

Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV)
Site Visit: Southern Arizona VA Health Care System
September 21-24, 2020

The Advisory Committee on Women Veterans (the Committee) conducted a virtual site visit with the Southern Arizona VA Health Care System (SAVAHCS) and Veterans Integrated Service Network 22 (VISN 22) via video-teleconference. Octavia Harris, Chair, presiding.

ACWV Members Present:

CMDCM Octavia Harris, USN, Ret., Chair

FLTCM April Beldo-Lilley, USN, Ret.

Tiffany Daugherty, USA Veteran

CMDCM Linda Handley, USN, Ret.

LTC Lisa Kirk, Maryland Air National Guard, Ret., Vice Chair for Health Subcommittee

MG Marianne Mathewson-Chapman, USA, Ret.

CW2 Moses McIntosh, Jr., USA, Ret.

LTC Shannon McLaughlin, Massachusetts Army National Guard

Sandra Miller, USN Veteran

MSG Lachrisha Parker, USA Reserve, Ret.

COL Wanda Wright, USAF, Ret.

COL Betty Yarbrough, USA, Ret., Vice Chair for Benefits Subcommittee

ACWV Ex-Officio Members Present:

Dr. Patricia Hayes, Women's Health Services (WHS), Veterans Health Administration (VHA)

Nicole Neri, Veterans Employment and Training Service, Department of Labor (DOL)

Lawrencia Pierce, Office of Transition and Economic Development, Veterans Benefits Administration (VBA)

ACWV Ex-Officio Members Excused:

COL Elaine Freeman, U.S. Army, Defense Advisory Committee on Women in the Services (DACOWITS), Department of Defense

ACWV Advisor Present:

Faith Hopkins, Office of Finance and Planning, National Cemetery Administration (NCA)

ACWV Advisor Excused:

CAPT Michelle Braun, U.S. Public Health Service, National Institutes of Health (NIH)

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Center for Women Veterans (CWV) Staff Present:

Jacquelyn Hayes-Byrd, Executive Director/ Designated Federal Officer (DFO)

Elizabeth Estabrooks, Deputy Director/ Alternate DFO

Shannon Middleton, Alternate DFO

Ana Claudio

Ruby Clendenning

Michelle Terry

Other VA Staff:

Jelessa M. Burney, Advisory Committee Management Office (ACMO)

Christina Davidson, SAVAHCS

Stanley Holmes, SAVAHCS

Kellye Kinnel, VBA

Cindi Mapelli, SAVAHCS

Dr. Janet Porter, WHS, VHA

Lori Vakoc, SAVAHCS

Public Guests:

Catharina Aiton

Adrian Atizado

Rene Campos

Mary Grossman

Sharon Hodge

Andrew John Del Bene

Tracie Pinkston

Casey Kvale

Gwendolyn McKinney

Ellen Milhiser

Jackie Ricker

Cathy Starr

Eugene Towers

Marcelino Valdnegro

Monday, September 21, 2020

Open Meeting

The Chair called the Committee to order at 8:31 a.m. Pacific Standard Time (PT) on its first meeting day. The Committee members, ex-officio members, advisors, and public guests introduced themselves.

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Greetings from VA Leadership

Pamela Powers, Acting Deputy Secretary of Veterans Affairs

Ms. Powers thanked Ms. Hayes-Byrd for inviting her to speak to the Committee. She applauded the CWV's initiative in hosting the site visit virtually to continue the work being done throughout VA to augment its services in support of women Veterans. Ms. Powers highlighted the dramatic increase in outreach and telehealth services offered to women Veterans since the beginning of the COVID-19 pandemic, the formation of a task force and campaign against sexual harassment, and the plans to establish a national VA system of excellence for breast cancer treatment as ways VA is continuing to enhance its culture and services for women Veterans, their families, and VA staff. Ms. Powers additionally emphasized her open-door policy with regard to questions and comments about women Veterans' issues and remarked on the importance of those interactions to grow and improve VA.

Vice Chair Kirk inquired as to whether VA has been tracking the impact of the COVID-19 pandemic on women Veterans, particularly those who have children, and their ability to receive care. Ms. Powers reported on the comprehensive expansion of telehealth services at VA, local efforts by women's health centers to conduct robust outreach and engagement with their community members on facilitating access to care, the distribution of fetal doppler monitoring machines to pregnant Veterans at their homes, and the utilization of mobile clinics as ways VA has worked to continue providing care despite the onset of the COVID-19 pandemic.

Purpose for Site Visit

Jacquelyn Hayes-Byrd, Executive Director, CWV

Ms. Hayes-Byrd welcomed the Committee to VA's first virtual site visit and thanked the leadership teams from SAVAHCS and VISN 22 for their hospitality and professionalism in facilitating the meeting, particularly SAVAHCS Director Ms. Jennifer Gutowski and VISN 22 Network Director Mr. Michael Fisher. Ms. Hayes-Byrd reported that the purpose of site visits is to give Committee members the opportunity to compare the information and briefings provided to them by officials at VA Central Office (VACO) with the day-to-day operations of VA facilities throughout the country. Ms. Hayes-Byrd noted that the briefings to be presented by SAVAHCS and VISN 22 should review what treatments, programs, benefits, and services are available specifically to women Veterans they serve, and invited leadership from SAVAHCS and VISN 22 to provide any relevant feedback or comments they may have so that the Committee, in its advisory role, may relay them to the Secretary.

Greetings from VHA Leadership

Janet Porter, Deputy Field Director, WHS, VHA

Dr. Porter echoed Ms. Powers' comments on outreach efforts and the expansion of telehealth in VA facilities throughout the country and noted that local women's health teams are not only facilitating in-person visits but have also taken an active role in addressing childcare issues whenever possible.

Vice Chair Yarbrough, on behalf of the Benefits Subcommittee, asked Ms. Powers to detail the efforts made by VA at an institutional level to ensure an inclusive environment for women Veterans, given the administrative resistance to, and historical impossibility of, altering the gender-specific language of VA mission statement. Ms. Powers related that she has received feedback on both sides of the issue from women Veterans and that, while she supports the Secretary's decision not to change the quotation, her focus is on ensuring a welcoming and supportive environment for women Veterans. She cited various campaigns, policies and offices established, both at the national and local facility levels, that are working to institutionalize the respect and honor that women Veterans deserve.

Desert Pacific Healthcare Network (VISN 22) Facilities, Programs, and Demographics

Michael W. Fisher, Network Director, VISN 22

Mr. Fisher introduced himself and thanked the Committee for the opportunity to present on VISN 22's facilities, programs, and demographics. VISN 22 is comprised of 8 health care systems across Southern California, Arizona, and New Mexico, which include 8 central medical centers, 9 nursing homes, 56 community-based outpatient clinics (CBOCs), and 18 other outpatient facilities. Mr. Fisher briefly reported on how VISN 22 targets its resources and facility improvements to areas where the Veterans population is increasing, and cited Arizona as an example. In fiscal year (FY) 2019, VISN 22 had approximately 6,900,000 outpatient visits, 54,000 inpatient admissions, a budget of \$5.418 billion, and 24,000 full-time employees; this data does not include care provided by VA community partners, which Mr. Fisher pointed to for their vital importance to Veterans health care in the largely rural states like Arizona and New Mexico.

In VISN 22, 80% of women Veterans are assigned to a women's health primary care provider (WH-PCP). There are currently 242 WH-PCPs in VISN 22, and all 8 of its VA medical centers have fully-staffed women's health leadership teams. Mr. Fisher reported that while the mini-residencies to certify WH-PCPs were unable to occur this year due to the COVID-19 pandemic, VISN 22 is actively working to carry out those trainings virtually and to create new women's health trainings for telehealth providers. Mr. Fisher additionally outlined how VISN 22's pre-COVID-19 telehealth infrastructure has enabled

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it to adapt rapidly to the current climate but emphasized the Network's preference for face-to-face services in all areas. VISN 22 currently cares for 43% of women Veterans in its catchment area, compared to a national average of 41%, and the VISN is preparing both programmatically and physically for a steady and significant projected increase in women Veterans enrollees through 2035. Mr. Fisher additionally reported that while women Veterans utilize community care consultations significantly more in the areas of psychotherapy, acupuncture, chiropractic care, and mammographic screenings, the VISN is working to integrate those services as part of the Whole Health Initiative.

Mr. Fisher presented briefly on women Veterans' satisfaction survey data throughout VISN 22. The Survey of Healthcare Experiences of Patients (SHEP) is a detailed questionnaire that provides robust but time-delayed data, while the VSignals program surveys patients immediately after their visit with a few direct questions. On the one hand, the SHEP data indicates that women Veterans are, on average, 5% less satisfied with their providers, access to care, care coordination and coordinators, medications prescribed and overall opinion of VA than their male counterparts. On the other hand, the VSignals survey indicates that, on average, 85% of women Veterans trust VA for their care and 90% feel respected by and comfortable at VA. Mr. Fisher emphasized the importance of direct feedback from Veterans as the best way for VA not only to improve its programming and services but also to cultivate a culture and system that is respectful and trustworthy.

Lastly, Mr. Fisher highlighted some recent events that showcase VISN 22's commitment to a supportive environment for all Veterans, even during the COVID-19 pandemic. These include a drive-by baby shower at the Loma Linda VA, a pregnancy stress and anxiety management lecture series, a Pink Out to raise awareness for breast cancer screenings, a GO RED event at the Greater Los Angeles VA to support the multidisciplinary eating disorder team and an infant car seat program for low-income mothers at the San Diego VA.

Vice Chair Kirk requested additional information on VISN 22's provider recruitment and retention challenges, particularly regarding women's health specialists. Mr. Fisher reported that this issue occurs predominantly with recruiting and retaining rural WH-PCPs from the private sector but noted that the Education Debt Reduction Program (EDRP) and VA's ability to offer greater flexibility in terms of work hours and telework have had a significant impact on recruiting and retaining those skilled staff members. Vice Chair Kirk additionally requested information on how many providers have received WH-PCP training and how/whether that program will continue virtually during the COVID-19 pandemic.

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Ms. Handley inquired as to whether any of the 8 VA medical centers in VISN 22 can provide mammography screenings or if those services all occur in community settings. Mr. Fisher reported that the Tucson, Phoenix, and Long Beach VA facilities have comprehensive mammography care on-site but that women Veterans can and do still seek mammography care in their local communities.

Ms. Wright, referring to the SHEP data, requested more detailed survey information to determine why women Veterans feel that they have less access to care than their male counterparts. Mr. Fisher reported that he would utilize the VSignals survey method to gather that information but noted that VISN 22 is nonetheless above the national average in terms of the proportion of women Veterans served.

VISN 22 Women Veterans Services

Leslie Minjarez, Lead Women Veterans Program Manager (WVPM), VISN 22

Ms. Minjarez briefed the Committee on VISN 22's women Veterans programs and demographics. Ms. Minjarez reported that approximately 80% of women Veterans are assigned to WH-PCPs and that there are currently 242 WH-PCPs in VISN 22. There is a WH-PCP current/required provider gap of 13, which Ms. Minjarez attributes to the pause in training caused by the COVID-19 pandemic. While this gap is small, Ms. Minjarez reported that only 40% of women Veterans are waiting longer than 20 days to see a WH-PCP, compared to 38% of their male counterparts seeing their respective provider. To combat these issues, VISN 22 recently implemented protected time for WH-PCPs to receive continuing education on women's health topics, including thyroid, diet, and breast care. Ms. Minjarez reported that VISN 22 is slightly below the national average in both mammography (-10%) and cervical cancer (-5%) screenings but reported that all facilities continue to perform those screenings during the pandemic and are prioritizing higher risk and overdue screenings. Additionally, WHS is utilizing care coordination grant funds to ensure continuity of service.

Ms. Minjarez then briefed the Committee on the Transforming Health and Resiliency through Integration of Values-based Experiences (THRIVE) Initiative, which crystalizes VA's ongoing work to create a whole health environment and care approach specifically geared towards women Veterans. The 13-week program facilitates a group sharing experience that progresses from discussing daily physical and mental topics, like sleep, nutrition and financial well-being, to exploring opportunities and experiences that optimize self-actualization through mindfulness and fostering one's spiritual health. Ms. Minjarez additionally outlined an effort to create a more tailored THRIVE program for pregnant Veterans.

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Lastly, Ms. Minjarez summarized what she feels are VISN 22's strengths, gaps, and opportunities regarding women's health and emphasized the VISN's multi-pronged approach to impact VA culture, capacity, care coordination, and clinical care in service and support of women Veterans. While all 8 medical centers in VISN 22 have a Women Veteran Program Manager (WVPM) and Women's Health Medical Director (WHMD) team, and have begun hosting the THRIVE Initiative, half of those facilities have experienced a WVPM position vacancy in the last year. Ms. Minjarez additionally noted that a lack of dedicated funding for care coordinator positions is an issue but echoed her previous comments about the utilization of WHS funding as a way to ensuring complete staffing in that area.

Vice Chair Kirk inquired about which VISN 22 medical centers do not currently provide mammography screenings and if/when they will acquire the equipment and providers to do so. Ms. Minjarez reported that seven of the eight hospitals, Prescott being the lone outlier, have mammography services in-house but that only Greater Los Angeles, Loma Linda, Phoenix and Tucson have the newer 3D imaging systems. Vice Chair Kirk then inquired about VISN 22's outreach efforts to enroll women Veterans immediately upon departure from military service. Ms. Minjarez outlined the VISN's presence in various DoD military-civilian transition programs but noted that those efforts will be outlined in greater detail in a later presentation from SAVAHCS.

Vice Chair Yarbrough asked whether VISN 22's pending evidence-based quality improvement (EBQI) culture review survey will additionally investigate unconscious gender bias in both VA employees and Veteran patients. Ms. Minjarez reported that the survey, which is set to begin in October 2020, should investigate that issue and Ms. Jennifer Gutowski noted that SAVAHCS is currently piloting a preferred gender pronoun program as evidence of the VISN's work to address those issues.

SAVAHCS and Its Strategic Partnerships

Jennifer S. Gutowsk, Director, SAVAHCS

Ms. Gutowski introduced herself, thanked the Committee for the opportunity to present on SAVAHCS's facilities, program, and demographics, and introduced her executive leadership team. SAVAHCS serves 57,000 Veterans across 8 counties in Arizona, and 1 in New Mexico, through the Tucson VA Medical Center and 8 CBOCs. Ms. Gutowski outlined SAVAHCS's role as an academically affiliated hospital, remarked that SAVAHCS is Arizona's only VA hospital to have a Fisher House on-site, which provides housing for the families of VA inpatients, and highlighted SAVAHCS's recent accomplishments and awards for their activities and standards of care. Ms. Gutowski highlighted several of SAVAHCS's strategic partnerships, including the Arizona Coalition for Military Families, Davis Monthan AFB, Fort Huachuca Joint Incentive Fund Project,

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the Arizona Department of Veteran Services (AZDVS), and the Arizona Hospital and Healthcare Association.

