

The Department of Veterans Affairs
Advisory Committee on Women
Veterans 2022 Biennial Report

January 2023

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Letter from the Chair

July 1, 2022

The Honorable Denis R. McDonough
Secretary of Veterans Affairs (00)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonough:

As the Chair of VA's Advisory Committee on Women Veterans (ACWV), I am humbled and honored to serve with a small group of professionals whose altruistic motivation is to continue to serve and help VA improve its benefits and services for approximately two million women Veterans who have sacrificed for our great Nation. The population of women Veterans continues to grow progressively larger than any other subgroup of the overall Veterans population. It is paramount that the ACWV continue to provide recommendations to assist VA in attaining equitable treatment for our women Veterans.

The ACWV appreciates the opportunity to serve our Nation's women Veterans and submits to you its 2022 biennial report, which includes seven recommendations and supporting rationales on how VA can address emerging issues affecting women Veterans. Understanding the importance of its mission, the ACWV determinedly conducted its meetings and annual site visits remotely through the difficulties posed by COVID-19. The ACWV looks forward to resuming face-to-face meetings and site visits soon. This report details issues of significance identified in how VA carries out its critical mission. The recommendations support VA's four fundamental principles of advocacy, access, outcomes and excellence and are in line with VA's four strategic goals.

The report addresses issues of the ACWV's continuous concern, such as standardization of duties, organizational positioning and dedication of time for the Veterans Health Administration's (VHA) women Veterans program manager (WVPM) and the Veterans Benefits Administration's (VBA) women Veterans coordinator (WVC). The committee's primary attention is focused on ensuring that the personnel filling these positions can be dedicated to their mission of serving women Veterans on a full-time basis and are not subject to a conflict of interest as can occur with collateral duties or credentialing requirements. The actual reporting line is important in ensuring leadership supports these crucial roles supporting women Veterans. Additionally, the committee would like to offer its expertise to the staff during the development or revision of VA manuals governing these roles, as it would provide a better opportunity for the staff to incorporate any comments or recommendations considered valid.

The ACWV applauds the efforts of VA regarding the process, reporting, training and accountability of incidents involving gender-based harassment and sexual assault for employees, contractors, Veterans and visitors. However, the committee recognizes a need for all VA facilities to standardize where the information signage is located. Placing the signage at the entrances will provide personnel who enter multiple VA facilities the confidence of being able to locate the information if needed.

The ACWV received briefings on intimate partner violence/sexual assault (IPV/SA) in women Veterans and VA's programs to assist those who experience and those who perpetrate IPV/SA, which can be a major factor in women Veterans' housing insecurity. It was noted that available research is limited, or data definitions were not consistent enough to allow for comparison or trend analysis. It is important that VA examine this dynamic to better understand how it impacts women Veterans and to create ways to better assist them when they face this vulnerability.

The ACWV examined intersectionality and how it comes into play when women Veterans access and utilize VA's benefits and services. The Oxford Dictionary defines intersectionality as "the interconnected nature of social categorizations such as race, class and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage." It is important that VA policy formulation and outreach efforts are viewed through the lens of intersectionality; we must consider everything and anything that can marginalize people and/or present obstacles to accessing VA—for example gender, race and ethnicity, class, sexual orientation, physical ability and caregiver status. It is important that VA study of the impact of intersectionality of women Veterans in accessing VA benefits and services and consider leveraging its advisory committees to crosstalk and capitalize on the synergy behind addressing like issues and the intersectionality contained in them.

As the Veterans population changes and the women Veterans portion of that population continues to grow, VA must change some of its past business practices and organizational culture. VA cannot accomplish its mission if women Veterans are not willing to enter VA facilities. In the past, it was rare to see a woman Veteran, but today, there are approximately two million women Veterans. VA can influence the organizational culture and jump start this transformation of inclusivity by acknowledging the contribution of women Veterans throughout its facilities by naming spaces in honor and recognition of women Veterans' service. The ACWV is pleased that VHA has taken up this mantle by leading the effort of the Naming Spaces Initiative developed by VA's Center for Women Veterans (CWV). The next steps would be to propagate this initiative throughout the Enterprise. This initiative provides the platform for VA leadership to send a clear message not only to our women Veterans, but all Veterans, VA employees and VA partners that women make significant contributions in defense of our freedom.

VA staff truly deserve accolades. Without their expertise, knowledge and willingness to work with and support the ACWV's work, we would not be able to bring women Veterans issue to the forefront for discussion, examination and recommendation development. They are true professionals, dedicated to VA's mission of caring for our Nation's Veterans. The ACWV is very fortunate to have subject matter experts to help

guide us through the complexity and intricacies of providing benefits and services. With these recommendations, the committee attempts to help provide focus for the effective allocation of precious resources. The ACWV's goal is to help VA best position itself to provide world-class benefits and services to our women Veterans.

The ACWV thanks you for your leadership and continued support of its efforts to provide sound recommendations that would enable VA to improve how it serves women Veterans. Together, we can accomplish many advancements in making VA's benefits and services more equitable for the diverse women Veterans population we both serve.

Respectfully submitted,



Colonel Betty Yarbrough, USA, Ret.
Chair, Advisory Committee on Women Veterans

Part I Executive Summary

The Department of Veterans Affairs (VA) Advisory Committee on Women Veterans' (the Committee) 2022 report provides recommendations and supporting rationales that address the following issues:

- Restructuring the WVPM Role
- Designating Specific Locations for Signage on Sexual Assault and Harassment
- IPV and Housing Insecurity
- Intersectionality's Impact on Women Veterans' Access to VA's Benefits and Services
- Exploring the Intersectionality of VA's Advisory Committees' Work
- VA Utilization of the ACWV to Provide Perspective on Updates to M27-1 Benefits Assistance Service Procedures, Part II Chapter 4
- Enterprise-wide Implementation of Naming Spaces Initiative

The report of the Committee is submitted biennially. The Committee members are appointed by the Secretary of Veterans Affairs (Secretary) for a 2-year or 3-year term. Members represent a variety of military career fields and possess extensive military experience, to include service in the Persian Gulf War and Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND). A total of seven recommendations, with supporting rationales, are provided in this report. Recommendations stem from data and information gathered in exchange with VA officials, women Veterans, researchers, Veterans Service Organizations and site visits to VHA, National Cemetery Administration (NCA) and VBA facilities. The recommendations and supporting rationales provide insightful advice for VA to strategically and efficiently address the evolving needs of women Veterans.

Highlights

- VA should develop a restructured WVPM implementation plan so WVPMs can dedicate more time to supporting women Veterans.
- VA should require its facilities to have a universal designated location for sexual assault and harassment signage that includes contact information for points of contact.
- VA should conduct a study to identify women Veterans who have experienced IPV/SA and who also have experienced housing insecurity.
- VA should examine the effects of intersectionality to make VA better informed in creating strategies to increase women Veterans' opportunity to access to VA's benefits and health care.
- VA should leverage its advisory committees that cover shared issues to promote development of better recommendations for issues across a broader spectrum.
- VBA could leverage the ACWV to provide perspective on updates to the M27-1 manual moving forward, as a proactive approach to satisfying the ACWV's

Congressional mandate to advise the Secretary on issues that impact women Veterans.

- Enterprise-wide implementation of the naming spaces initiative would signal that VA leadership acknowledges the importance of this initiative in promoting inclusivity.

Part II
Recommendations and Rationales

A. Restructure of WVPM Implementation Plan:

- 1. Recommendation: That VA develop a restructured WVPM implementation plan consisting of a standardized operationalization of the WVPM role and standardized executive management of women Veterans programs across VA's health care systems (VA HCS).**

Rationale: With the passage of P.L. 116-315, the Johnny Isakson and David P. Roe, M.D. Health Care and Benefits Improvement Act of 2020, VA is required to provide consistent and comprehensive care to the increasing population of women Veterans. To accomplish this, VA would need to restructure the WVPM program so that job descriptions and operationalization of the role are consistent across VA HCSs and ensure that the Women Veterans Program is adequately staffed and supported. The WVPM position description is standardized but each VA HCS decides how to hire and operationalize this position.

The number of women Veterans utilizing VA health care continues to grow. It is paramount that VA ensures each facility has sufficient resources (including budget, staffing and support of leadership) for WVPMs to efficiently coordinate comprehensive health care for the diverse women Veterans in their catchment area and to effectively outreach to them to make them aware of VA's benefits and services. Areas of deep concern include internal and external clinical coordination of care and reporting of clinical results such as positive findings on mammography and other tests, as well as billing for outsourced care, maternity care and outreach.

VA would also need to ensure that WVPMs are able to function in the role full-time at each VA medical facility without collateral duties or licensure requirements and performing in a non-clinical role. This will allow WVPMs to dedicate 100% effort to serving women Veterans. During annual site visits in the field, WVPMs have reported that they must perform clinical duties to maintain their licensure. They sometimes do not have support staff to assist them. The ACWV is concerned that this will result in WVPM burnout, which impacts the quality of care that VA provides women Veterans.

Additionally, the ACWV has observed variability in the executive management of women Veterans' programs at VA HCSs. The WVPM is supposed to drive all the women Veterans' programs in their purview on behalf of the leadership and they cannot do that if they have collateral clinical duties. Currently, VA requires that WVPM be a clinical position. Since it is necessary for state-licensed clinicians acting in any administrative capacity to maintain their state medical licensure through required practice, the ACWV recommends that the WVPM role be held by a non-clinical full-time staff member.

VA Response: Non-concur. The Veterans Health Administration (VHA) Directive 1330.02, Women Veterans Program Manager is standardized policy for the position of Women Veterans Program Manager (WVPM). The directive outlines the duties and responsibilities of health care professionals in the role of WVPM and Veterans Integrated Service Network (VISN) lead WVPM who are responsible for planning, executing, monitoring and evaluating the Women Veterans Program services at the local level. The policy requires that both the facility WVPM and VISN Lead WVPM be a licensed health care professional and have health care management experience or training. It further requires that the WVPM be a fulltime administrative position without a collateral assignment. Additionally, the policy requires the facility WVPM to report directly to the facility Director or Chief of Staff and that the VISN Lead WVPM report to the network Director or Chief Medical Officer.

