



**Department of Veterans Affairs (VA)  
Advisory Committee on Women Veterans (ACWV)  
Virtual Meeting VA Central Office**

**May 9-11, 2022**

The Advisory Committee on Women Veterans (ACWV) met via video-teleconference, Betty Yarbrough, Chair, presiding.

**ACWV Members Present:**

COL Betty Yarbrough, USA, Ret., Chair  
FLTCM April Beldo-Lilley, USN, Ret.  
Melissa Castillo, USN, Veteran  
Delise Coleman, USMC Veteran  
COL Wistaria Joseph, USAF, Ret.  
CAPT Dr. Cynthia Macri, USN, Ret.  
MG Marianne Mathewson-Chapman, USA, Ret.  
CW2 Moses McIntosh, Jr., USA, Ret.  
LTC Shannon McLaughlin, Massachusetts Army National Guard, Vice Chair for Benefits Subcommittee  
Sandra Miller, USN Veteran  
MSG Lachrisha Parker, USAR, Ret.  
COL Wanda Wright, USAF, Ret., Acting Vice Chair for Health Subcommittee

**ACWV Ex-Officio Members Present:**

CAPT Michelle Braun, Medical Affairs Branch, U.S. Public Health Service Commissioned Corps  
Dr. Patricia Hayes, Women's Health Services (WHS), Veterans Health Administration (VHA)  
Meg O'Grady, Veterans' Employment and Training Service (VETS), U.S. Department of Labor (DOL)  
Lawrence Pierce, Office of Transition and Economic Development, Veterans Benefits Administration (VBA)

**Center for Women Veterans (CWV) Staff Present:**

Lourdes Tiglao, CWV Executive Director/Designated Federal Officer (DFO)  
Elizabeth Estabrooks, CWV Deputy Director/ Alternate DFO  
Shannon Middleton, Alternate DFO/Committee Manager  
Ana Claudio  
Julia Kelly  
Missina Schallus  
Michelle Terry  
Christine Walker, Datailee

**Other VA Staff:**

Jelessa Burney, Advisory Committee Management Office

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Lori Lohar, VA Office of Inspector General  
DeShaun Sewell, VBA

### **Public Guest:**

Adrian Atizado, TriWest Healthcare Alliance

Dr. Karen Breeck

Kathy Dean

Esti Lamonaca, House Committee on Veterans' Affairs, Subcommittee on Health Staff

Dr. Cathy Santos, National Alliance of Women Veterans, Inc./ Women Veterans

Business Solutions, LLC

Letesha Gaither

**Monday, May 9, 2022**

### **Open Meeting/Introductions/Approve Minutes**

**Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, ACWV**

Chair Yarbrough opened the meeting by giving a short introduction and background, and then had the rest of the committee members and Advisory Committee on Women Veterans (ACWV) staff do the same. After establishing the attendance, the Chair called for a vote to approve the minutes from the last committee meeting and they were approved without objection.

### **Updates from VA Leadership**

**Tanya Bradsher, VA Chief of Staff**

Ms. Bradsher gave ACWV members an update from Veterans' Affairs (VA) Leadership and expressed VA's dedication to making VA more welcoming to all Veterans, including transgender and LGBTQ+ Veterans. Ms. Bradsher shared the four fundamental principles for VA's future that Secretary McDonough had put forward: advocacy, access, outcomes and excellence. Advocacy, to ensure that VA was the U.S.'s premiere advocate for all Veterans; Access, to make sure VA benefits were available as simply as possible for all Veterans regardless of need; Outcomes, to focus on making sure VA benefits were working for our Veterans and their needs and not just the simplest fix for the government; Excellence, to not only support, but encourage the diverse population that makes up the women Veteran population and make sure everyone has a safe and secure interaction in all VA facilities.

Ms. Bradsher outlined some of the ways in which VA is demonstrating these principles in its service to women Veterans, including increased cost coverage for in vitro fertilization, adoption fee reimbursement, contraceptive cost coverage and a zero-tolerance policy for sexual harassment and assault in VA facilities. Ms. Bradsher discussed areas where the Secretary of Veterans Affairs was interested in the committee's work and recommendations and thanked the committee for all its hard work. When asked about when things would return to in-person, Ms. Bradsher informed the Chair that the situation changed monthly due to COVID, but VA would be putting quality of service at the forefront rather than budget. Ms. Bradsher also pointed out that

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VA is using knowledge gained during COVID to make benefits and care more accessible to women Veterans who have limited mobility and/or access to transportation.

