present Members of the Advisory Committee on Women Veterans**

#### **Disclaimer:**

This information is provided based on a review of the records and in consultation with past members.  
There may be some names missing. If you have additional names, please email the Center at  
[00W@mail.va.gov](mailto:00W@mail.va.gov)

#### **1983-1984**

COL Lorraine Rossi, USA, Retired, Chair  
Karen Burnett, USA  
Charles A. Collatos\*  
COL Pauline Hester, USAR  
MG Jeanne Holm, USAF, Retired  
Charles Jackson  
Margaret M. Malone, USA  
Joan E. Martin  
Carlos Martinez  
Sarah McClendon, USA  
Estelle Ramey, Ph.D.  
Omega L. Silva, M.D.  
Jessie Stearns  
SSgt Alberta I. Suresch, USAF, Retired  
Jo Ann Webb, USA  
BG Sara Wells, USAF, Retired  
June A. Willenz

\*Until his death in December 1983 Charles A. Collatos, Commissioner of Veterans Services, State of Massachusetts, was a member of the Committee.

#### **1985-1986**

COL Lorraine Rossi, USA, Retired, Chair  
Cosme J. Barcelo, Jr.  
COL Hazel E. Benn, USMC, Retired  
COL Pauline Hester, USAR  
MG Jeanne M. Holm, USAF, Retired  
MCPO Charles R. Jackson, USN, Retired  
Karen L. Johnson, USA  
Margaret M. Malone, USA  
Joan E. Martin  
Sarah McClendon, USA  
RADM Frances Shea-Buckley, USN, Retired  
Omega L. Silva, M.D.  
Jessie Stearns  
SSgt Alberta I. Suresch, USAF, Retired  
Jo Ann Webb, USA  
June A. Willenz

#### **1987-1988**

MG Jeanne M. Holm, USAF, Retired, Chair  
Cosme J. Barcelo, Jr.



COL Hazel E. Benn, USMC, Retired  
RADM Frances Shea-Buckley, USN, Retired  
Gloria Crandall, USAF  
BG Diann A. Hale, NC, USAF, Retired  
Charles R. Jackson  
Lucille James, USCG  
Margaret M. Malone, USA  
Sarah McClendon, USA  
LTC Judith Patterson, USAF, Retired  
Omega L. Silva, M.D.  
Mary R. Stout, USA  
COL Eloise B. Strand, USA, Retired  
SGT Alberta I. Suresch, USAF, Retired  
CAPT Irene N. Wirtschafter, USNR, Retired

### **1989-1990**

RADM Frances Shea-Buckley, USN, Retired, Chair  
MG Mary Clarke, USA, Retired  
Gloria Crandall, USAF  
Doris Gross, USN  
Lucille James, USCG  
P. Evangeline Jamison, USA  
Shirley Jaynes, USAF  
RADM Fran McKee, USN, Retired  
BG Diann Hale O'Connor, NC, USAF, Retired  
COL Renee Rubin, USAFR, Retired  
CSM Douglas Russell, USA, Retired  
SGM Thomas Ryan, USA, Retired  
Mary Stout, USA  
COL Eloise Strand, USA, Retired  
Mary Stremlow, USMC  
Precilla Wilkewitz, USA

### **1991-1992**

MG Mary E. Clarke, USA, Retired, Chair  
Elizabeth R. Carr, USAF  
LTC Susan Durham, R.N., M.P.H., USA  
Doris Gross, USN  
P. Evangeline Jamison, USA  
Shirley Jaynes, USAF  
RADM Fran McKee, USN, Retired  
Shirley Ann Waltz Menard, Ph.D., RN, USA  
COL Diane Ordes, USAF, Retired  
John Thomas Queenan, M.D.  
COL Renee Rubin, USAFR, Retired  
SGM Thomas Ryan, USA, Retired  
Precilla Wilkewitz, USA

### **1993-1994**

Shirley Ann Waltz Menard, Ph.D., RN, USA, Chair  
Patricia A. Bracciale, USA  
Carolyn Becraft

COL Mary Boyd, USAF, Retired  
Elizabeth R. Carr, USAF  
Susan Durham, RN, M.P.H, USA  
BG Clara L. Adams-Ender, USA, Retired  
Marsha Tansey Four, USA  
COL Lois Johns, Ph.D., USA, Retired  
MAJ Karen Johnson, J.D., USA, Retired  
RADM Mary Nielubowicz, USN, NC, Retired  
COL Diane Ordes, USAF, Retired  
John Queenen, M.D  
CSM Douglas Russell, USA, Retired  
MAJ Linda Spoonster Schwartz, R.N., M.S.N., D.P.H., USAF, NC, Retired  
BG Connie Slewitzke, USAF, USA, Retired

