

**Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans Meeting Minutes
VA Central Office
810 Vermont Avenue, NW, Washington, DC
March 29-30, 2011**

VA Advisory Committee on Women Veterans (ACWV) Members Present:

COL Shirley Quarles, USAR, Chair
COL Matrice W. Browne, USA, Retired
Lt Col Jack P. Carter, Jr., USMC, Retired
Valerie Cortazzo, USN
Karen Etzler, USAF
CPT Nancy Glowacki, USAR

Col Nancy Kaczor, USAF, Retired
Lindsay Long, USMC
SFC Gundel Metz, USA, Retired
LTC Terry F. Moore, USA, Retired
Barbara Ward, USAF
Kayla Williams, USA

ACWV Ex-Officio Members Present:

COL Adrienne Fraser Darling, Director
Defense Department Advisory
Committee on Women in the Services

Dr. Patricia Hayes, Chief Consultant,
Women Veterans Health Strategic
Health Care Group (WVHSHCG),
Veterans Health Administration (VHA)

Lillie Jackson, Buffalo Regional Office
(VARO), Veterans Benefits
Administration (VBA)

ACWV Advisors Present:

Raynell Lazier, Chief, Executive
Correspondence Division, National
Cemetery Administration (NCA)

ACWV Ex-Officio Members Excused:

Nancy Hogan, Veterans Employment and
Training Service
Department of Labor (DOL)

CAPT Angela M. Martinelli, Division of
Treatment and Recovery Research,
National Institute of Alcohol Abuse and
Alcoholism, National Institute of Health,
Department of Health and Human
Services (HHS)

VA Staff Present:

Bonnie Graham, VHA-PCC
Sally Haskell, VHA

Roz Howard, VHA
Debra Walker, Office of Survivors
Assistance

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

Center for Women Veterans (CWV):

Dr. Irene Trowell-Harris, Director
Dr. Betty Moseley Brown, Associate
Director
Desiree Long, Senior Program Analyst

Shannon Middleton, Program Analyst
Michelle Terry, Program Support Assistant
Juanita Mullen, Program Analyst

Guests:

Patrick Cooney, American College of
Nurse-Midwives
Dawn Jirak, VFW
Michelle Liberatore, GAO
CAPT Amy Lindbert, Grace After Fire &
USN Reserve
Marie Manteuffel, Society for Women's
Health Research

Phillip Morris, Atlas Research
Teresa Morris, VFW Legislative
Leslie Rice, Atlas Research
Tonya Thompson, DOL
Rachel Urban, Atlas Research

The entire meeting package with attachments is located in the Center for Women Veterans, Washington, DC

Tuesday, March 29, 2011— G. V. “Sonny” Montgomery Conference Room

Meeting was called to order by the Chair.

Items discussed included:

- Introduction of members (welcome to four new members) and visitors.
- Agenda review.
- Approval of minutes from October 29-31, 2010 Advisory Committee meeting in Washington DC.
- In addition, the Chair thanked the Center for Women Veterans (CWV) for the support provided in constructing the 2010 Advisory Committee Report. The published Report (with violet cover) was distributed to all members and available to visitors.

Greetings and Comments with John R. Gingrich, VA Chief of Staff

- Thanked the committee members for being a part of the Advisory Committee on Women Veterans for the current generation (which impacts past and future generations).
- Shared his belief that what this Committee does for advocacy changes the way VA does business.
- Three primary areas were discussed:
 - **ASPIRE** - a web-based dashboard that documents quality and safety goals for all VA Hospitals. This data show strengths and opportunities for improvement at the national, regional and local hospital level. Aspire data support VA’s mission of a continuous health care improvement program to

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

provide the best possible care to Veterans. The database lists many “measures” and our goal for each measure. The data show “where we are” in comparison to where we want to be. A simple example would be for blood pressure management. The goal for all Veterans age 18-85 with high blood pressure is to have blood pressure readings less than 140/90. This measure shows the percentage of Veterans meeting that blood pressure goal. The data in this dashboard will be updated on a regular basis.