To further standardize operations of the role, WVPMs go through an extensive orientation and complete nationwide Talent Management System WVPM orientation modules on gender specific topics that include patient aligned care teams, data, emergency department, mental health, performance improvement, strategic planning, environment of care and maternity care. In addition, the facility WVPM meets weekly with the VISN Lead WVPM throughout the orientation period. WVPMs are then assigned another experienced WVPM mentor within their VISN as an additional resource for support and information. In support of the VISN Lead WVPMs, Deputy Field Directors (DFD) meet with new WVPMs for a brief program overview and to ensure WVPMs have all the resources they need to get started.

The New VISN Lead WVPMs complete the Lead Women Veteran Program Manager Orientation – Quick Start training and receive an orientation from the DFD, which includes accompanying the Lead WVPMs on initial facility site visits. The orientation content is individualized and based on their specific clinical skill set, knowledge of women’s health and business acumen. The VISN Lead WVPM meets weekly with the DFD until they are proficient and then, thereafter, have recurring monthly meetings with the DFD. In addition, the VISN lead WVPMs are assigned another lead mentor.

Both lead and facility WVPMs have access to additional VA trainings with tools to support and reinforce the VHA and the Office of Women’s Health (OWH) strategic priorities. For example, trainings are available on high reliability organizations, servant leadership, lean, business case development, human resources, fiscal operations, space design and data analytics for continuous quality improvement. Other training opportunities are available on such topics as health care equity, trauma informed care, military sexual trauma and homelessness. These trainings enable WVPMs to broaden the scope of the services their facility can provide.

OWH, through the Women’s Assessment of Comprehensive Health, tracks annually WVPM’s position and follows up directly with sites that have ongoing

collateral duties. In addition, through the Women's Health Innovation and Staffing Enhancement Initiative, OWH has been able to assist sites in filling gaps of health care professionals caring for women Veterans.

VA finds that clinical background is key to successful oversight to women Veterans programs. WVPMs' connection to the mission is enhanced by providing clinical care if they choose to do so, to maintain their licensure. OWH supports utilizing support staff to support and enhance WVPMs' impact across the facility while balancing roles and responsibilities.

The complex clinical needs of the women Veterans population make clinical expertise of paramount importance to be able to provide the extensive guidance and oversight of the program. In addition, it is imperative for WVPMs to have a clinical background to be able to interact with other executive leadership across the health care system, including the medical center Director, that generally have clinical backgrounds, as well as the Chief of Staff who is a physician.

B. Standardized Location for Signage on Sexual Assault and Harassment:

- 2. Recommendation: That VA standardize the placement of signage addressing the process for reporting sexual assault and harassment in all VA facilities so women Veterans can readily identify points of contact and methods of reporting sexual assault and harassment.**

Rationale: P.L. 116-315, the Johnny Isakson and David P. Roe, M.D. Health Care and Benefits Improvement Act of 2020, section 5303 directs VA to establish a policy to end harassment and sexual assault, including sexual harassment and gender-based harassment, throughout the Department. An element of this policy's implementation must include clear mechanisms for Veterans--especially women Veterans--visitors, employees and contractors to readily identify designated points of contact and report incidents of sexual harassment and assault.

The ACWV applauds the joint update that the Deputy Assistant Secretary, Office of Resolution Management, Diversity & Inclusion (ORMDI) and the Director, Assault and Harassment Prevention Office (AHPO) provided during the May 2022 ACWV meeting regarding VA's process, reporting, training and accountability of incidents involving gender-based harassment and sexual assault for employees, contractors, Veterans and visitors. Efforts accomplished in accordance with the operations plan developed by the AHPO and ORMDI, such as the delivery of standardized anti-harassment/sexual assault signage in 100% of VA facilities and the prominent display of VA's anti-harassment and anti-sexual assault policy on VHA's (<https://www.va.gov/HEALTH/>) and VBA's (<https://benefits.va.gov/benefits/>) internet sites are positive and tangible indications of VA's commitment to ending sexual assault and harassment systemically.

Standardizing the location of the information signage would further enhance VA's efforts to enforce its zero-tolerance policy and ensure that Veterans get the help they need expeditiously. The ACWV recommends that VA require sexual assault and harassment signage be located at entrances in all VA facilities, at a minimum, so all who enter a VA facility will be required to pass by this important information and will also ensure that individuals always know where this information is located, no matter what facility they are accessing.

VA Response: Concur. Public law 116-315, section 5303 (paragraph (a)(2)(J)) mandates the prominent display of anti-harassment and anti-sexual assault messages in each VA facility and which includes information about how Veterans and visitors may report harassment and sexual assault at such facility and the designated points of contact. In September 2021, the Acting Under Secretary for Health released a memorandum requiring the multi-phased implementation of prominently displaying the anti-harassment and anti-sexual assault signage. This memorandum was accompanied by the required signage and a frequently asked questions resource. In the first phase, signage was to be prominently displayed in medical centers and Vet centers by November 15, 2021. In the second phase signage was placed in all other Veteran focused facilities, such as community-based outpatient clinics, by April 15, 2022.

After the completion of first and second phases, the Assault and Harassment Prevention Office (AHPO) required attestation from VISN and facilities that anti-harassment and anti-sexual assault signage was prominently displayed. This attestation allowed visibility into the areas in which facilities were displaying signage, areas of improvements and further teaching and training on the importance this requirement. From the attestation, AHPO determined that signage should be displayed the facility entryway to maximize visibility. This requirement has been added to VHA Directive 5019.02, Harassment, Sexual Assaults and Other Defined Public Safety Incidents in Veterans Health Administration, currently in the final concurrence phase.

In the 2022, VA Advisory Committee on Women Veterans (ACWV) report, recommended that VA require its facilities to have a universal designated location for sexual assault and harassment signage that includes contact information for points of contact. Recent revisions to Directive 5019.02, completed in early fiscal year (FY) 2023, include a requirement that anti-harassment/anti-sexual assault signage "...must be visible in the entrance way. Other prominent area recommended to display the signage includes lobby, hallways, elevators, atriums and patient waiting areas". VA adopted the ACWV recommendation and will continue to review if further locations need to be identified as required locations to display anti-harassment and anti-sexual assault signage.

Action Plan Recommendation #2: That VA standardize the placement of signage addressing the process for reporting sexual assault and harassment in all VA facilities so women Veterans can readily identify

points of contact and methods of reporting sexual assault and harassment.					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Publish VHA Directive 5019.02, "Harassment, Sexual Assault and Other Defined Public Safety Incidents in Veterans Health Administration", which requires that anti-harassment/anti-sexual assault signage "...must be visible in the entrance way. Other prominent area recommended to display the signage includes lobby, hallways, elevators, atriums and patient waiting areas". This signage includes who to report in in the facility, in addition to VA police and/or law enforcement.	Assault and Harassment Prevention Office		Attestation-VHA facilities prominently displayed anti-harassment/anti-sexual assault signage in accordance with Deborah Sampson Act.	Q3 FY 22	Complete
			Publish VHA Directive 5019.02	Q4 FY22	Complete
			Socialization of VHA Directive 5019.02 requirements with VHA staff	Q4 FY23	Pending

C. IPV/SA and Housing Insecurity:

- 3. Recommendation: That VA conduct a study to identify the number of women Veterans (to include LGBTQ+, different ethnicities and tribal community women Veterans with or without children) with experienced IPV/SA who have housing insecurity and experience challenges in accessing the U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program in a timely manner to prevent homelessness.**

Rationale: During the April 2021 ACWV meeting, the National Program Manager from VA's Partner Violence Assistance Program (IPVAP) and the clinical psychologist from the National Center for PTSD's Women's Health Division presented an overview of research findings and VHA clinical programming. IPV includes physical violence, sexual violence, stalking or psychological aggression (including coercive acts) from a past or current intimate partner. VA research shows that 18.5% of women Veteran VHA primary care patients experienced past-year IPV¹: 59% psychological IPV, 7% physical IPV and 7% sexual IPV. Veterans may be twice as likely to experience IPV than the general population.

Women Veterans suffering from IPV/SA may also have traumatic brain injury, post-traumatic stress disorder, mental health concerns, military sexual trauma substance abuse, chronic pelvic pain and an increase in primary care utilization. These Veteran-centric factors can impact housing stability, financial stability and available resources needed to secure a safe living arrangement, making them vulnerable to remaining in abusive environments. Additionally, women Veterans can experience housing insecurity when fleeing from IPV and/or as an attempt, by the perpetrator, to interfere with a woman Veteran's ability to successfully maintain housing using a HUD/VASH voucher. As a result, women Veterans, especially those with children, may struggle to find immediate, safe and permanent shelter in a timely manner.

During the December 2021 ACWV meeting, a subject matter expert from VA Portland Health Care System's Evidence Synthesis Program Coordinating Center presented a summary of a rapid review on the prevalence of IPV/SA among Veterans and spouses/intimate partners of Veterans, which was conducted at the Center for Women Veterans' request. It highlighted the gaps in existing IPV research. Specifically, research does not clearly show if racial/ethnic minority and sexual and gender minority (LGBTQ+) Veterans experience different rates of IPV/SA than non-minority Veterans; there is insufficient information on the role sociodemographic factors play in the prevalence of IPV/SA in Veterans; there is a lack of information on prevalence among gender minority Veterans; and studies were inconsistent in how they defined some race/ethnicity subgroups.

¹ Kimerling, Iverson, Dichter, Rodriguez, Wong, & Pavao, (2016). Journal of General Internal Medicine (JGIM)

Based on update briefings provided by IPV subject matter experts to the ACWV and given the limitation of information on how the rates of IPV/SA in racial/ethnic minority and sexual and gender minority (LGBTQ+) Veterans differ from non-minority Veterans, it is the committee's assessment that VA needs to do further analysis to obtain greater understanding of the intersectionality of IPV and housing insecurity in the diverse women Veterans population and examine their challenges in accessing the HUD/VASH program.

The committee recommends a full study on IPV/SA using the existing body of knowledge of women Veterans experiencing IPV/SA--including those representing the LGBTQ+ community, different ethnicities and tribal community members--to get to the core of perpetration of violence, impact on healthy lives and impact of obtaining housing security for women Veterans suffering from IPV/SA.

