

**DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE ON WOMEN VETERANS
MEETING MINUTES
DECEMBER 18-20, 2018
VA CENTRAL OFFICE
810 VERMONT AVENUE, NW
WASHINGTON, DC 20420**

VA ACWV Members Present:

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| CMDCM Octavia Harris, USN, Ret., Chair | LTCOL Shannon McLaughlin, MA ARNG |
| Kailyn Bobb, USAF Veteran | Yareli Mendoza, USAF Veteran |
| LTC Lisa Kirk, MDANG, Ret. | Keronica Richardson, USA Veteran |
| LTC Kate Germano, USMC, Ret. | CWO Moses McIntosh, USA, Ret. |
| CDR Janet West, USN | COL Wanda Wright, USAF, Ret. |
| COL Betty Yarbrough, USA, Ret. | |

VA ACWV Ex-Officio Members Present:

Laurine Carson, Compensation Service, Veterans Benefits Administration (VBA)
COL Toya Davis, Defense Advisory Committee on Women in the Services, Department of Defense (DoD)
Dr. Nancy Glowacki, Veterans Employment and Training Service, Department of Labor (DOL)
Dr. Patricia Hayes, Women's Health Services, Veterans Health Administration (VHA)

VA ACWV Advisors Excused:

CAPT Michelle Braun, Nephrology Nurse Practitioner, National Institutes of Health
Faith Walden, Office of Finance and Planning, National Cemetery Administration (NCA)

Center for Women Veterans (CWV):

Anna Crenshaw (Designated Federal Officer)
Shannon L. Middleton (Alternate Designated Federal Officer)
Michelle Terry
Missina Schallus
Alohalani Bullock-Jones
Jennifer Dyson-Kelly

Other VA Staff

Jelessa Burney, Advisory Committee Management Office (ACMO)
Jeffery Moragne, ACMO
Linda Lipson, VHA

MITRE

Leigh Ann Gallion
Candi Waller
Amber Fee
Lisa Brown

Public Guest

Iris Karina Martinez, Wounded Warrior Project
Cornelia William Valdiri, Veterans on the Rise
Nicola Hall, Deloitte
Emily Barkin, Deloitte
Aniela Szymanski, MOAA
Danielle Corazza, VetsFirst

The entire meeting package is located in the Center for Women Veterans, Washington, DC electronically.

Tuesday, December 18, 2018 – VA Central Office, Room 230

Meeting was called to order by Command Master Chief Petty Officer (U.S. Navy, Retired) Octavia Harris, Chair

- Open meeting/approve minutes.
- A motion was made to approve the minutes from the last meeting, at 8:34 a.m. The motion was seconded and approved by unanimous voice vote.
- The meeting opened with each ACWV member introducing themselves. Acting Director for the Center for Women Veterans (CWV), Anna Crenshaw, shared the mission of the CWV and its goal to ensure women Veterans (WV) are visible and on equal par with their male counterparts. Monitoring, coordinating, and the importance of building knowledge, use, and trust with the WV population is critical to the success of CWV and ACWV.
- Chairwoman Harris introduced the first speaker, Dr. Patricia Hastings.

**Addressing the Impact of Environmental Exposures on Women Veterans
Dr. Patricia Hastings, Deputy Chief Consultant, Post Deployment Health Services, Veterans Health Administration (VHA)**

- The National Academy of Medicine (NAM) has information on how environmental exposures should be addressed.
- Reviewed several significant dates for the women in the U.S. Military.
- Women's issues are unique:
 - **Health care in a deployed environment:** Being in a deployed environment, not everything is available to female Servicemembers right away. Dr. Hastings has had to personally counsel women on what to bring when on deployment, such as what types of pads and tampons should be used, and information on the use of cardboard tampons. Some deployment areas didn't have items women needed for basic care.
 - **Hygiene:** There may be several issues with hygiene amongst deployed women, such as long wait times to use the restroom when deployed in the field. It can be difficult for women to urinate in the field. Female Servicemembers must sit to use the bathroom; this requires them to take off their uniform and get assistance to do so. This can prove to be extremely difficult when in the field.
 - **Pregnancy:** There have been situations where pregnancy or unattended issues found during a pap smear were not read or properly identified in pre-deployment

physicals. Some female Servicemembers have strong desire to be deployed and may not be able to deploy, due to pregnancy or other findings from the pre-deployment physical.

- There is a need to counsel these women, so they understand the importance of handling these issues first and paying attention to themselves. They need to know that it is okay if they can't go. For example, there are distinct issues with pregnancy and things you don't want to expose the fetus to, while a Servicemember is deployed. Ectopic pregnancy has happened on deployment, and women with this type of pregnancy experience extreme abdominal pain. The Navy has had cases on ships, where women with ectopic pregnancies had to be moved or airlifted off the ship.
- VA has been very forward thinking in what women need, to ensure potential issues are addressed.
- **Uniforms:** Uniforms are more so designed for men; the crotch is higher on the clothing. According to Dr. Hasting, they have had to counsel female Servicemembers that they should order uniforms that are one size larger, to ensure they are better accommodated and have a more comfortable fit.
- There needs to be more education around birth control pills and their use to regulate and even stop the menstrual cycle. Some menstrual cycles can cause performance to be an issue.
- **Orthopedic:**
 - Over the last few decades, there have been many orthopedic issues such as shoulder injuries in WVs, due to equipment.
 - For women, equipment weight may be better around the hip area.
 - Some equipment must be modified for women.
 - Back strain is sometimes a result of equipment.
 - Most equipment is made for a typical 5'10 male.
- Many women are afraid to see a medic, due to the young age of the medic.
 - There is concern about privacy issues, and so there is a need to educate young medics about the importance of privacy, particularly with female patients.
 - Speaking about issues such as sexual trauma/rape can be even more devastating to younger medics, and so they should be better prepared in how to handle those conversations.
- VA covers a wide range of birth defects associated with WVs service in Vietnam.
 - Spina Bifida was on the list of presumptive illnesses resulting from male and female Servicemembers' service in Vietnam and is associated with exposure to Agent Orange.
- Currently, there are no birth defects presumptions for the Gulf War.
 - Now reviewing the most recent NAM report, *Gulf War and Health, Vol 11*, and will provide recommendations to the Strategic Working group for consideration by the NAM Task Force.
 - The national report from Service Women Action Network (SWAN) discussed reproductive issues in further detail.

- Questions and Comments from the Committee:
 - Comment: Suggest adding the date DACOWITS was formed to the the slide on significant military dates for women.
 - Question: Is there self-reported data from WVs when there is exposure?
 - Answer: Every time there is exposure of some sort, there is self-reported data. This starts from the time person entered service and extends into what were their deployment locations, etc. There are specific exams that address Agent Orange. As time goes on, we hope to get better at monitoring these issues along the way.
 - Question: What other environmental concerns have been identified, other than reproductive?
 - Answer: There is the Individual Longitudinal Exposure Registry (ILER) which starts from the time that an individual enters military service and then follows the individual's career, duty stations, and overlay known exposures.
 - The ILER is in pilot right now and will go live in September. It will include clinical care and improve research. Would it be possible to have a demo at a future ACWV meeting; the tool currently has two million people.
- Future Committee Activity:
 - Demonstration of the ILER.

Veterans of Foreign Wars (VFW) Legislative and Organizational Priorities for Women Veterans, Kayda Keleher, VFW

- VFW's theme for WVs since 2016 has been to prioritize legislative efforts.
- Established the VFW Women Veterans Advisory Committee.
- Launched a survey of approximately 50 questions. There were about 2500 respondents; with 500 men that tried to take the survey. The survey addressed four areas: health, outreach, recognition, and homelessness.
 - The above four areas have been a focus of VFW for the last three years.
- 115th Congress support:
 - While Congress wanted to be inclusive, there were no bills passed specifically for WVs. There were five acts introduced with support.
 - Veterans Preventive Health Coverage Act:
 - Addressed areas that VA was exempted from under ACA where VA was allowed to charge for 9 of the 11 types of care that otherwise cannot be charged for by other health systems, including short-term birth control.
 - The Act addressed barriers to accessing healthcare education and employment.
 - Veterans Access to Child Care Act:
 - It did not pass the House or Senate.
 - The legislation allowed any Veteran that is within the poverty threshold to obtain support from VA for child care costs; there are caps to how much support can be provided.
 - Building Supportive Networks of Women Veterans Act is expanding.
 - Deborah Sampson Act is a very extensive bill but hard to move.
- There are two Bills that passed into law.

- VA Expiring Authorities Act of 2017 (HR 3819): an extension of authority for retreats, homeless reintegration and child care programs.
- National Defense Authorization Act (NDAA): (FY 2019) requires a new policy combatting sexual harassment among students that provides at least the level of protection as afforded by title IX, in addition to other expansions of services and protections domestic violence and other aggravated violent offenses.
- VFW's goals for WVs are the same as their goals for all Veterans.
 - VFW's perspective is that the needs of WVs have not been prioritized.
 - Make sure women are staying at the forefront of these conversations.
 - Average age for WVs is more middle age and not necessarily millennial age.
 - Expansion of mental health specific to women's health issues to address menopause and post-partum health issues.
- Questions and Comments from the Committee:
 - Question: How would you describe the relationship VFW has with VA?
 - Answer: Supportive; they are allies and often testify together before Congress
 - Question: What resistance, if any, do you experience?
 - Answer: Cost.

Office of Inspector General Report on Military Sexual Trauma (MST) Laurine Carson, Assistant Director, Compensation Service, VBA

- Shared a video message from Paul Lawrence, Under Secretary for Benefits, on VA's response to military sexual trauma (MST).
 - This video described VA services available to assist people with this trauma; services are free of charge to Veterans.
- Eighty six percent of claim grants are associated with a VA examination.
- The data sheets provided show all post-traumatic stress disorder (PTSD) claims, and that MST claims have been documented by both men and women.
- The results of the fact report send a message that VA needs to support these claims. The main message here is VA need to do a better job.
- Special operations worked all claims at the local levels. These employees are trained in all types of claims.
 - What VA found was that it is not as efficient in this area.
- VBA immediately issued guidance reminding all regional offices (RO) of the processing requirements and procedures related to MST claims.
 - This information was sent via email and shared on national calls.
- ROs began reviewing previously denied claims, to determine if there were any errors that require corrections for the claims.
 - This was a part of OIG's review.
- The Under Secretary is very engaged on this issue.
- VBA found there is a difference between incorrect processes and incorrect decisions based on the documented evidence.
 - Need to look at every claim previously denied, to determine if the decision was incorrect, or if the process used to come to the decision was incorrect.
 - The training was not as robust and strong; VBA needed to strengthen training to remove ambiguity.
 - There are now special groups in each RO that process these claims.

- Beginning in 2019, VBA will have a special focus review on quality, to be completed by September 2019. This review will inform changes to policy and training to improve upon this work.
- VBA is keeping OIG informed on how this process is being improved and what it is doing to address the issues identified in the OIG report.
- Questions and Comments from the Committee:
 - Question: Is it just PTSD that is being covered in getting benefits?
 - Answer: There are other traumas and stress-related disorders also covered.
 - Comment from the Committee: There are other diagnoses that can be related to MST not just PTSD. In some cases, these are like each other, but not always.
 - Comment from the Committee: Veterans don't feel like medics take enough time for them to find out what the problems are. VA must look at the entire disability picture.
 - Question: What process do Veterans experience when filling a claim? I have heard that it is a clinical, sterile environment.
 - Answer: There is some confusion between the purpose of the assessment and then an appointment where a treatment plan is identified. Laurine Carson said she will deliver the feedback that assessments need to be more sensitive even though the desire is for a more forensic approach.
 - Question: Is there a possibility that the process can be a little better?
 - Answer: Part of what the psychologist does is provide feedback and they are trained to soften the blow a bit.
 - Question: Currently, MST claims are linked to PTSD. Is there any allowance after the claim award for the secondary medical conditions?
 - Answer: Absolutely.
 - Question: I have not ever met the WV Coordinator in Arizona, which is where I live. How can we make these individuals more visible?
 - Answer: VBA is overwhelmed with coordinators. Where it may be problematic in outreach is explaining the process and people trying to figure out the system. There is a need to train everyone.
 - Question: What about unconscious bias? When a WV comes in and says, "I've been raped", they are not believed. We want to make sure that is addressed in the training.
 - Answer: There is a need to be ensure those processing claims file the claim based on the evidence that has been provided. Unconscious bias should be talked about out loud. There is also a cultural bias that can influence decisions.
 - Question: What attention is being made to the field system? Is there an effort for the people that have been denied?
 - Answer: Judges are independent and can make decisions. Groupings of decisions may indicate some policy and they do look at those with a high level of sensitivity.
 - Question: If a service member is impacted with MST how is it handled by DoD?