Dr. Macri inquired about VA dental benefits and what VA was doing to help women Veterans who had post-active duty dental expenses that were caused by the dental care they received while on active duty. Ms. Bradsher said that dental coverage is at the forefront of the Secretary's mind, but it is a complex issue for VA and is currently under advisement and review. In the meantime, all Veterans who have a post-service dental or medical issue that was directly related to a condition rated at 0% upon discharge are entitled to and should refile with VA for such conditions.

Master Chief Beldo-Lilley asked Ms. Bradsher about how VA planned to standardize care across its facilities, to which Ms. Bradsher responded that needs of women Veterans in a locality and the pool of doctors available to hire from in that area can impact on care and services provided. Ms. Bradsher elaborated that it also depended on individual facilities and their financial and technical resources. She noted how different medical centers ran their day to day operations and the ways in which that affected quality of care.

### **FACA 101 Briefing**

#### **Jeffrey Moragne, Director, Advisory Committee Management Office**

Jeffrey Moragne gave the committee members a briefing on the Federal Advisory Committee Act (FACA). In order for a meeting to be sanctioned as a FACA meeting it must have a signed charter, a published notice of meeting in the Federal Register, a designated Federal officer (DFO), a valid membership that reflects the served constituency, a FACA committee that conducts in-person/virtual meetings with recorded minutes, a quorum consisting of more than half of the committee's membership, unless otherwise established in the committee's charter or legislation and an approved agenda. Mr. Moragne also explained that a committee can conduct a closed meeting--in whole or in part--under limited circumstances, such as when discussing trade secrets, personal information and criminal matters. OGC must concur on the meeting closure. FACs can engage in preparatory and administrative discussions without conducting a public meeting but Mr. Moragne noted that the committee could not meet as a body to discuss ongoing recommendations or issues.

Mr. Moragne advised the committee members that if they were asked to comment or testify before a legislative body, at any level, they were only allowed to speak as a private citizen and not on behalf of the entire committee. VA cannot reimburse members for expenses or pay a stipend. The committee members should do their best to avoid comments that could be inferred as giving the opinion of the committee as a whole. Mr. Moragne explained that if a committee member wanted guidance in this situation, they should contact their DFO, who would in turn notify him, and they would prepare statements and/or advise the committee member on how to phrase their testimony.

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Mr. Moragne shared best practices that, when done regularly and to standard, improve efficiency. The best practices include: mastering the committee's calendar and ensuring that no members have scheduling conflicts and proper meeting notice is given; knowing and following the mission statement of the committee's charter; having organized subcommittees; meeting mechanics, meaning committee member engagement and structured agenda; cross-committee collaboration; use of the smart template for constructing recommendations; utilizing resources such as the library service to research information on topics; including subject matter experts in committee meetings and the drafting of recommendations; conducting field visits and holding in-person/hybrid meetings; and finally, if a committee member has any FACA related questions, reaching out to their DFO rather than parsing through an internet search on the topic.

### **Update on Women Veterans Employment**

**Meg O'Grady, National Strategic Partnerships Manager, Office of Strategic Outreach Veterans' Employment and Training Service (VETS), U. S. Department of Labor (DOL)**

Ms. O'Grady provided an update on women Veterans employment and a brief overview of transition services provided in collaboration with other government entities are responsible for supplying different components of the services. DOL provides employment education, VA provides benefits education and the Department of Defense (DOD) supplies the personnel for the Transition Assistance Program.

Ms. O'Grady shared information gleaned from the 2021 Current Population Survey (CPS), a monthly survey of about 60,000 eligible household conducted by the Census Bureau for the Bureau of Labor Statistics (BLS). She provided a breakdown of employment data based on gender, Veteran status, age, race and era of service. In 2021, there were 1,973,000 women Veterans compared to 128,661,000 women non-Veterans; there were 16,533,000 male Veterans compared to 105,515,000 male non-Veterans. There were more women Veterans representing the Gulf War era (1 in 6 women Veterans) than any other era, with the lowest number of women Veterans representing the World War II/Korean War/Vietnam Era (1 in 27 women Veterans).