Ms. Gutowski shared data from the SAVAHCS 2019 Annual Report, outlined the HCS's 2020 organization priorities, and stressed SAVAHCS's focus on reducing patient harm by fostering a culture of engagement, improvement, and excellence. Ms. Gutowski emphasized SAVAHCS's strategic focus on fostering a professional and service-oriented environment that prioritizes experience, access, safety, quality, community, and stewardship. Ms. Gutowski detailed the implementation of an electronic health records system in coordination with the DoD and recent expansions to SAVAHCS's physical plant as ways the organization is working to enact these transformative efforts. Ms. Gutowski additionally detailed administrative changes and modernizations undertaken to retain, relocate and supply providers and services more efficiently where they are needed most. SAVAHCS was designated by VHA as a High Reliability Organization and is one of 18 VA HCS designated as a Whole Health flagship site for its focus on empowering and equipping Veterans to actively participate in their health and well-being.

The Chair inquired about how SAVAHCS is conducting outreach to Veterans in rural communities who utilize VA mental health services but may be facing greater access issues, given that most appointments have transitioned to telehealth. Ms. Gutowski replied that follow-up is conducted both virtually and in person with patients who miss mental health appointments, regardless of whether the appointment was originally virtual or in-person and noted that Veterans have responded overwhelmingly positively to SAVAHCS's implementation of virtual mental health appointments in response to the COVID-19 pandemic. Ms. Katie Landwehr, SAVAHCS Associate Director, and Dr. John Kettell, SAVAHCS Chief of Staff, additionally detailed how SAVAHCS has conducted outreach efforts to both homeless and COVID-19-vulnerable Veterans populations through both virtual device distribution and in-person follow-up.

Phoenix Regional Office's (RO) Programs and Services

Chris Norton, RO Director; Austin Stevenson, Assistant Manager, Veterans Service Center; Sabrena Schmella, Supervisory Veterans Service Representative, Veterans Service Center; Kimberly Kordik, Rating Veterans Service Representative; Walter Strong, Veteran Rehabilitation & Employment (VR&E) Officer; Richard Barreda, Legal Administrative Specialist; Bryant Lacey, Loan Guaranty Officer, Phoenix RO

Mr. Norton briefed the Committee on the organizational structure of the Phoenix RO, which employs 678 people, has a budget of \$5,875,742 and has two assistant directors who manage the RO's four divisions: the Veterans Service Center, Veteran Readiness and Employment, Support Services and National Call Center. Phoenix RO supports one

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of eight National Call Centers and hosts the Pacific District Office, Office of Inspector General, Veterans Service Organizations and the Phoenix Regional Loan Center.

Mr. Norton detailed how the Phoenix RO has transitioned 99.8% of employees to full-time telework while maintaining public contact services on an appointment basis and outlined how the RO has maintained engagement with its Congressional delegation and co-located Veteran service organizations (VSOs), including AZDVS, VACO and the Office of Tribal Government Relations (OTGR). Mr. Norton additionally highlighted the use of GovDelivery and VA new releases as innovative methods of keeping Veterans apprised of their benefits.

Ms. Stevenson briefed the Committee on the Veterans Service Center (VSC), which determines Veterans' eligibility for benefits and services and administers monthly compensation to Veterans, their surviving spouse, and/or their dependents. The VSC processes an average of 3,300 claims each month and 53 (17%) of the 315 employees are women Veterans. Ms. Stevenson reported that as of September 30, 2018, women comprise 10% of the 526,879 Veterans living in Arizona; as of July 31, 2020, 15% of the 142,621 Veterans who receive benefits in Arizona are women. In July 2020, the VSC distributed \$200,647,144 in monthly benefits to all Arizona Veterans.

Ms. Schmella provided overview briefings on the RO's Women Veterans Program, Lesbian, Gay, Bisexual, Transgender (LGBT) Veterans Program, Justice Involved Veterans Program, Minority Veterans Program and the Native American Veterans Program. Women Veteran Coordinators (WVCs) are located in every VA RO and National Call Center site and serve as the primary contact for women Veterans, not only to provide information and assistance, but also to advocate on their behalf within and beyond VA at the Federal, state, local or non-government organization level. Ms. Schmella noted that the U.S. Census Bureau projects that the number of women Veterans is projected to increase from 9% in 2018 to 17% by 2040.

Ms. Schmella reported that the Phoenix RO works to engage with, provide resources to and empower LGBT Veterans as they choose to identify themselves, in fulfillment of VA's mission to support all Veterans, and outlined some of the unique health and benefits issues that LGBT Veterans face.

Ms. Schmella identified the Phoenix RO Homeless Outreach Coordinator (HOC), who assists justice-involved Veterans with obtaining benefits they remain entitled to as Veterans. She detailed some of the unique treatment and deferred incarceration programs available to Veterans in Arizona and outlined the challenges that face formerly incarcerated Veterans, namely PTSD, and how the RO coordinates state and Federal

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Veterans benefits and resources to assist them. The Community Resource Referral Center and the HOC coordinate to provide integrated multi-agency services in support of Veteran housing, health, career development, and access to Veteran benefits.

Minority Veterans Program Coordinators (MVPCs), like WVCs, are present in every VA RO and serve as the primary point of contact for minority Veterans to provide information and assistance and to advocate on their behalf within and beyond VA. Ms. Schmella emphasized the importance of conducting robust outreach to minority Veterans, particularly American Indian/Alaska Native (AI/AN) Veterans, who simultaneously are one of the most represented and most rural DoD and VA populations, and may not be aware of benefits available to them through both their respective tribal governments and VA itself.

Ms. Kordik briefed the Committee on the role of military sexual trauma (MST) coordinators. Present in every VA RO, MST coordinators are trained specifically to assist in the application for benefits related to MST treatment, assist in developing MST disability rating scales with VBA and coordinate services and outreach with Congressional delegations and community partners. Ms. Kordik briefly outlined varying degrees to which Service members experience MST and the equally varying degrees to which they require intervention and assistance over time but stressed that Veterans can apply for benefits related to any health condition that is connected to their experience of MST, at any time. Ms. Kordik then outlined how VA has worked to improve the MST claims and decisions processes to provide both physical and mental health care for victims as defined in 38 U.S.C. §1720(d), even where service records do not explicitly indicate that the Veteran has experienced MST. As of July 31, 2020, there are 79,381 Veterans Nationally who receive benefits related to one or more disabilities that are connected to an MST experience. Lastly, Ms. Kordik detailed how the specified training for RO personnel to process MST-related claims has resulted in an increase in benefit claim awards for both women and men--rising from 52.85% in FY14 to 69.17% in FY20 for women, and from 39.2% in FY14 to 60.84% in FY20 for men.

Mr. Strong briefed the Committee on the Veteran Readiness and Employment (VR&E) Program, which helps Veterans with service-connected disabilities prepare for, find and keep suitable jobs. The program was authorized by Congress under title 38 code of Federal Regulations, Chapter 31. The program, formally named Vocational Rehabilitation and Employment, was recently renamed to better reflect the program's mission. Mr. Strong emphasized that the program works to help disabled Veterans both mentally and physically acclimate to post-service life but noted that there are independent living facilities for more severely disabled Veterans, which provide more targeted interventions at a more deliberate pace. Mr. Strong reported that 21% of the

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VR&E caseload in Arizona is comprised of women Veterans, 26% of the positive outcomes achieved in FY20 were women Veterans and that the Phoenix RO VR&E Program employs 16 women, 5 of whom are Veterans. Mr. Strong additionally outlined the VR&E Program's outreach efforts to women Veteran students at Arizona State University and to AI/AN women Veterans on their respective tribal reservations.

Mr. Barreda briefed the Committee on the National Call Center (NCC), which counsels Veterans and their dependents/beneficiaries on the benefits available to them through VA and its community partners and assists with questions regarding payments, debts, claim and appeal status. Additionally, the NCC provides services such as change of address, direct deposit requests, Civil Service preference/ benefit/ disability/ service verification letters and enrollment in level two eBenefits.

The Phoenix NCC currently employs 153 women, of which 52 are women Veterans. In FY20, the Phoenix NCC answered 25.22% (1,326,467) of all calls to the NCC (total 5,258,744). Mr. Barreda detailed the Phoenix NCC's utilization of WVCs, Navajo language translators, and HOCs to provide comprehensive support to women Veterans in Arizona. The Phoenix NCC supports the annual Phoenix Homeless Stand-down which provides resources specific to Women Veterans, such as feminine care packages, information on women's shelters and clothing. Phoenix NCC supports various Tribal Veterans Outreach initiatives throughout the year to the VBA and the Office of Tribal Governmental Relations Tribal Campaign. Mr. Barreda additionally outlined a first-call resolution pilot program between the Phoenix NCC and the VISN 22 VSC to resolve compensation payment issues in a rapid and streamlined fashion.

Mr. Lacey briefed the Committee on the Loan Guaranty Service (LGS), which facilitates favorable term loans between private lenders and Veterans, or their surviving spouses to assist in the purchase or maintenance of a home. Mr. Lacey briefly outlined the LGS's products: purchase loans, interest rate reduction refinance loans, the Native American Direct Loan Program, specially adapted housing grants. Purchase loans guarantee \$0 down-payment and competitive interest rate loans without private mortgage insurance that also enable borrowers to leverage their home equity against other debts using cash-out refinancing; interest rate reduction refinance loans allow for the refinancing of existing VA loans; the Native American Direct Loan Program assists AI/AN Veterans with similarly favorable term loans on Federal trust lands; and specially adapted housing grants assist permanently or totally-disabled Veterans with purchasing or adapting a home with modifications that will better accommodate them. Mr. Lacey reported that women Veterans, on average, account for 12% of the LGS's loan volume.

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Mr. Norton, responding to a question from Vice Chair Yarbrough regarding disability claims and awards data to monitor for unconscious gender bias, reported that the data are compiled at VACO and that the Phoenix RO would not have access to this information. Ms. Kordik, responding to a question from Vice Chair Yarbrough about the reporting structure of WVCs and their related performance metrics in the Phoenix RO, outlined the placement of WVCs throughout various departments of the Phoenix RO and detailed their respective collaborative duties. Vice Chair Yarbrough expressed her concern that WVC duties are collateral and detailed how that may negatively impact their ability to perform their duties on behalf of women Veterans, skew their rating metrics and therefore negatively impact funding for women Veteran programming and staffing at VA offices. Ms. Schmella emphasized the availability of WVCs to all Veterans who engage the Phoenix RO and Mr. Norton outlined how the office tracks WVC performance in various roles they fill to ensure accurate performance and product ratings.

Mr. Norton, responding to a question from Vice Chair Yarbrough on the quality control and wait-time processes currently in place at the NCC, detailed how the Phoenix RO is working to maintain staffing levels, streamline processes, conduct quality control and improvement follow-ups, and collaborate with other call centers to ensure that wait times do not exceed a few minutes. Responding to an additional question about the VSC's claims processing time, Mr. Norton detailed the ways the Phoenix RO is working to transition those services to telephonic media, noted that physical exams for disability claims have resumed to process the backlog created by the onset of the COVID-19 pandemic, and reported that the average wait time for claims processing is currently 90 days. Vice Chair Yarbrough additionally inquired about the teleworking circumstances and processes currently in place at the Phoenix RO and their impact on service quality. Mr. Norton outlined how the Phoenix RO is actively monitoring telework policies, practices, and performances both to maintain quality in the present, and improve the office's structure and flexibility in the future. Mr. McIntosh inquired as to whether the Phoenix RO has begun processing caregiver claims and Mr. Norton replied that VHA is responsible for processing them.

Vice Chair Kirk inquired about Phoenix RO's outreach efforts to women Veterans who transition from active duty to the National Guard or Reserves, citing concerns that health and benefits information has been found to be inconsistently provided to those Veterans. Mr. Norton agreed that keeping track of transitioning Veterans is a challenge but emphasized the RO's work to remain aware of any community events that provide opportunities for outreach; Ms. Gutowski pointed to a later presentation that would explicitly address SAVAHCS's work to assist and enroll transitioning Veterans. Ms. Schmella additionally commented on the Phoenix RO's robust relationship with the Arizona National Guard and emphasized the importance of maintaining a presence in

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that community to follow up with transitioning Service members and make them aware of their benefits.

National Memorial Cemetery of Arizona (NMCA)

Srey Austin, Director, NMCA, National Cemetery Administration (NCA)

Ms. Austin briefed the Committee on the NMCA and its role in preserving Veteran legacies. NCA was established in 1862 by Abraham Lincoln, who charged the administration with honoring Veterans in national shrines to commemorate their service. Today, VA continues this legacy through its “No Veteran Ever Dies” campaign. NCA employs approximately 1,800 Veterans, 9.33% of whom are women. Ms. Austin then outlined the eligibility criteria for burial in a national cemetery and detailed the no-cost benefits provided to eligible Veterans and their families, including perpetual gravesite care at VA cemeteries, a government headstone, burial flag and memorial certificate. Ms. Austin emphasized that women Veterans are equally entitled to burial benefits and are entitled to their own grave site independent of their spouses.

Ms. Austin then outlined the Pre-need Program, which assists Veterans with determining their burial benefit eligibility in advance of their passing and, if applicable, will secure them and their eligible dependents a resting place in a national cemetery in order to eliminate unnecessary delays or stresses on their loved ones during a difficult period. Ms. Austin then detailed the process of applying for eligibility determination and reported that the NMCA interred 3,586 Veterans in FY19 and is the only xeriscape national cemetery, featuring flat grave markers in an otherwise untouched natural desert setting.

Ms. Austin additionally outlined the Veterans Legacy Program (VLP), which partners with local students, educators, and members of the public to engage the study of history, through the diversity of Veteran experiences at any of the 148 national cemeteries or online at the Veterans Legacy Memorial database. The VLP is an effort to modernize how VA memorializes Veterans through educational outreach and strategic partnerships in order to ensure that “No Veteran Ever Dies.” Ms. Austin additionally highlighted some of the VLP’s resources, including videos detailing the service of notable women Veterans, and provided web links to educational resources on Veteran legacies.

Ms. Austin detailed the NMCA’s ongoing outreach efforts that engage not only Veterans as a whole but also women and tribal Veterans specifically. She reported that 2,041 women Veterans are interred at NMCA. Ms. Austin additionally detailed the NMCA’s work to empower women and minority Veterans through both full-time employment and NCA’s Apprenticeship Program. The Apprenticeship Program was inaugurated in 2012 and provides homeless Veterans with one year of paid training with a guarantee of employment at any national cemetery upon completion. Ms. Austin briefed the

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Committee about NMCA's partnership with VR&E and highlighted the women Veteran NMCE employees—including herself—that were hired through these programs.