- Answer: Transition assistance program (TAP) and pre-discharge program. This is a period of 6 months prior to discharge where they can start filing claims. When the filing of the claim comes out, many find MST occurred.
- Question: Any additional training that can be used externally?
 - Answer: One of the classes in January will include all coordinators. Veterans Service Organizations are also invited. In this session, can talk about the sensitivity of this issue. VBA also attends attorney conferences to get that level of awareness and get the word out. Use a lot of social media to share information on MST. VBA will try to open the training in January to a larger audience.
 - Answer: VA has Adobe Connect and that is what is used internally. The Center will work with me on that, to understand the system. Advocacy is everyone's job.
- Question: The entire process can use some empathy and sympathy. Do they receive a letter to say you've been denied or approved? Or do they go into an office to receive the decision in person?
 - Answer: The coordinator is supposed to do that and help them through the process, and then also follow-up with them regarding the claim status.
- Question: How far do you go back and what happens when the VA misses something?
 - Answer: If we have spoken to the claimant, we need to first ask: "Is there enough evidence to approve or deny the claim?" We review the same time-period that the OIG reviews. If we find that there is a significant issue, we will have to look at all the MST claims for that time-period.
- Future Committee Activity:
 - VBA to provide an update on:
 - Clarifying to Veterans the purpose of assessments versus appointments where a treatment plan is identified. How this feedback provided and what was VBA's response to the need for balancing the forensic approach to claims processing with sensitivity.
 - Are there groups of decisions indicating some policy changes that would impact WVs and their claims?
 - What was the response to opening the training in January for coordinators to a larger audience?
 - How coordinators help Veterans through the process and especially how follow-up is conducted when a claim is either approved or denied. (The committee wanted to be sure that those claims that are denied are handled as best as possible.)

Women Veterans and Unemployment, Dr. Nancy Glowacki, Women Veterans Program Manager, Veterans Employment Training Service, Department of Labor (DOL)

- Dr. Glowacki presented information about WVs in comparison to their male counterparts and non-Veteran counterparts, based upon the DoL Bureau of Labor Statistics 2017 Population Survey:
- Among working women Veterans (WV):

- Sixty percent are in the civilian workforce, compared to 58 percent of female non-Veterans.
- Unemployment rate for WVs is 4.1 percent (same for female non-Veterans), compared to 4.3 percent for male non-Veterans and 3.6 percent for male Veterans.
- WVs' median age is 50, which is younger than the median age for male Veterans (65 years old).
 - WVs are more likely to be under the age of 35.
 - They are also more likely than male Veterans to be diverse, particularly Black or African American.
- Average length of unemployment is slightly longer for WVs compared to women non-Veterans (26.1 weeks versus 25.2 weeks for women non-Veterans), but shorter when compared to male Veterans.
 - WVs are less likely to work full time than male Veterans.
 - WVs more likely to have some college or be a college graduate than male Veterans.
 - Unemployment rates are lower for all groups for those who are college graduates, although WVs have the highest likelihood of unemployment among college graduates.
- WVs are more likely to be enrolled in school than male Veterans, across all age ranges.
 - Not everyone enrolled in school is between 18-24, which means that Veterans may be more likely to need to work full time in addition to receiving the GI Bill because they are older and have families for which they are responsible.
 - Two-times as many women ages 45-54, compared to male Veterans, are enrolled in school, which means that WVs enrolled in school may be older than their counterparts.
- WVs are 13 percent of unemployed population.
 - WVs enrolled in school have a higher rate of unemployment than non-Veteran women, but same rate as male Veterans
 - Unemployment rate is higher for WVs enrolled in school, compared to those not enrolled in school.
 - Differences in unemployment rates for 55 and older are not statistically significant.
- WVs generally live longer, but earn less over time.
 - Women of color or with disabilities are more likely to earn minimum wage and experience poverty.
 - Physical violence is experienced by nearly 1 in 3 women; psychological violence has been experienced by nearly half of all women. Both affect economic security, health, civic engagement, and overall wellbeing.
 - For women, leaving an abuser can sometimes mean homelessness.
 - Abuse can also have profound effects on employment, resulting in declines in job performance, focus, and missed work.
- Transition challenges for WVs leaving the military include:
 - Figuring out what's next;
 - Finding a job;

- Culture shock;
- Stereotypes and fallacies;
- Lost identity;
- Translating skills and experience;
- Realistic expectations; and
- Service related mental and physical challenges.
- Overlaps:
 - There are gender differences in salary negotiations.
 - Women face more pressure than men to be the primary caregiver.
 - WVs can be seen as violating cultural norms such as: gender norms and returning to school at older age.
 - Transition can be very stressful for everyone
- DOL has an integrated approach for Veterans.
 - Employment is a core competency within the Agency.
 - Leverage all the agencies and resources to support Veteran employment.
 - Work closely with all federal partners.
 - VA offers a lot that DOL does not offer.
- DOL's mission is to prepare, provide, protect, and promote Veterans.
 - Prepare Veterans and spouses for meaningful careers through transition assistance program (TAP).
 - This program provides the services, training, tools and support a transitioning service member needs to prepare for career readiness.
 - DoD offers pre-separation counseling 12 months out, for those separating from the military and 24 months out, for those entering retirement.
 - Core curriculum teaches the mechanics of attaining a meaningful job, with tangible products such as an individual transition plan, skills assessment and job search, and help with a resume and cover letters
 - In FY 2018 – 5,769 workshops were conducted, with over 150,000 participants.
 - DOL's workshop is online, and there is a workbook that can be downloaded for free from Amazon and read on any device.
 - Spouses are eligible to participate, on a space-available basis.
 - Provide employment resources and expertise:
 - DOL funds state workforce agencies, to operate over 2,400 American Job Centers (AJC).
 - The AJCs delivered services and support to over 54.5 million Americans last year; almost 400,000 were Veterans, Guardsman, and Reservists.
 - Veterans Employment Training Service (VETS) funds 1,237 disabled Veterans outreach program specialists.
 - VETS funds 515 local Veterans employment representatives.
 - AJCs can be located online by zip code.
 - CareerOneStop is also an app.
 - Homeless Veterans Reintegration Program (HVRP):
 - VETS provides policy and annual funding to over 150 grantees.
 - Grantees service over 16,000 homeless Veterans each year.

- Grantees provide services, to expedite the employment of homeless Veterans.
- Average annual placement rate is 66 percent.
- Protect employment rights:
 - Uninformed Services Employment and Reemployment Rights Act (USERRA) prohibits discrimination in employment based on military status, provides reemployment rights following qualifying service
 - In FY 2017, VETS investigated 1,098 cases. Most cases are resolved, without the need for further review of enforcement.
- There is a need to promote Veterans.gov as a virtual “one-stop” resource for Veterans who are job seekers and for employers looking to hire Veterans
- Questions and Comments from the Committee:
 - Question: Is DOL doing civilian work, regarding women Veteran retention issues?
 - Answer: Not currently. There is no data on retention, but I will investigate. Retention has come up in the past but will take that back as a note.
 - Question: Is there data on the women’s pay gap as it relates to WVs? Do WVs make 30 percent less than male Veteran counterparts? Are there plans to collect data around this?
 - Answer: No not at this time but will take note of this.
- Future Committee Activity:
 - Obtain data on women Veterans retention rates.
 - Obtain data on pay gaps between WVs and their male counterparts.

Overview of VA’s Programs and Services for Homeless Veterans, Dr. Ann Elizabeth Montgomery, Investigator, National Center on Homelessness Among Veterans, Birmingham VA Medical Center, VHA

- Prevalence and risk factors of homelessness among women Veterans (WV):
 - Significant growth in the size of the WV homeless population.
 - It affects 1-2 percent of all WVs and 13-15 percent of WVs living in poverty will experience homelessness over the course of a year.
 - Of the Veterans who were homeless at one point-in-time in January 2017, 8.9 percent were female; 58 percent were sheltered and 42 percent were unsheltered.
 - WVs are 2.1 – 3.4 times more likely than non-Veterans to experience homelessness.
 - Risk factors for homeless WVs are younger age, disability, Black, unemployed, and unmarried.
 - Mental health and substance abuse are also linked to homelessness.
 - One study found that those with a mental health diagnosis are four times more likely to experience homelessness.
 - Experience of trauma (intimate partner violence, MST, and combat or other sources of trauma) and PTSD are also risk factors for homelessness.
 - Other pathways to homelessness include: childhood adversity; trauma/substance abuse during military service; post-military abuse, adversity, or relationship termination; post-military mental health, substance abuse, and medical problems; and, unemployment.

- Of the 482,191 WVs who accessed VA health care during 2013 – 2016, 16.4 percent had some indicator of housing instability in their VA medical records.
 - There are significant differences in demographics of those who experienced trauma, health-related conditions.
 - Experience of trauma (both MST and combat exposure) was experienced at a higher rate, for those unstably housed.
 - Health related conditions, chronic medical health, mental health, and substance abuse occurred at a higher rate among those unstably housed.
 - Unstably housed WVs also have a higher incidence of inpatient admissions (for medical, mental health, and substance abuse) and emergency department visits.
- There are several VHA homeless programs.
 - Health Care for Homeless Veterans is most frequently used (by 49.5 percent of homeless program participants).
 - HUD – VA Supportive Housing (VASH) is second most used (33.1 percent of homeless program participants).
- Other programs include:
 - Supportive Services for Veteran Families;
 - Grant and Per Diem
 - Provides transitional housing for maximum of 6 months; uncertain if children can live with Veteran.
 - Funded through community-based organizations, which may not be as clear as government run programs;
 - Veterans Justice Program
 - For Veterans in jail and supportive services for Veterans leaving incarceration; and
 - Domiciliary Care for Homeless Veterans
 - Residential treatment to address mental health, substance use.
- Among unstably housed Veterans:
 - Women are more likely than men to have custody of minor children
 - Women more frequently use HUD – VASH while men more frequently use GPD
 - A study of 752 Vets presenting for Supportive Services for Veteran Families found significant differences in the needs of Veterans with and without children
 - Those with children have more housing concerns:
 - Those with children tend to use more frequently doubled-up living situations, followed by emergency shelters or are on the street; those without children more often use emergency shelters or live on the street.
 - Poor housing experiences are most often due to poor credit history or frequent moves, although chronic homelessness occurs most often for those without children.
 - Housing concerns for those with children are typically due to having to care for family members or family, change in employment, income, or benefits, and being doubled-up on a temporary basis.
 - Housing-related needs are generally reported as steady employment and transportation.
- There is a need:

- To build on strengths of WVs experiencing homelessness and tailor interventions accordingly.
- To address specific needs of WVs, such as providing assistance for reentering civilian life, reproductive care, childcare, and education.
- To address experience of trauma and carefully assess.
- To use trauma-informed models of care.
- Different interventions are needed for parenting vs non-parenting Veterans, pointing to the need for:
 - Continued rapid rehousing and long-term supportive housing.
 - More shorter-term, transitional options, to quickly end housing instability.
 - Service to promote housing maintenance, such as child care, employment assistance, and income benefits.
- Questions and Comments from the Committee:
 - Question: Can you provide data points on homelessness among male counterparts, so we can understand the big differences between the two?
 - Answer: No information to answer the question, however there are issues around child support for WVs that are not necessarily the case for their male counterparts.
 - Question: Arizona has started to have a crisis, where HUD-VASH vouchers are not keeping up with the cost of rent.
 - Answer: We are looking at alternatives, for instance locations where entire buildings are reserved for HUD-VASH users (i.e., San Francisco).
 - Each state has its own housing department and social services campuses that are looking for solutions specific to their geographic areas.
 - Question: On the poor housing experiences slide, regarding poor credit history, was there an opportunity to drill down more on that, to understand why there is poor credit history? For instance, is the poor credit history from military service and bad decisions, or is it related to not being able to pay medical bills for care received in the community (and being held liable for bills that VA has not paid on time)?
 - Answer: To date, we do not have specific data on that.
 - Question: HCHV seems to be used more than other programs, but does all of VA have access to that program?
 - Answer: No
- Future Committee Activity:
 - National Center for Homelessness Among Veterans to provide:
 - Homelessness data among male Veterans, and the differences between the issues facing homeless male and female Veterans.
 - Data on the reasons some Veterans have poor credit history, especially if it relates to medical bills that should have been covered by VA through the Choice program.
 - Information about the use of housing vouchers and if they expire or not.
 - If unused housing vouchers are tracked.