Women Veterans are nearly twice as likely as women nonveterans and more than twice as likely as male Veterans to be Black or African American. For women Veterans, the proportion who are Black or African American increases with each era of service. In each race, men skew older among Veterans; women skew slightly older among non-Veterans.

Women Veterans are more likely than male Veterans or non-Veterans of either gender to have a bachelor's, master's, or doctoral degree; 43% of women Veterans are college graduates. Veterans are more likely than non-Veterans to have some college, but no degree; 22% of women Veterans fall into this category. Seventeen percent of women Veterans are high school graduates with no college education. Women Veterans and women non-Veterans are equally likely to be enrolled in school. Veterans enroll in school at older ages than non-Veterans.

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Some of the presentation highlights included: the ratio of women Veterans to male Veterans was narrowing; with the exception of the two Gulf War Eras, women Veterans had lower unemployment rates than their male and civilian counterparts; women Veterans had higher education levels than male Veterans and civilians other any gender; Black and African American women were twice as likely to be Veterans than either Asian or White women and the unemployment rate for Black and African American women Veterans has been higher than White women Veterans in all eras of service.

Ms. O'Grady wrapped up her presentation by going over some of the transition resources available for women Veterans. CWV was the first resource provided through DOL's American Job Centers & Women's Bureau. The Women's Bureau tracks research and how to apply it to women in the workplace. The Employer's Guide is a resource for employers who want to hire Veterans. DOD's Defense Advisory Committee on Women in the Services studies issues and challenges for women in the services. The Small Business Administration (SBA) has their Women Veteran Entrepreneurship Training Program to encourage women Veterans to start their own businesses.

### **Update on the Intimate Partner Violence Pilot Program/ PL 116-315, Section 5304 Dr. LeAnn Bruce, National Program Manager, Intimate Partner Violence Assistance Program, Care Management & Social Work, VHA**

Dr. Bruce gave an update on the Intimate Partner Violence (IPV) Pilot Program and its goals. The pilot was designed to look at the feasibility and the advisability of VA serving the Veteran population who had experienced any form of IPV. This was needed because not only did VA have a very broad definition of IPV, but it also did not have policies or procedures that established an intentional focus on any form of sexual assault for any Veteran.

Dr. Bruce provided a summary of the program expansion required under section 5304 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Megabus). It requires that IPV programming be extended to all eligible Veterans. It extends services for sexual assault not occurring in the context of intimate relationship (non-IPV) and for sexual assault occurring at times other than during military service (non-MST). It may require long term programming exceeding the two-year pilot.

Dr. Bruce went through the three phases of the pilot: development and planning (phase one, which was completed between January 2021 and September 2021); pilot launch (phase two, which will run from October 2021 to September 2023); and reporting to Congress (phase three, which is anticipated to run from September 2023 to March 2024). Phase two has four stages: exploration and preparation; implementation and operations; innovation and testing; and evaluation and sustainment. VA is currently in stage two of phase two, where the IPVAP is engaged in assessing the current state of the program, developing training and developing materials.

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The pilot study is being conducted at 10 sites—at locations varying from urban to rural—to include three health care systems. One Megabus lead was hired in each site. The national current state assessment and pilot site deep dive assessment were conducted. Each pilot site developed an individualized action plan.

Accomplishments include completion of the 12-session Courage group intervention orientation for Veterans who experience sexual assault; production of training, podcasts, awareness and training materials to support Megabus 5304 Pilots with special emphasis on LGBTQ+ and other vulnerable or underserved populations; and Portland VA Healthcare System's establishment of the Data and Analytics Hub, which supports the pilot sites by developing metrics, metric collection methodologies, collecting and analyzing metrics, serving as consultant and assisting with final Congressional reporting.

### **Results of Women Veterans Survey**

#### **Elizabeth Estabrooks, Deputy Director, CWV**

Ms. Estabrooks discussed the goals and results of CWV's Women Veterans Survey. The English only version of the survey was launched on November 16, 2021. On January 18, 2022, Spanish and Tagalog versions were also launched. The aim was to obtain twenty thousand women Veterans respondents who are not using VA by end of 2022. The purpose was to understand why women-identified Veterans are not utilizing VA benefits and services. CWV hopes that VA/partners/stakeholders will use this information to improve outreach messaging and approaches to increase the number of women-identified Veterans applying for service-connected benefits and utilizing VA's other services. At the time of the meeting, a little more than ten thousand Veterans responded to the survey. The survey covered all sexes, gender identities and sexualities and it also included male and male identified responses to be used as comparison data.