### **1995-1996**

RADM Mary Nielubowicz, USN, Retired, Chair  
BG Clara Adams-Ender, R.N., M.S.N., USA, Retired  
Patricia A. Bracciale, USA  
COL Christine M. Cook, ARNG  
CDR Constance G. Evans, R.N., F.N.P., M.N., USPHS, Retired  
COL Lois Johns, RN, Ph.D., USA, Retired  
MAJ Karen Johnson, J.D., USA, Retired  
Janette M. McSparren, USN  
RADM Mary Nielubowicz, USN, Retired  
COL Karen L. Ray, R.N., M.S.N., USA, Retired  
CSM, Douglas Russell, USA, Retired  
MAJ Linda Spoonster Schwartz, R.N., M.S.N, D.P.H., USAF, NC, Retired  
BG Constance L. Slewitzke, USA, Retired

### **1997-1998**

MAJ Linda Spoonster Schwartz, R.N., M.S.N., D.P.H., USAF, NC, Retired, Chair  
BG Clara Adams-Ender, RN, MSN, USA, Retired  
Veronica A'zera  
Sherry Blede, ANG  
COL Christine M. Cook, ARNG  
CDR Constance G. Evans, R.N., F.N.P., M.N., USPHS, Retired  
Bertha Cruz Hall, USAF  
Joy Ilem, USA  
COL Lois Johns, RN, Ph.D., USA, Retired  
CAPT Loy Manning, USN, Retired  
Janette M. McSparren, USN  
COL Karen L. Ray, R.N., M.S.N., USA, Retired  
CSM, Douglas Russell, USA, Retired  
BG Constance L. Slewitzke, USA, Retired

### **1999-2000**

MAJ Linda Spoonster Schwartz, R.N., M.S.N., D.P.H., USAF, NC, Retired, Chair  
Veronica A'zera, USAF  
Sherry Blede, ANG  
COL Christine M. Cook, ARNG  
CDR Constance G. Evans, R.N., F.N.P., M.N., USPHS, Retired  
Bertha Cruz Hall, USAF

MG Marcelite J. Harris, USAF, Retired  
Joy Ilem, USA  
COL Lois Johns, R.N., Ph.D., F.A.A.N., USA, Retired  
LTC Consuelo C. Kickbusch, USA, Retired  
CAPT Lory Manning, USN, Retired  
Janette M. McSparren, USN  
COL Karen L. Ray, R.N., M.S.N., USA, Retired  
CSM, Douglas Russell, USA, Retired

## **2001-2002**

COL Karen L. Ray, R.N., M.S.N., USA, Retired, Chair  
CDR Constance G. Evans, R.N., F.N.P., M.N., USPHS, Retired  
Marsha Tansey Four, USA  
Bertha Cruz Hall, USAF  
SFC Gwen M. Diehl, USA, Retired  
MG Marcelite J. Harris, USAF, Retired  
Edward E. Hartman, USA  
LTC Consuelo C. Kickbusch, USA, Retired  
LTC Kathy LaSauce, USAF, Retired  
MAJ M. Joy Mann, USAFR  
CAPT Lory Manning, USN, Retired  
COL Michele (Mitzi) Manning, USMC, Retired  
COL Kathleen A. Morrissey, RN, BSN, USA  
CDR Joan E. O'Connor, USNR, Retired  
Sheryl Schmidt, USAF  
MSgt Lewis E. Schulz II, USAF, Retired  
CMSgt Luc M. Shoals, ANG

## **2003-2004**

Marsha Tansey Four, USA, Chair  
SFC Gwen M. Diehl, USA, Retired  
Cynthia J. Falzone, USA  
Bertha Cruz Hall, USAF  
Edward E. Hartman, USA  
Donna Hoffmeier, USN  
LTC Kathleen LaSauce, USAF, Retired  
MAJ M. Joy Mann, USAFR  
CAPT Lory Manning, USN, Retired  
COL Michelle (Mitzi) Manning, USMC, Retired  
COL Kathleen A. Morrissey, RN, BSN, USA, Retired  
Carlene Narcho, USA  
CDR Joan E. O'Connor, USNR, Retired  
Lorna Papke-Dupouy, USMC  
CAPT Emily Sanford, USN, Retired  
Sheryl Schmidt, USAF  
MSgt Lewis E. Schulz II, USAF, Retired  
The Honorable Winsome Earle Sears, USMC  
The Honorable Sara A. Sellers, CMSgt, USAF, Retired  
CMSgt Luc M. Shoals, ANG, Retired

## **2005-2006**

Marsha Tansey Four, USA, Chair

SFC Gwen M. Diehl, USA, Retired  
Cynthia J. Falzone, USA  
Edward E. Hartman, USA  
CPO Kathleen Janoski, USN, Retired  
CDR Joan E. O'Connor Kelley, USNR, Retired  
1SG Pamela J. B. Luce, USA, Retired  
COL Kathleen A. Morrissey, RN, BSN, USA, Retired  
COL Jacqueline Morgan, M.D., M.P.H, USAF, Retired  
Carlene Narcho, USA, Retired  
Lorna Papke-Dupouy, USMC  
COL Shirley Ann Quarles, R.N., Ed.D., USAR  
Lupe Saldaña, USMC  
CAPT Emily Sanford, USN, Retired  
The Honorable Winsome Earle Sears, USMC  
The Honorable Sara A. Sellers, CMSgt., USAF, Retired  
CMSgt Luc M. Shoals, ANG, Retired  
CMSgt Virgil L. Walker, ANG