Homeless Women Veterans/Enhancing Awareness of VA's Programs for Homeless Veterans, Michael Taylor, Director, Homeless Veterans Outreach and Strategic Communication, OPIA

- Two main responsibilities of the program office:
 - To expand awareness of VA programs to assist homeless Veterans and at-risk Veterans, and to partner with organizations to help bridge critical need gaps.
- There are several gaps that VA cannot fill, so it relies heavily on partner organizations.
 - There are gaps on affordable housing, moving essential items, and employment opportunities to maintain housing.
- The program office uses several ways to increase awareness of VA programs for homelessness and at-risk Veterans, to include: public service announcements, web videos, outdoor ads, mass media, VA's and partners' social media, outreach materials, and community events.
- Public service announcements (PSA) are shared on broadcast television, and highlight universal information.
 - In using this approach, the hope is that if homeless Veterans see stories of others experiencing homelessness and receiving assistance, they are more likely to seek help.
 - VA works extensively with mass media, to get the word out and leverage social media partners.
 - Within the VA social media space, it can reach viewers across all accounts.
- The point of using social media and TV (knowing homeless Veterans may not have access to these things) is that we reach other people who encounter homeless Veterans.
- The program office also provides outreach materials at community events.
- The call to action is to contact the National Call Center for Homeless Veterans.
 - VA spends about \$50,000 and believe there is a high return on investment.
 - TV stations don't have to run every ad but can run the ads they choose.
 - Call and response PSA:
 - (2013) PSA highlighted a woman Veteran who exited homelessness with help from VA.
 - Aired on 106 stations, had almost 15,000 broadcasts reported, with 231 million audience impressions; estimated \$2 million.
 - Memory Lane PSA:
 - (2015) PSA highlighted a real-life story of a Veteran's journey from homelessness to safe, stable housing.
 - This PSA was hugely popular and aired on 500 stations, more than 50,000 broadcasts reported with over 1.1 billion audience impressions. Value is estimated of \$6.7 million.
 - The return is more than financial, as many homeless Veterans cite seeing the PSA is how they found out about how to receive support.
 - Outreach office pays the cost of producing billboards, which reach approximately 925 million people.
 - Goal is to direct homeless Veterans to the closest VA medical center.

- Can do hyper targeting, placing billboards in economically disadvantaged neighborhoods.
- However, billboards are still seen in prime real estate neighborhoods, such as Holland tunnel in New York City; not just disadvantaged neighborhoods.
- Message amplification: focus on both internal and external sources.
 - Internal sources include: quarterly webinars; blog posts on VA Insider; Event-in-a-Box; and a podcast that is planned for 2019.
 - External sources include: editorial roundtables; news releases; news pitches to the press; fact sheets; quarterly newsletters; partner websites; conferences and public events; blog posts on VAntage Point (VA blog, with 3-4 postings per month on the site); and VHA homeless programs website, with Facebook Live events planned for 2019.
- For all information, go to www.va.gov/homeless
- To support the efforts, please encourage homeless Veterans to call the National Call Center for Homeless Veterans or go to their closest VA medical center for help.
- The program office is also seeking good news stories and suggestions about potential partnerships.
 - Also appreciate support in making stakeholder groups aware of unmet needs such as affordable permanent housing, employment opportunities, move-in essentials, and transportation services.
- Questions and Comments from the Committee:
 - Question: There is awareness that HUD vouchers are expiring. How much notice does a Veteran receive before voucher expires?
 - Answer: Not sure of answer will get back.
 - Comment: Members expressed concern that they had not seen VA's PSA helping women Veterans exit homelessness. Reported to the Chief of Staff that they would like to see PSAs be shared more broadly.
 - Answer: The program office will learn how PSAs can be shared more broadly (internally and externally).
- Future Committee Activity:
 - Homeless Veterans Outreach and Strategic Communication Office to:
 - Answer question about whether HUD vouchers expire. If they do not expire, what outreach is being conducted to counter any misinformation about vouchers expiring?
 - How can PSAs be shared across VA, so that they can be shared more broadly through existing networks?

Veteran Peer Support Pilot Program/Update on 2016 Report of the Advisory Committee on Women Veterans Recommendation #5, Dan O'Brien-Mazza, National Director, Peer Support Services, Mental Health Services, VHA

- Pilot program started at VA Connecticut Healthcare System in West Haven, CT; total of 15 hours dedicated.
- Women's peer specialists (PS) began participating in the peer specialist in-patient team pilots.
- Eight female PSs dedicated roughly 5 to 15 hours per week, in various primary care settings at VA medical facilities across the nation.

- PSs worked with both general patient aligned care teams (PACTs) and staff in designated women's clinics.
 - To date, March 2017 through the present, PSs provided services to approximately 340 women and a total of 853 encounters.
 - ACWV had previously expressed interest in information about satisfaction of those who participated in the program.
 - Satisfaction was part of the evaluation.
 - There is a possibility that not every patient received the survey; only 30 survey responses received. Data has not been analyzed yet.
 - Diagnosis of participants was not tracked.
 - Utilizations of health care services peer support data was also not tracked.
 - PS PACT pilot program evaluation parameters were set before ACWV made recommendations on obtaining certain data. It is not possible to get that data through the formal pilot program evaluation.
 - Will be partnering with Office of Mental health and Suicide Prevention and VA's Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC) to evaluate program. Satisfaction is not usually obtained in these surveys. We are still understanding what kind of data can be collected.
- Questions and Comments from the Committee:
 - Question: How are we measuring the success or failure of the program?
 - Answer: The 3rd cohort begins April 2019. We expect data will be back from first two cohorts by summer 2019.
 - Committee response: Seems like the data can be analyzed as we go to identify trends. Is there a way to have a more measurable approach in the more near-term vs waiting until summer 2019? Evaluation team may not change mid-stream. Committee would like to see what interim data is available from the first two cohorts.
 - Question: How are you collaborating with SMITREC and query?
 - Answer: Only had evaluation going when they were in the pilot.
 - Question: How long is the pilot program?
 - Answer: End in April (3rd cohort) The other two cohorts are done and are back to the original work they were doing.
- Future Committee Activity:
 - Follow-up on how PS PACT program evaluations are progressing under the new partnerships with Office of Mental health and Suicide Prevention and VA's Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC).
 - Interim data on the first two cohorts (rather than waiting until the end of the third cohort).

Appeals Modernization, Nina Tann, Assistant Director, Appeals Management Office, VBA

- August 23, 2017, the Veterans Appeals Improvement Modernization Act of 2017 was signed into law.
 - Key components of the law revolutionize the way VBA deals with appeals.
 - The law modernizes VA:
 - Provides new review options.

- Tailors options and allow Veterans to choose; no more one size fits all.
- Changes VA duties in which lanes.
- Establishes a 7-year reporting requirement for VA to report to Congress.
- VA is on track for implementing the law.
- The law creates a new decision review process that features 3 lanes: high level review, supplemental claim, and appeals to the Board of Veterans Appeals (Board).
 - High level review: in VBA's jurisdiction; an entirely new claim:
 - Experienced VA employee takes a second look at the same evidence.
 - Option for one-time telephonic informal conference.
 - VBA has the duty to assist correcting errors; claims are returned to lower level for correction.
 - Supplemental claim: open record; VBA still has a duty to assist.
 - VA will adjudicate a claim, if relevant evidence is present or identified with a supplement claim (open record).
 - Appeals to the Board: appeal directly to the Board.
- Claims can go for further review, if a claimant does not like the outcome.
- There is a February 2019 implementation date.
- Claims still submitted through VBA.
- 125-day goal to issue decisions.
- The Board will have new dockets.
- Rapid Appeals Management Process (RAMP):
 - Twelve stations currently processing RAMP.
 - Veterans who choose to go through RAMP can still go through the Board, and may get a faster decision.
 - They have converted more than 76,000 appeals with a claim grant rate of 27 percent total.
 - Notice of Disagreement (NOD) opt-in days 720 days; average days to complete 120 days.
 - Drafting rules and regulations of RAMP.
 - Women account for 9.7 percent of Veterans with a legacy appeal at VBA.
 - Women account for 10.8 percent of Veterans who have opted into RAMP.
- Questions and Comments from the Committee:
 - Question: Is there a satisfaction survey?
 - Answer: Based on some of the framework that VA, as a whole, is using; Collaborating with those folks that are leading that for VA.
 - Question: How long is the info going to be out there?
 - Answer: Looking to implement February 2019. There are plans to do some of that after implementation and have been in the process for some time.
 - Question: Is there any information on post-traumatic stress disorder (PTSD) as it relates to military sexual trauma (MST)?
 - Answer: Working with VBA to obtain information about PTSD as it related to MST.
 - Question: In general, regional offices have summary data by types of condition, percent awarded, etc. by gender. Do you have similar data for appeals for this cohort from legacy claims data?

- Answer: Because RAMP is not in the full process, the data will be much more telling.
- Question: What has been done to address potential gender bias?
 - Answer: On the MST piece, one thing that is happening is favorable findings. Record or diagnosis that becomes documented and cannot overturn it; that information cannot be taken away, unless there is clear and convincing reasoning to do it.
- Comment: Need to be aware of unconscious biases with the people making decisions and where their biases may be coming into play.
 - Response: This is a larger VBA challenge. What will be included is feedback on how to document where biases may be affecting decisions. VBA will look at data to see if any trends can be identified. There is diversity and inclusion training for all of VBA. Unconscious bias is a topic and there should be more exercises to see exactly what they are. Applies very much to the appeals process; there is collaboration with compensation service and all of VBA on this.
- Comment: There is data out there that says women's complaint information is more often discounted.
- Question: Baseline – what is the usual RAMP rate?
 - Answer: About the same, from the other data that was pulled. Right now, just looking at evidence records.
- Question: Also, metrics that are being presented are metrics of success and errors and that is one way to look at it. Coming from the medical background, there needs to be Veteran associated metrics; how many calls were made? Veteran centric.
 - Answer: VBA does not have to wait until the annual report.
- Question: Regarding vouchers, it is a rule of thumb to use everything within a year.
- Question: What does the law say about when the voucher needs to be used; do they export?
 - Answer: Need more specific information on that, but the vouchers do expire if they are unused based on the affordable housing.
- Future Committee Activity:
 - VBA Appeals Management Office to provide:
 - Information about Veteran-associated metrics such as how many calls are made to WVs.
 - Data on progress, result of appeals in RAMP by gender.
 - Data on how unconscious biases may be affecting decisions and what (if any) trends are identified.
 - Provide information on PTSD rates, as it relates to MST.

Adjourned at 3:38pm.