The survey also looked at the differences between Veterans with military sexual trauma (MST) and those without MST, as it related to benefit and service usage and levels of trust in VA. The survey found that Veterans with MST, regardless of gender identity or sex and sexuality, had lower trust scores when it came to trusting VA to meet their care and benefit needs. Veterans with MST were also less likely to feel safe when accessing VA health care and benefits. The survey found that overall, more than half of Veterans surveyed did not trust VA to meet their care and benefit needs. Era of service did not have an impact on trust scores among Veterans with MST, nor did rates of MST differ drastically between the different branches of service.

In the majority of cases, across each category, most people agreed or strongly agreed that they would recommend VA to other women. Despite the lower numbers of respondents, in those areas where the agree/strongly disagree is lower, it bears further analysis and consideration for change. Examining if they feel safe in VA facilities, there was variation across categories: genderqueer/gender non-conforming less likely to feel safe; those identifying as queer are less likely to identify as feeling safe; and women Veterans between the ages of 25-39 are less likely to identify as feeling safe.

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Regarding the MST category, respondents who identify as queer (none of whom marked agree or strongly agree), genderqueer/gender non-conforming, different identity, Native Hawaiian or other Pacific Islander, or who choose not to indicate that they experienced MST were less likely to indicate that they felt safe when accessing care and services at VA

In summary, Ms. Estabrooks discussed what benefits (non-health care related) were actually being used by survey respondents who said that they did not use their VA benefits. Ninety percent used education and training benefits, eleven percent used housing benefits and four percent used disability and compensation benefits. Of the respondents who indicated no MST experience, those from the Gulf War era scored the highest for using VA benefits, followed by Post 9/11 and Cold War era respondents. Of those who indicated experiencing MST, Gulf War era Veterans scored highest for accessing benefits.

Her major takeaway was that the women Veterans' utilization of VA benefits and services and level of trust in VA looked very different to women Veterans with MST. Women Veterans with MST were less likely to apply for service connected disability benefits, and all Veterans with MST had lower trust scores when it came to VA.

### **Adjourn**

#### **Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, ACWV**

Chair Yarbrough thanked all of the speakers for their presentations and recapped what they covered. She expressed her appreciation for the passion that the speakers had put into their work, which was very clear from how they presented it. Chair Yarbrough thanked the public for watching and adjourned the meeting for the day.

**Tuesday, May 10, 2022**

### **Open Meeting/Introductions**

#### **Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, ACWV**

Chair Yarbrough opened the second day of the meeting by welcoming everyone back and then reviewing the agenda for the day. The committee members and CWV staff then introduced themselves.

### **Economic Development (Financial Literacy) and Entrepreneurship Beyond Federal Contracts**

#### **Shawnta Sampson, Chief, Economic Development, Office of Transition and Economic Development (OTED), VBA; Antwan Boughton, Director, Direct Access Program (DAP), VA Office of Small and Disadvantaged Business Utilization (OSDBU)**

Ms. Sampson gave an overview of OTED. The mission of OTED is to provide training and information to Veterans transitioning to civilian life. They provide several resources such as courses on financial literacy and an online financial literacy portal, career connections, claims clinics, informational presentations, spouse trainings and town hall

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meetings. The financial literacy courses include topics like basic savings and investments, strategies for college fund savings and emergency budgets during COVID.

In 2018, OTED launched Economic Development Initiatives (EDI) to provide disadvantaged transitioning Service members and Veterans with opportunities to achieve economic success and total well-being as they advance from military service to civilian life. OTED accomplishes this through three events: EDIs; stakeholder roundtables; and Wellness Wednesday financial education. EDI has three categories: education, so transitioning Service members can be aware of available benefits, services and resources; empowerment, so Service members and Veterans can control their economic futures; and connection, so stakeholders across Federal and private sectors can collaborate to accelerate the economic development of transitioning Service members and Veterans.

The EDI events framework includes benefits fairs, hiring fairs, claims clinics, spouse training, informative presentations about benefits and issues impacting Veterans and town hall meetings where participants receive relevant updates on benefits, services and resources and answers to their questions. Through OTED's Career Connections program it holds job fairs, provide resume writing classes and help Veterans make connections with employers looking to hire Veterans specifically. The claims clinics are set up in both urban and rural areas to help Veterans file disability claims and get them back pay that they are owed. Spouse trainings are held to help military spouses learn about VA services, and receive training, resources, and tools to help prepare for their next career.