## **2007-2008**

COL Shirley Ann Quarles, R.N., Ed.D., USAR, Chair  
CDR René Campos, USN, Retired  
CMSgt Helena Carapellatti, USAF, Retired  
PO2 Davy Coke, USN, Retired  
1SG Pamela J.B. Cypert, USA, Retired  
Yanira Gomez, USA  
SFC Gwen M. Diehl, USA, Retired  
Velma Hart, USAR  
CPO Kathleen Janoski, USN, Retired  
Marlene Kramel, R.N., USA, NC  
The Honorable Mary Antoinette Lawrie, R.N., USAF, NC  
COL Gloria Maser, USAR  
The Honorable Brenda Moore, Ph.D., USA  
COL Jacqueline Morgan, M.D., M.P.H, USAF, Retired  
TSgt Barbara Pittman, USAF, Retired  
Lupe Saldaña, USMC  
CMSgt Sara Seller, USAF, Retired  
Celia Szelwach, USA  
Joanna Truitt  
CMSgt Virgil L. Walker, ANG  
MGySgt Rosmarie Weber, USMC, Retired  
Barbara Ward, USAF

## **2009-2010**

COL Shirley Ann Quarles, R.N., Ed.D., USAR, Chair  
COL Matrice W. Browne, USA, Retired  
CDR René Campos, USN, Retired  
CMSgt Helena Carapellatti, USAF, Retired  
PO2 Davy Coke, USN, Retired  
Valerie Cortazzo, USN  
Karen Etzler, USAF  
Lindsay Long, USMC  
COL Gloria Maser, USAR  
SFC Gundel Metz, USA, Retired

Yanira Gomez, USA  
Velma Hart, USAR  
Marlene Kramel, R.N., USA, NC  
The Honorable Mary Antoinette Lawrie, R.N., USAF, NC  
COL Gloria Maser, USAR  
TSgt Barbara Pittman, USAF, Retired  
Celia Szelwach, Ph.D., USA  
Joanna Truitt  
Barbara Ward, USAF  
Kayla Williams, USA

**APPENDIX E**  
**Advisory Committee Site Visits**  
**A Cumulative Record**

1987	St. Petersburg Beach, FL
1989	Minneapolis, MN
1993	San Antonio, TX
1994	Albuquerque, NM
1997	Los Angeles, CA
1998	Chicago, IL
1999	Seattle, WA
2001	Boston, MA
2002	Tampa, FL
2003	Phoenix, AZ
2005	East Orange and Lyons, NJ
2006	North Chicago, IL
2007	Palo Alto, CA
2008	Washington, DC (Participated in Summit on Women Veterans' Issues in place of site visit)

2009	Dallas, TX
2010	Washington, DC

## **Appendix F**

### **Summary of Site Visits for 2009-2010**

The Advisory Committee on Women Veterans generally conducts a site visit each year to a VA health care facility that has an active program for women Veterans. The site visit provides an opportunity for Committee members to compare the information that they receive from briefings by VA officials with actual practices in the field.

#### **Dallas, TX:**

The Advisory Committee on Women Veterans (Committee) conducted a site visit on June 8-12, 2009, at the Veterans Affairs North Texas Health Care System (VANTHCS), which includes the medical facilities in Dallas and the Sam Rayburn Memorial Veterans Center in Bonham. The Committee received numerous briefings from leadership and key staff members from VANTHCS and VISN 17, the Waco Regional Office, the Dallas-Ft. Worth National Cemetery, the Texas Veterans Commission, and the Clyde W. Coper State Veterans' Home. Tours were conducted in major facilities, including the Dallas-Ft. Worth National Cemetery. The site visit concluded with a town hall meeting with women Veterans in the catchment area, followed by an exit briefing by VAPAHCS leadership.

#### **Washington, DC:**

The Committee conducted a site visit on July 27-30, 2010 in Washington, DC. Briefings were held at a Veterans Benefits facility, and the Washington DC VA Medical Center (DC VAMC). The Committee received numerous briefings from leadership and key staff members from the Veterans Benefits Administration, the Benefits Assistance Service, the Appeals Management Center, the Board of Veterans' Appeals, the DC VAMC, readjustment counseling service, and VA Capital Health Care Network (VISN 5). Members of the Committee also attended VA's inaugural Forum on Women Veterans—a one-day event held at the Women's Memorial in Arlington, VA to engage and educate Veterans service organizations and women Veteran advocates about enhancements in VA services for women Veterans. The site visit concluded with an exit briefing by DC VAMC leadership.