Wednesday, December 19, 2018 – VA Central Office, Room 230

Center for Women Veterans Update, Anna Crenshaw, Acting Director, Center for Women Veterans/ Designated Federal Officer, Advisory Committee on Women Veterans

- CWV has a three-pronged approach, which includes the Center for Women Veterans, Women Veterans Program (with members of Administrations and Staff Offices who collaborate on best practices and initiatives that support WVs and their families), and the ACWV.
 - CWV is located within the Office of the Secretary and reports directly to the Secretary.
- The ACWV reviews VA programs that impact WVs.
 - CWV needs the active support of the ACWV, to provide recommendations and kudos when appropriate.
- The Veterans Improvement Act was established in 1994, to provide advice and insight internally and externally regarding WVs.
- Anyone that supports WVs works with CWV.
 - It is very important to raise awareness to the public at large about the responsibility to treat WVs with dignity and respect.
- CWV tries to address unconscious bias. As a cultural transformation advocate, CWV aims to make people aware of those unconscious biases and eliminate them.
- CWV can only fulfill the mandated law by focusing on the four program areas:
 - Outreach.
 - Internal advocacy.
 - Research.
 - Performance management and accountability.
- CWV would like to welcome and introduce new CWV Staff to the ACWV.
 - Missina Schallus is the CWV's new project manager; she is a retired Navy Chief Petty Officer.
 - Michelle Terry has been promoted. Given all her many tasks over 12 years outside of her scope; it was appropriate to increase that scope to Program Analyst.
 - Jennifer Dyson Kelly, the CWV Administrative assistant, reports on Christmas Eve; she's not here but wanted to share in the event the Committee sees her name, so everyone recognizes her.
 - Coming soon addition to the CWV team will be a national outreach coordinator.
 - Looking for a Wonder Woman, a little bit of Superman, actually a little bit of everything.
 - It is a GS 13 at the present; however, CWV is hoping to increase the grade to a GS 14, for what the person needs to do in the future.
 - Hopefully the candidate will be on board by the start of the March CWV outreach campaign.
 - CWV will let the ACWV know, when it is posted.
 - There was a person in the position previously, but the position has been vacant since July.
 - Acknowledged Shannon Middleton and Alohalani Bullock, who both work hard on behalf of CWV.
- CWV's outreach approach:

- The annual theme for 2019 is the Women Veteran Trailblazers.
- Strategic outreach plan is to be conducted by CWV's small team of seven-- hopefully eight, with a Director joining the team.
- There will be a monthly theme, to increase awareness of various issues of interest to WVs.
 - These are the themes that can be used every year, with little change from year to year, unless issues of interest change for the demographic.
- CWV is going to identify key partners internal to VA and external partners, to help plan and conduct outreach activity.
 - The stakeholders who are the best partners are most aligned with CWV's goals and have a shared mission to support WVs.
- One goal of the Outreach Plan is to position CWV as the "Mother Ship" in being the connector to WVs.
 - CWV does not proclaim to know everything about all services and benefits available for WVs, but we do want to be viewed as a hub where WVs and their supporters can go to get answers.
- Informal planning is underway for the outreach campaign kickoff in March.
- Early planning for the 2020 Women Veterans Summit is also underway.
 - There are two sponsors on board.
- CWV is committed to plan and host the Women Veterans Summit every two years.
 - The commitment to host and plan this event was reemphasized in a meeting with the Chief of Staff, and VA Leadership has agreed to fully support.
 - There is not a location determined for the 2020 Summit.
 - Three characteristics for the ideal 2020 Summit location include:
 - It must be cost effective for WVs,
 - It must benefit WVs, and
 - A high percentage of WVs must be conveniently located near the Summit site.
 - CWV will include a one-day training prior to the Women Veterans Summit to give training to WV program managers.
- CWV is currently soliciting Trailblazers nominations.
 - All requested submission materials are needed, for consideration.
 - There is a nomination form, which includes a photo headshot and a one-page summary of the Trailblazer's accomplishments.
 - Deadline for 2019 Trailblazer submission is January 11, 2019.
 - Anything received after the deadline will not be considered.
 - All nominations must be emailed directly to CWV (email information is included on the nomination form).
 - The official campaign is going to kick off in March.
 - When engaging with potential Trailblazers, please gather all information about the potential Trailblazer first before submitting the nomination.
 - Also, important to make sure they are okay with being nominated and able to travel as needed.
 - Selected Trailblazers will be required to attend a photo shoot in D.C. early February and an official kickoff event in March, also in D.C.

- Both events will be organized by CWV; travel costs will be covered by sponsor funds collected by CWV.
- The monthly CWV outreach themes are as follows:
 - In January, this is the time to make way for a new year and set new goals. January's focus will be on healthy living and financial readiness.
 - February will be Strong Heart and Go Red month.
 - March is Women's History Month and the official annual campaign kickoff.
 - April is for recognizing the value of WVs with disabilities.
 - May is a focus on Mothers and Caregivers.
 - June we will be embracing Pride and LGBTQ month.
 - In July, there will be a focus on WV seeking new opportunities. Relocation also happens at times during the summer months which is also included under the umbrella of new opportunities.
 - August there will be a focus on Aging Well. WVs do out-live their male counterparts. We will either grow old or die young. However, WVs grow older with grace and dignity. August will focus on such topics.
 - September is mental health awareness month. There will be a focus on seeking help before help is needed and suicide prevention. Mental moments will be shared throughout the month and CWV will showcase what it means to be mentally healthy.
 - October is domestic violence/breast cancer/ MST awareness month.
 - November, with Veterans Day, will focus on and honor all Veterans.
 - December will be the month to care for others, by giving back and connecting with hungry and homeless WVs.
- Monthly Partners Breakfast meeting is (currently) attended by CWV internal and external partners.
 - CWV's goal is to make the Partners Breakfast meetings meaningful and for it not be just a breakfast.
 - The discussion each month is centered on important issues regarding WVs (aligned to the previously shared monthly themes), and provides a platform for information sharing, education and training.
 - Partners can take what is learned at the Partners Breakfast and share with their audiences and networks, to continue to grow the mission of supporting WVs.
 - In 2019, CWV will focus on strengthening external partnerships.
 - While CWV strongly values internal partnerships, meetings such as the Partner Breakfast will focus on leveraging external relationships and extending the partnership network outside of VA.
 - The goal of the Women Veterans Program (WVP) is to increase Knowledge, Trust, and Use amongst WVs by leveraging partnerships within VA.
 - VHA is a great CWV partner; there is a lot of sharing of outreach materials targeting WVs between Women's Health Services and CWV.
 - This year, the WVP will be developing a pilot dashboard to measure performance in working towards outcomes for WVs.
- Questions and Comments from the Committee:
 - Comment from Presenter: CWV needs the Committee's help in identifying a Trailblazer. If you are a Trailblazer, please self-nominate.

- Question: Previously, there was no funding for the committee members to attend the Women's Veterans Summit. Will there be funding available for committee members to attend in 2020?
 - Answer: Funding has not been provided in the past, but we've discussed funding for the Committee to attend. It is in our financial plan to include funding for the Committee, possibly combining the Summit with a Committee meeting or site visit. There will be a Summit planning committee focused on all financial aspects of the Summit and related events. If you have any ideas on any of these topics, please feel free to share.
- Question: I think there should be some rework of the Trailblazer definition. The deadline for the Trailblazer nomination is January 11, but I have not seen this advertised.
 - Answer: The (notion of) Trailblazers has been advertised since July. It was first coined as "Achievers", but we want to include the impact aspect. We've all blazed some sort of trail, but this has been almost unheard of publicly from a WV perspective. We would love to know more about WVs in science and research and how they have blazed the trail that others have followed. This should not limit who we identify as "Trailblazers." Ultimately, we are looking for ordinary women doing extraordinary things.
- Question: Did anyone else know about the nominations? I would like to suggest extending the deadline, so the Committee can send it out to our networks. We can turn it around fast.
 - Answer: Yes. Please send this to your network. CWV will send the nomination form to the Committee. We will take the suggestion of extending the deadline under consideration, but we are on a tight timeline.
- Question: We can assist with the 2020 Summit? Will you all be partnering with the Veterans service organizations (VSOs)?
 - Answer: Yes, we absolutely will be partnering with the VSOs. We will be including the monthly Partners Breakfast attendees, and the VSOs are at the top of that network. The monthly themes will include some nationwide activity. We will be pushing this information out to the VSOs, and they can feel free to do something around that theme for the month (hosted by their organization targeted to WVs).
- Question: LGBTQ at The American Legion are collaborating with the Minority Veterans. Have they incorporated LGBTQ into public law yet?
 - Answer: No.
- Question: Everything on the monthly themes speaks to diversity. For inclusion purposes, is the CWV outreach effort embedded into a larger VA outreach strategy?
 - Answer: We are currently socializing the strategy with leadership, and are in the final stages of the draft. This strategy was developed with VA's goals and objectives relating to outreach in mind. This CWV's roadmap for success. We encourage our stakeholders to seek opportunities to partner with CWV and disseminate the information that the Center shares as part of this strategy. Our hope is that the themes could be used and embraced by all our partners. With the CWV receiving many speakers invites and meeting requests, there

was a need to be more strategic in our approach. Thinking more strategically going forward, when we partner with an organization, we are seeking those opportunities where the organization's mission is most aligned with CWV's mission. We would love for the Secretary to take our themes and tell all of VA to "go out and do this." Leveraging the CWV plan, would give the agency at least a five-year plan for outreach. Everything included in the plan is relevant to WVs and can be included into the larger strategy as well. From a personal point, one of the things I love about the "I Am Not Invisible" campaign is that, at times, I felt invisible. From CWV's perspective, we want to make a difference not just with the WVs external to VA, but we also want to take care of the WVs within the organization as well.

- Questions: Does your plan follow the VA Strategic Plan?
 - Answer: Yes. Everything in the CWV outreach plan is tied to the overall VA strategic plan. My boss is very eager to get his hands on it, but I did want to share with the Committee before finalizing it. We would like to get more input from you all on the plan. We need the Committee's help, to provide input on activities and information that would align with the outreach strategy and with what you are hearing that is of interest to WVs.
- Question: There are so many WVs in VA that feel they are not a part of being a WV. They are part of the 2 million WV population, too. The VA secretary is WV inclusive, more Veteran specific, which aligns directly with what you are doing. I like the themes and the whole health initiative. It would be great if these outreach themes could be seen even at the VISN and medical center level. Is this enough staff to support you in implementing the outreach plan and the overall goals of CWV?
 - Answer: It's never enough staff. I have shared this with my leaders. I am always working to increase my staff and, as a leader, that is what you do. I look to the future. We are increasing the support and I have strategized this with my MITRE support team. I arrived to CWV on May 29, 2018. I have had to re-purpose existing resources to get the work done. I also increased the work of the Committee and aligned the Committee with our sister organization, DACOWITS. Thank you, Betty for the information you shared with me to help with this area. I would like to thank my leadership and share that I could not have done it without the Deputy Chief of Staff. We've gone from a staff of four to eight, from one GS 14 to two 14s. This has all help me better serve the needs of WVs.
- Question: What does the Center need the most?
 - Answer: The biggest need to me is research. Data must back up what we are saying. The very first slide is the most impactful as it states what we are mandated by law to do. We cannot meet the requirements of the law, without the research piece. We need to take the law and, using data, show how we are being effective.
- Questions: Will this research be conducted by a contractor?
 - Answer: I don't know. We are looking at what the law states and everything it says we need to be doing. That is how I am requesting the resources to fulfill CWV's mission.

- Questions: In combining resources, I didn't see other minority themes included. I didn't see African American History Month and Native American History Month. Are there plans to include this in the monthly themes?
 - Answer: VA has a Diversity and Inclusion Office, plus also the Center for Minority Veterans that is very similar to CWV. The Center is focused on all women; minority women are included. We are co-located with CMV and our issues focus on stemming beyond just what CMV addresses. CWV looks forward to partnering with CMV on diversity and inclusion. This won't change our monthly themes and we will continue to support CMV is celebrating Black History and other ethnicity celebrations.
- Future Committee Activity:
 - CWV will inform the Committee when the National Outreach Coordinator role is posted.
 - The Committee's help is requested to advertise and share the Trailblazers nomination form and initiative.
 - The Committee's help is requested to provide input on activities that align with CWV's outreach strategy.
 - Seek information from DACOWITS on language used to hire research contractor to help frame the proposal for CWV/ACWV research.

Women Veterans Storybook and Journey Map, Wendy Yeldell, Supervisory Management Analyst (Relationship Manager), Veterans Experience Office

- The Veterans Experience Office (VEO) is in partnership with CWV and WVP to improve services to WVs.
- WVs are one of the fastest growing population.
 - There are 22 million Veterans, of which two million are WVs.
 - The WV population is expected to increase to 16 percent, by 2035.
- WVs have lower trust scores, when it came to health care for VA.
- VEO conducted an initial project where they spoke with WVs, to receive their feedback on the VA health care experience.
 - Many women arrive at a medical facility not knowing what to expect. They assume it's like the DoD process, but it's not.
 - WVs need staff to empathize and respond to their vulnerabilities.
 - WVs are dealing with various vulnerabilities, such as MST and a lack of representation.
 - Being real with people and respecting their journey is very important.
 - The following demographics represent the perspectives of those WVs whose experiences were captured in the Patient Experience Journey Map:
 - The average age of participants was 50 years old.
 - Eighty five percent of participants saw a provider in a clinic.
 - The average years in service is 10 years.
- Pain points are shown at the bottom of the VA Women Veterans Patient Experience Journey Map.
 - Unable to speak to a representative directly via telephone was a noted issue.
 - VEO continued to hear about issues such as long delays and not getting a timely appointment.