- **Suicide Hotline** – Changed to crisis line. All mental health professionals ready to respond to inquiries. Most actual suicidal Veterans are not those calling the line. We (including VA) needs to get better on identifying those at risk; there is a lack of visible indicators.
- **Advisory Committee Changes** – recent guidance was issued regarding the procedures on how committees’ reports are submitted. Now, an action plan is part of the new criteria, additional time for processing responses has been included, as well as discussing legitimate reasons for concurrence, and non-concurrence.
- Other items of discussed included IG Report on women in combat, penetrating the women Veterans market, recent changed regulations on Post Traumatic Stress Disorder (PTSD), eBenefits, how to bridge the gap for transitioning service members/Veterans within communities, Golden Age Games and their impact on Veterans, Post 9/11 GI bill, Blue Button initiative and highlights on breaking the backlog of claims.

Update on the Advisory Committee on Women Veterans 2010 Report and Briefing on the Duties/Responsibilities of Advisory Committee Members, Dr. Irene Trowell-Harris, Director, Center for Women Veterans

- The Congressionally mandated 2010 Report of the Advisory Committee on Women Veterans contains a total of 10 recommendations, with supporting *rationale*, that are reflective of issues encountered by many women Veterans, are based on information and data presented during briefings at Committee meetings and site visits, and have implications for the entire women Veterans population.
- These recommendations addressed the following issues:
 - Health care:
 - Training—employee awareness training/ orientation on women Veterans issues, military sexual trauma sensitivity, combat experiences.
 - Women Veterans program managers.
 - Women Veterans coordinators.
 - Rural health.
 - Outreach—media campaign collaboration with CWV.
- Report recommendations submitted to the Secretary on July 1, 2010.
- CWV coordinated with Administrations (VHA, VBA, NCA and staff offices) to obtain VA’s responses to recommendations.

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

- VA's report--to include 2010 ACWV report recommendations, supporting rationale, and VA's responses—was signed by the Secretary and delivered to Congress on September 16, 2010.
- Follow up on recommendations is tracked in a matrix, maintained by CWV staff. Some items may be resolved, while other ongoing issues may require updates.
- The report hard copies received March 11, 2011 and will be distributed to VA Administrations and staff offices, Congressional Members, ACWV, various stakeholders, and the general public. Report is currently available electronically on CWV's website (www.va.gov/womenvet).
- Of the 10 recommendations, 3 were fully implemented (6, 7, 8) and 7 partially implemented (1, 2, 3, 4, 5, 9, 10).
- VA has implemented a new Advisory Committee on Women Veterans membership balance plan:
 - Committee members appropriately reflect the diversity of American society and the Veterans' population.
 - Committee size is limited to 12 members, unless otherwise specified or required by authorizing statute.
 - Committee members may serve no longer than two terms, unless the committee's authorizing legislation states otherwise, or if there is specific justification for additional terms of service.
 - Committee members shall represent, to the extent possible, diverse professional and personal qualifications; experience in military service, military deployments, working with Veterans, committee subject matter expertise, and working in large and complex organizations.
 - Membership will represent all eras and branches of military service.
 - Each committee shall represent, to the extent possible, diversity in race/ethnicity, gender, religion, disability, and geographical background.

Update on the Center for Women Veterans activities, Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans (CWV)

- Provided information on outreach activities.
- Discussed VA's strategic goals and the CWV's performance measures.
- Discussed the CWV's recent and upcoming events such as:
 - CWV culminated the Her Story campaign with the release of the Her Story documentary on November 10, 2010 in conjunction with Veterans' Day. The documentary will be shown via VA Knowledge Network through March 31, 2011. This campaign has been opened to women Veteran employees from field facilities to submit to the Center for posting on www.va.gov/womenvet.
 - CWV will host the National Training Summit on Women Veterans' Issues on July 15-17, 2011 at the Hyatt Regency Capitol Hill, Washington, DC. The ACWV normally visits VA field facilities for its annual site visit;

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

however, in 2011, they will attend and participate in the Summit in lieu of the site visit.

- CWV will plan and execute events for women Veterans during Women's History Month, Memorial Day, Women's Equality Day, and Veterans Day.

Ethics Briefing, E. Anne Kopley, Deputy Ethics Official, Office of General Counsel

- In accordance with the Federal Advisory Committee Act (FACA), the members of the Advisory Committee on Women Veterans received their annual Ethics Training for Special Government Employees (SGE).
- Topics included Who is an SGE, How to Get Ethics Advice, When Do the Ethics Rules Apply, and Categories of Ethics Laws.
- Contact information was made available to the members if additional questions or concerns arise.