OTED has received a 98% satisfaction rate in their post event surveys and after one event entitled Women and Money, which had eight hundred participants, 15% of registrants requested one-on-one sessions after the presentation for more information.

OTED is developing a financial literacy Web site, leveraged public/private partnerships to provide customized education for April Financial Literacy Month, partnering with Prudential Insurance Company of America, Inc. for ongoing economic initiatives.

Ms. Sampson told the committee that OTED had found through their work that there was a large portion of women Veterans who were not connected to their VA benefits and services. Through further investigation they found that this was mostly due to a lack of comfort with VA care and a lack of knowledge on how to get connected to their benefits. Ms. Sampson's portion of the presentation concluded with a short question and answer session.

Mr. Boughton then gave an overview of OSDBU's DAP. DAP holds networking events for small business to provide entrepreneurs with information about upcoming promotional business opportunities. These events serve to showcase prospects for both industry and Federal entities.

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DAP began hosting large business engagement events in April 2019. Firms in all socioeconomic categories can participate. They are held throughout the year. The fourth largest group of attendees to these events are women Veteran owned small businesses. The events allow for large businesses to scope out smaller mature businesses and find ones that could help them grow and expand their market share or enter new markets. This allows for the small businesses to gain more sales and contracts while simultaneously helping the larger business. Various types of relationships are possible, such as subcontracting, teaming and business to business sales.

OSDBU identifies potential co-hosts. The large company showcases the potential business prospects. Typically, six weeks or so after these large business events, the larger entities hold one-on-one meetings with small businesses that they are interested in working with; the one-on-ones last between twenty and thirty minutes and are arranged so that the small and large businesses can discuss how they might complement each other by working together.

DAP helps reduce small businesses' efforts to identify potential new streams of revenues and build a bridge between successful large companies and new or developing small businesses. Its efforts tangibly demonstrate VA's commitment to helping small businesses.

Mr. Boughton brought the presentation to an end by reviewing how the DAP and OSDBU notify businesses about their events and informed the committee that if a small business misses an event, they can always find a recording on OSDBU DAP's archived event page.

### **Update on VA's Efforts to Address Sexual Harassment and Assault Harvey Johnson, Deputy Assistant Secretary (DAS), Office of Resolution Management, Diversity and Inclusion; Lelia Jackson, Director, Assault and Harassment Prevention Office**

DAS Johnson and Ms. Jackson gave the committee an update on VA's efforts to address sexual harassment and assault. The work to address sexual harassment and assault started years ago when DAS Johnson and Ms. Jackson joined forces to establish a prevention program for VA, which is designed to ensure that all individuals who do business with VA feel safe and welcomed, while putting policies and procedures in place to make sure anyone can report harassment and corrective actions can be taken to appropriately address any bad behaviors.

Section 5303 of the Megabus requires VA to update its process, reporting, training and accountability of incidents involving gender-based harassment and sexual assault within the Department for employees, contractors, Veterans and visitors. DAS Johnson and Ms. Jackson highlighted eight major milestones VA has completed in accomplishing this mandate, all of which have been completed. The first was the memorialization of policies and procedures so official rules and guidelines were available for enforcement and infractions had a set of guidelines for punitive actions. VHA Handbook 5979 and

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VBA policy have been published. NCA will follow VA Handbook A VHA directive 5019.02 is in the final stage of concurrence. The second focus was ensuring that all VA facilities have clearly designated points of contact for reporting of any form of sexual harassment or assault.

Third was the introduction of quality and safety surveys on VSIGNALS to allow Veterans to provide feedback on where VA needs to improve and where it is doing well; it was deployed in October 2021. The safety survey question is projected to be integrated into the Patient Advocate Tracking System in summer 2022.

The fourth item that DAS Johnson and Ms. Jackson discussed was the use of mediation plans for facilities with five or more unaddressed complaints, providing facilities guidelines for appropriate remedial actions to take in differing sexual harassment and assault situations. The Facility Remediation Plan (FRP) tool was launched in November 2021. The remediation plan is now automated for ease of reporting and tracking.