- WVs found it difficult to navigate their way around the facility and noted in several instances that they did not feeling welcomed when they entered the building.
- WVs also expressed that they didn't know the acronyms.
- When WVs arrived at the facility to check in, they often found out at the time of their arrival, that the appointment was canceled. They were not notified prior to their arrival of the cancellation.
- WVs expressed that during treatment, some had experienced provider turnover, which results in them having to start over in explaining their medical history.
- WVs also noted limited appointment times and feeling unsafe or uncomfortable when visiting facilities.
- In the event that a WV has experienced trauma, these onsite challenges can be very intimidating.
- WV Patient Experience Journey Map key themes included:
 - Women need empathy. "Own the Moment" training, conducted by VEO, addresses this.
 - The training focuses on customer service and gives an opportunity to educate VA staff on how to connect emotionally with Veterans.
 - There have been instances where she has witnessed people walk out of the care room in tears. This training promotes the need to understand the patient as a person with very real challenges. We teach VA staff how to deal with that.
 - Women need to have a connection with the provider.
 - The provider should not be typing the entire time; rather, they should be fully engaged and listening to the patient during the appointment time.
 - For some men, going to the medical center can be a social experience. We also want women to be comfortable during their medical center experience.
 - Women experience unequal care by facility, gender, and employment status.
 - For example, one woman needed a dental appointment. She was told that there were no appointments available at that time. However, her husband requested an appointment at the same facility, at the same time, and was easily accommodated. It is important to understand why these experiences occur.
 - Women have special care needs.
 - Depending on the community, this may not be an issue; have heard people say specialty care was great, but others who say it has not been great.
 - WVs are eager to be involved in the patient experience improvements in VA.
- Customer Service training:
 - "Own the Moment" training addresses 3 key issues (effectiveness, ease, and emotion).
 - Effectiveness: the office has natural standards to ensure everything we deliver is consistent.
 - Ease: VEO wants to make services feel predictable, ensure Veterans understand the process, and ensure patients are fully accommodated and receive the care that was needed.
 - Emotion: VEO strives to engage and connect with Veterans, through personal interactions, so they feel like they are cared about.

- There is a video shown at every single training.
 - The video depicts a Veteran coming into a medical center to speak to a counselor. When he comes into the medical center and starts talking to the counselor, he can tell instantly that the counselor really understands what he is going through.
 - There has been an increase in customer service satisfaction since the training has been conducted.
- The overarching strategy is to:
 - Ensure WVs are knowledgeable of benefits and services and continue to educate them on these topics
 - Increase trust with WVs by providing an inclusive environment and high-quality service.
 - Ensure WVs, particularly those at risk and underserved, receive timely and integrated benefits and services.
- We want WVs to use our facilities.
- Veterans Patient Experience is about the entire care experience—from scheduling the appointment, leaving the appointment, and follow up.
- There are many initiatives underway to support WVs.
 - WECARE Rounding is an initiative where medical center leaders want to know what patients think. They periodically make “rounds,” to speak directly to patients about the care and serviced they received.
 - “Own the Moment” is a customer service focused training that educates VA staff on how to connect emotionally with Veterans.
 - Standard Phone Greeting is a friendly greeting inclusive of key information, to inform patients they have reached the correct number when contacting the VA.
 - Employee Badges are standardized VA staff badges that feature large font names and other interesting information about our staff, so patients know a little more about who is helping them.
 - Red Coat Ambassadors are volunteers that welcome Veterans and their families at medical center entrances and direct them to their destination.
 - Green Glove Initiatives encourage staff to ensure clean facilities and that there isn’t any litter around the facility.
 - Understanding the moments that matter for WVs include moments such as:
 - Talking to a trusted helper.
 - Scheduling an appointment.
 - Connecting with other WVs.
 - Connecting with my health care team.
 - Feeling safe.
 - Connecting with my care provider
- Critical experience measures (statements below) are questions being asked of WVs, to determine if VA is making improvements in their experiences during these moments that matter.
 - I know the best way to have my health issue addressed.
 - I can schedule a timely appointment.
 - Staff at the clinic empathize with me and respond to my needs.
 - I feel known by and connected to my provider; we have a relationship.

- I know what to expect when I go into the clinic and in between visits.
- I feel supported by other WVs who share similar life and military experiences.
- There are three models of care:
 - Model 1: General primary care clinics; care provided from a women's health primary care provider (WH-PCP) belonging to a women's health patient aligned care team (WH-PACT) in a mixed gender primary care clinic with mental health co-located within the clinic.
 - Model 2: Separate but shared space:
 - Dr. Patty Hayes, Chief Consultant for Women's Health, added: This model includes designated hours for exclusive use by WVs, where they can be seen any day of the week. Care space is limited on most days, but there are other days of the week available. This model may be going away, due to limited space in facilities. Then, only Models 1 and 3 may be available.
 - Model 3: Comprehensive Women's Health Center is care from a WH-PCP belonging to a WH-PACT in a clinic with a separate entrance and waiting room exclusively for WVs.
- In our next steps, VEO is continuing to find ways to building trust with WVs.
 - We are conducting a human centered design project, to explore resources and toolkits that will foster a more positive relationship between WVs and their providers.
 - This project will bring WVs together with VA providers, to create dialogue and resources that improve the patient experience.
- Satisfaction over time:
 - Satisfaction scores are going up and we are always looking at ways to improve.
 - Ensuring open door policy on feedback.
- Questions and Comments from the Committee:
 - Question: When do you do these policy recommendations for VA medical centers? How does that happen? Does it happen by directive? How do the recommendations get to the medical centers?
 - Answer: Policies start at the top with the Secretary. Then they go out to the Veteran Integrated Service Networks (VISN) in the field.
 - Question: Who has the authority to enforce these directives?
 - Answer from Dr. Hayes (VHA): Will explain later how this process works.
 - Question: Is there a public service announcement (PSA) that can be done for WVs to share this?
 - Question: I would love to see more data and information. On second to last slide re: age group, there is a gap between under 40 and over 40. Was that identified and looked at as a disparity?
 - Dr. Hayes: The disparity is by age. Younger Veterans have different expectations about care. We are still looking at what the real differences are and looking at this through human centered design.
- Future Committee Activity:
 - Dr. Hayes will provide information on the authoritative source for directives to the medical centers.
 - VEO will provide more information on disparities regarding trust across age cohorts.

Issues with the Potential to Impact Women Veterans, Colonel Toya Davis, U.S. Army, Military Director, Defense Advisory Committee on Women in the Services, Department of Defense (DoD)

- Defense Advisory Committee on Women in the Services (DACOWITS) staff is working to prevent scheduling conflicts between ACWV and DACOWITS meetings.
- As the DFO, can speak to what the committee has done but can't go ahead of DACOWITS and share what is being considered for future recommendations.
- Mission and authority:
 - Independent guidance.
 - Review of policies that affect women Servicemembers.
 - Goal is to improve policies with respect to women Servicemembers.
 - DACOWITS was established in 1951, to focus on recruitment of women into the military.
 - In 1948, women were officially allowed to serve in the military, but their representation was limited to only two percent of the total number of people serving in the military. (This limitation is no longer enforced.)
 - Now, the committee looks at both recruitment and retention of women Servicemembers.
- Some may ask "Why is the committee still in position?" "Is there still a need for DACOWITS?"
 - The ideal situation is that DACOWITS should work itself out of a job.
 - While the military is still having firsts and all positions have not been fully integrated, there will still be a need for the committee.
 - The military, as whole, has gotten better with integration, but this is not just a women's issues. This is a readiness issue for the whole military force, and so DACOWITS will continue to exist.
- Committee has 20 members.
 - Membership in DACOWITS decreased by 5 members in 2018, due to the end of terms served; currently waiting for new committee members to be appointed.
 - There is a mix of service representation within the committee, and includes both civilian and military members.
 - There is one male committee member.
 - The committee is supported by a very small staff; two Servicemembers and two civilians.
 - There is a research contractor that has been extremely beneficial to the committee's success.
- DACOWITS focuses recommendation on three main "buckets": recruitment and retention; Employment and integration; well-being and treatment.
 - The primary responsibility of DACOWITS is to analyze information gathered from senior leaders, feedback from the field, briefs from the military services and DoD, independent literature reviews, and public comment, so that it can develop an informed, evidence-based annual report with recommendations to the Secretary of Defense.
- The committee meets quarterly.
 - The current chair of DACOWITS is a retired 4-star general.

- Conducted site visits at 10 installations this past year, to get a feel for what is going on across the force.
- Committee then sends out requests for information (RFI).
- Committee members support and conduct studies.
- The public can submit comments and the committee considers each comment.
- In September, all recommendations are then voted upon by the committee.
- Some recommendations have been on the table since 1976.
 - Over 1000 recommendations have been sent to the committee, since 1951.
 - Some were repeated recommendations.
 - Ninety nine percent have been implemented, which speaks to the positive benefit and impact of the committee.
- In the areas of recruitment and retention, the numbers are growing.
 - Women represent 20 percent of the servicemember population.
 - The Air Force has the most women and the Marine Corps has the least.
 - Committee has submitted recommendations on increasing women recruitment.
 - The inability to retain women will cause a gap.
 - Women are leading at higher rates than men.
 - Medical centers may be impacted and see different issues from women Servicemembers. Combat positions will also be impacted.
 - If a standard is set, both men and women can meet that standard. However, there may be a different road to meet that standard.
 - Individualized training may be needed, so that both men and women have the opportunity to reach these readiness goals.
 - Knowing the best time to start a family is one of the biggest issues women speak of.
 - Fertility is a topic area that needs to be more consistently addressed within VA's health care system.
- DACOWITS no longer deals with sexual assault. There is another committee that addresses that topic. There can't be any overlap.
 - DACOWITS is able to focus on sexual trauma, harassment, gender bias.
 - Data shows that women have a higher rate of PTSD following trauma.
- Women tend to go to college more than men.
 - It has been found that there is an under-utilization of VA resources from women.
 - There needs to be an increase in awareness of these services.
 - Look at the Air Force best practices, to gain further insight on how to increase awareness of using health care services.
- **Questions and Comments from the Committee:**
 - Question: It is absolutely critical that we discuss fertility issues. Forty percent of women have experienced fertility issues based on the study, can you confirm this?
 - Answer: Jessica Myers (DACOWITS): I saw the study come out but have not reviewed it yet.
 - Question: Given DACOWITS experience using a research contractor, how can we best utilize a research contractor in our organizations?
 - Answer: Researchers are a god-send. They find data and articles that are relevant to research topics. They help create a standard protocol that is used

in data collection efforts. They also make sure they are asking the same question each time and carefully document answers to assess any trends in responses.

- Question: I agree Madam Chair that it is very important to collaborate. I am a licensed clinical psychologist. Being in the military is such a masculine idea so fighting and killing is not something that is viewed as feminine. There is a notion that women have to be “just as good as the guys.” Women will often hear comments such as “Like you’re a girl,” or “Don’t break your nail.” It becomes part of your identity. It is very confusing as a woman coming out of the military. There is not a feeling of belonging. Some WVs don’t feel comfortable going to the VA because for some reason we feel that “I’m not a part of the VA.” However, it is known that going to the VA decreases chances of suicide. The moment a woman steps off the bus to basic training, their path changes.
- Question: Challenge all of us and publicize on how we work together. Capitalizing on women-specific strengths as a Committee can be a very positive way to do that.
 - Answer: In 2017, the Committee created a strategic communication plan that focused on bringing awareness and educating service members and the public.
- Question: Women are leaving the military early, are you able to share the data on why this might be?
 - Answer: We have information that states they leave early but it is uncertain as to why.
- Question: That’s true. WVs are coming out of the military younger which changes the type of health care services and benefits they need. I know that they don’t have info yet, but there will be certain health issues that will come from women serving in different roles and they will need different types of care as a Veterans. The info should come from DoD and we need to try to obtain this information for VA. This Committee can try to get in front of the wave that is coming.
- Question: Any work around the Transition Assistance Program (TAP) and getting the valuable information to address the challenges we have been discussing?
 - Answer: I shared that information with the Committee and there is a recommendation that will be included in the 2018 report, that the TAP program be expanded to include services and resources specifically for WVs. The committee is recommending all the Services consider expanding this as part of their transition efforts.
- Comment: Women going through the training say it is a game changer for them. This training is to provide a safe space for them.
- Future Committee Activity:
 - DACOWITS will investigate the availability of information on why women Servicemembers leave the military earlier than their male counterparts.