Overview of Veterans Health Administration (VHA) Initiatives, Dr. Robert Jesse, Principal Deputy Under Secretary for Health

- Discussed Secretary's Vision:
 - Veteran centric.
 - Results oriented.
 - Forward looking.
- VHA's Priorities:
 - Create a vision for the organization.
 - Align the organization.
 - Reduce variation.
- Explained VHA's Delivery System of the Future:
 - Patient centered.
 - Team care.
 - Continuously improving.
 - Registries.
 - Evidence based.
 - Telemental health, telemedicine, case management.
 - Wagner model for chronic care.
 - Learning organization.
- Implementing Comprehensive Primary Care for Women Veterans:
 - Policy: Revised and released VHA Handbook 1330.01: Health Care Services for Women Veterans.
 - Research: Women's Health Evaluation Initiative (WHEI).
 - Education: National Women's health mini-residencies.
 - Privacy and safety: Funds allocated in FY 2011 for correction of bathroom deficiencies.
- Major Initiatives:
 - Collaborating across program offices to enhance mental health, homeless services.

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

- Outreach to women Veterans: local/national conferences and forums; health care campaigns.
- Program assessment: tools to assess women's health primary care programs across facilities.
- Evaluation: National Survey of Women Veterans.

Overview of Veterans Benefit Administration Initiatives, Tom Pamperin, Deputy Under Secretary for Disability Assistance, Veterans Benefits Administration (VBA)

- Discussed Reorganization of VBA:
 - New organization in line with Secretary's goal of transforming VA into 21st Century organization.
 - Office of Strategic Planning – leadership of 3 major initiatives: (Veterans Benefits Management System (VBMS), Veterans Relationship Management (VRM), automated GI Bill benefits).
 - Created two distinct positions:
 - Deputy Under Secretary for Economic Opportunity.
 - Deputy Under Secretary for Disability Assistance.
 - Fiduciary and pension program functions separated from the compensation program.
- Provided Updated Information:
 - Compensation Service:
 - In FY 2010, compensation paid to 265,000 women Veteran.
 - Key Initiatives:
 - VA schedule for rating disability revision.
 - Integrated disability evaluation system.
 - Nehmer decision implementation.
 - Workload.
 - VISTA Crawler.
 - Pension and Fiduciary Service:
 - Key Initiatives:
 - New service.
 - Pension – penetration/outreach.
 - Fiduciary – misuse, more oversight, fiduciary-beneficiary system (FBS) replacement.
 - Education Service:
 - Key initiatives:
 - Impact of the Post-9/11 Veterans Educational Assistance Improvements Act of 2010 (P.L. 111-377).
 - Long Term Solution.
 - Vocational Rehabilitation & Employment:
 - Key initiatives:
 - VetSuccess.

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

- Impact of P.L. 111-377.
- Integrated Disability Evaluation System.
- Home Loan Guaranty:
 - VA only major program offering zero-down payment loans.
 - In 2010, \$1.4 million home loans outstanding totaling \$214 billion.
 - Foreclosure avoidance – lowest foreclosure rate in all categories of mortgage loans.
- Insurance Service:
 - Seventh largest life insurance enterprise in the country with 96 percent customer satisfaction rating.
- Benefits Assistance Service (BAS)
 - Key initiatives:
 - eBenefits.
 - Social Media.
 - Voice of the Veteran.
 - Call Center Client Satisfaction Index Score (through November 2010) – National Call Centers -776, Pension National Call Center - 714.

**Overview of National Cemetery Administration (NCA) Initiatives, Steve Muro,
Acting Under Secretary for Memorial Affairs**

- Responsibilities:
 - Provide burial space for Veterans and maintain cemeteries as National shrines.
 - Administer the Federal grants program for construction of state Veterans cemeteries.
 - Furnish headstones and markers.
 - Administer the Presidential Memorial Certificate Program.
 - First Notice of Death (FNOD) program.
- American customer satisfaction index 2010 survey, an internationally accepted measure of customer satisfaction:
 - Achieved the highest score of any organization for the 2010 survey – for the fourth consecutive time in 10 years.
- Report 2010 Recommendations:
 - Women Veterans Awareness Training:
 - Included in new NCA On-boarding Program.
 - Offered 4 times per year for new employees.
 - First round will include all employees hired during past two years.
- Other items discussed included:
 - The “Corey Shea Act” – authorizing VA to extend burial eligibility in VA national cemeteries to parents of certain deceased service members in the same grave with their deceased service member child (if death is on or