Vet Centers/ Readjustment Counseling Service (RCS)

Steve Reeves, Pacific District Regional Director, RCS

Mr. Reeves briefed the Committee on RCS, which provides readjustment counseling to any Veteran or Service member who has served in combat theaters or areas of hostility, experienced MST at any point in military service, provided medical care or mortuary services to active-duty or deceased Service members, or served on an unmanned aerial vehicle crew that provided operational support in a combat theater. The Vet Center RCS accomplishes this by engaging the Veterans/Service members, their families, and their communities through no-charge counseling services that are available regardless of the Veteran's enrollment with VA, whether they have a service-connected condition, or the nature of their discharge or separation from the Armed Forces. In addition to offering readjustment counseling to Veterans/Service members and their families, Vet Centers provide Veteran/Service member families with no-cost bereavement and deployment counseling.

Mr. Reeves outlined the services that Vet Centers offer nationally, in addition to counseling services, as part of their multi-disciplinary work to help Veterans/Service members and their families transition from military to civilian life; this includes outreach, substance abuse assessments and referrals, employment referrals, referral to VA services, and community education. Mr. Reeves emphasized that while Vet Center staff are composed of various professions geared towards aiding in the achievement of psychosocial and familial well-being, many are Veterans themselves who help form a familiar and Veteran/Service member-focused environment that is confidential, flexible, and culturally competent. Mr. Reeves detailed the organization of the 10 Vet Centers in Arizona, three of which are on AI/AN reservations and are primarily staffed by AI/AN Veterans. Mr. Reeves additionally outlined how Vet Centers work to create face-to-face connections with Veterans to identify problems, work to develop solutions, and facilitate access to Veteran/Service member-entitled care services either in the community or at VA.

Mr. Reeves highlighted the mobile Vet Center fleet of 80 vehicles that are used to provide outreach and services to geographically distant Veterans/Service members and their families. The mobile centers also enable the Vet Center to engage newly returned/separated Service members and Veterans on military bases and at community events. Mr. Reeves additionally detailed the Vet Center Call Center, which serves as an information center and connection to VA resources for Veterans/Service members and their families. Call center staff are centrally located in Denver, Colorado and are primarily

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Veterans and Veteran family members. The call center is not itself a crisis hotline, but has direct connections to any Vet Center, VA Crisis Hotline, and the National Caregiver Hotline.

Lastly, Mr. Reeves provided demographic information on Vet Center staff; 70% are Veterans, of which 45% are women. There are currently 300 Vet Centers with 18 community offices nationwide.

Mr. Reeves, responding to a question from Ms. Hayes-Byrd on how many AI/AN women Veterans are employed by Vet Centers, detailed the current and newly hired AI/AN Veteran staff members throughout Arizona and reiterated the Vet Center's commitment to employing Veterans who represent the communities they serve.

Vice Chair Kirk requested additional information on the distribution of women counselors throughout the Vet Center network, as well as the transition from utilizing the term PSTD to describing the condition of post-traumatic stress (PTS) more generally and less diagnostically. Mr. Reeves commented that while he does not have insight into the process of that linguistic change, he agrees that it is more productive to work with Veterans/Service members on what they are struggling with and reacting to, rather than diagnosing them, given the risk of creating or perpetuating stigmas. Mr. Reeves reported that he does not have national data on how women counselors are distributed throughout the Vet Center network but noted that very few locations within his catchment area are without women counselors and stated that, currently, three of the five Vet Center district managers are women. Mr. Reeves additionally described the importance of hiring and retaining women counselors and how that relates to the Vet Center's inclusive and comprehensive work in support of all Veteran/Service members regardless of their individual challenges or issues.

Arizona Department of Veterans' Services (AZDVS) Briefing

Wanda Wright, Director, AZDVS

Ms. Wright briefed the Committee on her department's role to respond to the ever-evolving needs of Service members and Veterans at the state level by ensuring access to benefits and health care in coordination with both national VA services and local community resources. Women Veterans comprise 30% of the AZDVS's executive staff, 22% of the Veterans Service Division and 33% of the Public & Intergovernmental Affairs Division. Ms. Wright detailed how the AZDVS's designated women's program coordinators (DWPC) collaborate with WVPs at both VHA and VBA to coordinate community resources and conduct statewide outreach through women Veteran expos that not only educate on benefits and services but also enable women Veterans to connect and build their own support networks and communities.

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Ms. Wright summarized various services and initiatives that the AZDVS manages and coordinates as part of their mission to catalyze a multi-pronged response to Veterans' needs and issues. The Arizona State Veterans Homes in Phoenix and Tucson provide long-term care and/or rehabilitation services to Veterans in a manner that allows them to live independently while providing whatever medical and/or social services they require. Two additional facilities are under construction in Flagstaff and Yuma which Ms. Wright highlighted, not only for their ability to serve Veterans in rural areas of the state but also to become large and stable employers in those isolated areas. Veteran benefits counselors (VBC) are accredited by both The American Legion and the AZDVS to write claims on behalf of Veterans and their dependents and presently help Veterans in Arizona access \$50 million in benefits a month that would otherwise not have been utilized. There are three state Veterans memorial cemeteries in Arizona, managed by the AZDVS, which are collocated with the state's three VA health care systems, that utilize most of the same criteria that the national memorial cemeteries use to determine Veterans' eligibility for burial benefits.

The State Approving Agency (SAA) protects Arizona's more than 17,000 GI Bill users by partnering with state institutions to review, evaluate, and approve education and training programs for Veterans that not only ensure career opportunities for Veterans but also maintain a supportive environment. There are currently over 400 institutions in Arizona that are approved to receive GI Bill funds. The SAA additionally partners with the Veteran Supportive Campus Initiative, which educates and certifies institutions and their staff on the unique challenges and needs relevant to Service members, Veterans, and their family members. Ms. Wright additionally detailed the eligibility criteria for the Arizona tuition waiver, which provides scholarships to eligible Service members, Veterans, or their family members to attend any university or community college overseen by the Arizona Board of Regents.

The Military Family Relief Fund (MFRF) provides temporary financial assistance to the families of Service members deployed from Arizona to offset the impact of deployment or service-connected disability on financial stability. Ms. Wright additionally outlined the eligibility criteria for MFRF assistance, which has a lifetime limit of \$20,000. The Veteran Toolkit Program provides up to \$700 to Veterans for expenses associated with beginning employment in an effort to eliminate all barriers to Veteran success and stability in civilian life. The Arizona Veterans' Donation Fund (VDF) provides grants to non-profit programs and initiatives that benefit Veterans and their families by accepting charitable donations and selling customized Veteran, women Veteran, and freedom Arizona license plates. Lastly, the Arizona State Legislature presents the Arizona Gold Star Military

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Medal of Honor to the family members of Service members killed in action since Arizona's admittance to the Union on February 14th, 1912.

Ms. Wright then detailed the Arizona Roadmap to Veteran Employment, a statewide effort to promote Veteran employment by educating employers on Veteran needs, while supporting Veterans through online resources and connecting the two groups in a single job opportunity posting. Lastly, the Arizona Be Connected program works to strengthen access to support and resources for Service members, Veterans, and their families by providing an assistance hotline, online resources and training aimed at preemptively addressing the missing determinants of wellbeing that often hinder Veteran/Service member prosperity in civilian life.

The Chair complimented Ms. Wright on Arizona's robust Veteran support programming and resources and noted that the growing population of Veterans that retire to Arizona makes these efforts essential to fulfilling VA's mission there.

Veteran Justice Program

Steven Wenzel, Veteran Justice Outreach Liaison, Veteran Justice Office (VJO), SAVAHCS; Amelia Hill, Veteran Justice Outreach Liaison, VJO, SAVAHCS

Mr. Wenzel briefed the Committee on the dual role of Veteran justice outreach coordinators, who serve as liaisons to assist community criminal justice entities with identifying Veterans and then as advocates to connect those Veterans to relevant treatment resources. Ms. Hill outlined the criminal justice organizations and jurisdictions relevant to SAVAHCS and how the VJO is working to develop and maintain Veteran treatment courts in collaboration with community providers. Mr. Wenzel emphasized the importance of partnering with community resources to assist justice-involved Veterans and highlighted the VJO's work in the Pinal County Superior Court, whose Veteran treatment court utilizes law students from the University of Arizona under licensed attorney supervision to assist Veterans in the absence of grant funding for the program in that jurisdiction.

Ms. Hill detailed how the VJO has created programming that is specific to women Veterans, particularly domestic violence and substance use disorder (SUD) support groups, and has worked to train jurisdictional partners in the identification of both women and minority Veterans so that all Veterans can be provided the resources to which they are entitled. Mr. Wenzel detailed the mentor program that pairs justice-involved women Veterans and outlined how the VJO has worked to establish non-binary treatment options for Veterans, particularly in domestic violence situations.

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Vice Chair Kirk requested additional insight into when and where in the criminal justice process law enforcement officers are screening for Veterans. Ms. Hill reported that the VJO has worked to ensure that screening for Veterans occurs immediately with police and booking authorities, who input the Veteran designation into an electronic tracking system that forwards alerts to both the court system and the VJO. Ms. Hill additionally outlined the VJO initial assessment that identifies overlapping issues that may have contributed to a Veteran's justice-involvement, including homelessness and mental illness, and detailed how the VJO involves other resources and agencies to assist Veterans in their unique circumstances.

SAVAHCS Virtual Tour

Gina Wan, WVPM, SAVAHCS; Leslie Minjarez, Lead WVPM, VISN 22

Due to public health concerns, as well as the travel and social distancing restrictions established in response to the COVID-19 pandemic, Ms. Wan and Ms. Minjarez led the Committee on a virtual tour of the SAVAHCS's central medical facility in Tucson. Ms. Wan gave the Committee an overview of the history of the SAVAHCS facility, which was originally constructed in 1928, and outlined the expansion of the campus and maintenance of its grounds as a pristine and quiet space for Veterans to receive care. Ms. Wan highlighted the Go Red and Go Pink awareness campaigns as examples of how SAVAHCS has leveraged its location and facilities to further the mission of VA and detailed the construction and layout of the Model 3 Women's Health Clinic (WHC), which was completed in 2015. Ms. Wan emphasized that the WHC was designed with privacy, flexibility, comprehensive care, interdisciplinary collaboration and state of the art technology in mind.

Vice Chair Kirk inquired about the accessibility of the WHC from the parking facilities and how inpatient mental health privacy and security are maintained at the Tucson VA Medical Center. Ms. Minjarez detailed the accessibility measures SAVAHCS has implemented through both robust handicap parking and a campus shuttle service. Dr. Kerri Wilhoite, Associate Director for Patient Care Services at SAVAHCS, detailed how the mental health facilities were mindfully constructed to account for both patient safety and provider access.

The Chair inquired as to how SAVAHCS ensures that women Veterans and the programs and services that support them are seen and advertised to maintain a diverse and inclusive environment at the facility. Ms. Gutowski detailed SAVAHCS's outreach efforts both on- and off-campus and emphasized the placement of the WVPM under the SAVAHCS Chief of Staff to ensure that women Veterans awareness is represented in all aspects of service and development throughout the system.

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Approve Minutes

A motion to approve the minutes of the December 17-19, 2019 meeting was made by Vice Chair Yarbrough, seconded by Ms. Wright and was approved unanimously.

Adjourn

The Chair adjourned the Committee at 3:54 p.m. PT, on its first meeting day.

Tuesday, September 22, 2020

Open Meeting

The Chair called the Committee to order at 8:28 a.m. PT, on its second meeting day. The Committee members, ex-officio members, advisors and public guests introduced themselves.

Office of Tribal and Government Relations (OTGR)

LoRae HoMana Pawiki, Tribal Government Relations Specialist, OTGR

Ms. Pawiki introduced herself and briefed the Committee on behalf of VA's OTGR. She detailed the role of tribal specialists, who are OTGR staff members in defined regions of the United States that serve as liaisons between tribal governments and all levels of VA. OTGR was established by executive order in 2011 to recognize the unique government-to-government relationship that the U.S. has with AI/AN tribes, and serves both to inform and advocate for AI/AN Veterans to promote health care access, economic sustainability, and implement robust VA tribal consultation. There are approximately 266,000 AI/AN people living in Arizona across 22 Federally-recognized tribes, and Ms. Pawiki highlighted the Tohono O'odham Nation (TO Nation), which was the focus of her presentation given its proximity to Tucson and SAVAHCS.

Ms. Pawiki detailed OTGR's work to facilitate a reimbursement agreement between VA and either the Indian Health Service (IHS) or a Tribal Health Program (THP), which enables dually-enrolled AI/AN Veterans to utilize their VA health care benefits at facilities in their community that are managed by the IHS or their tribe's own THP. Nationally, there are 73 VA-IHS and 116 VA-THP active agreements, which have reimbursed approximately \$116 million and served 11,277 Veterans since FY'12. For TO Nation, the VA-IHS/THP agreement has reimbursed \$237,758.13 and served 55 Veterans since FY'12. Ms. Pawiki attributes the program's success to the fact that it engages AI/AN in their own communities and creates ease of access that would otherwise prevent Veterans from utilizing their benefits.

Ms. Pawiki detailed OTGR's work to engage tribal leaders and establish claims events on AI/AN reservations that conduct outreach to identify and assist Veterans in obtaining

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VA benefits either through disability or pension claims. Ms. Pawiki stressed that these benefits can have a direct impact on the economic sustainability of thousands of previously unreachable Veterans and their beneficiaries. Ms. Pawiki then detailed three claims events on the TO Nation in 2018 in collaboration with the Phoenix RO and tribal government that collected 29 new claims for benefits from previously unreachable Veterans by bringing an expedited claims process directly to their communities.

Ms. Pawiki detailed VA Geographic Distribution of Expenditures (GDX) Report, which illustrates the utilization of VA benefits by dollar amount and number of users at the county, state and congressional district levels. This data enables OTGR to target outreach in areas of under-utilization, particularly on AI/AN reservations, and illustrate the direct positive economic benefit of reaching previously uncontacted Veterans in order to facilitate the delivery of health and benefits services they have earned as Veterans.

Ms. Pawiki then detailed OTGR's work to connect tribal governments with the Department of Housing and Urban Development's VA Supportive Housing (HUD-VASH) program to deploy those housing support resources specifically on AI/AN reservations. Ms. Pawiki commented that the TO Nation and SAVAHCS have a particularly strong partnership and track record in utilizing this program.

Vice Chair Kirk requested more detailed information on the utilization of VA-IHS/THP agreement and community health services by AI/AN women Veterans. Ms. Pawiki said that she would review the existing agreement data, which is not currently broken down by gender, and would provide that to Committee but noted that there is significant under-utilization of community health resources by AI/AN women and detailed the ongoing outreach efforts with tribal governments to rectify that issue. Vice Chair Kirk additionally inquired as to whether OTGR utilizes VSOs or mobile Vet Centers to better serve the rural communities on AI/AN reservations. Ms. Pawiki detailed her coordination efforts with the standing and mobile Vet Centers in Arizona and emphasized their flexibility and far-reaching impact on the reservations there.