Fifth was the implementation of clear and prominent signage in all VA facilities that informed Veterans about who to talk to or report any sexual harassment or assault to within that facility. The sixth milestone was expanded training on the issue for bystanders and management to ensure all individuals who do business with VA know the proper steps to take if they observe sexual harassment or assault.

The seventh milestone was completion of a Congressionally mandated report, which was transmitted to Congress in December 2021. The final milestone was the creation of a Secretary's advisory work group on sexual harassment and assault, which includes representation from Veterans Service Organizations and tribal Veterans; and to establish an action plan for facilities, bystanders, intervention training for Veterans. The workgroup had its first meeting in September 2021. DAS Johnson and Ms. Jackson ended their presentation by taking questions from the committee.

### **Update on Naming Spaces Initiative**

**Elizabeth Estabrooks, Deputy Director, Center for Women Veterans; Lourdes Tiglao, Director, Center for Women Veterans**

Ms. Estabrooks and Ms. Tiglao gave the committee an update on the Naming Spaces Initiative. The goals of the initiative are to impart honor for women Veterans' service and to support cultural transformation within VA. Ms. Estabrooks discussed the process of renaming a VA facility and the different requirements that need to be met for a space to be renamed. Because it would take an act of Congress to rename an entire building to, CWV is promoting that VA use its authority to rename spaces or areas within facilities instead. This is permissible, as long as the "space" does not constitute an entire floor or wing.

In 2020, VA leadership gave its support of the initiative and guidelines and criteria were developed. A committee was formed at VA Central Office (VACO) to establish the standardized guidelines for facilities to follow. VACO committee members included leadership from relevant parts of VHA, the Office of Administration, Interior Design and

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the VA's Historian. In 2021, the initiative's guidelines and criteria were approved and the Under Secretary for Health signed a memo encouraging facilities to participate. Veterans Integrated Services Networks (VISN) began showing interest in naming/renaming spaces.

A renaming committee needs to be created for each space renaming package submitted to the Secretary of VA. This committee must be comprised of at least 50% of the specific demographic being honored. When there is a national, state, or local program, organization, or agency to represent the demographic, a representative should also be included in the decision making. Spaces can be named after women Veterans either living or deceased, but in the case of a Veteran who has been deceased for less than twenty-five years, the family must be contacted to ask for permission and to ask for any input they have on the space being named for their loved one. If the Veteran has been deceased for more than twenty-five years, there is a VACO resource that will conduct a background check on the Veteran being honored.

Ms. Estabrooks and Ms. Tiglao's presentation then went over the criteria that an individual must meet to have a space named after them. To have a space named after them a Veteran must have been honorably discharged, have some form of connection to the space being named after them and generally be nominated by someone in the local community. Each VISN can have multiple spaces named after different women Veterans, but the initiative has a focus on not just naming women's health wards after women Veterans. The point is for all Veterans to see these spaces named for women Veterans and honor them, not because they are women but because of their accomplishments in serving and protecting their country and fellow Service members.

The VACO committee recommend that facility committees **not** focus on Women's Health clinics, but instead seek to name other spaces to emphasize the cultural transformation aspect of the initiative. For instance, facilities should consider cafeterias, libraries, auditoriums, conference rooms, specialty medical clinics, flag raising and ceremonial areas, entrance ways, lobbies or gardens.

Several facilities are participating across the nation. In VISNs 5, the Lexington VA Healthcare System (Lexington, KY); Tennessee Valley Healthcare System (Nashville, TN); Robley Rex VA Medical Center (Louisville, KY); James H. Quillen VA Medical Center (Mountain Home, TN); and Memphis VA Medical Center (Memphis, TN) are participating. In VISN 20, the Alaska VA Healthcare System is participating. In VISN 23, the Omaha VA Healthcare System (Omaha, NE) and the St. Cloud VA Healthcare System (St. Cloud, MN) have renamed spaces for notable women Veterans. In VISN 16, all five health care systems are participating: Gulf Coast Veterans Health Care System (Biloxi, MS); Veterans Health Care System of the Ozarks (Fayetteville, AR); Michael E. DeBakey VA Medical Center (Houston, TX); Southeast Louisiana Veterans Health Care System (New Orleans, LA); and Central Arkansas Healthcare System (Little Rock, AR).