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

- after October 7, 2011) as a hostile casualty or from training-related injuries.
- Veterans cemetery grants service.
- State Veterans cemeteries opened in 2010.
- Meeting burial needs.
- Future National cemetery construction.
- Memorial Programs Service 2010.
- Bronze Veteran Medallion
- Women-specific inscriptions permitted on headstones or markers (such as Women's Army Corps and Army Nurse Corps.
- NCA contracted over 70 percent in 2010 to Veteran-Owned Small Businesses.
- A closing tribute to Florena Budwin, a female Veteran who disguised herself as a man to serve in the Civil War. Her secret was exposed, when taken prisoner. She stayed on to nurse her fellow soldiers.

Overview of the Women Veterans Health Strategic Health Care Group and Update on 2010 ACWV Report (Recommendation #2-- That VA provides childcare options for eligible Veterans to facilitate access to quality health care services, to include public and private partnerships; and 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.), Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group, Veterans Health Administration (VHA)

- Update on recommendation 2 (March 2011):
 - VA recognizes that Veterans may need childcare options during health appointments and research confirms that lack of childcare may be a barrier to utilization of VA care by women Veterans.
 - Because childcare is not considered medical care, VA does not have authority to provide it.
 - Currently, VA facilities may not use resources or personnel to provide child care to Veterans attending appointments.
 - Public Law 111-163, "Caregivers and Veterans Omnibus Health Services Act of 2010," signed May, 2010, provided VA the option to conduct a two year pilot program of childcare to assess the feasibility and advisability of childcare for qualified Veterans who are the primary caretaker of a child.
 - The law allows for childcare to be piloted in at least three Veterans Integrated Service Networks (VISNs) over a two year period.
 - VA is currently working to determine the mechanism for pilot sites and is working to define "primary caretaker" as provided in the legislation. VA plans to initiate pilot childcare projects throughout VISN offices later this summer.
- Update on recommendation 5 (March 2011):

Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011

- Because the position of women Veterans program manager (WVPM) is vital to the services provided to women Veterans, the position was converted to a full-time position in December 2008.
- The Deputy Under Secretary for Operations and Management (DUSHOM) oversees the compliance with this requirement, and regularly tracks and reports the status of the positions.
- The professional background of the WVPMs 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.
- In 2008-2009, many WVPMs 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 WVPMs opted to return to full-time patient care roles, particularly clinical nurse specialists and nurse practitioners.
- Turnover rate was at 42 percent in FY 2009.
- 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 WVPMs were considered retirement-eligible in the next five years.
- The turnover rates calculated for FY 2010 and beyond will provide a more accurate assessment of the turnover trends for the position. The turnover rate for FY 2010 was 17.5 percent.
 - This is more in alignment with turnover rates prior to the mandated change to a full-time position, and is in fact almost 5 percent lower than the previous average of 22 percent.
- VA recognizes that any turnover can result in gaps, due to time lags in the appointment of new WVPMs and re-training requirements, and 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 WVPM.
 - 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 entitled: Women Veterans Program Manager Position.
 - The revised handbook is in the concurrence process at this time.
- VA has been working with WVPMs locally to establish facility coverage and succession plans.
- Professional development opportunities for WVPMs and lead WVPMs are offered and ongoing education in role development and skills is provided through annual regional educational offerings.

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

- In addition, VA has updated the online WVPM orientation program to include a preceptor/mentor component to ensure an ongoing high level of support throughout the orientation process.
- WVPMs are further supported with monthly calls with their lead WVPMs, deputy field directors (DFDs) and VACO staff.