VA Response: Concur-in principle. This recommendation was reviewed by the VHA Intimate Partner Violence Assistance Program (IPVAP) in Care Management and Social Work Services (CMSW). CMSW concurs in principle with this recommendation. Although IPVAP is unable to implement this recommendation as lead, VA recognizes that homelessness and housing insecurity are significant concerns among the Veteran population, and that Veteran homelessness is often directly and indirectly associated with intimate partner and domestic violence. Although ample internal and external research has been conducted and provides a strong knowledge base regarding the prevalence of women Veterans who experience homelessness, IPVAP agrees that more specific research is needed to better understand the needs and challenges of specific vulnerable sub-populations such as lesbian, gay, bisexual transsexual, queer and plus (LGBTQ+) people; tribal communities and other ethnic groups; rural/urban Veterans; and those with or/without children. More in-depth research will help to illuminate the variant needs and access to care issues for Veterans who experience homelessness.

IPVAP recognizes ACWV's role is to advise on intimate partner violence (IPV), and that its focus is specifically women Veterans. However, IPVAP is concerned that using gender-specific terminology, especially in terms of directing research, does not promote gender equality and does not account for gender fluidity to include Veterans who identify as male or non-binary or gender minorities (groups for whom IPV and/or sexual assault are prevalent and about which there is little research available). IPVAP's recommendation would be to revise the language in the recommendations, where appropriate, to use the term Veteran, rather than specify women Veterans.

IPVAP will continue to serve as a consultant and collaborator to ACWV.

The National Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) Program sees merit in conducting such a study. However, VA recommends that all VA homeless programs be evaluated to

meet the desired aims, not just HUD-VASH. Veterans enter VA homeless program services through a broad variety of avenues, including regular and routine intake office hours; community resource and referral center walk-ins; street and community partner outreach; and by-name list referrals. Limiting the scope of this study only to HUD-VASH constrains the study in a way that does not reflect how VHA homeless programs serve Veterans and is unlikely to fully assess the concerns of the Committee.

D. Study to Examine the Impact of Intersectionality on Women Veterans' Access to VA Benefits and Health Care:

- 4. Recommendation: That VA conduct an analysis study on the effects of intersectionality, across ethnicity, socio-economic status (including U.S. rural areas and territories), gender identification, tribal or native American affiliation and era of military service, on women Veterans' opportunity to access to VA's benefits and health care so it can improve its ability to perform targeted outreach and to tailor access to benefits and health care for specific groups of women Veterans.**

Rationale: Briefings from subject matter experts at VA Central Office and in the field illustrate that VA is considering the ways in which life events and circumstances can influence Veterans' opportunity to utilize VA's programs, as well as how VA continuously seeks ways to improve its targeted outreach to underrepresented Veteran populations. Since many women also perform caregiver responsibilities for their dependent children, parents and/or other Veterans, they may face additional obstacles that hinder utilization of services. Immigration and inter-generational status may also be factors for consideration. It is important that VA policy formulation and outreach efforts are viewed through the lens of intersectionality; we must consider everything and anything that can marginalize people and/or present obstacles to accessing VA—for example gender, race and ethnicity, class, sexual orientation, physical ability and caregiver status.

The impact of intersectionality on outreach, utilization and access to benefits and health care is an important aspect of ensuring that VA is serving women Veterans to the best of its ability. The ACWV recommends that VA conduct a comprehensive study to examine how intersectionality across ethnicity, socio-economic status (including U.S. rural areas and territories), gender identification, tribal or Native American affiliation and era of military service impacts women Veterans' opportunity to access VA's programs and to devise Enterprise-level strategies to address the findings. Additionally, this examination should consider these intersectional nexus points across multiple dimensions, for example combining factors like gender, race and caregiver designation, to see their effect on women Veterans' opportunity to access to VA's benefits and health care.

The results of this study would inform VA in its administration of benefits and services to women Veterans, shape policy and collaborations with other entities

to address their complex and evolving needs and increase women Veterans' utilization of programs—thus improving the quality of life for them and their families. It would also benefit advisory committees as they work to provide impactful advice to VA's Administrations and Staff Offices on the needs of women Veterans and as they engage in cross-collaboration with other VA advisory committees.

VA Response: Concur in principle. A study to examine the impact of intersectionality on women Veterans' access to VA benefits and health care would be very useful. However, there would be multiple impediments. First, since the focus is on access to benefits and health care, a data collection that goes beyond current VHA users would be desirable. The National Center for Veterans Analysis and Statistics would be better positioned to gather information on all women Veterans rather than those already enrolled in VHA. Second, much of this data collection would have to be primary as information on important items such as sexual orientation, gender identification, tribal affiliation, physical ability and caregiver status are generally unavailable.

E. Symposium on Intersectionality of VA's Advisory Committee Work:

- 5. Recommendation: That VA facilitate a symposium of its Federal advisory committees to discuss issues related to intersectionality to educate committees representing specific groups of Veterans and to provide a forum to discuss the potential impacts of intersectionality as it relates to the groups they represent and to share recommendations and insights on that work.**

Rationale: The ACWV recognizes that women Veterans' access to VA benefits and services is impacted by many different factors and challenges. The intersectionality of which can impact VA's efforts to conduct effective outreach and women Veterans' ability to access VA's benefits and services. VA's Federal advisory committees examine these potential challenges that affect access to benefits and services for their designated Veterans populations and there is sometimes overlap of issues when a committee's scope focuses on specific populations of Veterans. Conducting a symposium with VA's advisory committees, to include their respective designated Federal officers, that cover shared issues would allow these professionals to crosstalk and develop even better recommendations for issues across a broader spectrum.

VA Response: Concur in Principle. The Department recognizes the value of Federal Advisory Committees and supports them by providing dedicated resources, access to information and subject matter experts, and facilitating their interaction with stakeholders. However, the Federal Advisory Committee Act (FACA) final rule does not authorize the Department to facilitate an intersectional symposium with the desired impact the Committee recommends. A symposium with the scope the Committee recommends would violate FACA as the assembled advisory groups would themselves be considered an unauthorized

advisory committee (for example, acting without a designated Federal official (DFO), charter, balance plan, appointed members, Federal Register Notice of Meeting, public participation or an explicit Federal Government authority). Additionally, the FACA final rule prohibits the Department from mandating its Federal advisory committee members to participate in an activity of this level because it may impact the participants' independent judgement as advisory committee members on the information and issues their respective committees find germane to the recommendations and/or advice they provide the Agency head.

VA strongly advocates for its Federal advisory committees engage in cross committee collaboration at the subcommittee level (e.g., through annual FACA 101 briefings to Committees, facilitating Committee chairs testifying and/or visiting other committees and DFOs annual training and office visits with the Advisory Committee Management Office). These FACA allowable activities ensure the Department's committees operate in accordance with multiple laws and have the best opportunity to incorporate cross committee collaboration in their business practices, data gathering activities and ultimately incorporate what they learn in their reports to the Agency head.

F. ACWV Input/Review on Policy Governing WVCs:

- 6. Recommendation: That VA allow the ACWV to review and provide input in an advisory role on updates to the M27-1 Benefits Assistance Service Procedures--specifically Part II Chapter 4, which governs the qualifications, requirements, training, duties and evaluation criteria of the WVC.**

Rationale: The M27-1 Benefits Assistance Service Procedures Manual (specifically Part II, Chapter 4) defines the coordinator role of the WVC in serving women Veterans, including how the WVC liaises with the WVPs and the state WVCs, training, outreach, resources and handling of claims related to military sexual trauma. The ACWV has unique and valuable insight and could provide contributions to the development and updating of the WVC position that could only serve to broaden and improve how they serve women Veterans.

The ACWV conducts annual site visits in the field, where the members receive briefings from the local regional office (RO) staff on the activities of the WVC and the RO's business lines. There is such great variation in how the WVCs outreach to women Veterans, how the WVCs liaise with WVPs and local entities to meet the needs of women Veterans, the training and preparation provided for service in this capacity, the time allotted to perform this function and the resources provided to execute duties. Even more concerning for the committee is that there seem to be no standardized metrics for how VBA measures the success of the WVCs' execution of duties. Because of this lack of standardization, the ACWV is concerned that women Veterans are not receiving the same quality of service across the board.

The ACWV recommends that VA allow it to review and provide input on updates to the M27-1 manual moving forward: to offer ways to increase standardization to ensure that the basic duties of the WVC are performed consistently; to help establish metrics for measuring success in the execution of the WVC's duties; and to promote standardization and better assessment of WVCs' performance in this important role dedicated to servicing women Veterans. This would be a proactive approach to satisfying the ACWV's Congressional mandate to advise the Secretary on issues that impact women Veterans.

It would be much more efficient and effective if the ACWV were a part of the update of the manual at the front end where recommendations could be incorporated instead of after it has gone through the entire lengthy process of approvals. VA would be under no obligation to incorporate any comments or recommendations of the ACWV.

VA Response: Concur. VA values the feedback of ACWV and welcomes ACWV review of the current manual content and any recommendations and input based upon this version of the manual chapter. Upon receipt, VA will review the recommendations as potential inclusions into the planned updates to the manual content concerning the Women Veterans Coordinator role.

G. Enterprise-wide Implementation of the Naming Spaces Initiative:

- 7. Recommendation: That VA implement the Center for Women Veterans' (CWV) Naming Spaces Initiative Enterprise-wide to promote cultural transformation and inclusivity.**

Rationale: As VA evolves, it recognizes that the Veterans population continues to grow--to include a significant increase in the number of women Veterans accessing VA's benefits and services. Women Veterans are the fastest growing population of Veterans. With the integration of military women into all military specialties, more women are appointed to significant positions of leadership and are making lasting contributions that will impact the military service of women in the future. As such, VA should support CWV's mission to promote cultural transformation inside VA and to honor/recognize women Veterans' service. VA is diligently engaged in several cultural transformative efforts to make facilities welcoming and safe for all Veterans, such as the White Ribbon campaign, bystander training and mandatory annual harassment prevention and accountability training for staff. It is demonstrating an understanding that ongoing training, awareness campaigns and imagery are important in shaping staff's and other Veterans' perception of the diversity of the Veterans population. Most importantly, these efforts indicate that VA understands that representation matters in building trust and promoting accountability. Naming spaces in VA's facilities for notable women Veterans/women in military service would further enhance VA's efforts to promote inclusivity and make VA feel more welcoming to women Veterans.