## **Appendix G**

### **Briefings to the Advisory Committee on Women Veterans (2008-2010)**

The Advisory Committee received the following briefings during the period covered by this report:

#### **Office of the Secretary and Center for Women Veterans (CWW)**

- The Honorable W. Scott Gould, Deputy Secretary of Veterans Affairs, Greetings, comments, presentation of certificates for new members, March 2010.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, training on the process for 2010 Committee Report timeline, March 2010.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, briefing on purpose of the ACWV site visit, June 2008, June 2009, July 2010.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, Update on Various Initiatives, October 2009.
- John Gingrich, Chief of Staff, Veterans Affairs, Greetings and briefing on Department initiatives, October 2009.
- The Honorable Eric K. Shinseki, Secretary, Department of Veterans Affairs, brief comments and remarks on Department initiatives, February 2009.
- Desiree Long, Senior Program Analyst, Center for Women Veterans, update on Center for Women Veterans activities, October 2009.
- The Honorable James B. Peake, Secretary of Veterans Affairs, greetings and brief comments, October 2008.
- The Honorable Gordon Mansfield, Deputy Secretary, Department of Veterans Affairs of Veterans Affairs, brief comments and remarks on the Department, February 2008.
- Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans, update on Center for Women Veterans and activities, February 2008, February 2009, March 2010.
- Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans, update on the 2008 Summit planning, the 2006 Committee Report recommendation matrix, discussion of recent meetings, media interviews, and update on Committee membership, March 2008.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, training on the process for 2008 Committee Report timeline, June 2008, October 2008.
- Dr. Irene Trowell-Harris, Director, Center for Women Veterans, update on the production of the 2008 Committee Report, October 2008.
- Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans, training on role of Committee members at 2008 National Summit on Women Veterans' Issues, June 2008, October 2008.
- Training with Employee Education Service on the 2008 National Summit on Women Veterans' Issues, June 2008.

### **Veterans Benefits Administration (VBA)**

- Bonnie Miranda, Associate Deputy Under Secretary for Management, Entrance Briefing/Welcome of Leadership and Introduction, July 2010.
- Alison Rosen, Assistant Director of Program Management for Education Service, Overview of Post 9/11 GI Bill, July 2010.
- Edna MacDonald, Assistant Director for Compensation and Pension, Briefing on Claims Processing and Appeals, July 2010.
- Karen Gooden, Chief, Client Services, Benefits Assistance Service, Overview of the Benefits Assistance Service, July 2010.
- Emmett O'Meara, Assistant Director, Appeals Management Center, Overview of the Appeals Management Center, July 2010.
- Diana Rubens, Associate Deputy Under Secretary for Field Operations, Overview of Veterans Benefits Administration's (VBA) Women Veterans Initiatives, March 2010.
- Karen Gooden, Chief, Outreach, Compensation and Pension Service, briefing on Women Veterans Coordinators Time Allotted for Workload /Update on Special Monthly Compensation Payments, March 2010.
- Robert Reynolds, Acting Associate Deputy Under Secretary for Policy and Program Management, overview of Veterans Benefits Administration (VBA) initiatives, October 2009.
- Christine Alford, Assistant Director, Veterans Services, Compensation and Pension Service, update on Women Veterans Coordinators Conference, and 2008 Report recommendations 9 and 16, and 2006 Report recommendation 10, October 2009.
- John R. Capozzi, Chief, Contract Management Staff, Compensation and Pension Service, briefing on contract exam, March 2010.
- Carl Lowe, Director, Waco Regional Office, briefing on regional office initiatives, June 2009.
- Kimberly Palmer, Women Veterans Coordinator, Waco Regional Office, briefing on regional office women Veterans services and outreach, June 2009.
- Brad Mayes, Director, Compensation and Pension Service, update on 2006 Report recommendations 8 and 10; update on 2008 Report recommendations 9, 12, 16, and 17; briefing on MST-related PTSD claims; update on the 2008 women Veterans Coordinators training conference, October 2008.
- Michael Walcoff, Deputy Under Secretary for Benefits, overview of VBA initiatives, February 2009.
- Christine Alford, Assistant Director for Veterans Services, Compensation and Pension Service, VA claims adjudication process, update on recommendations 10 and 11 of the 2008 ACWV report, February 2009.
- Shante Kinzie, Program Analyst, Education Service, briefing on the Post-9/11 Veterans Educational Assistance Act of 2008, February 2009.

### **Veterans Health Administration (VHA)**

- Sanford Garfunkel, Network Director, VISN 5, welcome, July 2010.
- Dr. Archana Sharma, Chief Medical Officer, VISN 5, overview of VISN 5 Facilities, Programs, Demographics, July 2010.