Native American Veteran Program and Indian Health Services Sharing Agreements Eve L. Broughton, Chief of Specialty Ambulatory Care, SAVAHCS; Laura Ybarra, Native American Program Coordinator, SAVAHCS

Ms. Broughton briefed the Committee on SAVAHCS's AI/AN Veteran programs and coordination efforts with the IHS and detailed the demographics of AI/AN people living in Arizona. Ms. Broughton reported on the proportion of AI/AN Veterans who have service-connected disabilities, and their respective severity ratings; 79% are 0-49% disabled, 15% are 50-99% disabled, and 6% are 100% disabled. The most common service-connected disability diagnoses include diabetes, PTSD, TBI, addiction, anxiety,

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hypertension, and obesity. Ms. Broughton commented that AI/AN people are torn between urban and rural living because educational attainment and employment opportunities are better in the urban setting, but the IHS only operates on the reservations, which are primarily rural in composition; while AI/AN Veterans are able to utilize both IHS and VA health services, they represent only 2% of Arizona's AI/AN population.

Ms. Broughton reported that SAVAHCS serves approximately 8,000 women Veterans, 4% of whom are AI/AN, and they are served primarily by the WHC and CBOCs. Ms. Broughton additionally detailed the utilization of SAVAHCS health care services by women Veterans and reported that they are engaged by all areas of the organization in similar proportion to VA's national care goals. Ms. Broughton then outlined Ms. Ybarra's work as a Native American Program coordinator and her role in building partnerships, fostering trust, conducting outreach, processing claims, and providing community and home-based care with local tribes on behalf of SAVAHCS; Ms. Ybarra has also had great success in helping SAVAHCS integrate traditional AI/AN healing practices.

Ms. Broughton reported that SAVAHCS's outreach and community-based care work has not been impeded by the pandemic but noted that SAVAHCS has prioritized the use of innovative communications resources to maintain connections and provide services and information to AI/AN Veterans. Ms. Broughton additionally noted that implementing annual cultural education at SAVAHCS, expanding networking with tribes to create innovative and wholistic programming, and improving access to primary and mental health care are ongoing priorities for her and Ms. Ybarra.

The Chair requested additional information and insight into the apparent disparity between the relatively low number of AI/AN Veterans who are rated 100% disabled, and the high service-connected morbidity rate within that same group. Ms. Ybarra replied that 90% of AI/AN Veterans currently served by SAVAHCS are pre-9/11 Service members, and thus were largely denied disability claims when separating from military service, which is why SAVAHCS, post-9/11 and the transition to the Transition and Care Management Program, has focused so intensely on education and reengaging those Veterans who feel scorned by VA.

Vice Chair Kirk requested some clarification on SAVAHCS's data relating to women Veterans served and the services they utilize, and how environmental factors on the reservations impact and/or compound service-connected illnesses. Ms. Ybarra noted that there is significant disparity among the reservations regarding the quality of the environment and infrastructure, but commented that tribal leaders have increased their

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engagement with VA and IHS to improve facilities and access to care to combat the isolation of many AI/AN people on the reservations.

Vice Chair Yarbrough, on behalf of the Benefits Subcommittee, requested more detailed information regarding VA/IHS utilization among younger versus older AI/AN Veterans, and Ms. Ybarra replied that, while she does not have definitive data, younger AI/AN Veterans appear to utilize VA more than the IHS. Mr. McIntosh inquired as to whether SAVAHCS is adequately staffed to provide care, outreach, and education to AI/AN Veterans across such a large catchment area. Mr. Broughton replied that while Ms. Ybarra is the primary coordinator of outreach and care efforts for AI/AN Veterans on the reservations, she is supported administratively and practically by other areas of SAVAHCS.

SAVAHCS Women's Health Program

Gina Wan, WVPM, SAVAHCS; Leslie Minjarez, Lead WVPM, VISN 22; Dr. Jennifer Flynn, Medical Director, Women's Health, SAVAHCS

Ms. Wan briefed the Committee on SAVAHCS's Women's Health Program (WHP) and detailed the enrollment of women Veterans at SAVAHCS, which has increased 25% between 2013 and 2019 from 5,878 to 7,688 and is expected to increase another 25% over the next 15 years. The WHP provides a multidisciplinary approach to women's health care by integrating primary care, OB/GYN care, psychology, social work, pharmacy, dietary medicine, and other services; the WHC at the Tucson VA Medical Center, and its connections to all 8 SAVAHCS CBOCs, provides this comprehensive care to ensure both consistency and ease of access to women Veterans. Ms. Wan detailed the completion of the WHC in 2015, a 9,000+ square foot facility with 11 exam rooms, 3 treatment rooms, and on-site radiological services, and outlined how the facility has helped fulfill SAVAHCS's strategic plan to expand women's health care services, train more WH-PCPs, and integrate whole health service coordination.

Ms. Wan provided an overview of the WHP's recent strategic initiatives. The WHS has partnered with the AZDVS to host wellness days, community events, and an annual women's health summit that occurs during the state's Women Veterans Week in June. The WHS recently hosted a one-week rapid process improvement summit to address gaps in maternity care coordination, which resulted in the creation of a maternity orientation packet and documentation template for OB/GYN providers. Ms. Wan additionally outlined the WHS' acquisition of two new gynecologists and related equipment for outpatient procedures, the development of a urinary incontinence program, SAVAHCS's collaboration with the University of Arizona College of Medicine, and the implementation of a gender-specific assessment to gather information for the

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homeless program. Lastly, SAVAHCS was recently awarded grant funding as part of a presidential proclamation to embed a peer support specialist in the WHC.

Ms. Minjarez briefed the Committee on the End Harassment campaign, which began in 2017 with a fact-finding survey of both VA staff and Veterans served to assess the presence of unconscious gender bias and harassing behavior at SAVAHCS. The survey found that 68.5% of the 346 women surveyed have not experienced or seen harassing behavior by men at SAVAHCS facilities; likewise, 87.17% of the 343 men surveyed have not experienced or seen harassing behavior by women at SAVAHCS facilities. The survey additionally found that 66.67% of 339 respondents did not engage the harasser or report the witnessed harassment, which informed further education on harassment, empowerment training to encourage bystander intervention, and a culture change initiative that will occur throughout SAVAHCS.

Lastly, Ms. Minjarez outlined the Women's Health Assessment Tool for Comprehensive Health (WATCH), a yearly assessment of the WHP at the WHC and the eight SAVAHCS CBOCs, which reported that SAVAHCS currently has 37 WH-PCPs on staff throughout the system and that in 2019, SAVAHCS achieved its goal of having 85% of women Veterans assigned to a WH-PCP.

Dr. Flynn briefly provided the Committee with an overview of SAVAHCS and the WHP's current strategic priorities and initiatives. Dr. Flynn reported that there are plans to host a virtual THRIVE Initiative cohort in November, and that the program is working to include more subject-matter experts to create a greater feeling of programmatic ownership among the participating women Veterans. Dr. Flynn outlined VAX 90 initiative, which hopes to improve the rate of influenza vaccinations for all Veterans at SAVAHCS by increasing the number of vaccination opportunities at the Tucson VA Medical Center and the eight CBOCs. Dr. Flynn additionally outlined the work being done not only to maintain the percentage of women Veterans assigned to WH-PCPs, but also to continue the mini-residency program virtually in order to ensure that SAVAHCS has enough designated providers available despite the impact of the COVID-19 pandemic.

Dr. Flynn concluded the presentation by outlining the strong foundation of staffing and programming SAVAHCS has at its disposal in service of women Veteran health care, and detailed the ongoing development of strategic initiatives around continuing education for providers, community outreach and institutional collaboration, whole health programming, and care coordination.

Ms. Estabrooks, on behalf of CWV, inquired as to whether SAVAHCS is comparing their End Harassment campaign data to other VA facilities and networks to gain perspective

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on the issues and potential insights and strategies for addressing them. Ms. Minjarez reported that SAVAHCS has coordinated with the Phoenix VA, whose survey yielded similar results that were consistent with national data.

Vice Chair Kirk requested additional information and insight into the apparent disparity between SAVAHCS's comprehensive care system and the fact that the number of community care consultations among women Veterans is increasing, and inquired as to what services women Veterans are receiving more in community as opposed to at VA itself. Ms. Minjarez reported that psychotherapy is the largest component of community care consultations by Veterans at SAVAHCS. Ms. Wan additionally replied that allergy care and breast surgery are referred to the community but noted that SAVAHCS has recently onboarded a new general surgeon who has experience with breast surgery as a subspecialty. Ms. Wan went on to describe how SAVAHCS, once it has referred a woman Veteran to a community care provider for breast and/or cancer care, does not require them to return to VA for supplemental care, thus allowing the community care organization to coordinate the entire treatment process. Ms. Minjarez, responding to a follow-up question from Vice Chair Kirk on in vitro fertilization (IVF), reported that SAVAHCS's staff gynecologists do provide basic infertility care, but refer to community providers for actual reproductive endocrinology care and treatment. Ms. Wan, responding to a question from Vice Chair Kirk about whether VA covers community care consultations for breast care and IVF treatment, reported that VA fully covers all medical issues that result from a service-connected disability. Dr. Flynn, responding to a question from Vice Chair Kirk about medical discrimination, reported that providers in Arizona are not permitted to refuse any patient due to their gender, identity, or orientation, but may recommend a WH-PCP if they are unable to provide comprehensive well-woman health care.

Primary Care in Community Based Outpatient Clinics (CBOCs)

Dr. Mark Liu, Chief of Primary Care and Community Clinic Services, SAVAHCS;
Sally Petty, Chief of Primary Care Nursing, SAVAHCS

Dr. Liu and Ms. Petty introduced themselves to the Committee and provided a briefing on the demographics, metrics, success, challenges, and future initiatives related to women Veteran health care at SAVAHCS's CBOCs. The eight SAVAHCS CBOCs serve approximately 7,000 women Veterans with 73 primary care providers, 34 of whom are WH-PCPs, and house 13 Model 1 clinics and one Model 3 clinic.

Ms. Petty outlined the process by which SAVAHCS established the Model 3 WHC, based on feedback from providers and Veterans, and discussed the focus on providing comprehensive women's health care at the facility. Ms. Petty described some of the challenges imposed by the COVID-19 pandemic, especially in the context of care

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accessibility, and detailed that women Veterans on average wait 11 and 4 days, respectively, for new and established appointments, as opposed to their male counterparts who on average wait 15 and 3 days, respectively, for new and established appointments. Ms. Petty highlighted the fact that women's health liaisons are present at each CBOC and that CBOC primary care leadership is present on the Women Veterans Committee at SAVAHCS as examples of the way the organization is working to make VA an inclusive environment for all Veterans.

Ms. Petty discussed the importance of SAVAHCS's partnership with the University of Arizona College of Medicine to create a pipeline of providers who are not only interested in women's health issues but can also receive the WH-PCP training augmentation while in medical school. Ms. Petty then outlined how the CBOCs are ensuring a culture of excellence for women Veterans by assessing potential providers for their medical expertise and cultural amenability to SAVAHCS's WHP, orienting providers through meetings with WHP managers, nursing managers, and clinical preceptorships, and providing assessments and professional development to providers in the primary care management model. Ms. Petty additionally outlined how the CBOCs promote whole health for women Veterans through strategic partnerships, creative programming, and specialty services within primary care, including geriatrics, pain management, acupuncture, and a whole health clinic.

Dr. Liu outlined some of the quality improvement initiatives and goals that the CBOCs have set, including expanding the number of women Veterans assigned to WH-PCPs, ensuring women's health coverage by detailing two WH-PCPs to each CBOC, creating dedicated continuing education time for WH-PCPs, and hosting an annual women's health care conference for providers to gather and learn together. Dr. Liu then outlined some of the challenges that the CBOCs face in achieving these goals, including the loss of talent through clinical staff turnover, the impact of the COVID-19 pandemic on access to care, the time required to maintain education competencies and proficiencies, and the growing population of women Veterans. Dr. Liu noted that the impact of the COVID-19 pandemic has enabled VA to expand its telework and telehealth capabilities, which are predicted to have long-term positive impacts on access to care for all Veterans.

Vice Chair Kirk requested additional information on the number of women Veterans currently living in community living centers and/or Veterans' homes in Arizona and asked for insight into any gaps that SAVAHCS has observed in the geriatric and palliative care areas. Ms. Gutowski noted that Dr. Liu does not oversee the community living centers and agreed to follow up with the Committee to provide that information.

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Vice Chair Yarbrough inquired about what metrics SAVAHCS employs to rate the success of women's health programs and providers. Ms. Petty highlighted the committee that reviews and oversees women's health care performance and identified some women-specific procedures, like mammography screenings, that provide direct insight into the WHP's impact on women's health. Ms. Petty commented that nurses and doctors both maintain patient schedules to conduct robust follow-up and appointment scheduling to ensure that services are provided at appropriate intervals. Vice Chair Yarbrough inquired about plans to construct an additional Model 3 clinic in the SAVAHCS catchment area. Ms. Petty reported that the WHP is attempting to maximize its use of the space by expanding and increasing women's health services and programming before it embarks on the construction of another facility. Ms. Gutowski noted that renovations to the inpatient wing of the Tucson VA Medical Center are underway, and that the design attempts to account for and improve patient privacy, particularly in support of women Veterans. Dr. Liu, responding to a question from Vice Chair Yarbrough about increased utilization of supplemental and alternative care such as acupuncture, reported that requests for whole health services have increased and that SAVAHCS is working to increase providers to match demand.

SAVAHCS Health Care Training Programs Briefing

Dr. Jennifer Flynn, Medical Director, Women's Health, SACAHCS; Leslie Minjarez, Lead WVPM, VISN 22

Ms. Minjarez briefed the Committee on the WH-PCP needs assessment that was conducted throughout SAVAHCS in 2014 and 2017. The self-assessment asked physicians and nurses about their topical knowledge, skill proficiency, and how they would prefer to conduct their continuing medical education (CME) on women's health. Ms. Minjarez reported that the 2017 survey showed a significant decrease in the number of knowledge and skill areas where providers and nurses reported having basic to little or no proficiency, and attributed that to the success of the education plan that was instituted following the 2014 survey; the plan featured conference lectures on various topics identified, which providers and nurses reported as their preferred CME format. Ms. Minjarez then outlined SAVAHCS's work to maintain a level of WH-PCPs that balances availability to women Veterans against the need for individual providers to maintain a certain patient census for accreditation purposes, detailed the nurse-only mini-residencies that have been held since 2014, and gave a preview of the 2020 need assessment.