The Naming Spaces Initiative is CWV's effort to promote cultural transformation within VA to honor and recognize the contributions of women who serve or have served in the military. It has garnered such staunch support from VHA that it partnered with CWV to establish a process, guidelines and criteria to identify and request renaming of several of its spaces.

The ACWV recommends that the Department implement this established framework Enterprise-wide so that VBA, NCA and VA Central Office also use the established methodology, processes and procedures to begin submitting requests for naming spaces in their facilities. This would send a clear message that VA leadership acknowledges the importance of this initiative in promoting inclusivity and encouraging more women to access VA's benefits and services.

VA Response: Concur in principle. The National Cemetery Administration (NCA) concurs in principle regarding the implementation of the Center for Women Veterans' (CWV) Naming Spaces Initiative on an "enterprise-wide" basis. NCA has had a regulation and a directive on the naming of national cemeteries and roads and features within the national cemeteries for many years. NCA has recently undertaken a review of these items, which included a discussion with the Office of General Counsel about the requirements under 38 U.S.C. § 531, which apply to all VA properties. VA National Cemeteries have a limited number of buildings and structures. However, to the extent possible, NCA will consider incorporating CWV's Naming Spaces Initiative in its revised policy or regulation.

The Veteran Benefits Administration (VBA) concurs in principle with the recommendation provided that the Department also concurs. VBA can implement the recommendation once the framework has been adopted at the agency level and Departmental guidance is received and reviewed for the Naming Spaces Initiative's methodology, processes and procedures for submitting requests for naming spaces in facilities.

PART III
Appendices

Appendix A Historical Perspective

The 1980 Census was the first time that American women were specifically asked if they had ever served in the Armed Forces. In response, 1.2 million women indicated that they had military service. However, very few of these newly identified Veterans used VA services. Congress and VA then began a concerted effort to recognize women Veterans 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 during World War II. In 1982, at the request of Senator Daniel Inouye, the General Accounting Office conducted a study and issued a report entitled: "Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits." This study found the following:

- 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; and
- 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," to determine the needs and experiences of this population. Published in August 1985, the survey found that 57% 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.

In November 1983, Congress passed P.L. 98-160, "Veterans' Health Care Amendments of 1983," mandating that VA establish an Advisory Committee on Women Veterans. 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. The Committee was entrusted with the responsibility to follow up on these activities and to report their progress to Congress in a biennial report.

To further ensure that women Veterans had access to VA's benefits and services on par with male Veterans, Congress passed P.L. 103-446 in November 1994, which established the Center for Women Veterans. The Center for Women Veterans continues to monitor and coordinate VA's administration of benefits and services for women Veterans and promote cultural transformation through the Women Veterans Program (established in 2012) and other collaborative initiatives with Federal/state/local governmental and non-governmental stakeholders.

The following events and data highlight recent Administration, Congressional, VA and Advisory Committee on Women Veterans efforts to address the needs of Women Veterans.

2020 Lourdes Tiglao, a U.S. Air Force Veteran, was appointed as CWV's new Director.

CWV partnered with VHA to establish guidelines for the Naming Spaces Initiative, a cultural transformative effort to rename spaces in medical facilities to honor the contributions of women Veterans.

VBA's Outreach, Transition and Economic Development (OTED) focused its Economic Development Initiatives efforts on the economic empowerment of women Veterans and connecting women Veterans to their benefits.

OTED assumed oversight and implementation of the Women's Health Transition Training program, which was developed in collaboration with VHA and the Department of Defense to help transitioning Servicewomen and recently separated women Veterans understand VA's health care services, quickly enroll in VA health care after separation and prepare to manage their post-military health care.

VA announced plans to develop a National Women Veterans Oncology System of Excellence through research, partnerships precision oncology and teleoncology to provide women Veteran oncology patients with cutting edge care and access to potentially lifesaving clinical trials.

CWV entered into a memorandum of agreement (MOA) with Military Women Memorial (Women in Military Service for America Memorial Foundation, Inc.) to collaborate on efforts to commemorate the contributions of women who have served in the military.

CWV showcased several cultural transformative awareness and empowerment initiatives such as the Veterans Book Corner, Trailblazers, I Am Not Invisible and to demonstrate the diversity of the women Veterans population and their ongoing contributions to the communities they serve.

CWV hosted its first women Veterans roundtable, focusing on Native American Women Veterans in Arizona.

2021 The Johnny Isakson and David P. Roe M.D. Veterans Healthcare Benefits Improvement Act of 2020 was enacted, directing VA to engage in several initiatives to address various needs of Veterans. Title V (Deborah Sampson Act) specifically addresses issues impacting women Veterans, including improving women Veterans' access to health care, increasing staff cultural competency, eliminating harassment and assault, data collection and reporting and benefits.

Directed by the Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, VA engaged in an enterprise-wide examination of its policies and how they impact underserved Veterans populations'—including women Veterans'—access to VA's benefits and services.

VA launched efforts to increase women Veteran participation in VA's Million Veteran Program (MVP) to aid in genetic research focused on women health Issues, specifically genetic and clinical markers to predict breast cancer risk in women Veterans.

VA launched an online, self-paced version of its Women's Health Transition Training course on TAPevents.org.

VA's Office of Small and Disadvantaged Business Utilization (OSDBU) and the PenFed Foundation collaborated to establish the Women Veteran Boot Camp Accelerator, a six-month accelerator program that prepared 80 women Veteran entrepreneur participants for sustainability and growth in Federal and commercial marketplaces.

VA appointed members to its Sexual Assault and Harassment Prevention Workgroup, which is comprised of experienced subject matter experts charged with advising the Secretary on department policies and procedures to eliminate sexual assault and harassment in VA facilities.

The National Defense Authorization Act (2021) directed the Secretary of Veterans Affairs in consultation with the Bureau of Labor Statistics of the Department of Labor, to conduct a study on the issue of employment in Post-9/11 women Veterans.

CWV entered into a MOA with Women Veterans Interactive Foundation, Inc., to improve women Veterans' access to and awareness of VA's benefits and services and to collaborate on efforts to amplify the needs of the women Veterans community.

CWV entered into a MOA with Minority Veterans of America to increase awareness about issues impacting LGBTQ+ women Veterans, to provide targeted outreach to this population of Veterans about VA's programs and to improve VA's policies governing the delivery of benefits and services related to their care.

CWV increased its efforts to actively address the needs of underserved women Veteran populations, to include tribal women, women in the United States territories and LGBTQ+ women Veterans, by leveraging partnerships with State Women Veteran Coordinators, local VA Staff, VA's Office of Tribal

Government Relations and other Partners to conduct listening sessions and roundtables.

2022 CWV partnered with VA Chief of Staff to host a Fireside Chat for Women Veterans.

CWV employed a national women Veterans survey to better understand barriers that discourage women Veterans from seeking VA's benefits and services.

CWV entered into a memorandum of understanding with the Library of Congress and collaborated on its Veterans History Project to collect, preserve and make accessible the oral histories of women Veterans.

Appendix B
VA Advisory Committee on Women Veterans
Membership Profiles

Colonel Betty Yarbrough, U.S. Army (Retired), current Chair of the Committee, was commissioned as a Second Lieutenant in the Quartermaster Corps in 1986. She served in a variety of positions from platoon level through Army Staff and DoD. Her primary leadership positions included Company Commander, Battalion Executive Officer and Depot Commander. Her other significant assignments included Assistant Executive Officer to the Director of the Army Staff and the Army National Account Manager in the Defense Logistics Agency. Colonel Yarbrough's final assignment was as the Military Director for DoD's Defense Advisory Committee on Women in the Services (DACOWITS) from July 2012 through November 2015. In this position, she served as the primary advisor to the Secretary of Defense on all matters pertaining to women in the armed forces. During her career, she served combat tours in Operations Desert Shield/Desert Storm, OEF and OIF. Colonel Yarbrough has a Bachelor's degree in business administration from Arkansas Tech University, a Master's degree in logistics management from Florida Institute of Technology and a Master's degree in national resource strategy from the National Defense University. After retiring, she turned to volunteer work. Colonel Yarbrough serves as Chair for her community women's golf league, a member of the Quad Cities Military Retiree Council and as an Illinois Ambassador for the Military Women's Memorial in Washington D.C.

Fleet Master Chief April Beldo-Lilley, U.S. Navy (Retired), served in the U.S. Navy from 1983-2017, initially in the aviation maintenance field. During her more than 33-year career in the Navy, she served in various positions of senior leadership, to include Command Master Chief on ships, Command Master Chief of Recruit Training Command and Command Master Chief of Naval Service Training Command in Great Lakes, II; Force Master Chief for Naval Education and Training Command, as well as Manpower, Personnel, Training and Education; Fleet Master Chief of Manpower, Personnel, Training and Education. After retirement, she was as an Instructor of Naval Science for Seneca Valley High School Navy Junior ROTC. Her awards include the Legion of Merit, several Navy and Marine Corps Achievement and Navy and Marine Corps Commendation awards. Fleet Master Chief Beldo-Lilley holds a Bachelor of Science in liberal arts from Excelsior College and a Master of Arts in organizational leadership from American Military University. She currently serves as the Director of Executive Operational Planning for a financial institution, where she manages enterprise events and protocols at the CEO, executive and board of Director levels.

Melissa Castillo served in the U.S. Navy from 1994-1996 and the USNR from 2004-2008. She is a retired Assistant County Veterans Service Officer for Dallas County, where she was responsible for improving Veterans, dependents and caregivers' access to VA's benefits and services. During her more than 19 years of Veterans service--to include 14 years preparing, presenting and prosecuting claims as an accredited Veterans Service Officer--she served in many advocacy roles, such as State Delegate for the National Association of County Veterans Service Officers, member of the Texas Veterans Commission's Veterans County Service Office Advisory Committee, member

of VA's Advisory Committee on Minority Veterans and county WVC. She also served as an independent Veterans advocate working to improve Veterans, dependents and care givers' access to VA's benefits and services. Currently employed as a Veterans service representative (rating) in Waco, Ms. Castillo served as a member of the ACWV until June 2022.