Discussion/Wrap-up, Colonel Shirley Quarles, Chair

Wednesday, March 30, 2010

Update on Rural Health Initiatives and 2010 Report of the Advisory Committee on Women Veterans, Dr. Serena Chu

- The Office of Rural Health (ORH) was mandated by P.L. 109-461. By March 2007, ORH was established within the Office of the Assistant Deputy Under Secretary for Health (ADUSH) for Policy and Planning, VHA.
- The office's mission, major goals, and organizational alignment were discussed.
- ORH has Veterans Rural Health Resource Centers (VRHRCs), with three regional centers located in White River Junction, VT; Iowa City, IA; Salt Lake City, UT.
- VISN rural consultants (VRCs) serve as primary interface between ORH and VISN rural activities.
- Veterans' Rural Health Advisory Committee (VRHAC) advises the Secretary of Veterans Affairs on health care issues affecting enrolled Veterans residing in rural areas.
- ORH has executed over \$500 million in support of over 300 National and local-level rural health initiatives, and is now working to gather metrics and other outcome data for these initiatives.
- ORH led the VA-Indian Health Service (HIS) Memorandum of Understanding (MOU) Work Group and activities, and updated the current interagency MOU from 2003. This was signed October 1, 2010.
- Update to recommendation 9 (March 2011)--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 specifically 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.
 - Rural Mobile Health Clinic Pilot: Togas, Maine with Full-time nurse practitioner trained to provide comprehensive primary care according to VHA standardized protocols for women Veterans.
 - Services include breast and cervical cancer screening, gynecological care and maternity care.

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

- Licensed social worker available to provide mental health screening.
- The Healthcare Empowerment Respect VA (HERVA): Jackson, Mississippi
 - Services 54 counties in MS and six parishes in LA.
 - Collaboration with community partners and other VA departments.
 - Mobile medical unit to provide primary care screening: acute care, mental health, and cardiovascular emergencies.
 - Is staffed with nurses; women's coordinator also often present.
 - Performs outreach and education to women Veterans.
- Successful implementation of telehealth and telespecialty services in rural areas (VISNs 1, 3, 4, 10, 12, 19, 20 and 23).
- Successful rural services support and expansions, including Home-Based Primary Care (HBPC) expansion (VISNs 2, 7, 10, 21, and 22).
- Implemented a care coordination home telehealth renal project for chronic kidney disease for 20 Veterans (VISN 23).

Overview of Office of Patient Centered Care and Cultural Transformation, Bonnie Graham, Transformation Lead, Office of Patient Centered Care and Cultural Transformation, VHA

- Dr. Tracy W. Gaudet is the new Director, VA Office of Patient Centered Care and Cultural Transformation in VHA.
- Patient centered care moves away from disease-based care to a model of health and wellness; is defined as a fully engaged partnership of Veteran, family, and health care team established through continuous healing relationships and provided in optimal healing environments, in order to improve health outcomes and the Veteran's experience of care.
- By implementing VA's 12 Core Principles, there is a great focus on the Veteran, safety, high quality, and access to care.
- Very similar to the Wheel of Health model used at Duke University, which shows the individual in the center of the wheel; prevention and intervention are on one side, and conventional and complementary approaches harnesses are on the other side.
- Domains of health (self care and professional care) were discussed.
- National contract with Planetree is to assist VA with the creation and implementation of the VA brand of patient centered care.
- There are field-based implementation teams (FIT) in VA Greater Los Angeles, VA North Texas, VA Birmingham, and VA New Jersey.
- Fiscal Year 2011 Rollout Plan includes:
 - Network board meetings.
 - Establishment of FITs.
 - Facility/VISN site based FIT.

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

Overview of VA's Office of Homeless Programs, Update on VA's Initiatives for Homeless Veterans, Dr. Susan Angell, Director, Office of Homeless Programs, Office of Public and Intergovernmental Affairs

- A review of the commitment from President Obama to Secretary Shinseki to end homelessness in five years was discussed. Currently, there are only 1,316 days remaining to accomplish this mission. VA is attaching homelessness with a housing first and foremost strategy.
- The U. S. Interagency Council on Homelessness (membership at Secretary-level) developed the first federal strategic plan to prevent and end homelessness published in 2010 and called "Opening Doors."
- VA's Six Pillars and Strategies to Ending Homelessness:
 - Strategy 1: Outreach and Education – 24/7 homeless call center and increased focus on the Veterans Justice Outreach Program and Stand Downs (over 196 were held during 2010 serving 44,325 Veterans).
 - Strategy 2: Treatment – VA offers comprehensive care to homeless Veterans from primary medical care to specific mental health care.
 - Strategy 3: Prevention – a new aspect of services that VA is offering. Supportive Services for Veterans and Family (SSVF) \$50,000,000 that will be awarded to community providers to either prevent a Veteran and their family from becoming homeless or to rapidly re-house them. Women Veterans comprise 11 percent of Veterans enrolled in HUD-VA Supportive Housing (VASH) and 5 percent or 421 treated in the Domiciliary Care for Homeless Veterans (DCHV) during FY2010.
 - Strategy 4: Housing and Supportive Services – The best example of this service is the enormously successful HUD/VASH program. This is the single most effective tool we have to end homelessness, by HUD providing housing vouchers and VA providing care.
 - Strategy 5: Income and Employment Benefits – VBA provides most of the employment programs from job training and compensated work therapy opportunities.
 - Strategy 6: Partnerships – President Obama directed all Federal agencies to work together to resolve the Nation's issues.