- Dr. Veronica Thurmond, Lead Women Veterans Program Manager, overview of VISN 5 Women Veteran Services, July 2010.
- Fernando Rivera, Medical Center Director, DC VAMC, overview of DC VAMC Facility/Programs/Demographics July 2010.
- Dr. Robin Peck, Medical Director Women's Health/CBOC Team Leader, briefing on services provided by DC VAMC Women's Health Clinic, July 2010.
- Gale Bell, Women Veterans Program Manager, presentation on Washington DC VAMC Women Veterans Program, July 2010.
- Linda Hudson, Women Veterans Program Manager, Presentation on Baltimore VAMC Women Veterans Program, July 2010.
- Amy Theriault, Women Veterans Program Manager, Presentation on Martinsburg VAMC Women Veterans Program, July 2010.
- Tamia Barnes, Readjustment Counseling Therapist, Readjustment Counseling Service, briefing on Silver Springs Vet Center, July 2010.
- Michelle Kennedy, Nurse Practitioner, DC VAMC, briefing on War Related Illness and Injury Study Center, July 2010.
- Dr. Steven H. Krasnow, Chief, DCVAMC, briefing on Oncology Services, July 2010.
- Jean Langbein, OEF/OIF Program Manager, briefing on DCVAMC OEF/OIF Services, July 2010.
- Dr. Karen Blackstone, Director, DC VAMC Palliative Care Services, briefing on DC VAMC Geriatrics/ECS/Palliative Care, July 2010.
- Dr. Joel Scholten, Associate Chief Of Staff, Physical Medicine and Rehab Services, DC VAMC, briefing on DC VAMC Polytrauma Services, July 2010.
- Dr. Stacey Pollack, Chief, Trauma Services, DC VAMC, briefing on Trauma Services, military sexual trauma, July 2010.
- Nathaniel Banks, Chief, Domiciliary, briefing on DC VAMC Mental Health Services-Telehealth/Inpatient/CBOC, July 2010.
- Sevena Boughton, Chief, Social Work Services, briefing on DC VAMC social work services and homeless Veterans services, July 2010.
- Nathaniel Banks, Chief, Domiciliary, briefing on DC VAMC domiciliary and homeless Veterans services, July 2010.
- Anselm Beach, Chief, Office of Diversity and Inclusion, briefing on quality care cultural Competency, July 2010.
- Diane Phillips, Planetree Coordinator, briefing on DC VAMC Outreach initiatives, July 2010.
- Odeal Scott-Bedford, Chief, Facilities Management Services, briefing on Construction - Women's Pavilion, July 2010.
- Dr. Antonette Zeiss, Deputy Chief, Mental Health Services, update on 2008 Report recommendation 4, March 2010.
- William Schoenhard, Deputy Under Secretary for Management and Operations, overview of VHA's women Veterans initiatives, March 2010.
- Jahmal Ross, Director, Environmental Programs Service, Update on 2008 Report recommendation 7, March 2010.
- Dr. Patricia M. Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group, Overview of VHA and the Women Veterans Health Strategic

Health Care Group, women Veterans health, update on 2008 ACWV Report recommendations, February 2009, October 2008 March 2010.

- Dr. Gerald Cross, Acting Under Secretary for Health, Overview of Veterans Health Administration (VHA) Initiatives, October 2009.
- Caryl Kazen, Chief, Library Service, article review and briefing on library services, October 2008, October 2009.
- Dr. Marianne Mathewson-Chapman, VA Consultant to Guard/Reserve and Families, OEF/OIF Outreach Office, update on VA/National Guard and Reserves initiatives, October 2009.
- Dr. Edd Post, Office of Primary Care Services, Director Mental Health Primary Care, update on 2008 Report recommendation 2, October 2009.
- Michelle Lucatorto, Clinical Quality Specialist, Office of Quality and Performance, update on 2008 Report recommendation 8, October 2009.
- Phyllis Ahlman, Clinical/Quality Assurance Liaison, Deputy Under Secretary for Health for Operations and Management, update on 2008 Report recommendation 13, October 2009.
- Onunna Anyiwo, National Program Manager, Prosthetics Service, briefing on prosthetic services for women Veterans, October 2009.
- Christina White, Program Analyst, Office of Rural Health, briefing on rural health initiatives, October 2009.
- Readjustment Counseling
- Linda Parkes, Team Leader, Spokane Vet Center, Readjustment Counseling Service, briefing on readjustment counseling services, October 2009.
- Joseph Dalpiaz, Director, VA North Texas Health Care System (VANTHCS), entrance briefing, welcome of leadership and introduction; overview of VANTHCS facility, programs, and demographics, June 2009.
- Dr. Wendell Jones, VISN 17 Chief Medical Officer, overview of VISN 17 facilities, programs, demographics, June 2009.
- Jana O'Leary, VISN 17 Women Veterans Program Lead, overview of VISN 17 women Veteran services and the Women's Comprehensive Implementation Plan (W-CHIP), June 2009.
- Leslie Jernigan, VANTHCS Facility Planner, briefing on planning for new women Veterans clinical spaces, June 2009.
- Mary Sweeney, VANTHCS Women Veterans Program Manager, presentation on VANTHCS women Veterans program, June 2009.
- Krista Culliver, South Texas Veterans Health Care System (STVHCS) Women Veterans Program Manager, presentation on STVHCS Women Veterans Program, June 2009.
- Jana O'Leary, Central Texas Veterans Health Care System (CTVHCS) Women Veterans Program Manager, presentation on CTVHCS women Veterans program, June 2009.
- Louann Engel, Regional Manager, VA Readjustment Counseling Service, briefing on regional readjustment counseling services, June 2009.
- Terri Adams, Team Leader, briefing on Dallas Vet Center's services for women Veterans, June 2009.