Delise Coleman served in the USMC from 2004-2015, where she served in supply administration and operations military occupation specialty. During her military career she served three deployments in support of OIF. She currently serves as a HUD-VASH program Certified Peer Support Specialist for Volunteers of America Los Angeles. In this capacity, she assists Veterans with developing recovery plans that include the skills, strengths, supports and resources to aid them in achieving their individual goals; assists Veterans in maintaining permanent housing; and assists case managers with helping participants eliminate barriers and maintain employment, housing and sobriety.

Tiffany Daugherty served as Company Operations Clerk and Air Traffic Controller in the U.S. Army, from 2000-2002. As Air Traffic Controller-in-Charge, she was responsible for training air traffic controllers on Federal Aviation Administration regulations and procedures and evaluated their effectiveness before authorizing operation of key positions; she was also responsible for the safety and efficiency of aircraft. As an operations clerk, Ms. Daugherty managed the company's files according to guidelines. She received an early promotion to the rank of Specialist, for her efficiency and quality of work. Ms. Daugherty has a Bachelor's degree in professional studies from Austin Peay State University and a Master's degree in rehabilitation counseling from Assumption College. Since her medical discharge, her primary professional focus has been serving the Veterans community in the areas of employment, health and wellbeing. Ms. Daugherty served as a member of the ACWV until July 2021.

Command Master Chief Linda L. Handley, U.S. Navy (Retired), served from 1980 to 2011. During Desert Storm, she served in theater on the Commander of U.S. Central Command's staff, for which she was among the first women to receive the combat action ribbon. Command Master Chief Handley also participated in OEF and OIF. During her extensive career, she served on eight ships and was the trailblazer for women on naval combatant vessels. She is a graduate of the U.S. Navy's Senior Enlisted Academy; was a designated master training specialist and was often recognized for excellence in leadership. She completed training on sexual assault victim intervention and provided guidance to numerous sailors and Marines during deployments. She also completed casualty assistance calls officer training and graduated from the U.S. Navy Corporate Business Course, completing courses in human capital strategy, financial management, risk management, moral leadership and people strategy and networking. Command Master Chief Handley served as a member of the ACWV until September 2021.

Command Master Chief Petty Officer Octavia Harris, U.S. Navy (Retired), began her military career in 1982 as a Yeoman. She was one of the first women to serve onboard a combatant warship, the USS NIMITZ, where she earned the surface warfare specialist qualification and achieved the rank of Chief Petty Officer. As Command Senior Chief and department head for Amphibious Squadron ONE, she led a staff supporting amphibious warships in direct support of OEF and OIF. As Command Master Chief on the USS Pinckney, she became the destroyer's first female enlisted leader-- leading a crew in support of direct counter piracy efforts and the Global War on Terror's anti-terrorism efforts. As Command Master Chief of Space and Naval Warfare Systems Command, she was instrumental in the development of the Information Dominance Warfare Program. She retired in 2012. Command Master Chief Harris received a Bachelor of Arts in health care management from the National University and a Master of Science in operations management from the University of Arkansas. As a civilian, she was program manager of the Comprehensive Advanced Restorative Effort (CARE) and Naval Medical Center San Diego, where she served on the VA/ DoD joint Interagency Care Coordination Committee (IC3); the board of Directors for the San Diego chapter of Women in Defense; and the board of Directors for San Diego's Support the Enlisted Project—which supports active duty and Veterans in financial crisis. She is now retired from Federal service and currently serves as the Employment and Integration Subcommittee Chair on DACOWITS. Command Master Chief Harris is the immediate past ACWV Chair; she served as a member of the ACWV until December 2021.

Colonel Wistaria Joseph, U.S. Air Force (Retired) served more than 30 years in the military. Originally from the U.S. Virgin Islands, she enlisted in the U.S. Air Force in 1986, graduated from the Air Force Academy Prep School in 1989 and received her commission from the U.S. Air Force Academy in 1993. Her extensive military career includes experience in the manpower/human resources/personnel/force support/mission support fields; commanding at the squadron and group levels, serving as a Director of Manpower and Personnel; and serving in support of Operation Noble Eagle, OEF, OIF and OND. She is devoted to mentoring Service women and women Veterans in navigating the unique challenges they face. Colonel Joseph retired from the USAF in 2020. She is a doctoral student at the University of South Florida. Additionally, she volunteers with the Air Force Cadet Officer Mentor Association, Legacy Flight Academy, several other mentoring organizations and Virgin Islands community organizations. She also serves on her Congressional Delegate's military service academy nomination committee.

Lieutenant Colonel Lisa Kirk, Maryland Air National Guard (Retired), graduated from the U.S. Air Force Academy in 1990, where she received a Bachelor of Science in civil engineering. She also received a Doctorate degree in public health from the Uniformed Services University of the Health Sciences. Lieutenant Colonel Kirk served as a Biomedical Science Officer in the USAF and as a Bio-threats Issues Manager in the Maryland Air National Guard, where she retired in 2012. She was the Chief Executive Officer for Pink to Camouflage, which provided consulting services to Federal, state, local governments and academia that promoted Veterans' health. Lieutenant Colonel Kirk is active in organizations that mentor new Service members and organizations that advocate for disabled Veterans' rights in Florida. She also leverages

her Veterans advocacy networks to educate and empower disabled Veterans to improve their access to VA's benefits and services. She is a lifetime member of Disabled American Veterans (DAV) and currently serves as the Director of DAV's National Service Foundation. A former ACWV Health Subcommittee Vice Chair, Lieutenant Colonel Kirk served on the committee until September 2021.

Captain Cynthia Macri, U.S. Navy (Retired) served in the U.S. Navy from 1979 to 2014 in notable roles that allowed her to impact policy and training in the areas of women's health and workforce diversity. She is the Senior Vice President and Chief Medical Officer for EagleForce Associates, Incorporated, where she serves as the subject matter expert on the integration of technology with current and emerging health care models, with special emphasis on maternal health, patient safety and institutional compliance. Captain Macri is fully licensed and dual board-certified in obstetrics/gynecology and gynecologic oncology and has authored and co-authored articles in more than 20 peer reviewed scientific publications. She is also engaged in a myriad of organizations that impact policy for Veterans in Maryland, to include: the Maryland State Veterans Commission, Subcommittees on Opioid Misuse and Incarcerated Veterans; the Maryland State Commission on Suicide Prevention; the Montgomery County Commission on Veterans Affairs; and the Montgomery County Suicide Prevention Coalition.

Major General Marianne Mathewson-Chapman, U.S. Army (Retired), is a Veteran of Operation Desert Storm and numerous humanitarian relief operations. Before her military retirement in 2008, she served as Deputy Surgeon General for the Army National Guard, where she developed policy for the health and medical readiness of 350,000 Army National Guardsmen in 50 states and Guam, Puerto Rico, the Virgin Islands and District of Columbia, ensuring a medically ready force for deployments. From 2000-2013, she worked in various senior-level positions in VA's Office of VHA Interagency Relations OEF/OIF/OND Outreach and Office of Seamless Transition and VA Liaison with the National Guard and Reserves and served as a liaison to each of the Reserve components' leadership. Major General Mathewson-Chapman holds a Bachelor's degree in nursing from the University of San Diego, a Master's degree in oncology nursing from University of California and Doctor of Philosophy in nursing and anthropology from the University of Florida. She currently serves as a nurse consultant, collaborating with organizations to improve care, benefits and services for Veterans and Service members. Additionally, she was recently inducted into the Daughters of the American Revolution, St Petersburg, FL chapter.

Chief Warrant Officer 2 Moses A. McIntosh Jr., U.S. Army (Retired), served in both the U.S. Air Force and the U.S. Army from 1977 to 1997. In the U.S. Air Force, he served as a training flight instructor defense aerial gunner B-52G; promoted optimum use of aircraft defensive fires control systems; and was responsible for operation of the Air Force satellite communication link. In the U.S. Army, his leadership experience included serving as a Rear Detachment Commander and UH-60 Helicopter Pilot; providing medical evacuation coverage; serving as Executive Officer and Project Manager; and managing day-to-day operation of the company. He is a service-connected Veteran, with participation in Operations Desert Shield/Desert Storm, having

logged more than 2,800 flight hours and flying 25 combat missions. Chief Warrant Officer 2 McIntosh has a Master of Science in human resource management from Troy State University and Bachelor of Science degrees in management from the University of Maryland and in management studies from Louisiana Tech University. He served more than 21 years in DAV, in various positions of organizational leadership and is a past National Commander of DAV.

Lieutenant Colonel Shannon McLaughlin, Massachusetts Army National Guard, is An OEF Veteran and currently serves full-time as the State Judge Advocate for the Massachusetts National Guard. She is responsible for advising on ethical, administrative, fiscal, operational and contract law issues, as the agency's lead attorney and drafts legislation to modernize the Massachusetts National Guard. Lieutenant Colonel McLaughlin has more than 21 years of military service—as a former enlisted sailor in the USNR and as an officer in the Army National Guard. She earned numerous medals, to include the Meritorious Service Medal, five Army Commendation Medals and several Navy and Marine Corps Achievement Medals. Lieutenant Colonel McLaughlin served on the American Bar Association's Standing Committee for Armed Forces Law, has received numerous awards for her public service and has the Lesbian Gay Bisexual Transgender courage award for public service from Boston College Law School named in her honor. She also serves part-time as the Command Judge Advocate for the 151st Rear Support Group, where she administers justice and discipline and advises the Brigade Commander. Lieutenant Colonel McLaughlin is an elected member of the Planning Board for the Town of Sharon, Massachusetts. She currently serves as ACWV Benefits Subcommittee Vice Chair.