Dr. Flynn briefed the Committee on SAVAHCS's partnership with the University of Arizona College of Medicine and how the WHC provides women's health training opportunities not only in internal medicine, but also ambulatory care, gynecology, pharmacology, psychology, social work, and addiction medicine. Dr. Flynn detailed how

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SAVAHCS and the WHC rotate, train, and supervise residents in internal medicine, gynecology, and ambulatory care and stressed the staff's focus on providing residents with a well-rounded and robust education that can be tailored to engage specific interests. Dr. Flynn additionally outlined the training of social work interns both in the transgender clinic and the WHC as a whole and reported that the WHC will begin its first addiction medicine fellowship in January 2021. Dr. Flynn reported on current challenges that SAVAHCS and the WHC face, including ensuring protected time for provider CME, ensuring a certain patient volume to maintain provider skills, and ensuring that support staff are sufficiently trained on women's health; while the COVID-19 pandemic has additionally impacted resources and provider availability, Dr. Flynn highlighted the WHC's flexibility and SAVAHCS's support for women's health initiatives as significant advantages to the WHP.

Vice Chair Kirk requested additional information on supplemental and alternative health care. Dr. Flynn reported that two providers in the WHC have begun training 12 of their WH-PCP colleagues on battlefield acupuncture (BFA) and noted that the WHC employs two chiropractors, four whole health coaches, and utilizes yoga, meditation, gardening, and cooking programs as part of its supplemental and alternative care programming.

Breast and Cervical Cancer Screening Program

Gina Wan, WVPM, SAVAHCS; Dr. Jennifer Flynn, Medical Director, Women's Health, SACAHC

Ms. Wan provided a briefing to the Committee on the issues related specifically to women Veteran cancer screening and SAVAHCS's cervical and breast cancer screening processes, as well as initiatives aimed at improving those processes. Ms. Wan reported that women Veterans are 40% more likely to develop breast cancer than their civilian counterparts but noted that it is not known whether that is caused directly by service-connected exposure to chemicals and electromagnetic radiation, or by other service-related issues, namely: increased rates of smoking, drug and alcohol use, and obesity among Veterans.

Ms. Wan detailed the individual barriers that tend to prevent robust cancer screening among women Veterans, including work and childcare responsibilities, MST, homelessness, and mental illness. She outlined SAVAHCS's work to respond to those issues by providing extended hours, increasing training on trauma-informed care, and increasing collaboration with other Veteran support services. Ms. Wan reported that, of the 7,434 women Veterans currently enrolled with SAVAHCS, 76% are actively cared for there, 66% are empaneled with a patient alignment care team (PACT), and 52% are empaneled with a women's health PACT. Ms. Wan additionally outlined how SAVAHCS is working to increase the utilization of their services by women Veterans through

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outreach, increased PACT assignment offerings, and maintaining the availability of WH-PCPs. In preparation for the projected increase in the number of women Veterans over the next 15 years, Ms. Wan stressed the importance of expanding women-centric initiatives, such as: THRIVE, MOVE, and cancer and maternity care coordination; increased Veteran education on cardiovascular, osteopathic, and mental health issues and services; and the development of more robust internal programs around obstetrics, gynecology, and radiology.

Dr. Flynn outlined SAVAHCS's work to ensure comprehensive women's health care through robust staffing and detailed the WHP's goal to assign 85% of women Veterans to a WH-PCP, 100% of new-intake women Veterans to a WH-PCP and place two WH-PCPs at all eight CBOCs in southern Arizona. Dr. Flynn additionally detailed the alternative program developed to certify WH-PCPs remotely, in response to the COVID-19 pandemic, and the work to increase inpatient radiological care throughout SAVAHCS; the onboarding of two full-time breast imaging radiologist and the institution of a partnered pathology service will enable SAVAHCS to perform comprehensive breast care on-site.

Dr. Flynn reminded the Committee that in 2017, the VHA adopted the American Cancer Society's guidelines for breast cancer screening and treatment to create a consistent model of individualized engagement across VA. Dr. Flynn detailed how providers and nurses at the WHC provide coordinated case management and tracking for abnormal mammograms, facilitate community care referrals for screenings or treatment, and provide comprehensive treatment management and authorizations for Veterans in both inpatient and community settings. Dr. Flynn additionally detailed the WHP's cervical cancer screening practices, which involve similar screening, follow up, and treatment procedures that are coordinated among providers and nurses in a single electronic care management system.

Dr. Flynn reported that SAVAHCS has maintained a steadily increasing rate of breast and cervical cancer screenings over the past several quarters and shared her expectation that that trend will continue as VA adapts its services to the new normal created by the COVID-19 pandemic. Year-to-date in 2020, SAVAHCS has achieved 90.2% and 83.55% for cervical and breast cancer screenings, respectively. Dr. Flynn outlined how the COVID-19 pandemic has negatively impacted all women's health screenings, stressed the importance of care coordination and tracking in response, and outlined SAVAHCS's active quality improvement and outreach efforts to ensure continuity of care. Dr. Flynn highlighted an annual workforce capacity assessment related to women Veteran health care needs in order to develop a more robust and comprehensive outreach strategy across southern Arizona.

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The Chair inquired as to whether SAVAHCS facilitates transportation for women Veterans to obtain services, and Ms. Wan outlined the eligibility criteria for that service. Vice Chair Kirk requested additional information on how women Veterans can obtain urgent care in coordination with VA and community resources, and the incidence of breast and cervical cancer among women Veterans served by SAVAHCS. Dr. Flynn reported that women Veterans have access to urgent care through VA or community health resources and emphasized SAVAHCS's focus on creating ease of access to all levels of care, from routine to emergent, through electronic record coordination and call center triage to direct Veterans to appropriate resources. Ms. Wan stated that she would follow up to provide the Committee with the requested data on breast and cervical cancer prevalence among women Veterans served by SAVAHCS.

Vice Chair Yarbrough requested additional information on whether homelessness has become a larger barrier to breast and cervical cancer screenings in light of the COVID-19 pandemic. Ms. Wan directed Vice Chair Yarbrough to the upcoming briefing on health care for homeless Veterans regarding the impact of COVID-19 on access to care among that population. Vice Chair Yarbrough additionally detailed her concern that women Veterans are often billed for care that they must receive in the community, in the absence of appropriate resources and staff at SAVAHCS and inquired as to how SAVAHCS might be addressing that issue.

Ms. Wan reported that she is aware of Veterans receiving bills from community care providers but was unable to provide greater clarity on whether that issue stems from billing reimbursement issues or some as-yet-unidentified administrative error. Ms. Gutowski reported that SAVAHCS does provide community care coordinators to help Veterans utilize their benefits outside VA. She noted that VA's national transition to TriWest for billing processing occurred in August 2020; this will hopefully result in fewer late payments between VA and community providers that result in Veterans being billed by community providers and their subcontractors directly.

Maternity Care Coordination

Tammy Rascon, Maternity Care Coordinator, SAVAHCS

Ms. Rascon briefed the Committee on the role of nurses as maternity care coordinators (MCC), the development of maternity care services, and the future goals that have been targeted to improve women Veteran maternity care at SAVAHCS. An MCC program was unofficially introduced at SAVAHCS in 1999, which partnered inpatient obstetrics with the University of Arizona College of Medicine's residency program and assigned nurses in the women's clinic with collateral maternity care coordination duties; while the WHS had at that time recognized the need for maternity care coordination, funding was not

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provided to the nurses unofficially fulfilling that role until the creation of the MCC position in 2012.

Ms. Rascon detailed how SAVAHCS coordinates maternity care among staff OB/GYN providers, MCC nurses, and community health providers for pre-, peri-, and post-natal care. To that end, WVPs remain integral to authorizing the utilization of community resources, identification of medical risks and challenges, managing mental health concerns around pregnancy, and maintaining medical records to track pregnancy and lactation. Ms. Rascon then detailed the recent rapid process improvement workgroup summit to address gaps in maternity care coordination, which resulted in the creation of a maternity orientation packet and documentation template for OB/GYN providers and MCCs. The MCC program assisted 110 women Veterans in FY'20, compared to 20 in FY'12.

Ms. Rascon reported that in addition to pregnancy care, the MCC program assists women Veterans with preconception care through their primary care provider; these services include managing weight, hypertension, and diabetes and providing mental health and immunization services. MCCs are alerted to all new maternity care referrals to provide a comprehensive health, benefits, psychosocial, economic, safety, and family planning assessment/briefing before referring the Veteran to a community obstetrician of their choice and following up with class invitations and briefing materials on nutrition and breast feeding support. Ms. Rascon additionally detailed the postpartum care processes by which MCCs follow up with women Veterans and their newborns regarding outcomes, concerns, additional family planning, newborn care, mental health support, and reconnection to primary care.

Ms. Rascon summarized the MCCs' role to coordinate women Veteran care from pre-conception to about eight weeks postpartum in both inpatient and outpatient settings, to educate on emergency management processes and community services, intervene in cases of IPV and depression, and to provide resources and support both in-person and virtually. Lastly, Ms. Rascon detailed the future initiatives to expand and develop the MCC program further, including: expanding the MCC role to a full-time single-duty position, developing improved patient tracking and data collection tools, improving outreach efforts to integrate public support services into the MCC process, launching a pregnancy-specific version of the THRIVE Initiative, providing home-based primary care to pregnant and postpartum Veterans, and certifying MCCs as lactation specialists.

Ms. Rascon, responding to a question from Ms. Daughtery about the most common concerns and challenges that women Veterans raise and follow up on postpartum, answered that lactation and breast issues are the most common topics raised with MCCs

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in postpartum visits. Ms. Rascon, responding to a question from Ms. Wright about pre-natal education, highlighted the classes and resources that MCCs provide women Veterans in preparation for newborn care and detailed how she would expand those efforts if the position is granted greater autonomy and funding.

Vice Chair Yarbrough, on behalf of the Benefits Subcommittee, inquired as to whether the greater health challenges that women Veterans face results in a higher incidence of premature births. Ms. Rascon noted that the greater prevalence of hypertension and diabetes among women Veterans does lead to higher premature birth rates, which is why MCCs conduct a comprehensive pre-natal screening in order to refer women Veterans to high-risk obstetricians early in the course of their pregnancy. Ms. Rascon, responding to a follow-up question from Vice Chair Kirk on whether women Veterans face higher rates of infant mortality, confirmed that only increased rates of premature birth have been shown to result from women Veteran-specific health issues but noted that she would appreciate the Vice Chair's collaboration on analyzing that data more closely on a national scale.

Gynecology Service

Dr. Lori Hudson, Gynecology Service, WHS, SAVAHCS; Dr. Ratheany Sakburn, WHS Gynecology Service, SAVAHCS

Dr. Hudson introduced himself, briefed the Committee on gynecology specialty services at SAVAHCS, reported on the demographics of women Veterans served by the program, and remarked on the anticipated 35% increase in the number of women Veterans cared for by VA over the next 15 years. Dr. Hudson outlined the importance of providing comprehensive primary care to women Veterans by addressing not only general care concerns, but also gender-specific needs that are integral to women's health and detailed some of those issues. Dr. Hudson reported that gynecologic surgeries, which were interrupted by the onset of the COVID-19 pandemic, are resuming, and that she and Dr. Sakburn continue to provide emergency room, inpatient, outpatient, and virtual coverage and consultations.

Dr. Hudson noted that the average female Veteran served by SAVAHCS is 40 years old, approximately 20 years younger than the average male Veteran, and detailed how that impacts the role and relevancy of contraception in gynecological services both at SAVAHCS and VA as a whole. SAVAHCS gynecological services provide a variety of both short- and long-term contraception options and are able to perform same-day outpatient contraception treatment in order to accommodate the distances women Veterans are forced to travel for such treatment. Dr. Hudson detailed how the providers and nurses in the gynecology division have systematized cervical cancer screenings and follow up; in 2019, SAVAHCS performed 754 pap smears and 64 colposcopies on-site.

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Dr. Hudson reminded the Committee that, in 2017, Congress enabled VA to provide in vitro fertilization (IVF) to married Veterans with a service-connected condition that prevents unassisted procreation, and detailed the work being done in collaboration with Ms. Wan and Ms. Minjarez to establish those services in VISN 22 and at SAVAHCS. Dr. Hudson then detailed the gynecology services' surgical capabilities, which include: vaginal, abdominal, laparoscopic, and robotic hysterectomies; diagnostic and operative laparoscopies; diagnostic and operative hysteroscopies; and prolapse and adnexal surgeries. Dr. Hudson additionally detailed the diagnostic and biopsy procedures that can be performed in the office and reported that 395 office procedures were completed in 2019.

Dr. Sakburn briefed the Committee on new innovations in gynecological services at SAVAHCS, including in-office hysteroscopy, a female incontinence clinic, and the introduction of minimally invasive surgeries. The Endosee Advance hysteroscopy tool will enable both uterine visualization to better triage patients for treatment, and the direct uterine biopsies and retrieval of IUDs to avoid the need for operating room visits, which entail long wait times, high operative costs, and the risks associated with anesthesia. The incontinence clinic will serve the one in three women Veterans who struggle with urine incontinence by centrally managing both medical and surgical treatment options, and is strategically positioned to incorporate urodynamic testing, female pelvic floor therapy, percutaneous nerve stimulation, and the injection of macro-plastique bulking agents. Lastly, Dr. Sakburn detailed the gynecological service's utilization of the da Vinci Surgical System to perform total laparoscopic hysterectomies. Using a surgeon-directed robotic system, hysterectomies can be performed through 1.5 millimeter incisions, which result in less pain, and thus lower utilization of pain medications, shorter hospital stays and recovery times, and not only lower costs, but also risks of opportunistic infections.

Dr. Sakburn, responding to a question regarding the department's experience in urogynecology from both Chair Harris and Vice Chair Kirk, reported that while both she and Dr. Hudson maintain CME in urogynecological services, those procedures are not yet performed at SAVAHCS. Vice Chair Kirk, on behalf of the Health Subcommittee, requested additional clarity on which gynecological procedures are currently being performed at SAVAHCS in the office or operating space, versus which services are being planned as part of strategic initiatives. Dr. Sakburn reported that in-office hysteroscopy procedures and total laparoscopic hysterectomies will begin in October 2020, that the search for a pelvic physical therapist is underway, and that in-office IUD removal is already occurring in most cases, but will fully transition to the in-office setting when the equipment arrives in October 2020. Vice Chair Kirk additionally inquired as to what services are provided to peri-menopausal Veterans, particularly in terms of bioidentical hormones and counseling. Dr. Hudson reported that SAVAHCS does

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prescribe bioidentical and synthetic estrogen and progesterone but does not perform on-site compounding, and detailed the dietary, and social work counseling services that are available to women Veterans in menopause. Dr. Hudson additionally noted that those medical and counseling interventions provide an excellent opportunity for women's health providers to educate women Veterans on the distinct health and wellness issues they will face in the next hormonal phase of their lives, including osteoporosis and the increased risk of cancer and cardiovascular issues.