- Danny Vandergriff, Team Leader, briefing on Fort Worth Vet Center's services for women Veterans, June 2009.
- Kathy Finch, military sexual trauma services (MST) Counselor, briefing on Fort Worth Vet Center's military sexual trauma services, June 2009.
- Dr. Heidi Koehler, MST Coordinator, presentation on VANTHCS women's stress disorder and MST Program, June 2009.
- Bobbie Scoggins, Chief, Voluntary Service, briefing on VANTHCS VA Voluntary Service program, June 2009.
- Kevin Miller, Administrator, Clyde W. Coper State Veterans Home, tour and briefing on services provided at the Clyde W. Coper State Veterans Home, June 2009.
- Deloris Clemons, Administrative Service Manager, Sam Rayburn Memorial Veterans Center (SRMVC), program overview of administrative services, June 2009.
- Dr. Carolyn Danner, Nursing, SRMVC, program overview of nursing services, June 2009.
- Euna Wright, SRMVC Women Veterans Program Manager, SRMVC, program overview of services for women Veterans, June 2009.
- Carol Amlin, Supervisor, Geriatrics and Extended Care, overview of geriatric and extended care services at SRMVC, June 2009.
- Decca Hodge, SRMVC Domiciliary Program Coordinator, overview of domiciliary services, June 2009.
- Kathy Simpson, SRMVC Mental Health Clinic Supervisor, briefing on mental health services, June 2009.
- Debbie Rattan, Medical Administration Service Supervisor, overview of SRMVC programs and services, June 2009.
- Elizabeth Dannel, Community Based Outpatient Clinics Coordinator, overview of services for women Veterans, June 2009.
- Dr. Michael Ginsburg, VANTHCS Service Chief, briefing on radiology program and services (to include mammograms and breast biopsies), June 2009.
- Kelli Dupree, VANTHCS Administrative Officer, briefing on radiology program and services (to include mammograms and breast biopsies), June 2009.
- Dr. Catherine Orsak, VANTHCS Service Chief, briefing on VANTHCS Mental Health Services (to include inpatient, outpatient, substance abuse, MST, and homeless programs), June 2009.
- Gwendolyn Johnson, VANTHCS Administrative Officer, briefing on VANTHCS Mental Health Services (to include inpatient, outpatient, substance abuse, MST, and homeless programs), June 2009.
- Veronica Piper, OEF/OIF Service Chief, briefing on VANTHCS OEF/OIF services, June 2009.
- Kim Fite-Thurston, OEF/OIF Program Manager, briefing on VANTHCS OEF/OIF services, June 2009.
- Dr. Cheryl Sampson, VANTHCS Physician Director, briefing on services provided by the VANTHCS Women's Health Clinic, June 2009.
- Dr. Praveen Mehta, VANTHCS Service Chief, briefing on VANTHCS primary care services, June 2009.

- Brenda Boley, VANTHCS Administrative Officer, briefing on VANTHCS Medical Service (to include oncology services), June 2009.
- Dr. David Goodenberger, VANTHCS Service Chief, briefing on VANTHCS Medical Service (to include oncology services), June 2009.
- Larry Ross, VANTHCS Administrative Officer, briefing on VANTHCS Medical Service (to include oncology services), June 2009.
- Dr. Thomas Anthony, VANTHCS Service Chief, presentation on VANTHCS surgical services (to include gynecology and urology services), June 2009.
- Chris Myhaver, VANTHCS Acting Administrative Officer, presentation on VANTHCS surgical services (to include gynecology and urology services), June 2009.
- Dr. David Hales, VANTHCS Service Chief, briefing on long term care and hospice services, June 2009.
- Joseph Giries, VANTHCS Administrative Officer, briefing on long term care and hospice services, June 2009.
- Sandi Jones, Chief Business Office, briefing on Healthcare Effectiveness through Resource Optimization (Project HERO), February 2009.
- Dr. Elizabeth Yano, Researcher, VA Greater Los Angeles Health Care System, briefing on models of care for women Veterans, February 2009.
- Dr. Donna Washington, Researcher, VA Greater Los Angeles Health Care System, briefing on models of care for women Veterans, February 2009.
- Dr. David Atkins, Associate Director, Health Services Research and Development, update on recommendations from the 2008 ACWV Report, February 2009.
- Dr. Antonette Zeiss, Deputy Chief, Mental Health Services, update on recommendations from the 2008 ACWV Report, October 2008, February 2009.
- Dr. Charles Anderson, Chief Consultant, Diagnostic Services, update on recommendations from the 2008 ACWV Report, February 2009.
- James Novorska, Director, Mammography Program, update on recommendations from the 2008 ACWV Report, February 2009.
- Dr. Michael J. Kussman, Under Secretary for Health, briefing in importance of women Veterans health, February 2009.
- Dr. Richard Hartman, Director, Policy Analysis and Forecasting, VA Office of the Assistant Under Secretary for Health for Policy and Planning, update on rural health resource centers, Office of Rural Health, rural mobile health care clinics, Veterans Rural Health Advisory Committee, and outreach to women Veterans, October 2008.
- Mr. William F. Feeley, Deputy Under Secretary for Health for Operations & Management, overview of VHA initiatives, October 2008.
- Dr. Linda Kinsinger, Chief Consultant, Preventive Medicine, National Center for Health Promotion and Disease Prevention, update on VHA special initiatives (MOVE annual report, smoking cessation, screenings), October 2008.
- William Judy, Washington VA Medical Center, update on National Suicide Prevention Expert Panels, the Suicide Hotline, and Healthier US Vets program, October 2008.