Sandra Miller served in the U.S. Navy as a Radioman from 1975-1981 during the Vietnam era. Her Veteran service spans 30 years and includes various grassroots initiatives to meet the needs of Veterans. She was employed by the Philadelphia Veterans Multi-Service Center as the Director of their Coatesville Residential Services. She oversaw the operations of Landing Zone II, a 95-bed male Veteran transitional residence and The Mary Walker House, a transitional residence for homeless women Veterans funded by a grant from VA. Her other grassroots efforts were supporting the Veterans in Pennsylvania included participation in the annual Philadelphia Stand Down from 1995-2001 and providing services to Rainbow Home AIDS Hospice until its closure. Ms. Miller currently serves as Chair of Vietnam Veterans of America National Homeless Committee and has membership on several of VVA's National committees, such as Women Veterans Committee; PTSD/Substance Abuse; Health Care and Government Affairs.

Master Sergeant Lachrisha Parker, U.S. Army Reserved (Retired) served in the U.S. Army, reserve and active guard reserve, from 1990-2018. She served various leadership positions as an executive non-commissioned officer. Her duties included: providing high level administrative support for executive-level staff; assessing the impact of change on people, processes, procedures, leadership and organizational culture; holding others accountable for measurable high-quality, timely and cost-effective results; planning, coordinating and executing business functions, resource allocation and production; managing and resolving conflicts, grievances, confrontations

or disagreements in a constructive manner to minimize negative personal impact; and anticipating the needs of both internal and external stakeholders. She has training in equal opportunity leadership and sexual harassment assault response and prevention and holds a Bachelor's degree from Excelsior College. Master Sergeant Parker was the Community Engagement Manager at the Military Women's Memorial.

Colonel Wanda Wright, U.S. Air Force (Retired), is a graduate of the U.S. Air Force Academy. Throughout her military career, she has served in various positions of leadership. She was selected to command Air Force personnel on a southwest border mission, in support of Operation Jump Start. As Director of Staff for the Arizona National Guard, Colonel Wright served as the principal full-time spokesman for Air National Guard senior leadership; developed strategic plans and programs and executed short term objectives; wrote definitive policies based on staff analysis; directed compliance on all regulatory mandates; managed all Arizona Air National Guard military personnel issues (2500 personnel); and initiated contact and maintained liaison with public officials and civic groups. She retired in 2011, after 26 years of service. Colonel Wright has a Bachelor's degree in financial management from the U.S. Air Force Academy, a Master's degree in business administration from Webster University, a Master's degree in public administration from University of Arizona and a Master's degree in educational leadership from Arizona State. Since her appointment in 2015, she has served as the Director of Veterans' Services for the State of Arizona.

Appendix C

Summary of Site Visits for (2020-2022)

The Advisory Committee on Women Veterans (Committee) generally conducts an annual site visit 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. Due to COVID-related safety restrictions, the Committee conducted two virtual site visits during this reporting period.

Tucson, Arizona:

The Committee conducted a virtual site visit on September 21-24, 2020, with the VISN 22: Desert Pacific Healthcare Network and the Southern Arizona VA Health Care System (SAVAHCS) in Tucson, Arizona. During this site visit, the Committee received overview briefings from: VISN 22 leadership and lead women Veterans program manager; SAVAHCS leadership and medical staff on programs and services available for women Veterans; leadership and staff from the Phoenix Regional Office; National Cemetery of Arizona leadership; the Director of Arizona Department of Veterans' Services; and local staff from the Office of Tribal and Government Relations. Finally, the Committee observed a virtual tour of the women's clinic, as well as a virtual town hall meeting for women Veterans in Arizona hosted by the SAVAHCS.

Portland, Oregon:

The Committee conducted a virtual site visit on August 24-27, 2021, with VISN 20: Northwest Network and the VA Portland Health Care System (VAPORHCS) in Portland, Oregon. During this site visit, the Committee received overview briefings from VISN 20 leadership and lead women Veterans program manager; VAPORHCS leadership and medical staff on programs and services available for Veterans in VISN 20; leadership and staff from the Portland Regional Benefits Office; Willamette National Cemetery leadership; Office of Tribal and Government Relations staff; the Director and women Veterans coordinator from the Oregon Department of Veterans Affairs; and local staff from the Office of Tribal and Government Relations. Finally, the Committee observed a virtual tour of the women's clinic, as well as a virtual town hall meeting for women Veterans in Oregon hosted by the VAPORHCS.

Appendix D
Briefings to the Advisory Committee on
Women Veterans (2020-2022)

The Committee received the following briefings during this reporting period:

Office of the Secretary

- Greeting from VA Leadership, Pamela Powers, Acting Deputy Secretary of Veterans Affairs, September 2020.
- Recorded Greetings from VA Leadership, Denis McDonough, Secretary of Veterans Affairs, April 2021.
- Updates from VA Leadership, Tanya Bradsher, Chief of Staff of Veterans Affairs, May 2022.

CWV

- Purpose for Site Visit, Jacquelyn Hayes Byrd, Executive Director/ACWV Designated Federal Officer, September 2020.
- Center for Women Veterans Update, Elizabeth Estabrooks, Acting Executive Director/ACWV Acting Designated Federal Officer, April 2021.
- Purpose for Site Visit, Lourdes Tiglao, Director/ACWV Designated Federal Officer, August 2021.
- CWV Brief Update on Women Veterans Survey/IPV/NDAA Research, Elizabeth Estabrooks, Deputy Director, December 2021.
- Results of Women Veterans Survey, Elizabeth Estabrooks, Deputy Director, May 2022.
- Update on Naming Spaces Initiative, Lourdes Tiglao, Director/ Elizabeth Estabrooks, Deputy Director, May 2022.

VBA

- Welcome and In Brief, Chris Norton, VA Phoenix Regional Office (Phoenix RO) Director, September 2020.
- Veterans Service Center Overview, Austin Steveson, Assistant Veterans Service Center Manager, Phoenix RO, September 2020.
- Women Program Overview/LGBTQ Program Overview/Justice Involved Veterans Program Overview/Minority Veterans Program/Native American Veterans Program Overview, Sabrena Schmella, Supervisory Veterans Service Representative, Phoenix RO, September 2020.
- Military Sexual Trauma Program Overview, Kimberly Kordik, Rating Veterans Service Representative, Phoenix RO, September 2020.
- Veteran Readiness & Employment (VR&E) Overview, Walt Strong, VR&E Officer, Phoenix RO, September 2020.
- National Call Center (NCC) Overview, Jill Rufener, NCC Manager, September 2020.
- Regional Loan Center Overview, Bryant Lacey, Loan Guaranty Officer, September 2020.

- Women Veterans Benefits Journey Map, Stephen Ellis, Sr. Customer Experience Strategist, Strategic Program Management Office; Angela Kendrix, Acting Deputy Director, Outreach, Transition and Economic Development, April 2021.
- Update 2020 ACWV Report Recommendation #2, Charmain Bogue, Executive Director, Education Service, April 2021.
- Update 2020 ACWV Report Recommendation #3, Cheryl Rawls, Executive Director, Office of Outreach, Transition and Economic Development, April 2021.
- Update on the Office of Transition and Economic Development (OTED) Initiatives Dr. Lawrencia Pierce, Acting Executive Director, OTED, April 2021.
- Overview of the Portland VA Regional Office (VARO) Business Lines, Renaye Murphy, Director, Portland VARO, August 2021.
- Veterans Service Center (VCS) Overview/Topics, Kevin Kalama, VSC Manager, Portland VARO, August 2021.
- Veteran Readiness and Employment (VR&E) Overview/Topics, Melissa Bay, VR&E Officer, Portland VARO, August 2021.
- Update on 2020 ACWV Report Recommendation #2, Ricardo Da Silva, Program Integration Officer, Education Service, December 2021.
- Update on 2020 ACWV Report Recommendation #3, E. Maquel Marshall, Lead Program Analyst, Outreach, OTED, December 2021.
- Veterans Benefits Banking Program/Financial Literacy for Veterans, Christine Bensedira, Director, Office of Finance; Michael Ewald, Deputy Director, Office of Finance, December 2021.
- Economic Development (Financial Literacy), Shawnta Sampson, Chief, OTED, May 2022.

VHA

- Welcome of Leadership and Introduction, Executive Leadership Team, Southern Arizona VA Health Care System (SAVAHCS), September 2020.
- Overview of Desert Pacific Healthcare Network (VISN 22) Facilities/Programs/Demographics, Michael W. Fisher Network Director, VISN 22, September 2020.
- Overview of VISN 22 Women Veteran Services, Leslie Minjarez, VISN 22 Lead Women Veterans Program Manager, September 2020.
- Greetings from VHA Leadership, Janet Porter, Deputy Field Director, Women's Health Services, September 2020.
- SAVAHCS and Its Strategic Partnerships, Jennifer S. Gutowsk, Director, SAVAHCS, September 2020.
- Vet Center Overview, Steve Reeves, Regional Director, Readjustment Counseling Service, September 2020.
- Veteran Justice Program, Steven Wenzel, Veteran Justice Outreach Liaison/Amelia Hill, Veteran Justice Outreach Liaison, Veteran Justice Office, SAVAHCS, September 2020.
- Native American Veteran Program and Indian Health Services Sharing Agreements, Eve L. Broughton, Chief of Specialty Ambulatory Care/Laura Ybarra, Native American Program Coordinator, SAVAHCS, September 2020.