Greetings/Comments, Pamela Powers, Chief of Staff, U.S. Department of Veterans Affairs

I’ve read all of your bios and this is a very accomplished group. First, thank you for everything you do to support WVs. I am very excited to be a part of the VA team. I just

retired from the Air Force last January and came over with Secretary Wilke. Having a Veteran spouse and kids, I fully understand the challenges of Veterans. WVs, however, have different challenges and the Secretary has a vested interest in getting this right. I am continually impressed with the Secretary's support of WVs and him putting me in this position shows his commitment to the WVs. As an example of his commitment, the Secretary drove up to New York the day before Veterans Day and, despite his very busy schedule, he came over to the Women's Memorial to introduce me at a Veterans' Day event. He did that as a good leader and wanted to show his support of WVs. He really does care about this.

The Secretary's priorities are:

- Customer service, and not the typical customer service, but an enhanced customer service experience for Vets and employees is a focal point for the Secretary. The Secretary cares about getting a veteran centric culture within VA.
 - In the Partnership for Public Service Federal Agency rankings, the VA was previously ranked 16th out of 17th. Now the VA is ranked 6th.
 - The Secretary also wants to make it easier for women to get the services they need and benefits they deserve.
- The Mission Act combines into one community care program. There are many women services the VA does not offer so WVs are sent to the private sector. It is very important to get the right mix of private sector care with public sector.
- Health record modernization provides a health record from the time you enter service until the time we die. The New electronic record will make the vet the center of everything for the VA.
 - Upon looking at someone's record, we will instantly know if they have experienced sexual trauma or an opioid addiction
 - The best type of healthcare for each veteran will be documented.
 - It will be a seamless process and will also incorporate information from the private sector; so, we will be working closely with them.
 - This may be a 10-year process to implement so we are hoping to expedite this process.
- Business Transformation is key. Up until this point, there has not been a lot of transformation across VA.
 - We want to bring the organization up to date with the latest trends in technology and processes. We're almost there but still have many other things to do.
 - Supply Chain management is one example of a function that needs to undergo transformation in how we conduct that business.
 - Working with DoD to modernize systems and processes, leveraging relationships from time with DoD to identify opportunities to partner and connect.
 - We will work closely with HR to recruit and retain the best and brightest. I am very happy to be part of this organization and feel very blessed that the Secretary asked me to be part of this transformation. I was excited when Anna asked me to be part of this and now I want to hear what you have to say.
- Questions and Comments from the Committee:
 - Question: I've made a few site visits and it is amazing to see what some are doing for WVs. Then there are other locations with good intentions, but missing

the mark. Will locations be held accountable for having good intentions but missing the mark?

- Answer: While there are centralized policies it is difficult to address accountability because every location is different. The goal is to have a woman's coordinator in every facility. Regional facilities also play a role in this. We can all work with CWV to bring awareness and education on the entire spectrum of care. Health Record modernization will help with this as well.
- Comment: I have two comments. The first comment is we need to have a Director for the Center and not an interim director. I've challenged Secretary Wilkie on this, too. My second comment is about; the IG report; I am very concerned with each state's right to approve or disapprove, with many decisions affecting women students.
- Answer: We do have someone in the vetting process that we think would be great. This has not been shared publicly.
- Answer from Laurine Carson (VBA): In the coverage of the GI Bill issues there was so much misinformation that we are still trying to correct the narrative on that. Once we saw the issue, IT was halted by the Secretary because we wanted to get it right; VBA held off processing claims. If someone was under duress, they were made a priority. The individuals who expressed concern about evictions were paid. We should not have held off on processing, should have gotten the IT system right. No one was evicted so, again, the coverage about the bill presented a lot of misinformation.
- Question: As a WV what are your priorities?
 - Answer: I signed up for VA healthcare before coming to VA and I was unsure if I would have been eligible. Uncertainty around if a Veteran is eligible for VA benefits or not is not just a WV issue, that's an all Veterans issue.
 - We want everyone to know we are here for them and realize we can do a better job of educating and informing Veterans across the board.
 - Answer: We are working with VBA on the health assessments that DoD is doing and will be taking that role over soon.
 - A big part of this is educating women on their benefits and how to apply.
 - There will also be medical screenings; from my experience, the screening by VA was more detailed and asked tough questions, compared to the DoD screening.
 - There is a need to ask more questions as it will inform care.
 - Answer: This organization dropped the ball on MST. Years ago, we didn't equip staff with a coordinator that could figure out all of that. While it wasn't intentional, we are now on the path to make that right.
 - Answer: Back to my priorities, it is tough to change our culture. But it is what we need to get past. The "I Am Not Invisible" campaign is still an impactful tool for WVs.
- Question: How does the culture change?
 - Answer: Across the board we need to make Veterans feel valuable. The trust scores have increased.

- Question: In hearing all of the great things VA employees are doing, our concern is the good news is not being shared more broadly very well. Yesterday, we were informed of a PSA on the homeless programs. Even VA employees said they had not seen it. We saw the budget for all of these PSAs. What can we do as a committee to get the word out?
 - Answer: I will note that. Thank you for bringing that to my attention.
- Question: Moses McIntosh: Are we using woman coordinators in VBA efficiently? I will turn this over to Anna to answer.
 - Answer from Anna Crenshaw: Women Veterans Coordinators (WVC) in VBA are established as collateral duties and they have various roles in outreach. We want to ensure all WVs are informed, educated, and empowered and we intend to do that through our WVCs. We are not providing the best customer service if we are not informing, educating, and empowering our women coordinators to educate. As you can see, I am very passionate about outreach. I love the VA and know that employees engaged in these roles do it with every fiber of their being. However, we need to be able to do it without competing priorities.
 - Chief of Staff: We will work with you more on that.
 - Laurine Cason (VBA): We have the congressional mandate but is unfunded in VBA to do outreach. Anna did a great job with it and I agree with everything Anna said.
 - Chief of Staff: There are so many competing priorities. Although we do have a lot of funding, there is still a lot going on.
 - Anna Crenshaw: WVP Managers are nurses and clinicians; there are other forms of outreach to utilize partners and other FTEs. We can utilize them within their clinic and explore other resources as well.
 - Dr. Patty Hayes (VHA): I have been at VA 35 years. In past years, there hasn't been leadership buy-in even though there are 750,000 women enrolled in health care. There is only one women coordinator at each site but given the needs of WVs there is a need for at least 10 at each site. VA Leadership can define the priority and I would love to brief you on it.
- Moses McIntosh: Anna made extraordinary changes and we've come up with a lot of recommendations. Can we have a research service that supports the recommendations that we are providing?
 - Answer Anna Crenshaw: I would love to speak more about the research capability that we need in the Center.
- Question Can you speak a little bit more about the separations process?
 - Answer: We are in discussion with DoD looking at how the process should be handled, such as whether we do it in house or contract it out and determining overall costs.
 - There was a huge back log that is we are making progress on.
 - Half of our workforce is Veterans and because of that we should be tied at the hip with DoD.
 - We have discussed the possibility of standing up a new office to do this work.

- Both the VA and DoD Secretaries have a great relationship and we are both in a unique position right now to make significant progress.
- Question: What is your expectation of this Committee?
 - Answer: That is a great question. I will work with Anna to provide recommendations on the things we don't see. You all see the user perspective and directly at the local level of what women are experiencing. We do want to make a difference.
- Comment: Working with the Chief of Staff has been great. I am very, very pleased with the huge amount of support from leadership. I have boasted about you to the Committee and how you openly embrace WVs. There are no roadblocks to bring issues to you and we really appreciate you.
 - Answer: I have an open door. You have a direct line to Anna and me. I am a change agent and I want to get things done. Sometimes I push my folks pretty hard but for the right reasons. Look forward to working with you and look forward to your recommendations.
- Future Committee Activity:
 - Chief of Staff to research how PSAs (like homeless program PSAs) can be shared more broadly.
 - Chief of Staff, along with CWV, will provide recommendations on Committee expectations going forward.
 - Anna Crenshaw to present on the research capability needed in CWV.
 - Dr. Hayes to follow-up on opportunity to brief the Chief of Staff on the need for more than one WVPM at certain VA sites.

Briefing on Women Veterans Research, Dr. Elizabeth Yano, Director, VA Health Services Research and Development, Center of Innovation, VHA

- The Million Veteran Program (MVP) is the largest precision medicine research project in the United States.
 - MVP looks at how genes (DNA), military exposure, lifestyle and health information better predict and prevent diseases.
 - There are 722,000 Veterans enrolled nationally, as of December 4, 2018. Women Veterans are represented at nine percent; that is almost 65,000 WVs.
 - Aim is to get recruitment up to 11 percent.
- WV prosthetics research:
 - In six months, two new studies have been funded. That is fast turnaround time in the research arena.
 - Researcher at Denver VA conducted a study that found prosthetic fingers have not been the right sizes for women.
- Cooperative studies program plans and conducts large clinical trials.
 - Ongoing work to increase recruitment of women to enter the clinical trials.
- Launched a national VA cyber seminar research series.
 - Over 90 seminars under "Spotlight on Women's Health."
 - Developed national research collaborative work groups in high-priority topics, to adapt to new priorities (for example, suicide prevention).
 - The strategic priorities areas and work groups are:
 - Access/rural health.

- Primary care prevention.
- Mental health.
- Post-deployment health.
- Complex chronic conditions.
- Reproductive issues.
- To date, have held two or three conferences of researchers, clinicians, policy makers, and WVs, focused on WVs health.
 - It is in the plans to have another national meeting, but that has yet been not scheduled.
 - The network established a national mentoring network to support junior researchers and trainees and helped 15 young MDs and PhDs that are getting five years of dedicated research on WVs.
 - Have generated medical journal supplements focused exclusively on WVs health research. New supplement on gender differences in VA study results on care, patient experience, treatments is due out late 2019.
- Practice Based Research Network has grown to 60 VAMCs and more than 300 community based outpatient clinics, with over 40 studies underway.
 - This will make it easier to recruit WVs in all types of VA research.
 - Also helps with scanning what providers and staff observe as problems.
- The research portfolio is growing and diversity, with over 24 different issues being explored.
- A VA priority topic is suicide prevention. There is a WV suicide prevention working group, where external partners, DoD and others are brought in.
 - Focus is on suicide research, \$4.5 million dollar, 5-year study initiative.
 - Goal of work group is to increase research collaboration, grants and publication, knowledge of strategies for suicide prevention, and implementation of evidence-based approaches.
 - There will be a journal supplement on suicide research among WVs, active duty servicewomen, and women civilians.
 - Several recently launched studies—advancing suicide prevention for women Veterans, opportunities for prevention among WVs in reproductive health care services, home-based psychotherapy, prevalence with eating disorders, gender-based harassment at VAs, treatment of sleep apnea, IPV screening programs.
 - Abstracts for all these studies available at <https://www.hsrd.research.va.gov> .
- CREATE initiative (2013-2018) used research to accelerate implementation of comprehensive care for WVs
 - Five inter-related studies to better understand care experiences (1,400 women)
 - Partners with VA senior leaders, VA network and local facility leaders. Also partnered with WV engagement groups.
 - Findings include:
 - Need for VA to move to gender-tailored alcohol screening in primary care (in studies this identified three percent more binge drinkers and 15 percent more with unhealthy alcohol use).

- Identification of factors that influence WVs experience and communication with primary care providers; findings have been reported to VA WHS to support provider education and training.
- Additional funding for expanded interviews with WVs, regarding use of Choice program, their experiences, perceptions, and challenges. Women had trouble scheduling appointments, results were not shared with the patients of VHA in a timely manner. Concerns with unpaid Choice bills were common.
- Empower Queri: three studies to implement and evaluate gender-tailored evidence-based care models.
 - Tailored diabetes prevention—goal was for 40 participants. WV enrollment exceeded all expectations, with 120 participants. WVs got to choose which type of DPP (Diabetes Prevention Program) they wanted to try.
 - Instead of being randomized, participants got to choose.
 - Expand this study into a trial.
 - Cardiovascular risk reduction toolkit.
 - Collaborative care for WVs.
- Dr. Yano asked the Committee: What kind of summaries would meet your needs?
- There is discussion on developing a “registry” of WVs so they can indicate interest in participating in research.
 - Would also create a community of informed WVs.
- Questions and Comments from the Committee:
 - Comment: This is outstanding information.
 - Question: Best for us to get together as a group and discuss your questions. Looking at categories of topics and lists on slide re: research portfolio—are you also looking at other chronic pain issues such as migraines, etc.?
 - Answer: There is a study pilot, not VA funded, that focuses on migraines and fibromyalgia. Researchers are developing data to go after those studies.
 - Question: Regarding the study that looked at low levels of trust, any follow up on these to see what contributed to the low levels of trust?
 - Answer: There was a paper that just got published, earlier this year. Doctor and patient communication that is not meeting WV needs. Qualitative research needed to see how they can design curricula to meet these needs.
 - Question: Regarding the drinking study on slide 17... on liver destruction, have you asked people about certain exposures to ship mechanics or cleaning parts and materials? A toxicologist needs to be added to the team to ask those questions. We all must do a better job at asking the questions if they have exposure to those chemicals due to their jobs; our WVs used many of those chemicals. Some of these chemicals are cancer-causing chemicals that are also linked to birth defects. Research can support that there are diseases that are directly linked to these.
 - Answer: We have just recently added these questions to a primary care survey. You may contact the head of VA’s epidemiology studies and share the information. They are the ones doing conducting those studies.
 - Question: Governor’s challenge to pick seven states to work on suicide prevention. Anything like meetings coming out of the suicide prevention work group?