- Jan Kemp, Canandaigua VA Medical Center, update on National Suicide Prevention Expert Panels, the Suicide Hotline, and Healthier US Vets program, October 2008.
- Dr. Patricia Hayes, Acting Chief Consultant, WVHSHG, update on recommendations 2 and 16, February 2008.

### **Center for Minority Veterans**

- Lucretia McClenney, Director, Center for Minority Veterans, overview on Center for Minority Veterans, October 2008.

### **Team Lioness Documentary**

- Briefing - Team Lioness documentary, Directors: Meg McLagan and Daria Sommers with Jamie Schor, Captain Anastasia Breslow, U.S. Army, Ranie Ruthig, and Rebecca Nava, June 2008.

### **National Cemetery Administration (NCA)**

- Raynell Lazier, Chief, Executive Correspondence Division, National Cemetery Administration, update on 2008 Report recommendation 19 and outreach initiatives targeting women Veterans, October 2009.
- Ron Pemberton, Director, Dallas-Fort Worth National Cemetery, tour and briefing on services provided by memorial affairs, June 2009.
- Lindee Lenox, Director, Memorial Programs Service, February 2009.
- Steve Muro, Director, Fields Programs, overview of NCA initiatives, and update on 2008 Report recommendation 19, October 2008.

### **Services for Women Who Are Homeless**

- Pete Dougherty, Director, Office of Homeless Programs, update on homeless initiatives for women Veterans, October 2009.
- Pete Dougherty, Director, Office of Homeless Veterans, Update on 2006 Report recommendations 22 and 23 and women Veterans specific homeless initiatives, October 2008.

### **Legislative Initiatives and Hill Site Visits**

- The Honorable Joan M. Evans, Assistant Secretary for Congressional and Legislative Affairs, update on 2008 Report recommendation 5 and legislative issues affecting women Veterans, October 2009.
- ACWV courtesy visit to the Hill to provide Congressional staffers with update on report, February 2009.
- The Honorable Christine Hill, Assistant Secretary for Congressional and Legislative Affairs, update on legislation related to women Veterans, and update on 2006 Report recommendation 5, October 2008.

### **Research and Surveys**

- Dr. Joseph Francis, Deputy Chief, Research and Development Officer, VHA, update on recommendation 12 and overview of women Veterans' research, February 2008.

**Defense Advisory Committee on Women in the Services (DACOWITS)**

- COL Denise Dailey, Military Director DACOWITS, update on DACOWITS activities, October 2008.

**Office of General Counsel**

- Jonathan Gurland, Office of General Counsel, ethics issues, February 2009, March 2010.

**Center for Veterans Enterprise**

- Gail Wegner, Deputy Director, Center for Veterans Enterprise, update on recommendation 20 of the 2008 ACWV report, February 2009.

**Veterans Employment Coordination Service**

- Dennis May, Director, Veterans Employment Coordination Service, briefing on Veterans Employment Initiatives, October 2008, October 2009.

**Board of Veterans' Appeals**

- The Honorable James P. Terry, Chairman, Board of Veterans Appeals, Overview of the Board of Veterans Appeals, July 2010.

**Office of Public and Intergovernmental Affairs**

- Nathan Naylor, Deputy Assistant Secretary for Public and Intergovernmental Affairs, update on VA outreach to women Veterans, March 2010.

**State Veterans Commission**

- Delilah Washburn, Women Veterans Program Manager, Texas Veterans Commission, briefing from Texas Veterans Commission, June 2009.

**Department of Labor**

- Ron Drach, Director, Governmental and Legislative Affairs, Veterans Employment Training Service, update on Department of Labor initiatives, October 2008.

**Department of Defense**

- Dr. Kaye Whitley, Director, Sexual Assault Prevention and Response Office, briefing on report of DoD's Sexual Assault Prevention and Response Program, October 2008.

**U.S. Census Bureau**

- Kelly Holder, Survey Statistician, presentation on counting women Veterans: sources of data from the U.S. Census Bureau, October 2008.