Adjourn

The Chair adjourned the Committee at 2:00 p.m. PT on its second meeting day.

Wednesday, September 23, 2020

Open Meeting & Introductions

The Chair called the Committee to order at 7:59 a.m. PT on its third meeting day. The Committee members, ex-officio members, advisors, and public guests introduced themselves.

Mental Health Service (MHS)

Dr. Lucretia Vaughn, Associate Chief of Staff for Mental Health, SAVAHCS

Dr. Vaughn introduced herself and briefed the Committee on the mission of the MHS, which is to provide mental health, primary care, and homeless services to Veterans through a team-based network of 245 multidisciplinary personnel. In order to better serve the needs of Veterans in their unique living and diagnostic situations, SAVAHCS provides treatment for substance use disorder (SUD) and PTSD in a 31-bed inpatient psychiatric unit, a 25-bed residential rehabilitation program, an 18-bed intensive outpatient program (IOP), and a fully outpatient treatment program for SUD that utilizes both counseling and pharmacologic means to facilitate recovery. Dr. Vaughn reported that as of Sunday, September 20th, the SAVAHCS MHS has distributed over 5,000 Naloxone kits to Veterans in outpatient SUD treatment. She also commented on the MHS' work to provide mental health care that is convenient, tailored, and appropriately intensive.

In outpatient mental health care, Dr. Vaughn detailed the Intensive Community Mental Health Recovery Service, which provides community-based and home-visit care to Veterans with severe mental illness (SMI), and the Psychosocial Rehabilitation and Recovery Center, which offers individual and group day programming to Veterans with SMI; the MHS has three PACT teams dedicated to comprehensive care for Veterans with SMI. In FY'19, the SAVAHCS MHS provided 13,685 Veterans with individual and group psychological counseling and prescription care in the outpatient setting, which utilizes an integrated approach to behavior health that provides specialized care related

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to PTSD, MST, and marriage and family issues. Dr. Vaughn emphasized the importance of helping Veterans achieve an independent and prosperous life and detailed the MHS' work to provide therapeutic services specifically tailored to helping Veterans find and retain employment.

In inpatient mental health care, Dr. Vaughn reported that the MHS has embedded mental health providers and liaisons into primary care offices at SAVAHCS, which enables Veterans to access same-day mental health care along with their primary medical care in a way that helps to reduce the stigma associated with seeking mental health care. Dr. Vaughn noted that the MHS has additionally partnered with the chaplain service in the outpatient, inpatient, and residential settings to help Veterans access mental health care through a spiritual service that for them, typically, entails less stigma than ordinary mental health services.

Dr. Vaughn detailed the MHS' collaborations with local medical, nursing, and social work schools that facilitate accredited training programs for psychiatrists, psychologists, social workers, and both primary care and psychiatric nurse practitioners in both inpatient and outpatient settings. Dr. Vaughn additionally highlighted the CSP590 lithium study on suicidality as one example of how SAVAHCS and the MHS actively participate in providing outreach, training, and crisis management to prevent Veteran suicides.

Dr. Vaughn detailed the MHS' collaboration with SAVAHCS's homeless program through a HUD-VASH voucher program, a 53-bed rapid emergent housing facility, a 95-bed transitional housing facility, and a dedicated homeless/mental health PACT team, which enables better collaboration among the groups working to treat the often intertwined issues of primary care, mental health, and homelessness. Dr. Vaughn commented on the importance of providing Veterans with holistic care that addresses a persons' comprehensive physical and mental well-being, which the MHS has worked to accomplish through its integration with the Whole Health Initiative to facilitate groups on topics like distress tolerance, mindfulness-based stress reduction, and substance abuse awareness. Dr. Vaughn additionally outlined how SAVAHCS partners with other VA systems in VISN 22 and utilizes its telemedical resources to provide and facilitate robust mental health care to Veterans throughout Arizona.

Dr. Vaughn, responding to a question from the Chair about inpatient facilities, reported that most inpatient mental health patients are housed in two-person rooms, but noted that single rooms are available.

Vice Chair Kirk requested additional information on how the MHS works with its community partners to identify women Veterans and track services provided to them in

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various fields related to mental health care. Dr. Vaughn outlined how the MHS remains in close connection with its community partners and reviews those collaborative protocols at the annual SAVAHCS mental health summit, and reported that she would provide the Committee with detailed data that accounts for how many women Veterans are served by the MHS in collaboration with other services, like the homeless program. Dr. Vaughn additionally detailed how SAVAHCS conducts outreach to the approximately 6,000 women Veterans in southern Arizona who are not enrolled in VA services through mailings, service transition events on military bases, and community open houses, where providers are present to immediately engage interested Veterans in services. Dr. Vaughn, responding to a question from Ms. Miller about the naloxone kits, detailed how Veterans in the inpatient program are trained on the use of the kits and how the MHS ensures that those kits are being utilized appropriately.

Vice Chair Yarbrough, on behalf of the Benefits Subcommittee, inquired as to whether SAVAHCS has observed an increase of suicides among Veterans since the onset of the COVID-19 pandemic. Dr. Vaughn reported that, while she does not have conclusive data, calls to the Veterans Crisis Line did initially increase when the pandemic first impacted the U.S but have returned to their normal levels.

Intimate Partner Violence (IPV) Assistance Program

Christopher Guerrero, IPV Assistance Program Coordinator, SAVAHCS

Mr. Guerrero introduced himself and briefed the Committee on IPV Assistance Program, which directs VA's response in support of Veterans who are victims of IPV through a comprehensive network of education, assessment, and intervention services. While the Centers for Disease Control and Prevention (CDC) provide a wide-ranging definition of IPV, Mr. Guerrero noted that there is no definitive profile on who may be a perpetrator or victim of IPV. According to the CDC's 2017 National Intimate Partner and Sexual Violence Survey, 19.3% of women (versus 1.7% of men) experience rape in their lifetime, 22.3% of women (versus 14.0% of men) have been victims of severe physical IPV, and 15.2% of women (versus 5.7% of men) have been stalked during their lifetime. Mr. Guerrero detailed how women Veterans report experiencing IPV at higher rates than their civilian counterparts, which may be caused by similarly increased rates of PTSD and interpersonal aggression among Veterans, and noted that IPV is associated with increased rates of heart disease, SUD, STD transmission, and depression; in 2011, 33% of women Veterans (versus 23.8% of civilian women) reported to have experienced IPV in their lifetime. Mr. Guerrero outlined how VHA is well situated to assess, educate, and serve women Veterans who are victims of IPV, and its varied physical and psychological manifestations, through the suite of comprehensive physical and mental health services that VA has to offer. Mr. Guerrero reported that women Veterans have been found to be four times more likely to engage the IPV Assistance Program if it is offered to them in a

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primary care setting, and described specific physical signs providers have been trained to notice and respond to.

Mr. Guerrero reported that in August 2019 the IPV Assistance Program trained WHC staff on trauma-informed IPV screening and detailed how the program has been working to partner with other IPV resources in the region, emphasizing the importance of a collaborative and informed approach to the issue. The IPV Assistance Program, in September 2019, additionally implemented the Hurt, Insult, Threaten, and Scream (HITS) survey to screen for IPV victims in a primary care setting, and Mr. Guerrero noted that informing providers on the resources available to victims is paramount to ensuring immediate and/or follow-up interventions and the activation of the multidisciplinary resources organized by VA. Mr. Guerrero reported that in Q3 2020, these interventions and initiatives helped lead to 174 women Veterans being screened for IPV, 171 women Veterans being educated on IPV, and 58 women Veterans being provided contact information for an emergency hotline. Mr. Guerrero additionally detailed the Strength at Home training that occurred in July 2020, which is an evidence-based and trauma-informed intervention training course to educate victims of IPV, regardless of their gender, on how they can create safe home environments for themselves.

Mr. Guerrero identified some of the IPV Assistance Program's current priorities and strategic initiatives, including the continued rollout of the HITS survey throughout SAVAHCS, a collaboration with the Women's Health Committee to train women's health providers beyond the WHC in IPV assessment and referral, the training of social workers in health care PACTs to facilitate same-day follow up with Veterans who engage their providers on IPV issues, and continued education on IPV through outreach and awareness efforts, including Domestic Violence Awareness Month in October.

Suicide Prevention Program

Kady Walker, Suicide Prevention Program Coordinator, SAVAHCS

Ms. Walker introduced herself and briefed the Committee on the SAVAHCS Suicide Prevention Program and how the program's work remains a top priority for VA, which recently published a national strategy for preventing Veteran suicide, given that in 2017 Veterans represented 7.9% of the population but 13.5% of all adult suicide deaths in the U.S. Ms. Walker outlined the SAVAHCS's work not only to develop effective assessment and engagement processes, but also to emphasize comprehensive and collaborative approaches to high-risk Veterans both in VA and the community.

Ms. Walker reported that according to CDC public health data, among female Veterans in 2017, the rate of suicide was 2.2 times higher than among civilian women; 43.2% of these female Veteran suicides were committed using a firearm, and 28.7% were

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committed by poisoning. Data analysis has shown that Veterans who are younger, women, in periods of transition, exposed to suicide, and have access to lethal means are the most at risk for suicidality. Because firearms are used in 69% of all Veteran suicides, Ms. Walker detailed her efforts to make gun locks available to SAVAHCS staff and community partners for distribution to Veterans. Ms. Walker then emphasized the program's work to educate staff and community partners on the realities around suicide and the steps that can be taken to create time and space in which Veterans in an acute period of crisis are kept from the means to make an impulsive decision.

Ms. Walker detailed VA's national implementation of a standardized screening for assessing suicide risk that provides subsequent evaluation protocols and methods for Veterans who screen positive for suicide risk and outlined her work in training providers throughout SAVAHCS on its use. Ms. Walker has additionally worked to establish a safety planning group in the inpatient mental health unit and to provide continuous suicide prevention training and education to staff, which has enabled SAVAHCS to engage its community partners more robustly in order to achieve greater peer support among Veterans.

Lastly, Ms. Walker outlined the Suicide Prevention Program's current priorities and strategic initiatives, which includes greater collaboration with the WHC to train and support WH-PCPs and women's health PACTs on the suicide prevention assessment and referral processes, increasing outreach to Veterans with a particular focus on women Veterans, ensuring access to medical and mental care and services for all Veterans, and conducting social work training regarding suicide risk assessments and referrals across all PACTs to ensure widespread knowledge on both the diagnosis and referral processes. Ms. Walker additionally outlined the process by which Veterans and community members can engage the Veteran Crisis Line, which refers calls directly to the Suicide Prevention Program for follow-up.

Military Sexual Trauma (MST) Program

Dr. Kathleen Young, MST Coordinator, SAVAHCS

Dr. Young introduced herself and briefed the Committee on the MST Department and Program at SAVAHCS, which provides screening and care for Veterans who have experienced the broad range of physical and emotional actions that constitute MST. Dr. Young reported that in FY'20, 98.7% of outpatient Veterans at SAVAHCS have been screened for MST and 1,941 were found to have experienced MST, 1,286 of whom are women Veterans; additionally, 76.6% of MST-positive women Veterans have engaged in MST-related physical and/or mental health care.

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Dr. Young outlined the MST Department's successes, including comprehensive staff training on both MST screenings and trauma-informed/gender-sensitive care and the utilization of telehealth resources to provide both group and individual therapy sessions and workshops for Veterans with MST. Dr. Young additionally detailed the program's current priorities, which include continuing to improve the evidence-based and trauma-focused treatment methodology and identifying areas where MST screening is lacking and educating providers on its importance. While the rate of physical and mental health services has decreased slightly among MST-positive Veterans in SAVAHCS, most likely due to the onset of the COVID-19 pandemic, that rate has held steady for the previous five years and exceeds the minimum benchmark for both MST screening and related service encounters.

Health Care for Homeless Veterans

Danna Auriana, Homeless Program Section Chief, SAVAHCS

Ms. Auriana introduced herself and briefed the Committee on the HCHV Program, which assesses and provides homeless Veterans and their families with immediate and long-term housing and services to break the cycle of homelessness. Veterans can access the Homeless Program through the clinic on the main SAVAHCS campus in Tucson, the National Call Center, referrals from care providers, or through community homeless services that will connect them with VA. Homeless Veterans who are connected with the clinic are given access to shower and hygiene items, food, clothing, laundry services, and medical services before connecting with a social worker to engage in a more long-term oriented suite of services. Ms. Auriana briefly outlined the importance of coordinating mental and physical health services for homeless Veterans through a designated PACT to help create trust and facilitate lasting stability.

Ms. Auriana reported that social workers in the Homeless Program conduct a comprehensive psychosocial assessment during intake that will engage mental health, medical, dental, SUD, VJO, IPV, and employment services as needed. The Homeless Program additionally provides compensated work therapy through transitional work in housekeeping, landscaping, and culinary departments at SAVAHCS, vocational development in partnership with the HUD-VASH Program, and assistance with applying for Social Security and VA benefits. Ms. Auriana reported on SAVAHCS's collaborations with community partners to improve and expand homeless services throughout the region, and detailed how VA has utilized CARES Act funding, in response to the COVID-19 pandemic, not only to help Veterans maintain housing during the current economic downturn, but also to expand emergency, transitional, and gap housing resources in southern Arizona.

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Ms. Auriana outlined the HUD-VASH Program, which provides long-term support by pairing Section 8 housing vouchers with VA case management in a housing-first model that helps Veterans and their families obtain and maintain stable housing, employment, and health. Ms. Auriana commented on the distribution of the 830 currently active HUD-VASH participants in southern Arizona, including more than 20 on the Tohono O'odham Nation, and detailed the program's multidisciplinary treatment team, which consists of social workers, nurse practitioners, peer support specialists, an occupational therapist, and social service liaisons. Ms. Auriana additionally detailed the two means by which VA provides immediate and transitional housing services to homeless Veterans: contract and grant-per-diem (GPD) housing. The SAVAHCS maintains a contract housing partnership with Old Pueblo Community Services to provide 35 beds in emergency residential services for Veterans willing to engage in permanent housing planning, 9 beds in the Steps for Vets Program for Veterans with SMI and who may require greater assistance in obtaining and retaining permanent housing, and 9 beds in the Low Demand Safe Haven Program for Veterans who experience chronic homelessness and also may require greater assistance in obtaining and retaining permanent housing. The SAVAHCS additionally maintains GPD housing facilities in partnership with Esperanza En Escalante and Old Pueblo Community Services to provide 95 transitional housing beds for homeless Veterans who may require up to 90 days of gap housing, transitional housing after an inpatient hospitalization, and service-intensive transitional housing, which can house Veterans and their families for up to two years. In 2019, Veterans accounted for 6.5% of homeless people in the U.S. and in 2020, 11.6% of the homeless Veterans in the SAVAHCS catchment area were women.