- SAVAHCS Women's Health Program, Gina Wan, WVPM, SAVAHCS/Leslie Minjarez, Lead WVPM, VISN 22; Dr. Jennifer Flynn, Medical Director, Women's Health, SAVAHCS, September 2020.
- Primary Care in Community Based Outpatient Clinics, Dr. Mark Liu, Chief of Primary Care and Community Clinic Services/Sally Petty, Chief of Primary Care Nursing, SAVAHCS, September 2020.
- SAVAHCS Health Care Training Programs Briefing, Dr. Jennifer Flynn, Medical Director, Women's Health, SAVAHCS/Leslie Minjarez, Lead WVPM, VISN 22, September 2020.
- Breast and Cervical Cancer Screening Program, Gina Wan, WVPM/Dr. Jennifer Flynn, Medical Director, Women's Health, SAVAHCS, September 2020.
- Maternity Care Coordination, Tammy Rascon, Maternity Care Coordinator, SAVAHCS, September 2020.
- Gynecology Service, Dr. Lori Hudson, Gynecology Service, Women's Health Services (WHS)/Dr. Ratheany Sakburn, WHS Gynecology Service, SAVAHCS, September 2020.
- Mental Health Service, Dr. Lucretia Vaughn, Associate Chief of Staff for Mental Health, SAVAHCS, September 2020.
- Intimate Partner Violence (IPV) Assistance Program, Christopher Guerrero, IPV Assistance Program Coordinator, SAVAHCS, September 2020.
- Suicide Prevention Program, Kady Walker, Suicide Prevention Program Coordinator, SAVAHCS, September 2020.
- Military Sexual Trauma (MST) Program, Dr. Kathleen Young, MST Coordinator, SAVAHCS, September 2020.
- Health Care for Homeless Veterans, Danna Auriana, Homeless Program Section Chief, SAVAHCS, September 2020.
- Inpatient Services, Dr. Kerri Wilhoite, Associate Director for Patient Care Services/Anna Bourguet, Chief of Acute Care Services/Chauncey Roach, Chief of Critical Care Services/Michelle Throckmorton, Community Living Center Service Chief, SAVAHCS, September 2020.
- Telehealth Program, Nicole Larkin, Associate Chief of Staff for Development and Telehealth, SAVAHCS, September 2020.
- Research Program, Dr. Stephen Thompson, Acting Chief of Research, SAVAHCS, September 2020.
- Medical Affiliations, Dr. Eugene Trowers, Associate Chief of Staff for Education, SAVAHCS, September 2020.
- Whole Health Initiatives, Amy Duschinski, THRIVE Initiative Co-Facilitator/Dr. Sheila Sedig, Whole Health Program Coordinator/Dr. Roberta Lee, Clinical Director for Whole Health, SAVAHCS, September 2020.
- Compensation and Pension (C&P) Program, Dr. Boaz Rabin, C&P Program Clinical Director, SAVAHCS, September 2020.
- Rural Health Program, Kenneth Browne, VISN Rural Consultant, VISN 22, September 2020.
- Lesbian, Gay, Bisexual, Transgender (LGBT) & Gender Diversity Program, Patrick Powers-Lake, Patient Safety Manager & LGBT Veteran Care

Coordinator/Dr. Jennifer Flynn, Medical Director, Women's Health, SAVAHCS, September 2020.

- Prosthetic and Sensory Aids Service (PSAS), Danny Serna, PSAS Chief, SAVAHCS, September 2020.
- Transition Care and Management (TCM) Program, Monica Risely, TCM Program Manager, SAVAHCS, September 2020.
- Update on Women Veterans Research, Dr. Elizabeth Yano, Director, VA Women's Health Research Network, VA Health Service Research & Development, April 2021.
- Expansion of Peer Support for Women Veterans, Dr. Jennifer Strauss, Acting National Director, Family Services, Women's Mental Health and Military Sexual Trauma, Office of Mental Health and Suicide Prevention, April 2021.
- Women's Health Update/Reproductive Health and Coronavirus, Dr. Amanda Johnson, Director, Women's Reproductive Health, Office of Women's Health/Dr. Alicia Christy, Deputy Director, Women's Reproductive Health, Office of Women's Health, April 2021.
- Update 2020 ACWV Report Recommendation #6, Dr. Jeffrey Chenoweth, Acting Director, National Radiology Program Office/Lisa Wall, Assistant Director, National Radiology Program Office/Dr. Michael Kelley, Executive Program Director for Oncology, Specialty Care Services and Chief, Hematology/Oncology Durham VAMC, April 2021.
- Update 2020 ACWV Report Recommendation #7, Dr. Sally Haskell, Deputy Chief Officer, Office of Women's Health/Chris Mannozi, Director, Performance Measurement, April 2021.
- Update 2020 ACWV Report Recommendation #8, Dr. Sally Haskell, Deputy Chief Officer, Office of Women's Health/Dr. Mary Driscoll, Consultant, Women's Health, VA Connecticut Healthcare System/Dr. Katherine Hoggatt, Research Health Science Specialist, San Francisco VA Health Care System/Dr. Friedhelm Sandbrink, National Program Director, Pain Management, Opioid Safety and PDMP (PMOP), Specialty Care Services, April 2021.
- Intimate Partner Violence and Women Veterans, Dr. LeAnn Bruce, National Program Manager, Interpersonal Violence and Assistance Program (IVAP), Care Management and Social Work/ Dr. Katherine Iverson, Clinical Psychologist, National Center for Post-traumatic Stress Disorder, VA Boston Healthcare System, April 2021.
- Welcome, Darwin Goodspeed, Director, VA Portland Health Care System (VAPORHCS), August 2021.
- Overview of VISN 20 Facilities/Programs/Demographics, Dr. Chris Curry, Chief Medical Officer, VISN 20, August 2021.
- Overview of VISN 20 Women Veterans Services, Ami Reno, VISN 20 Lead WVPM, VISN 20, August 2021.
- Overview of VAPORHCS and Strategic Partnerships, VAPORHCS Executive Leadership Team, VAPORHCS, August 2021.
- Overview of VAPORHCS's Women's Health Program/Primary Care, Dr. Sarah Suniga, WVPM/Dr. Brenda LaFavor, Women's Health Medical Director/Dr. Phillip Dove, Deputy Clinic Director, Primary Care, VAPORHCS, August 2021.

- Breast and Cervical Cancer Screening Program, Dr. Brenda LaFavor, Women's Health Medical Director/Dr. Sarah Suniga, WVPM/ Alyssa Meyer, Group Practice Manager (GPM), VAPORHCS, August 2021.
- Maternity Care Coordination, Meghan Kauffman, Women's Health Navigator and Maternity Care Coordinator, VAPORHCS, August 2021.
- Overview of VAPORHCS's LGBTQ+ Program, Dr. Aakash Kishore, LGBT Veteran Care Coordinator, VAPORHCS, August 2021.
- Overview of VAPORHCS Mental Health (MH) Services, Courtney Covey Lewis, Associate Chief Nurse Executive, MH & Clinical Neurosciences Division/Dr. Odessa Cole, Women's MH Program Director, VAPORHCS, August 2021.
- MST Program, Aysha Crain, MST Coordinator, VAPORHCS, August 2021.
- Interpersonal Violence and Assistance Program (IVAP), Andrew Goodwin, IVAP Coordinator, VAPORHCS, August 2021.
- Suicide Prevention Program, Monireh Moghadam, Suicide Prevention Coordinator, VAPORHCS, August 2021.
- Healthcare for Homeless Veterans, Carolyn Bateson, Director Community Reintegration Services, August 2021.
- Whole Health, Dr. Dave Greaves, Clinical Director, Whole Health, VAPORHCS, August 2021.
- Veteran Justice Outreach Overview, Matthew Byrge, Social Worker, Veteran Justice Outreach Program, VAPORHCS, August 2021.
- Update on VA's National Strategic Plan for Breast Imaging (Recommendation #6 2020 ACWV Report), Lisa Wall, Assistant Director for the National Radiology Program/Christina Davidson, National Director for Mammography/Dr. Jeffrey Chenoweth, Acting Deputy Executive Director for Diagnostic Services, December 2021.
- Update on VA's Breast and Gynecological Cancers System of Excellence, Dr. Michael Kelley, Executive Program Director, Oncology, Specialty, Care Services; Chief, Hematology/Oncology Durham VAMC/Dr. Haley Moss, Director, Breast and Gynecologic Cancers System of Excellence, December 2021.
- Update on 2020 ACWV Report Recommendation #8, Dr. Sally Haskell, Deputy Chief Officer, Office of Women's Health/Dr. Mary Driscoll, Consultant, Women's Health, VA Connecticut Healthcare System/Dr. Katherine Hoggatt, Research Health Science Specialist, San Francisco VA Health Care System/Dr. Friedhelm Sandbrink, Executive Director, Pain Management, Opioid Safety and Prescription Drug Monitoring Program (PMOP), Specialty Care Services, December 2021.
- Update on VHA's Implementation of PL116-315 (Deborah Sampson/Women's Health), Dr. Patricia Hayes, Chief Officer, Office of Women's Health, December 2021.
- Overview of VA's Assault and Harassment Prevention Office/Update on 2020 ACWV Report Recommendation #10, Lelia Jackson, Director, Assault and Harassment Prevention Office, December 2021.
- Overview of Veteran Homelessness and VA's Homeless Programs Dr. Dina Hooshyar, Director, National Center on Homelessness Among Veterans, December 2021.

- Overview of VA's Office of Rural Health, Dr. Thomas Klobucar, Director, Office of Rural Health, December 2021.
- Rapid Review of IPV Research Requirement, Dr. Nicholas Parr, Associate Director, VA Evidence Synthesis Program Coordinating Center, December 2021.
- Update on the IPV Pilot Program/ PL 116-315, Section 5304, Dr. LeAnn Bruce, National Program Manager, IPVAP, Care Management & Social Work, May 2022.
- Update on VA's Efforts to Address Sexual Harassment and Assault, Harvey Johnson, Deputy Assistant Secretary, Office of Resolution Management, Diversity & Inclusion/Lelia Jackson, Director, Assault and Harassment Prevention Office, May 2022.
- MST Treatment for Guard and Reserves/Public Law 116-315, Section 5111, Dr. Marsden McGuire, Director, Continuum of Care and General Mental Health, Office of Mental Health and Suicide Prevention/Dr. Margret Bell, National Deputy Director for Military Sexual Trauma, Office of Mental Health and Suicide Prevention, May 2022.

NCA

- National Cemetery Overview, Srey Austin, Director, Phoenix National Cemetery of Arizona, September 2020.
- Overview of Willamette National Cemetery, Jared Howard, Director, Willamette National Cemetery, August 2021.

OSDBU

- Overview of Office of Small and Disadvantaged Business Utilization and Initiatives for Women Veteran Entrepreneurs, Michelle Gardner-Ince, Director, Women Veteran-Owned Small Business Initiatives, December 2021.
- Entrepreneurship Beyond Federal Contracts, Antoine Broughton, Director, Direct Access Program, May 2022.

Office of Resolution Management, Diversity & Inclusion

- Update on VA's Efforts to Address Sexual Harassment and Assault, Harvey Johnson, Deputy Assistant Secretary, Office of Resolution Management, Diversity & Inclusion/Lelia Jackson, Director, Assault and Harassment Prevention Office, May 2022.