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Ms. Estabrooks and Ms. Tiglao ended their presentation by going over the renaming process after the Secretary of VA approves a renaming package, and then some facility updates. There will be a recognition ceremony for the Veteran who has a space being named after them when it was being dedicated, if the Veteran approves of having a ceremony, and there were several facilities going through said process.

### **Adjourn**

#### **Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, ACWV**

After some committee questions were posed to Ms. Estabrooks and Ms. Tiglao, the Chair and the rest of the committee thanked them for their work. The Chair then summarized the day's presentations, thanked all presenters for their hard work and adjourned the second day of the meeting, reminding committee members and the public that the committee would be resuming their public meeting the next day at 10:00 A.M.

**Wednesday, May 11, 2022**

### **Opening Meeting/Introductions**

#### **Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, ACWV**

Chair Yarbrough started the third day of the meeting by giving a brief introduction and having the rest of the committee members and staff introduce themselves. The meeting then moved on to the first presentation of the day.

### **Military Sexual Trauma (MST) Treatment for Guard and Reserves/Public Law 116-315, Section 5111**

#### **Dr. Marsden McGuire, Director, Continuum of Care and General Mental Health, Office of Mental Health and Suicide Prevention/Dr. Margret Bell, National Deputy Director for Military Sexual Trauma, Office of Mental Health and Suicide Prevention, VHA**

Dr. McGuire and Dr. Bell presented on the progress on matters concerning military related sexual harassment and trauma. The goals of the program are aimed at providing better resources for women's health, geriatric mental health and military sexual trauma.

Dr. McGuire explained to the committee that VA defines MST as any experience of sexual assault and/or harassment during a period of military service; harassment is any unsolicited verbal or physical contact of a sexual nature which is threatening in nature. An action does not have to be repeated for it to be considered harassment. This definition extends to various types of military service: active Duty, both Federal National Guard and Reserve duties (full-time active duty for training, such as title 32 orders, and part-time inactive duty training, such as drill weekends) and National Guard state active duty (recently added by Public Law 116-315 section 5303). The only period not included is inactive reservist status (such as a Guard/Reserve member in their civilian life, not currently serving on duty).

Another important topic Dr. McGuire and Dr. Bell addressed was the issue of confidentiality in reporting MST for active duty groups and Veterans. They made it clear that their objective is to keep MST reports confidential, so that individuals who experience MST feel comfortable reporting it.

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The Secretary of VA, in consultation with the Secretary of Defense, has discretionary authority to provide MST-related treatment to current Service members, including members of the National Guard and Reserves, without a Department of Defense (DoD) referral. VA provides treatment for both mental and physical health conditions related to MST free for all Veterans, active duty members and reservists. Length of treatment is determined by an individual's treatment needs.

The doctors informed the committee that both VA and DOD are working on care access issues while continuing to work on maintaining patient confidentiality. DOD needs to be able to evaluate individuals' mission readiness but does not want to infringe on individuals' medical privacy rights.

Service members can receive MST-related counseling at Vet Centers, under VA's Title 38 section 1720D MST treatment authority. DoD referrals are not required and records from this care are not viewable by DoD without the Service member's signed authorization. However, VA strongly believes this authority should be implemented in a way that fully protects confidentiality. As a result, VA and DoD's jointly decided to implement the MST treatment authority in relation to current Service members at VA's Vet Centers only, to ensure that Service members receive confidential MST-related counseling services without a referral from DoD.

National Guard and Reserve members can access this care at any time; they do not need to be on duty orders. In fiscal year (FY) 2021, over 530 members of the reserve components who had experienced MST received over 13,100 encounters at Vet Centers (85% of members were women, 14% men, 0.5% non-binary, 0.1% transgender female, 0.1% did not specify gender.) This is a 9% increase in unique individuals receiving care and a 21% increase in encounters compared to FY 2020.

The 2021 DoD Independent Review Commission (IRC) on Sexual Assault in the Military recommended that DoD authorize current Service members to access the full spectrum of VA services for MST-related conditions confidentially and without a referral. DoD is currently finalizing an implementation roadmap to address the IRC recommendation.