Ms. Auriana detailed the Homeless Program's efforts to assist women Veterans specifically in both its immediate and long-term services. While the homeless clinic in Tucson does maintain distinct clothing and hygiene services and areas for women Veterans, the Homeless Program ensures that the HUD-VASH and GPD programs prioritize women Veterans and Veterans with dependents for housing assistance. Additionally, two of the peer support specialists in the HUD-VASH program are women Veterans and women Veterans receiving homeless services are notified of, and referred to as requested, services at the WHC.

Inpatient Services

Dr. Kerri Wilhoite, Associate Director for Patient Care Services, SAVAHCS

Anna Bourguet, Chief of Acute Care Services, SAVAHCS

Chauncey Roach, Chief of Critical Care Services, SAVAHCS

Michelle Throckmorton, Community Living Center Service Chief, SAVAHCS

Dr. Wilhoite introduced her team and invited Ms. Bourguet to brief the Committee on the Acute Care Service, which oversees the emergency department, the medical/surgical

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units, the inpatient mental health unit, and the mental health rehabilitation and treatment programs. Over the past five years, female Veterans have consistently made up approximately 6% of service admissions and Ms. Bourguet detailed those rates among the respective services. Approximately 55% of women Veteran admissions to the emergency department are for abnormal clinical/lab results, musculoskeletal issues, and respiratory distress; approximately 50% of women Veteran mental health admissions relate to behavior or substance abuse issues; and approximately 60% of women Veteran surgical admissions are for diagnostic hysteroscopies (40%) or surgical hysterectomies (20%). Ms. Bourguet detailed some of the service's successes, which include the maintenance of women's health-specific supplies and education in the emergency department, a dynamic nursing/physician collaboration and the performance of competency training for post-operative gynecological care in the inpatient service, and the maintenance of staff and facilities that can care for and accommodate vulnerable adults, particularly through the provision of private rooms. Ms. Bourguet additionally outlined the Acute Care Service's quality performance metrics, which illustrate a decrease in the rate of hospital-acquired infections, an increase in SUD consultations, and an improvement in positive patient experience reports. Lastly, Ms. Bourguet detailed the service's current priorities, which include the construction of another inpatient unit, the expansion of the emergency department, a deeper analysis of care trends by demographic to target interventions, enhancing community mental health collaborations for discharge planning, maintaining continuous staff education on women's health issues, and improving the rate of MST assessment follow-up.

Mr. Roach briefed the Committee on the Critical Care Service, which oversees the 19-bed intensive care unit (ICU), 12-bed ICU stepdown unit, a suite of 13 comprehensive surgical operating rooms, a 21-bed post-anesthesia and operative care unit, cardiac catheterization lab, interventional radiology services, and a 7-chair infusion suite. Mr. Roach additionally detailed the service's extensive portfolio of women-specific surgical procedures, as well as the number of surgical encounters over the last two years. The critical care services ensures that privacy is provided wherever and whenever possible through the use of private rooms and curtains, utilizes assessments to provide safe surgical environments for women Veterans of reproductive age, supports patient preferences for male/female staff whenever possible, and ensures respect for preferred pronouns and maintenance of safe zones in the service's areas. Mr. Roach additionally emphasized the service's focus on maintaining provider competencies in caring for Veterans recovering from gynecologic procedures and a collaborative and engaging environment among physicians, nurses, and social workers.

Ms. Throckmorton briefed the Committee on the Community Living Center (CLC), which is a 92-bed neighborhood care center that utilizes four specialty inpatient programs, one

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outpatient PACT clinic, and one wound clinic to provide comprehensive interdisciplinary care for aging Veterans. Ms. Throckmorton then detailed some of the CLC's programs: a 38-bed skilled nursing unit provides care for aging Veterans with complex diagnoses; the hospice and palliative care team provides comprehensive end-of-life care and chemotherapy/radiation symptom management; the rehabilitation program cares for Veterans who have experienced orthopedic surgery as well as abnormal cardiac and neurological events; and the geropsychiatric program cares for Veterans with Alzheimer's and dementia. Ms. Throckmorton reported that of the 4,501 Veterans admitted to the CLC over the last five years, 235 (5.2%) have been women, with an average age of 67 years. Ms. Throckmorton detailed some of the CLC's successes, which include robust community hospice partnerships, a CARF-accredited rehabilitation team, a declining rate of antipsychotic medicine distributions, moderate to severe pain incidents, and catheterizations, and zero urinary tract infections, physical restraints, or falls or major injuries in the last year. Ms. Throckmorton reported that the CLC is working to increase its gender-specific data collection to develop targeted care plans and increase staff education on caring for women Veterans with dementia and MST.

Dr. Wilhoite outlined how the Inpatient Service is working to enhance women Veteran care experiences through both data collection, to target areas of facility, staff, and policy improvement, and education, to ensure that women Veteran issues are understood and approached with respect and quality care.

Telehealth Program

Nicole Larkin, Associate Chief of Staff for Development and Telehealth, SAVAHCS

Ms. Larkin introduced herself and briefed the Committee on the management and nursing team that oversees the Telehealth Program, which is responsible for providing staff and Veterans with the tools and training to provide/receive telehealth services. In addition to home telehealth, Ms. Larkin detailed SAVAHCS's other telehealth services: clinical video telehealth (CVT) enables a Veteran at a CBOC to receive care and/or consultation from a provider at the main campus in Tucson; Store & Forward processes enable specialized retinal and dermatologic screenings to be recorded in CBOCs and forwarded to specialists who can review them and recommend treatment within as little as three days; and VA Video Connect (VVC) enables remote care through mobile devices to facilitate ease of access in all circumstances.

Ms. Larkin noted that the use of CVT and Store & Forward services have increased dramatically in the last two years and that both have made the WHS and dermatologic care more accessible. Ms. Larkin reported that not only has VVC utilization has increased 15.04% since FY'19, but all WH-PCPs have been successfully trained on VVC utilization; while VA provides a National Help Desk for VVC setup and test calls,

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SAVAHCS employs a group of telehealth experts exclusively for Veterans under its care to reduce wait times.

Ms. Larkin reported on the Telehealth Program's performance measures, as well as its current and future strategic initiatives. Regarding providers, 100% of primary care providers, 98% of mental health providers, and 62% of specialty providers in SAVAHCS have not only been trained on, but have also utilized, CVT, Store & Forward, and VVC systems. Regarding patients, the utilization of telehealth services has increased significantly in the past year: 2.12% in home telehealth, 20.96% in CVT, 4.64% in Store & Forward, and 17.05% in VVC. Ms. Larkin commented on how the onset of the COVID-19 pandemic has demonstrated Value in telehealth systems and has given rise to conversations about how, moving forward, these technologies might be leveraged to increase the number of Veterans enrolled in services, eliminate barriers to care access, and improve the Veteran experience in VA care. Ms. Larkin reported that the Telehealth Program is working to adapt whole health and women's health-specific programming for use on its virtual care platform and detailed the program's intention to begin utilizing both CVT and VVC services for maternity, lactation, and gynecological consultations.

Research Program

Dr. Stephen Thompson, Acting Chief of Research, SAVAHCS

Dr. Thompson introduced himself and briefed the Committee on the Research Program, the success of which he attributes not only to the collegial and collaborative culture at SAVAHCS, but also to the system's work to improve care for all Veterans. As an example of this, Dr. Thompson pointed to the fact that all SAVAHCS clinical research studies, except for those that study a gender-specific disease, are gender-neutral.

Dr. Thompson outlined the Million Veteran Program (MVP), a national genomic sequencing study, as an example of how VA is working to eliminate the flawed results and understandings that can emerge from biases in medical studies and practices by actively recruiting women and minority Veterans. Nationally, the MVP has recruited approximately 850,000 Veterans, 10% of whom are women; Dr. Thompson reported that SAVAHCS itself has enrolled 12,000 Veterans, 8.3% of whom are women, and additionally detailed the breakdown of women Veteran participation by race. The diversity of the MVP study will help to create a robust data set of genomic sequences and diseases that will help medical professionals better understand and treat diseases like depression, high cholesterol, hypertension, acid reflux, and anxiety. Dr. Thompson additionally reported on how the MVP studies will inform more robust cancer screening and treatment strategies and remarked on the possibility of better understanding the impact that race, gender, and military service has on health.

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Dr. Thompson outlined the Research Program's priority on increasing women Veteran participation in VA research studies, and reported that Ms. Gutowski has applied for SAVAHCS to join the Women's Health Practice-Based Research Network.

Medical Affiliations

Dr. Eugene Trowers, Associate Chief of Staff for Education, SAVAHCS

Dr. Trowers introduced himself and briefed the Committee on the role of women in academic medicine at the SAVAHCS by first noting that the proportion of women Veterans is projected to increase from 11% currently to 16% by 2040. Dr. Trowers presented 2015 data from the U.S. Census Bureau, which shows that, beyond the age of 20, women Veterans have significantly higher levels of academic and financial attainment than their civilian counterparts.

Dr. Trowers reported on the increasing presence of women in academic medicine; as of 2018, 51% of medical school applicants, 48% of medical school graduates, 46% of residents, 41% of faculty, and 34% of senior associate deans are women. Dr. Trowers detailed how the number of women in faculty, departmental, and leadership roles in academic medicine has increased over the last 10 years, but reported that they do not yet represent the majority in any significant role and commented that the slow rate of increase indicates that structural changes are still required to increase representation.

Whole Health Initiatives

Amy Duschinski, THRIVE Initiative Co-Facilitator, SAVAHCS

Dr. Sheila Sedig, Whole Health Program Coordinator, SAVAHCS

Dr. Roberta Lee, Clinical Director for Whole Health, SAVAHCS

Ms. Duschinski introduced herself and briefed the Committee on the THRIVE Initiative at SAVAHCS, a dynamic mindfulness program that helps Veterans achieve better living through a comprehensive exploration of the factors that impact both physical and mental well-being in a group course that is facilitated by subject-matter experts from across SAVAHCS. The groups are selectively enrolled to create a safe environment with classes structured around evidence-based education, discussion of personal experiences, and appropriate activities, including journaling. Ms. Duschinski reported that SAVAHCS has completed three THRIVE sessions in the last year, and noted that Veterans in all three cohorts reported less anxiety and depression following the program and had shared the positive and practical impact the program had on their daily lives. Following up on Veteran feedback regarding sessions conflicting with other classes available at the Tucson VA Medical Center, Ms. Duschinski reported on plans to shorten the program to 10 weeks, tailor the program resources to their specific subject-matter experts, and transition the program not only to a self-schedule methodology, but also a virtual format to improve accessibility.

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Dr. Sedig introduced herself and briefed the Committee on the Health Promotion & Disease Prevention (HPDP) and MOVE! Initiatives at SAVAHCS, which work to promote smoking cessation, alcohol reduction, and generally health-conscious living through classes on nutrition and exercise with subject-matter experts from the nutrition, social work, and mental health fields. Dr. Sedig outlined the Whole Health Program's monthly educational groups, outreach efforts, and partnership with the WHC for women-only classes, as well as the transition to virtual platforms to maintain access to these resource classes despite the COVID-19 pandemic.

Dr. Lee introduced herself and briefed the Committee on the Whole Health Program at SAVAHCS, which has been acknowledged for the last three years as the flagship whole health program of VISN 22. Whole health is a whole-person perspective on health management that not only creates systemic integration of Veteran care services, but also educates, equips, and empowers Veterans to participate in the process of achieving comprehensive personal health. Some of the program's most popular offerings include yoga and meditation classes, an insomnia support group, individualized health coaching, an anti-inflammatory diet class, and battlefield acupuncture; some of these classes are women-only. Dr. Lee noted that the program not only provides the THRIVE Initiative with its subject-matter experts, but also hosts flexible consultation periods for providers to learn from and collaborate with whole health coaches. Dr. Lee reported that before the onset of the COVID-19 pandemic, 60% of the Whole Health Program's participants were located in CBOC catchment areas and detailed how the program has seen increased attendance as more classes have had to convert to fully-virtual platforms. Dr. Lee additionally reported that the Whole Health Program has a consistent 15-20% women Veteran participation rate, which mirrors SAVAHCS's overall women Veteran population distribution, and detailed the program's work to facilitate ease of access to virtual resources through both training and outreach.

Compensation and Pension (C&P) Program

Dr. Boaz Rabin, C&P Program Clinical Director, SAVAHCS

Dr. Rabin introduced himself and briefed the Committee on the C&P Program, which performs examinations on Veterans who have filed for benefits related to a service-connected disability, request for a low-income pension, or health benefits related to non-service-connected issues. The C&P Program additionally examines Veterans for problems that may be caused by service-connected exposure to environmental hazards, which helps VA and DoD understand and track long-term health impacts on Service members and Veterans. Dr. Rabin noted that the requests for these examinations are generated by the VBA, that the C&P Program has conducted exams for every age group and ethnicity, and that disability exams for women Veterans are given equal weight and

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attention while accounting for health issues that are specific to the women Veteran population.

Dr. Rabin reported that prior to the onset of the COVID-19 pandemic, the C&P Program has maintained high levels of examination timeliness and quality; between August 2018 and August 2019, the program processed 5,124 disability claim exams with an average processing time of 31 days, and 116 integrated disability examinations (IDES) of active duty Service members, on behalf of the DoD, with an average processing time of 24 days. The VBA maintains data on disability claims and processing times, as well as a peer review system. Dr. Rabin additionally reported that, since the onset of the COVID-19 pandemic, all C&P examinations are being performed under the VBA by a contracted examination team, to allow the VHA to prioritize responding to the ongoing public health crisis, but noted that the C&P Program continues to perform limited chart reviews and VVC meetings to assist in adjudication of claims. Dr. Rabin recommended that the C&P Program, when it returns to normal operations, be expanded slightly to incorporate both mental and medical health providers for women Veterans in order to better adjudicate their claims.

Responding to a question from Vice Chair Yarbrough, regarding her concern about contracted physicians performing C&P examinations and potentially not being familiar with Veteran-specific issues, Dr. Rabin directed her to Mr. Chris Norton, Director of the Phoenix Regional Office. Mr. Norton outlined how VA has successfully utilized contractors for this purpose for many years, has standardized the examination process, trained contractors on VA culture and procedures, and performs quality control and review on contracted examinations. Mr. Norton additionally reported on how VA has made these changes to redirect providers and resources to more immediate care and services, commented that claims adjudication rates remain steady thanks to video-conference utilization during the COVID-19 pandemic, and noted that the C&P Program works to accommodate all Veteran needs and preferences regarding examinations, particularly in the case of women Veterans.