Office of Tribal and Government Relations

- Office of Tribal and Government Relations (OTGR), LoRae HoMana Pawiki, Tribal Government Relations Specialist, Pacific District and Continental District, September 2020.
- OTGR, Terry Bentley, Tribal Relations Specialist, Pacific District, OTGR, August 2021.

ACMO

- FACA 101 Briefing, Jeffrey Moragne, Director, May 2022.

United States Department of Labor

- Update on Women Veterans Employment, Meg, O'Grady, National Strategic Partnerships Manager, Office of Strategic Outreach Veterans' Employment and Training Service, May 2022.

State Departments of Veterans Services

- Overview of the Arizona Department of Veterans' Services (ADVS), Wanda Wright, Director ADVS, September 2020.
- Overview of the Oregon Department of Veterans Affairs, Kelly Fitzpatrick, Director, Oregon Department of Veterans Affairs, August 2021.
- Greetings from the Oregon State Women Veteran Coordinator, Jessica Bradley, State Women Veterans Coordinator, Oregon Department of Veterans Affairs, August 2021.

Appendix E
2021 Charter of the Advisory Committee on Women Veterans

Department of Veterans Affairs
Charter of the
Advisory Committee on Women Veterans

1. Official Designation. Advisory Committee on Women Veterans (Committee)

2. Authority. The Committee is authorized by statute, 38 U.S.C. § 542, and operates under the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. App. 2.

3. Objectives and Scope of Activity. The Committee provides advice to the Secretary of Veterans Affairs (SECVA) with respect to the administration of benefits by the Department of Veterans Affairs (VA) for women Veterans; reports and studies pertaining to women Veterans; and the needs of women Veterans with respect to health care, rehabilitation benefits, compensation, outreach and other benefits and programs administered by VA.

4. Description of Duties. In carrying out its primary responsibility of providing advice to the SECVA, the Committee will provide a report to the SECVA not later than July 1 of each even-numbered year, which includes the following: (1) an assessment of the needs of women Veterans with respect to compensation, health care, rehabilitation, outreach and other benefits and programs administered by the Department; (2) a review of the programs and activities of the Department designed to meet such needs; (3) an assessment of the effects of intimate partner violence on women Veterans; and (4) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.

5. Official to Whom the Committee Reports. The Committee reports to the SECVA through the Director, Center for Women Veterans.

6. Office Responsible for Providing the Support to the Committee. The Center for Women Veterans is responsible for providing support to the Committee.

7. Estimated Annual Operating Costs in Dollars and Staff Years. The estimated annual operating costs for the Committee are \$321,465 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.

8. Designation Federal Officer. The Designated Federal Officer (DFO), a full time VA employee, will approve the schedule of Committee meetings. The DFO, or a designee, will be present at all 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.

9. Estimated Number and Frequency of Meetings. The Committee is expected to meet at least two times annually and may have additional meetings if necessary.

10. Duration. There is a continuing need for the Committee to assist the SECVA in carrying out the responsibilities under 38 U.S.C. § 542. Unless renewed by appropriate action prior to its expiration, the charter for the Committee will expire two-years from the date it is filed.

11. Termination Date. Authorized by law for an indefinite period, the Committee has no termination date.

12. Membership and Designation. 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; representatives of both female and male Veterans with service-connected disabilities, including at least one woman Veteran with a service-connected disability and at least one male Veteran with a service-connected disability; and women Veterans who are recently separated from service in the Armed Forces. The Committee shall include ex officio members, as specified in 38 U.S.C. § 542, representing the Secretary of Labor (or designee), the Secretary of Defense (or a designee), the Under Secretary for Health (or a designee) and the Under Secretary for Benefits (or designee). 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—and 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.

13. Subcommittees. With the DFO's approval, the Committee is authorized to establish subcommittees to perform specific projects or assignments as necessary and consistent with its mission. The Committee Chairperson shall notify the Secretary, through the DFO and the Center for Women Veterans, of the establishment of any subcommittee including its function, membership, and estimated duration. The objectives of the subcommittees are to make recommendations to the chartered Committee with respect to matters related to the responsibilities of the chartered Committee. Such subcommittees may have workgroups but may not work independently of the chartered Committee and must report their recommendations and advice to the full Committee for full deliberation and discussion. Subcommittees have no authority to make decisions on behalf of the parent Committee nor can they report directly to VA. A DFO, or alternate DFO, must be present for all subcommittee activities and take notes.

14. Recordkeeping. Records of the Committee shall be handled in accordance with General Records Schedule 6.2 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.

15. Filing date.

Approved. AMC
Denis McDonough
Secretary of Veterans Affairs

10/14/21
Date

Appendix F Center for Women Veterans Fact Sheet



U.S. Department of Veterans Affairs Center for Women Veterans

Established by Congress in November 1994 by P. L. 103-446

Our Mission

- To monitor and coordinate VA's administration of health care, benefits, services and programs for women Veterans.
- To serve as an advocate for cultural transformation (both within VA and in the general public) in recognizing the service and contributions of women Veterans and women in the military.
- To raise awareness of the responsibility to treat women Veterans with dignity and respect.

Our Activities

- The Director serves as primary advisor to the Secretary on Department policies, programs and legislation that affect women Veterans.
- Monitors and coordinates with internal VA offices on their benefits and services delivery to women Veterans.
- Liaises with Federal agencies, state and local agencies and organizations and non-government partners.
- Serves as a resource and referral center for women Veterans, their family and their advocates.
- Educates VA staff on women Veterans' military contributions.
- Ensures that communications channels and assets portray and target women Veterans through images, messages and branding.
- Promotes recognition of women Veterans' military service and contributions by sponsoring activities and special events.
- Manages and coordinates Advisory Committee on Women Veterans activities.

Where To Get Help

Women Veterans Call Center: Your guide to VA. Contact 1-855-VA-WOMEN, (1-855-829-6636) or chat here <https://www.womenshealth.va.gov/programoverview/wvcc.asp> for assistance. Hours of operation are Mon-Fri, 8:00am — 10:00pm (ET) and Sat, 8:00am — 6:30pm (ET).

Benefits: Designated Women Veterans coordinators (WVC) can be contacted at your nearest VA regional office to assist with claims. Contact 1-800-827-1000; visit their website at <http://www.benefits.va.gov/benefits/> for more information.

Military Sexual Trauma: VA provides free treatment for any physical or mental health conditions related to Veterans' experiences of MST. No documentation of the MST experience or VA disability compensation rating is required. Some Veterans can receive this free MST-related care even if they are not eligible for other VA care. MST-related outpatient services are available at every VA medical center and many VA community-based outpatient clinics. MST-related outpatient counseling is also available through VA's community-based [Vet Centers](#).

Homelessness: The National Homeless Call Center for Homeless Veterans can be reached at 1-877-424-3838. Homeless Veteran coordinators can be located at <https://www.va.gov/homeless/>.

Crisis Hotline: If you're in crisis, or to help a Veteran in crisis, call **Crisis Hotline at 1-800-273-8255, press option 1**. You will be connected to a skilled, trained counselor a center in your area anytime, 24/7. You can also confidentially **chat by texting 838255** to get help now, or visit the website at <https://www.veteranscrisisline.net/>.

Locating the nearest VA Health Care Facility: VA Medical facilities can be found across the country, divided into 23 regional networks: Call 1-800-827-1000 or <https://www.va.gov/find-locations/>.

Women's Health: Full-time women Veterans program managers (WVPM) are located in VA health care facilities across the country. WVPM can assist women Veterans with accessing VA's health care services.
Visit <http://www.womenshealth.va.gov>.

Minority: Minority Veterans Program Coordinators (MVPC's) are at every VA healthcare facility, regional office and national cemetery.
For more information, please the Center for Minority Veterans at <http://www.va.gov/centerforminorityVeterans/>.

Access to Patient Medical Information: MyHealthVet is VA's online health record system designed to help VA Patients manage their healthcare records from medical providers. Contact 1-877-327-0022 or visit their website at <https://www.myhealth.va.gov>.

VA for Vets: VA for Vets is designed to help you successfully transition from military service to civilian careers.
Contact at 1-855-824-8387 or via the web at <https://www.vaforvets.va.gov/>.

Home Loan Assistance: VA helps Servicemembers, Veterans and eligible surviving spouses become homeowners. As part of our mission to serve you.
Contact 1-877-827-3702 or via the web at <https://www.va.gov/housing-assistance/home-loans/loan-types/>.

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Education and Training: For information on GI Bill® contact 1-888-442-4551 or visit the website at www.benefits.va.gov/gibill/.

VA's Office of Small & Disadvantaged Business Utilization (OSDBU): in collaboration with Business USA, offers a collection of tools to help you start and grow your small business. The

Veteran Entrepreneur Portal (VEP) quickly connects Veteran entrepreneurs to relevant best-practices and information at: www.va.gov/OSDBU/entrepreneur/index.asp Information for Veterans who would like to start their own business is also available from the Small Business Administration at: www.sba.gov.

Million Veterans Program: MVP is a national research program to learn how genes, lifestyle and military exposures affect health and illness. Since launching in 2011, over 825,000 Veteran partners have joined one of the world's largest programs on genetics and health. To learn more or join, visit mvp.va.gov.

LGBTQ+: Every facility has at least one LGBTQ+ Veteran Care Coordinator. For more information on the VHA LGBTQ+ Health Program and related policies, download a fact sheet on LGBTQ+ women Veterans health, or find an LGBTQ+ Program at a facility near you, visit www.patientcare.va.gov/LGBT/ or call 1-800-827-1000.

National Cemetery Administration: To learn more about eligibility, schedule a burial, or find a cemetery near you visit www.cem.va.gov.

Arlington Cemetery is not operated by the VA but through the Department of Defense with different eligibility rules. For more information visit www.arlingtoncemetery.mil

Contact Us:

**U. S. Department of Veterans Affairs
Center for Women Veterans**

810 Vermont Avenue NW
Washington, DC 20420

Contact us **securely** at www.ask.va.gov

Phone: 202-461-6193

Fax: 202-273-7092

Email: 00W@va.gov

<http://www.va.gov/womenvet>

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#BringWomenVeteransHome2VA