Key outreach efforts specific to current Service members include the inclusion of information on VA's MST-related services in DoD's Safe Helpline; inclusion of a link to VHA's MST-website on DD Form 2910 ([Sexual Assault] Victim Reporting Preference Statement) and DD Form 2967 (Domestic Abuse Victim Reporting Option Statement); collaboration between VHA's national MST Support Team and DoD's Sexual Assault Prevention & Response Office in training and other efforts to ensure providers and staff in each Department are aware of each other's services; encouragement for VHA MST coordinators and DoD Sexual Assault Response coordinators to form strong working relationships and to communicate, as needed, to help connect individual Service members with services; VHA MST coordinators' attendance at local outreach events; formulation of local partnerships.

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Section 538 of the National Defense Authorization Act (NDAA) for FY 2021, requires DoD and VA to jointly develop, implement and maintain a standard of coordinated care for current Service members who experienced MST. Implementation will create additional opportunities to ensure current Service members are aware of VA's MST-related services.

All transitioning Service members receive information about VA's MST-related services during the Transition Assistance Program that is part of out-processing. Information is also provided during Separation Health Assessments conducted by VA. The Beyond MST app (<https://tinyurl.com/BeyondMST>) is a secure, convenient and trauma-sensitive way for survivors to access information and resources to help in coping with challenges related to MST and to improve their health, relationships and quality of life.

The presentation concluded with a summary of the main take-aways. increased awareness of benefits and services available to Veterans dealing with MST; heightened promotion of resource training; community outreach events to connect Veterans to resources within their local environments; sharing information on how to file a claim and follow its processing; and creating standards of care for current service members who have experienced MST. When a complaint is filed the complainant should be connected to their closest MST coordinator.

### **Committee Discussion on Subcommittee Draft Recommendations**

Chair Yarbrough transitioned the meeting towards discussion of the draft recommendations for the 2022 ACWV biennial report. that the subcommittees had been working on in break out groups throughout the week. The health subcommittee introduced four recommendations for the committee's consideration. The first was that VA develop a modernized VHA women Veterans program manager implementation plan consisting of a standardized full-time job description that explains all the duties and hiring requirements for all VA Medical Centers. Chair Yarbrough explained that they would like to hire more women for these positions, but obviously VA cannot solely hire women. After committee discussion the recommendation was moved forward.

The second recommendation from the health subcommittee was that VHA develop a detailed and targeted outreach plan to ensure women Veterans are informed of new and emerging pain management care options including for chronic pain. Women Veterans should also be informed about new complementary and alternative medicines and this includes surveying whether VA's telehealth work with Veterans with chronic pain worked for them.

The third recommendation was for VA to designate a standardized location in its facilities where they are required to clearly display information regarding guidance for reporting sexual harassment and assault, including information on designated points of contact for reporting. Doing so would ensure that Veterans, staff and those who do business with VA would always know where to find this information when needed. This recommendation has a focus on gender and sexuality-based assault.

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The final recommendation from the health subcommittee was a proposed study on the impacts of IPV and substance abuse on women Veterans' ability to access the U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program. This examination should include intersectionality such as LGBTQ+ identification, ethnicity and tribal community affiliation.

The benefits subcommittee presented three recommendations for the committee's consideration. The first recommendation is that VA employ a two-pronged approach to identify issues of intersectionality that affect women Veterans. The first prong is to conduct a study on women Veterans' access to benefits and healthcare, specifically focused on the effects of intersectionality across categories including: race, socio-economic status, LGBTQ+ identification, tribal or Native American affiliation and era of military service. The second prong is for VA to facilitate a symposium of its FACA committees that represent specific populations of Veterans and their DFOs to share issues and to discuss the intersectionality of their work.

The second benefits subcommittee recommendation is that VA allow the committee to review and provide input, in an advisory role, of the committee on the qualifications, requirements, duties and evaluation criteria of the women Veterans coordinator's role contained in the M27-1 Benefits Assistance Service procedures.

The third benefits subcommittee recommendation is that VA implement CWV's naming spaces initiative enterprise-wide to honor and recognize women Veterans' service and to promote cultural transformation throughout VA. This would send a clear message that VA leadership acknowledge the importance of this initiative. Additionally, CWV recommended that VBA and NCA use the established methodology, processes and procedures to begin submitting requests for naming spaces in their respective organizations.

### **Meeting Adjourned**

**Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, ACWV**

The Chair thanked the committee members, staff and members of the public for their hard work and attendance. Being no further business, the meeting was adjourned.



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



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**Lourdes Tiglao**  
**Designated Federal Officer, Advisory Committee on Women Veterans**