- Answer: Yes, I can provide summaries. I will work with Shannon Middleton to provide the summaries to the group.
- Question: Is there any research going on regarding how eye movement desensitization reprocessing (EMDR) is working? Has there been any meta-analysis to take a more global approach?
 - Answer: No research going on currently, on that topic. With regard to the meta-analysis, it can give the impression that [any] kind of knowledge can contribute to the study.
- Future Committee Activity:
 - Committee will meet and answer Dr. Yano's question about what kind of research summaries (topic issue papers, on-page briefs, lay articles, portfolio review, etc.) and what topics would meet the needs of the Committee.
 - Committee to follow-up with VA's head of epidemiology regarding toxic chemical exposure impact for WVs working in specific environments (ship mechanics, etc.) and including those questions in surveys.
 - Dr. Yano to follow-up on other studies related to chronic pain conducted by VA (e.g. migraine, fibromyalgia).
 - Dr. Yano to share paper published earlier this year regarding contributors to low trust levels.
 - Dr. Yano to provide summaries from work coming from the suicide prevention work group.

Adjourned at 2:15 p.m.

Thursday, December 20, 2018 – VA Central Office, Room 230

The American Legion's Legislative and Organizational Priorities for Women Veterans, Keronica Richardson, The American Legion, Assistant Director of Women and Minority Veterans

- Legislative and organizational priorities
 - HR 93–Increased access to Department of Veteran's Affairs medical services for WV.
 - HR 1063–introduced, Veterans Prescription Continuity Act.
 - HR 3558–introduced, Improve Access to Care for Female Veterans Act.
 - HR 4635–passed the House, increase in the number of peer-to-peer counselors providing counseling for WVs.
- Priorities:
 - White paper on WVs.
 - Storm the hill on WV legislation.
 - New WV resolutions for medical services.
 - System Worth Saving report addresses WV focused questions.
- Top concerns for WVs:
 - Health care benefits.
 - Employment–the new generation of Veterans are being educated but have issues after leaving military.
 - Benefits and discharge upgrades.

- MST claims—a lot of them being initiated, want to see an increase in the number of female providers who deal with MST patients.
- Financial report—The American Legion provides assistance to Veterans.
- PTSD claims—WVs won't initially file the claim. They only file PTSD claims if they had another issue.
 - WVs seem to see PTSD as a secondary issue. Not sure if they are afraid to tell their story, or if they don't consider themselves a Veteran.
 - Could also be due to the stigma on seeking mental health help in military (it can be seen as a weakness that affects security clearances).
 - WVs need to be able to identify that is an issue and encourage them to submit a claim without other issues being present.
- High risk to homeless—this has been a rough year with a higher risk of homelessness, trying to get more involved and working to get into the process with HUD.
- Questions and Comments from the Committee:
 - Comment: We don't identify, so if you don't consider yourself a Veteran then you don't take the initiative.
 - Answer: First week of boot camp, Servicemembers are told that it is a sign of weakness to have a need for help. Women also feel less as a Veteran.
 - Questions: What are reasons for why legislation doesn't pass?
 - Answer: Veterans are a safe spot for Congress, being bipartisan, but sometimes it is a "check the box" to get something done. We need to hold elected officials to the fire to bring bills to a vote.

AMVETS' Legislative and Organizational Priorities for Women Veterans, Cherissa Jackson, AMVETS Policy Advisor on Women Veterans and PTSD, HEAL Program; Sherman Gillums, AMVETS Chief Strategy Officer

- The biggest causes of suicide:
 - Isolation, lack of support, hopeless, and lost control.
 - We must train ourselves to recognize the signs for suicide.
 - In some cases, individuals feel that dying is better than what they are going through at the time.
- AMVETS have taken on the lead role on mental health, trauma etc.
 - Provide presence of what real advocacy looks like.
 - Changing lives and bringing great support for women in our country.
 - WV who were told they had PTSD, given many ways to control PTSD.
 - For Ms. Jackson, she said she had to decide to not let PTSD control her
 - Being an advocate is her passion.
 - Support is being a champion, not just voicing support.
 - WVs are the change makers.
 - HR 4635—to increase the number of peer-to-peer counselors.
 - Have separate waiting rooms to have separate rooms for those who have experienced sexual trauma.
- Many WVs find themselves in crisis.
 - That is to represent as many women who would provoke that change. That is why Jackson joined AMVETS.

- Questions and Comments from the Committee:
 - Question: Can you give us an idea of what the education program will look like?
 - Answer: Language that is driven toward a certain type of Veteran. Have education materials that are driven towards women. Ensure that education materials sent are relevant.
- Future Committee Activity:
 - Committee asked AMVETS for a copy of the presentation.

Blinded Veterans American’s Legislative and Organizational Priorities for Women Veterans, Melanie Brunson, Director of Government Relations, Blinded Veterans Association

Ms. Brunson advised the Committee that Blinded Veterans American (BVA) will be advocating for the following issues to VA and members of Congress, in the next year. She stated that there is an increasing number of WVs joining the organization. The five issues are:

- Communication—urge VA to improve communication with WVs and Veterans regarding the resources that are available to them, especially the resources related to gene-specific health care concerns. Women don’t know what is available to them.
 - Such as mammography and gynecology.
 - What is being done for Veterans.
 - Urges the VA to provide more information.
- Gender specific prosthetics—want to insure greater consistency in the availability of gender specific prosthetic aids and devices so that these items will be available regardless of the part of the country where a Veteran resides.
 - Examples—sunglasses, watches, razors, clothing that you put on your body with prosthetics have a different fit for women than men. Clothing should be attractive and fit well.
- Research—link between exposures and gender-specific conditions, such as cancer. Urge VA to issue guidance to VA medical centers across the country regarding links to the exposure to toxic substances and health issues.
 - Support additional research on possible links between gender-specific health problems and exposures to toxic substances during military service.
- Harassment—due to continuing issues, some women are not comfortable going to VA because of how they are treated. There is a lot of concern from members, so they are trying to help women have better experiences for services.
- Commend VA on acknowledgement of sensitivity in handling MST claims and to continue vigilant monitoring of to ensure they are handled with sensitivity and fairness as well as promptness.

Ms. Brunson stated she appreciated the Committee’s interest in these concerns and looks forward to working with them over the next year to help improve the Nation’s response to the needs of WVs throughout the public and private sectors.

Vietnam Veterans of America's Legislative and Organizational Priorities for Women Veterans, Sharon Hodge, Vietnam Veterans of America, Deputy Director Government Affairs

- Vietnam Veterans of America (VVA) is a Veterans service organization (VSO) chartered by Congress. They don't have a WV's initiative, but they do push legislation.
 - VVA pushed for the first report on WV, resulting in the 1982 investigation of VA services to WV.
 - VVA was a major force in calling for the first Congressional hearings on WVs in 1983. This resulted in the passage of Public Law 98-160 that established the VA Advisory Committee of WVs and actively advocate Congress to secure the passage of responsible and just legislation for WVs.
- VVA recently helped pass the Toxic Act Research Act (exposure to Agent Orange).
 - Research effort on affect of Agent Orange on children and grandchildren of exposed Veterans.
- Advocate for increased budget for WV funding.
 - Top priority—trying to get childcare for Veterans (HR 95 was passed by House, stalled in Senate).
 - Childcare is #1 reason why Veterans don't access VA.
 - Veterans report taking their grandkids with them to appointments.
 - There are four childcare pilot sites.
 - Law has been passed to extend the pilot but haven't heard anything from VA on plans to expand.
- Work with partner VSOs.
 - It is a common theme across VSOs that communication is an issue with WVs.
 - When VA does outreach, don't forget older WVs.
 - WVs are not aware of the benefits and services that VA offers.
 - They don't contact VA about their social and medical issues because she doesn't fall into the category of Veterans, so the communication needs to be spread.
- Vietnam WVs have always been caregivers to other Veterans.
 - Mostly rely on Social Security, Medicaid. When 9/11 Caregiver Bill passed, were left out of it completely. There is an expansion within the Mission Act, but Mission Act is an unfunded mandate. VA provides care without need for Caregiver Act, but often there is no knowledge of this opportunity and Veterans are too proud to ask for help.
- Angels on the Wall—women who died in combat. Encourage Committee to use that image in their campaigns.
- Partnerships in past year have included partnering with 33 tribes.
 - Hosted claims clinic.
 - In 2019, will reach out to tribal WVs for "I Am Not Invisible" campaign.
- VVA will continue to request a government accountability office report on the administration of WV health programs in VA and identify barriers to and root causes of any disparities in the provision of comprehensive medical and mental health care to WVs.
- Questions and Comments from the Committee:

- Question: What can the committee do to help?
 - Answer: Provide status of expansion of childcare pilot program, the status of section 402 for the Veteran's access, choice and accountability act of 2014, which expand healthcare eligibility for care and services related to military sexual trauma.
 - Status of woman reproduction health service especially focusing on infertility, menstrual and menopause disorders.
 - The Choice Act has helped with timely care but does not sufficiently address the need for women's services with the VA.
 - Many WV would prefer to stay within their VA health care.
 - These predictions need to be followed up with adequate staffing level within the VHA to care for this future geriatric care.
- Comment: Women and communication is an issue for the Committee. We asked Chief of Staff Pam Powers and she said it is her #1 priority.

Military Order of the Purple Heart's Legislative and Organizational Priorities for Women Veterans, Aleks Morosky, Military Order of the Purple Heart National Legislative Director, Antoinette Scott, Military Order of the Purple Heart Recipient

- Mr. Morosky explained the background of Military Order of the Purple Heart (MOPH), which currently has approximately 46,000 members nationwide; all Purple Heart recipients. Of these, 1,450 of them are WVs. They have a white paper on priorities for WVs.
- The goal for MOPH would be to consistently remind policymakers and the public that women are on the frontline and are wounded in combat just like men.
- He stressed that the WVs receiving VA care are entitled to the same level of access and respect as their male counterparts.
 - WVs is a growing population and their service should be respected.
 - Assume every woman is a Veteran.
- It has been reported that this situation has improved in the recent years, but some WVs continue to experience a diminished level of respect at VA facilities.
 - Would like VA to continue educating employees.
 - VA should use poster on site and PSAs to remind male Veterans that WVs are a growing population and that WVs' service should be respected.
- When WVs become pregnant, VA covers prenatal care. However, VA only covers 7 days of postnatal care for newborns who have complications during birth. Should a female Veteran have a miscarriage, their coverage often ends. Also, transportation to NICU is not covered.
 - MOPH supports HR 90 and SR 970, the Newborn Care Improvement Act, to allow extended postnatal care for the children of WVs. This would be an even better solution, if VA also provide extended periods of community care eligibility in case of pregnancy loss.
- VA sites are not child-friendly. One of the biggest barriers to health care for WV with young children is lack of adequate child care. This affects our WVs, as they are most often primary caretakers. WV often must make the difficult choice to forego care for their own service-related conditions, because children have nowhere to go during veteran's appointments.

- VA has been running a pilot program to provide child care for Veterans, but pilot sites are very limited.
- Cumbersome, as it is in a different building. There should be a shuttle bus to and from the childcare facility.
- Solution: MOPH supports HR 95, the Veterans Access to a Child Care Act, to provide child care for all Veterans during VA medical appointments.
- Child care plays a significant barrier for disabled and homeless Veterans who require job training to successfully transition into the civilian life.
 - MOPH supports a S 2565, the Veteran Employment and Child Care Act, which would provide Veterans with child care while they receive certain employment training.
- Mr. Morosky concluded by saying that VA must continue to expand and improve its services for WV at VA facilities as well as through community providers, should they be needed.
 - Community providers cannot be sole solution. WVs prefer getting care at VA facilities.