## **Appendix H**

### **Charter of the Advisory Committee on Women Veterans**

#### DEPARTMENT OF VETERANS AFFAIRS CHARTER OF THE ADVISORY COMMITTEE ON WOMEN VETERANS

- A. OFFICIAL DESIGNATION: Advisory Committee on Women Veterans
- B. OBJECTIVES AND SCOPE OF ACTIVITY: The Committee provides advice to the Secretary on the needs of women Veterans with respect to health care, rehabilitation benefits, compensation, outreach, and other relevant programs administered by the Department of Veterans Affairs (VA).
- C. PERIOD OF TIME NECESSARY FOR THE COMMITTEE TO CARRY OUT ITS PURPOSE(S): There is a continuing need for the Advisory Committee on Women Veterans to assist the Secretary in carrying out the responsibilities under 38 U.S.C. § 542. Authorized by law for an indefinite period, the Committee has no termination date.
- D. OFFICIAL TO WHOM THE COMMITTEE REPORTS: The Advisory Committee on Women Veterans reports to the Secretary through the Director, Center for Women Veterans.
- E. OFFICE RESPONSIBLE FOR PROVIDING THE NECESSARY SUPPORT TO THE COMMITTEE: The Center for Women Veterans is responsible for providing support to the Advisory Committee on Women Veterans.
- F. DUTIES OF THE COMMITTEE: In carrying out its primary responsibility of providing advice to the Secretary of Veterans Affairs, the Committee will provide a report to the Secretary not later than July 1 of each even-numbered year which includes (1) an assessment of the needs of women Veterans and the benefits and programs provided by VA to meet those needs, (2) a review of the programs and activities at VA that affect women Veterans, and (3) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.

By statute, the Committee shall consist of members appointed by the Secretary from the general public, including representatives of women Veterans; individuals who are recognized authorities in fields pertinent to the needs of women Veterans, including the gender specific health-care needs of women; and representatives of both female and male Veterans with service-connected disabilities, including at least one female Veteran with a service-connected disability and at least one male Veteran with a service-connected disability. The committee shall include ex officio members as specified by statute. The Secretary shall determine the number and terms of service of members of the Committee, except that a term of service of any such member may not exceed 3 years. The Secretary may reappoint any such member for additional terms of service.

The Committee will be comprised of not more than 12 members. Several members may be Regular Government Employees, but the majority of the Committee's membership will be Special Government Employees.

The Committee may establish subcommittees to carry out specific projects or assignments. The Committee chair shall notify the Secretary, through the Designated Federal Officer (DFO), for the Committee, of the establishment of any subcommittee, including its function, membership and estimated duration. Subcommittees will report back to the Committee.

Records of the Committee shall be handled in accordance with General Records Schedule 26 or other approved agency records disposition schedules. Those records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. § 552.

G. ESTIMATED ANNUAL OPERATING COSTS IN DOLLARS AND STAFF-YEARS: The estimated annual operating costs for the Committee are \$190,000 and .75 staff-years. All members will receive travel expenses and a per diem allowance in accordance with the Federal Travel Regulation for any travel made in connection with their duties as members of the Committee.

H. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Committee is expected to meet at least three times annually. The DFO, a full time VA employee, will approve the schedule of Committee and subcommittee meetings. The DFO or a designee will be present at all Committee and subcommittee meetings, and each meeting will be conducted in accordance with an agenda approved by the DFO. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so, and to chair any meeting when directed to do so by the Secretary.

I. COMMITTEE TERMINATION DATE: None

J. DATE CHARTER IS FILED:

Approved:

Date:8/13/09

/s/

Eric K. Shinseki

Secretary of Veterans Affairs

## **Appendix I**

### **Center for Women Veterans**

### **Mission and Goals**

**THE CENTER FOR WOMEN VETERANS** was established by Congress in November 1994 by P. L. 103-446 to monitor and coordinate Department of Veterans Affairs (VA) programs for women Veterans.

#### **OUR MISSION**

The mission of the Center for Women Veterans is to ensure that:

- ◆ Women Veterans receive benefits and services on par with male Veterans.
- ◆ VA programs are responsive to gender-specific needs of women Veterans.
- ◆ Outreach is performed to improve women Veterans' awareness of services, benefits, and eligibility criteria.
- ◆ Ensure that momentum is Veteran-centric, results driven, and forward looking.
- ◆ Women Veterans are treated with dignity and respect.

The Director, Center for Women Veterans, serves as the primary advisor to the Secretary of Veterans Affairs on all matters related to policies, legislation, programs, issues, and initiatives affecting women Veterans.

#### **OUR GOALS**

- ◆ Engage and empower women Veterans through effective targeted outreach, education, and monitoring of VA's provision of benefits and services for women Veterans.
- ◆ Identify policies, practices, programs, and related activities that are unresponsive or insensitive to the needs of women Veterans and recommend changes, revisions or new initiatives to address these deficiencies.
- ◆ Foster communication among all elements of VA on these findings and ensuring the women Veterans' community that women Veterans' issues are incorporated into VA's strategic plan.
- ◆ Monitor and coordinate VA's administration of health care, benefits services, and programs for women Veterans.
- ◆ Promote and provide educational activities on women Veterans' issues for VA personnel and other appropriate individuals.
- ◆ Encourage and develop collaborative relationships with other Federal, state, and community agencies to coordinate activities on issues related to women Veterans.
- ◆ Serve as an advocate for a cultural transformation (both within VA and in the general public) in recognizing the service and contributions of women Veterans and women in the military.
- ◆ Coordinate outreach activities that enhance women Veterans' awareness of new VA services and benefits.
- ◆ Promote research activities on women Veterans' issues.