Rural Health Program

Kenneth Browne, VISN Rural Consultant (VRC), VISN 22

Mr. Browne introduced himself and briefed the Committee on the Office of Rural Health's (ORH) programming that aims to increase care and support for rural Veterans on a national scale by implementing rural promising practices and enterprise-wide initiatives. Mr. Browne outlined the primary care, specialty care, mental health, care coordination, telehealth, and workforce training services and initiatives that the ORH currently supports, and detailed the programs geared specifically towards women Veterans; these include web-based therapy for MST, clinical skills training in women's health for rural

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providers, and enhanced care coordination for women Veterans in the areas of maternity care and screenings for breast and cervical cancer. Mr. Browne outlined the distribution of Veterans in both VISN 22 and the SAVAHCS catchment area across urban, rural, and highly rural areas, and detailed how well the eight SAVAHCS CBOCs cover rural areas of southern Arizona. Mr. Browne additionally detailed the grants that the ORH provided to the CBOCs in Green Valley and Sierra Vista between 2017 and 2020 and commented on the value of those grants in helping to establish those clinics, which cover areas that are 93.9% and 52.1% rural and, in that time, served approximately 117 and 1,069 women Veterans, respectively.

Lesbian, Gay, Bisexual, Transgender (LGBT) & Gender Diversity Program Patrick Powers-Lake, Patient Safety Manager & LGBT Veteran Care Coordinator, SAVAHCS; Dr. Jennifer Flynn, Medical Director, Women's Health, SACAHC

Mr. Powers-Lake introduced himself and briefed the Committee on SAVAHCS's work to educate, advocate for, and provide care to LGBT Veterans. Mr. Powers-Lake reported on recent surveys suggesting that 25% of all LGBT people in the U.S. have served in the Armed Forces, and outlined a 2015 study by the National Center for Transgender Equality which found that 18% of its respondents had served in the Armed Forces.

Mr. Powers-Lake outlined his work at SAVAHCS to create a welcoming and inclusive environment for LGBT Veterans and reported on the executive leadership and staff's enthusiasm for participating in that mission. SAVAHCS has worked not only to educate Veterans and staff members on the use of preferred names and pronouns, but also to counter the fear associated with being LGBT in the military, and the prospect of losing VA benefits as a result, by celebrating both Veteran and staff diversity alongside its community partners through open dialogue and events. Mr. Powers-Lake detailed the monthly LGB support group, which is facilitated by a Special Emphasis Program Manager, and the weekly transgender support group, which is available to Veterans at any stage in their transition process and facilitated by two social workers; Dr. Flynn reported that while these groups have ceased in-person meetings during the COVID-19 pandemic, they have worked independently to continue meeting virtually and maintain their outreach efforts. Mr. Powers-Lake additionally outlined SAVAHCS's yearly LGBT events geared towards education, outreach, awareness, remembrance, and pride celebrations, and noted that SAVAHCS has received a LEADER designation from the Human Rights Campaign.

Dr. Flynn reported on the medical care and services provided by the LGBT & Gender Diversity Program, beginning with an outline of the most concerning health disparities facing transgender Veterans compared to the rest of the U.S. population (Transgender Veterans % / U.S. Population %); unemployment (10% / 4%), homelessness (35% /

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14%), episodes of serious psychological distress (17% / 5%), and suicide (33% / 4.6%) at rates far high than the rest of the U.S. population. The National Center for Transgender Equality, in its survey, found that 72% of transgender Veterans are out with their primary care provider and that 87% report being treated respectfully most/all of the time.

Dr. Flynn reported that the Transgender/Gender Diverse Clinic, which provides comprehensive care for gender dysphoria as a specialty service through a multidisciplinary team, currently treats 80 Veterans in both the Tucson VA Medical Center and the CBOCs through primary care, consultations, and provider education. Dr. Flynn detailed how the clinic engages and trains residents on transgender Veteran care and management, reporting that while academic training in this area of care is largely absent, residents at SAVAHCS have been uniformly enthusiastic about augmenting their knowledge and experience bases in this area of care. In the clinic, social workers provide streamlined evaluation and care coordination for gender-affirming hormone therapy, as well as assistance with navigating and obtaining VA resources and benefits both within the system and the community; PCPs provide gender-affirming hormone therapy, pre- and post-surgical care, prosthetic consultations and orders, and legal name/gender change support letters; and pharmacists provide medication counseling, as well as assistance with smoking cessation, diabetes management, hyperlipidemia, and hypertension. While VA does not perform gender-affirming surgery, it provides the full suite of support and care services around the operation in collaboration with a community partner who utilizes the Veteran's VA benefits to assist in their affirmation process. The clinic additionally employs a speech language pathologist, who provides speech therapy to help transgender Veterans achieve gender-affirming voice and communication goals in both individual and group settings. Lastly, Dr. Flynn detailed the clinic's mental health services, which provide trans-affirmative and Veteran-centered psychotherapy for individuals, couples, and families that is goal-oriented and incorporates minority stress models to address concurrent mental health issues.

Dr. Flynn reported that SAVAHCS and the Minneapolis VA Health Care System (MVAHCS) collaborate to provide a national interfacility transgender consultation service; both facilities utilize an interdisciplinary team, composed of a physician, pharmacist, psychologist, and social worker, to support comprehensive provider-to-provider electronic consultations. The team located in SAVAHCS supports VISNs 7, 8, 9, 12, 16, 17, 20, 21, and 22.

Dr. Mathewson-Chapman, on behalf of the Health Subcommittee, requested additional information on how transgender Veterans are located throughout southern Arizona. Mr.

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Powers-Lake reported that the majority of LGBT Veterans are served at the Tucson VA Medical Center but noted that there is a significant population present in the CBOCs.

Prosthetic and Sensory Aids Service (PSAS)

Danny Serna, PSAS Chief, SAVAHCS

Mr. Serna introduced himself and briefed the Committee on how the PSAS supports the WHC and the LGBT Program by providing items to Veterans related to maternity care, post-mastectomy care, gynecological needs, and transgender care. In maternity care, the service provides a new/expectant mother package that includes breast pumps, nursing bras, maternity support belts, and nursing blankets. Post-mastectomy prostheses are tailored specifically to each woman Veteran in terms of shape, size, material, and color in relation to the amount of tissue removed, as well as how they are worn: against the skin, within a mastectomy bra, or attached to the chest wall. The PSAS can additionally provide natural or synthetic wigs to women Veterans who suffer from any form of alopecia: primary scarring, universalis, chemotherapy-induced, or scar/burn-induced. Mr. Serna noted that while the PSAS does acquire gynecological prostheses, most commonly birth control implants or intrauterine devices (IUD), the Gynecology Service performs both the fittings and placements. Lastly, the PSAS provides masculinizing or feminizing devices to transgender Veterans, including packers, stand-to-pee devices, and chest binders, as well as wigs, breast prostheses and bras, swim forms and swimsuits, gaffs, and post-surgical dilators, respectively.

Mr. Serna, responding to a question from Vice Chair Kirk about the PSAS' work to account for women Veterans generally, emphasized the program's focus on providing all Veterans with prostheses and equipment that fit them personally and outlined how the program sources and builds those customized items.

Transition Care and Management (TCM) Program

Monica Risely, TCM Program Manager, SAVAHCS

Ms. Risely introduced herself and briefed the Committee on the TCM Program, which assists Service members transitioning out of active duty with connecting to VA system and utilizing the full range of entitled services and benefits. The TCM Program employs four social work case managers, a readjustment specialist, a patient advocate, and an advance medical support assistant; the program additionally houses a whole health/women's health specialist who not only participates in the intake process, but provides up to date information on behalf of the WHS. Ms. Risely detailed how the TCM reaches transitioning Service members, including direct referrals as part of the DoD's retirement/separation process, intake screenings for any new Veteran who engages VA, and outreach at community events. Of the approximately 21,000 post-9/11 Veterans enrolled at SAVAHCS, approximately 3,800 are women.

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Ms. Risely detailed the program's outreach priorities and successes, which includes the TCM's close collaboration with the Transition Assistance Program (TAP) at Davis-Monthan Air Force Base in Tucson. The program additionally collaborates with local universities and community colleges to distribute information to Veterans, and includes information on the SAVAHCS WHS in its presentation materials. Ms. Risely then outlined some of the TCM program's latest metrics, noting that the program has exceeded/achieved its 85% goal for initial case management screenings among new Veterans, its 88% goal for making appointments with Military Transition Facility referrals within seven days, and its 100% goal for quickly engaging referrals who are designated as severely injured/ill. Moving forward, the TCM is working to expand its service to the CBOCs through the VVC service, maintain its referral, assistance, and outreach rates and activities, and continue its collaboration with the Whole Health Initiative and the WHS.

Responding to a question from the Chair regarding outreach to transitioning Veterans, Mr. Risely detailed how local TCM Programs are nationally connected to each other and the DoD, which enables them to coordinate their efforts by tracking newly retired/separated Service members, who may settle in different areas than where they were previously stationed, and making contact with them through their most relevant VA system. Responding to a question from Vice Chair Yarbrough, following up on the Chair's question, Ms. Risely commented on how the electronic health record system streamlines and enhances the TCM's work in coordination with both the DoD and national VA system.

Adjourn

The Chair adjourned the Committee at 3:18 p.m. PT, on its third meeting day.

Thursday, September 24, 2020

Open Meeting

The Chair called the Committee to order at 8:29 a.m. PT on its fourth and final meeting day. The Committee members, ex-officio members, and advisors introduced themselves and thanked the leadership and staff teams at VISN 22, the Phoenix RO, and SAVAHCS for their time and energy in providing the Committee with informative briefings on women's health programs and services in southern Arizona.

ACWV Out-Briefing

Octavia Harris, ACWV Chair; Lisa Kirk, Health Subcommittee Vice Chair; Betty Yarbrough, Benefits Subcommittee Vice Chair

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The Chair applauded the SAVAHCS staff for their dedication to exemplary Veteran care and their enthusiasm to share how they are working constantly and collaboratively to improve and further VA's mission. The Chair noted that not only was SAVAHCS leadership present throughout the entire Committee meeting, but also that every department and program was represented by its leadership, which left no question or request for additional information unanswered or unfulfilled. The Chair remarked on the impressive nature of SAVAHCS's close collaboration with its community partners, most notably the Vet Centers, and highlighted the region's work to engage not only its women Veterans, but also its Native American population as an example of the system's collaborative and growth-oriented perspective. The Chair additionally applauded SAVAHCS for its comprehensive approach to interdisciplinary Veteran care and inclusive outreach in every community and demographic. Lastly, the Chair thanked SAVAHCS for hosting the virtual site visit and working to maintain its care quality and growth priorities despite the impact of the COVID-19 pandemic.

Vice Chair Kirk provided general remarks on the briefings, some best practice suggestions, and some feedback to promote additional growth in the women's health care arena. Vice Chair Kirk echoed the Chair's applause of the SAVAHCS and VISN 22 teams for their detailed and data-informed briefings, as well as their comprehensive promotion of an inclusive and welcoming culture throughout the region's VA care centers. The Vice Chair remarked that the briefings demonstrated a comprehensively thoughtful method of interdisciplinary engagement regarding Veteran care and shared her belief that SAVAHCS could serve as a model for other systems looking to create more robust services and processes in support of women and minority Veterans.

Vice Chair Kirk applauded SAVAHCS's outreach, staffing, and data gathering efforts and emphasized the importance of continuing to target engagement, training, and measurement resources towards not only identifying and resolving gaps in service, but also creating benchmarks for care goals. Vice Chair Kirk additionally applauded SAVAHCS's staffing and programming in the areas of cancer screening and care, obstetrics and gynecology, and geriatrics, and encouraged the system to continue expanding both staffing and the insourcing of procedures and programs in those areas. The Vice Chair additionally highlighted SAVAHCS's robust screening priorities, comprehensive mental health care, close collaboration with community resources, like the Vet Center, and consideration of privacy in all areas of care as ways the system can serve as a benchmark for other VA systems and partners.

Vice Chair Kirk encouraged SAVAHCS to continue addressing issues related to care access, including MST, homelessness, mental health, and IPV, and recommended that the system begin following up on community care billing issues and reimbursement

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delays, due to the fact that women Veterans are disproportionately forced to utilize community resources for certain essential care functions.

Vice Chair Yarbrough, on behalf of the Benefits Subcommittee, provided general remarks on the briefings and some best practice suggestions to various offices and systems that briefed the Committee. Vice Chair Yarbrough thanked the SAVAHCS, Phoenix RO, and VISN 22 teams for their detailed briefings and applauded their dedication to providing robust and thoughtful support to Veterans in Arizona.

Vice Chair Yarbrough applauded Mr. Norton and his team for their informative briefings, noting that the Phoenix RO's call center handles 25% of the NCC's workload, and remarked on the regional office's sustained quality even during the almost total transition to telework in response to the COVID-19 pandemic. The Vice Chair commented on the importance of the good customer service that the Phoenix RO embodies in creating and maintaining Veteran trust, and echoed Vice Chair Kirk's remark that the region may serve as a model for national improvements to the benefits system. Vice Chair Yarbrough shared her concern with the potential for unconscious gender bias to impact disability C&P claims, given the utilization of contractors to conduct C&P exams, but thanked the RO for its robust quality control measures and follow-up with the Committee on that issue.

Vice Chair Yarbrough applauded Ms. Austin for her dedication to honoring Veterans in the NMCA, and noted that VA burial benefits processes and services are often the only place where members of the public interact with VA, which makes their solemn duty all the more essential to further the care and support missions of VA. The Vice Chair highlighted the pre-need and apprenticeship programs as ways the NMCA is working to support and honor both deceased and living Veterans through thoughtful resource utilization.

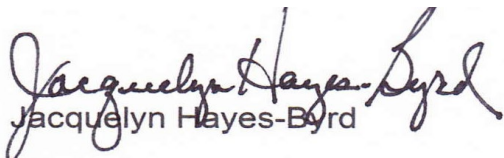
The Chair and Ms. Hayes-Byrd thanked Ms. Gutowski for the presentations and support in conducting the virtual site visit, which will enable the Committee and CWV to inform the Secretary, and by extension the entire VA, on best practices and policies that will help to fulfill the department's mission to serve Veterans with purpose, pride, and passion.

Meeting Adjourned

The Chair adjourned the Committee at 9:22 a.m. PT, on its fourth and final meeting day.

A handwritten signature in black ink, appearing to read 'O. Harris', with a horizontal line underneath.

**CMDCM Octavia Harris, USN, Ret.
Chair, Advisory Committee on Women Veterans**

A handwritten signature in black ink, appearing to read 'Jacquelyn Hayes-Burd', with the printed name 'Jacquelyn Hayes-Burd' underneath.

Designated Federal Officer, Advisory Committee on Women Veterans