Disabled Veterans of America's Legislative and Organizational Priorities for Women Veterans, Lisa Kirk, Disabled Veterans of America

- Disabled American Veterans (DAV) has published "Women Veterans: A Long Journey Ahead" in 2018. Full report at www.davwomenveterans.org. There is also a WVs tool kit on DAV site and there are coordinators in each state.
- Mission is for those who have been injured and or become ill during their military serviced to receive the benefits to which they are entitled.
 - It is essential for WVs to participate in research studies.
 - VA must maintain women's health care as a foundational service, at each medical center and provider training must continue.
 - Women are twice as likely as men to receive care in the community.
 - Contracts with VA community partners must require standards for training, service availability, and quality.
- There is an influx of post-9/11 WVs driving an increase in maternity and fertility services.
 - WVs are most prone to high-risk pregnancies due to service-connected injuries.
 - Some specialty services, such as invitro fertilization (IVF), are scarce in the community.
- Women have different clinical needs and preferences than men.
 - Prosthetics must accommodate women's weight fluctuations.
 - Women value appearance and ability to customize prosthetics – 3D printing should be explored.
 - Physical rehabilitation must address gender-based needed, life circumstances, individual goals, and preferences.
- WV must tailor suicide programs to specific needs of women.
 - WV suicide risk is twice that of civilian women.
 - Suicide rates are increasing twice as fast as male peers.

- DAV recommends the expansion of women-only treatment, women mental health care providers and peer specialists, and peer groups focused on women's unique needs.
- Must also address safe storage of firearms for any Veteran, to reduce risk of suicide.
- There is a need for culture change.
 - Women must be properly recognized as Veterans and equally appreciated for their contributions to military service.
 - VA must expand gender-specific programs and eliminate barriers that women face.
 - Historically, culture contributes to WVs' exposure to sexual discrimination, harassment and trauma.
 - DoD must have a zero-tolerance policy for sexual assault and harassment.
- WVs are twice as likely to become homeless compared to civilian women.
 - More likely to live in poverty and with dependent children.
 - Greater tendency toward unemployment, intimate partner violence/IPV.
 - Less likely to have strong family or social support systems.
- VA's Inspector General found that VA is still not properly processing claims for PTSD resulting from MST.
 - VA needs to refocus employee training and management accountability.
 - Strengthen role of MST coordinators at regional offices.
 - Track claims by gender, race, and ethnicity.
- WVs on average have greater educational attainment than non-Veteran women or male Veterans.
 - However, WV have lower incomes than male peers.
 - VA must collect and publish information about Veterans' Use and Outcomes from VA Educational Programs by gender, race, and age.
 - DAV Employment Department hosts career fairs for Veterans and employers, a hiring guide, videos, publications, and the Commanders Action network.
- Questions and Comments from the Committee:
 - Question: Are younger generations joining these organizations, or are they joining more mission-based groups?
 - Answer: DAV has opportunities to volunteer for Veterans, such as driving a van, volunteering locally, the Jesse Brown scholarship, and George H. Seal memorial volunteer incentives.

The Psychological Impact of Military Service on Women Veterans, Dr. Tara E. Galovski, Director, Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System

The mission of the National Center for PTSD (Center) is to promote the best clinical care and functional status of Veterans through research, education, and training related to the etiology, diagnosis, and treatment of PTSD and stress-related disorders.

- Center activities include: research, education, and consultation; no direct patient care, and PTSD mentoring and consultation programs.
- There are seven academic centers of excellence and each division has specific areas of expertise and focus that contribute to the Center's overall mission.

- Scope of research includes:
 - Interventions (modes of care, modifications of evidence-based practices).
 - Health service research (post-military functioning and well-being, stigmas and barriers to care).
 - Comorbid conditions (trauma exposure, disordered eating, health-related conditions such as sleep, chronic pain, smoking cessation).
 - Biomarkers (implications of TBA, neurological and psychological benefits of exercise).
 - Suicidality (study of suicide attempts and deaths).
- Women are more likely to be exposed to PTSD than men (lifetime, two-times higher for women).
 - Sexual assault is highest conditional risk for developing PTSD.
 - Women are more likely to be exposed to sexual trauma.
- Why focus on WVs?
 - Historic enrollment rates.
 - Lifted bans mean more women will be exposed to combat, influencing rates of PTSD.
 - Overall traumatic stress burden is increased when the risk for sexual assault is considered.
 - Research to date has included primarily male Veterans.
- Women at War Survey:
 - Mail survey with 2,344 participants (1,207 women; men also sampled so gender differences could be tested).
 - Significant difference between genders in most areas, and mostly for men, except for probably depression for women.
 - Result is expected because of the preponderance of men who have been more likely to serve in combat situations than women.
- PTSD as a predictor of impairment in functioning:
 - Associated with decreased satisfaction in mental health functioning in romantic relationships, challenges in parenting and overall family adaptation.
 - Depression may also be a more consistent predictor of poor outcomes for women.
- Sexual trauma is generally under-reported and so it can be difficult to quantify.
 - VHA rates can only speak to individuals who seek VA care (one in four women report, one in 100 men).
 - Rates do not necessarily reflect national MST rates, or the numbers of those who want or need treatment.
 - Sexual harassment during military service is a predictor of suicidal ideation among female Veterans only, when adjusting for psychopathology (Gradus et al., 2013).
 - The association between PTSD and suicide attempt is much stronger among female Massachusetts VA patients from 2000-2008 than among comparable male VA patients in the same time period (Gradus et al., 2014).
- Longitudinal investigation of gender, health and trauma:
 - Identify distinct outcomes (e.g., mental and physical health, and functioning) as a function of ongoing exposure to community violence.

- Examine differences across gender, race, ethnic groups as a function of current exposure to community violence.
- Identify risk and protective factors that individually and interactively predict health outcomes.
- Examine the association between trauma exposure and violence history on reproductive health.
- There were 14,000 Veterans sampled; response rate of 30 percent (~3,000 were women). Oversampled participants from racial/ethnic minorities and reside in high crime communities.
- CDC defines IPV as physical violence, sexual violence, stalking or psychological aggression from a past or current intimate partner.
 - Important to know what constitutes IPV.
 - Higher for WVs than non-Veterans (33 percent compared to 23.8 percent).
 - Highest in lower age groups (25.5 percent for women 18-30 years old).
- Research on head injury secondary to combat, sports, and vehicular accidents is growing.
 - Far less is known about the extent and effects of similar injury incurred during violent assaults.
 - Studies on brain injury with female participants are fewer in number relative to those with males.
 - Literature specifically examining sex differences in brain injury is sparse: of 9822 studies on “brain injury”, only nine studies reported sex differences.
- Domestic violence (DV) is a public health epidemic. The numbers of DV survivors dwarf the number of military and athletes suffering from head injuries, combined.
 - Head injuries are the most common injury reported by women (88 percent) experiencing DV.
 - Likely to occur over multiple incidents.
 - Unlikely to be reported or treated in medical settings (perhaps 75 percent undetected).
 - Likely to have been perpetrated by an intimate assailant.
- Regional mail survey in New England aimed to identify the occurrence of self-reported IPV-related TBI in a sample of female VA patients and to examine associations of IPV-related TBI with mental health symptoms.
 - Eighty percent response rate (60 responses).
 - High rates of TBIs reported because of IPV.
 - IPV-related TBI is associated with more severe PTSD, depression symptoms.
 - This is an area of ongoing study; partnership with University of Missouri–St. Louis.
- VA outreach and awareness efforts include pledge by employees to screen and intervene and communicate the types of IPV, with information on how to contact the National Domestic Violence Hotline.
- VA and DoD have developed apps.
 - Concussion coach app.
 - PTSD coach app.
- Local IPV coordinators can be contacted to learn about screening and intervention options at each site.

- Building off of VA efforts to routinely screen for past-year and lifetime experience with IPV.
- Also ask about whether WV has experience violence/blow to head that resulted in loss of consciousness or alterations in consciousness.
- Traumas are also being investigated; trauma history and access to VA and care.
- Eating disorders (EDs) and PTSD share common psychological factors, and common biologic/genetic factors.
 - Women with lifetime EDs have high rates of comorbid lifetime PTSD.
 - Women with EDs were more likely to use VA outpatient mental healthcare and substance use disorder treatment, even after controlling for PTSD and depression.
 - All forms of past-year IPV were significantly associated with disordered eating in male and female Veterans.
 - Two newly funded studies:
 - One aims to assess eating disorder prevalence, risk/resilience factors, and healthcare use and barriers to care in male and female Veterans.
 - The other aims to assess eating disorder prevalence, military-unique risk/maintenance factors, service use during and after the military, and validity of eating disorder screening measures in post-9/11 male and female Veterans who separated from service within the past year.
- Women Veterans Network (WOVEN) is a community for WVs.
 - Mission is to create a sustainable network for WVs locally and nationally to enhance wellness, relationships, and connections and build a community specifically for WVs.
 - Each WOVEN consists of eight in-person groups led by peer leaders and focuses on the unique needs of WVs.
 - Women representation of all branches of the service, average time in service is 11 years.
 - Currently In 19 cities with four more planned trainings; goal is for 192 more peer leaders in an additional 96 cities, by July 2020.
 - Investigating how participation in WOVEN impacts the lives of WOVEN members, by surveying outcomes such as hopefulness, coping and self-efficacy, happiness, well-being, and social support.
 - Outcomes show significant improvement: increases in hopefulness, social support, community engagement, and stopping unpleasant emotions and thoughts.
- Questions and Comments from the Committee:
 - Question: How do you define sexual harassment?
 - Answer: Need to get the Committee the exact wording for sexual harassment.
- Future Committee Activity:
 - Wording of definition for sexual harassment used in research.

Update on Accelerated Learning Programs (ALPs) Pilot and VA Learning Hubs, Williamson, Assistant Director, Office of Transformation and Economic Development, VBA

- Office of Transition and Economic Development (TED)—supports the seamless transition from military to civilian life and accelerates the economic empowerment and independence of transitioning Servicemembers, Veterans, and their families.
 - VA Under Secretary for Benefits stood up office in 2018.
 - Designed to educate, connect, and empower.
 - Nathan brings in a lot of knowledge, is also a Veteran, and has worked in law and policy.
- Four goals:
 - Early access to VA Benefits and Service.
 - Military to Civilian Transition Support.
 - Enhanced use of education and career counseling (chapter 36).
 - Private sector and VSO partnerships.
- TED educates transitioning Service members, Veterans, and their families early on and throughout their military careers and into civilian life about the wide-range of available benefits, services, and resources available to them.
 - Administers VA's Transition Assistance Program (TAP) to over 250,000 transitioning Servicemembers per year, at more than 300 installations worldwide.
 - Nearly 17 percent of active duty and 20 percent of selected reserve Servicemembers are women.
 - VA benefits briefing includes specialized information for WVs, on pages 84-85 of the VA TAP briefing.
 - There are also optional course offerings, to educate Servicemembers on VA benefits, services, and tools throughout their military life cycle.
- VA's Education and Career Counseling program delivers personalized counseling and support to servicemembers, Veterans and dependents, to help guide their career paths and ensure the most effective use of their VA benefits.
 - Transitioning Servicemembers are eligible within six months of discharge from active duty, and Veterans within one year following discharge from active duty.
 - Services include understanding career options based upon interests and capabilities, guidance on the effective use of VA benefits and other resources to achieve education and career goals, and personalized support for academic or adjustment counseling to help remove barriers to the Veterans' success.
- Convenes stakeholders at all levels of government and with industry, VSOs, and community organizations to accelerate Veterans' economic development in economically-distressed communities.
 - Economic development roundtables.
 - Community-oriented plans.
 - Advanced economic well-being, growth, and sustainability.
 - Interagency initiatives to deliver resources and services to transitioning servicemembers and Veterans.
- Empowers transitioning Servicemembers, Veterans, and their families to control their economic independence, achieve more by anticipating needs.
 - Supports public-private partnerships and service projects in economically-distressed communities and in close collaboration with community organizations.
- Questions and Comments from the Committee:

- Question: Education is changing, can you explain how VBA is adjusting to those changes?
 - Answer: VBA is continually piloting programs, to address the evolution of Veterans' education needs. It is always better to move slower and to test an approach before putting it into operation.

Meeting Adjourned

/s/

**Command Master Chief Octavia Harris, U.S. Navy, Retired
Chair, Advisory Committee on Women Veterans**

/s/

**Anna Crenshaw
Acting Designated Federal Officer, Advisory Committee on Women Veterans**