Briefing on Claims Processing and Appeals, Edna MacDonald, Deputy Director of Operations, Compensation and Pension, VBA

- Focused on claims processing and appeals, reports and recommendations, and initiatives:
 - Claims processing and appeals:
 - VBA had a record year in FY 2010, completing 1,076,983 claims. This represents a 10.2 percent increase in production of FY 2009 (977,219 claims completed).
 - At the end of FY 2010, 115,937 notice of disagreements (NODs) were pending at field offices; an appeal rate of nearly 11percent. The appeal

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

inventory in all stages (including remands at the Appeals Management Center) was 208,870 at this point.

- Advisory Committee recommendations:
 - Update on recommendation 4--That VA establishes a women Veterans awareness training program in an effort to education new employees about the changing roles of women in the military, their combat-related exposures, and military sexual trauma (MST) sensitivity.
 - March 2011: VBA added personal trauma PTSD lesson in March 2011 to 1) assist women Veterans coordinators and Veterans service representatives (VSR) in the development of claims for PTSD based on sexual trauma, and 2) assist Rating-VSRs with guidance on rating claims for PTSD based on sexual trauma.
- Office of the Inspector General (OIG) Report Recommendations:
 - Actions on Recommendations from OIG Report 10-01640-45, Review of Combat Stress in Women Veterans, 12-16-10:
 - Signs provided to regional offices indicating available services and assistance provided by women Veterans coordinators by March 31, 2011.
 - Sensitivity training to be available for use by all women Veterans coordinators in VA's Learning Management System (LMS) by September 2011.
 - Developed personal assault PTSD training lesson for all claims processors and rating specialists (March 2011).
 - Developing electronic tracking and reporting system for personal assault PTSD claims (contention-level special issue being added to MAP-D to identify disabilities claimed as due to MST in April 2011); this action satisfies recommendation 6 of the 2006 ACWV report.
- Initiatives:
 - Fully developed claim (FDC) program – introduced on June 15, 2010; optional program offering expeditious processing to claims received “fully developed.”
 - Disability benefits questionnaires – intent is to streamline the report of medical information needed for disability assessment purposes; drafting focus is “rater-centric;” used in VA examination process – will replace current exam worksheets.

Overview of the Benefits Assistants Service (BAS), Karen Gooden, Chief, Client Services, BAS, VBA

- Discussed outreach to Women Veterans:
 - Designated women Veterans coordinator (WVC) at each regional Office, national call center, and pension maintenance center.
 - Established Training curriculum for all WVCs.
 - Posting of women Veterans poster at all regional offices.

**Advisory Committee on Women Veterans Meeting Minutes
March 29-30, 2011**

- VBA Updates:
 - National Training Summit on Women Veterans' Issues – BAS is collaborating with the CWV for the July 2011 Summit.
 - MST training – MST sensitivity training was requested from VA's Office of Mental Health.
 - Full-time WVCs – For FY 2011, VBA authorized 14 full-time coordinators at stations that meet the criteria established by the Committee's recommendation.
 - WVC position description – A new position description is being drafted that will include the existing standards and incorporate activities that will achieve VBA's strategic outreach goals.
 - Social media – BAS is in collaboration with the CWV on media campaigns to ensure the consistent inclusion of women Veterans on posters, printed materials, brochures, web sites, videos, and news releases.
- eBenefits portal- is a joint DoD and VA service that provides resources and self-service capabilities to service members, Veterans, their families and caregivers.

Discussion: Wrap-up, Dr. Shirley Quarles, Chair, ACWV

Meeting adjourned.

On March 31, 2011, members attended the VA's Veterans service organizations quarterly briefing, which focused on women Veterans.



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



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