

**DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE ON WOMEN VETERANS
VA NEW ENGLAND HEALTHCARE SYSTEM (VISN 1)
Site Visit - Boston, Massachusetts
Friday, June 29, 2001**

Minutes Executive Session

Advisory Members Present

Colonel Karen Ray, USA (Ret), Chair
Commander Constance Evans, USPHS (Ret), Co-chair
MSgt. Sherry Blede, Kansas Air National Guard
Ms. Marsha L. Four
Mrs. Bertha Cruz Hall
Ms. Joy Ilem
Major M. Joy Mann, US Air Force Reserve
Captain Lory Manning, USN (Ret)
Colonel Michele (Mitzi) Manning, USMC (Ret)
Colonel Kathleen Morrissey, NJ Army National Guard
CSM Douglas Russell, USA (Ret)
Mary Leyland, Ex-officio, Director, Puerto Rico, VBA Regional Office

Absentees

MG Marcelite J. Harris, USAF (Ret)
LTC. Consuelo C. Kickbusch, USA (Ret)

VA Staff

Alice Raatjes, Acting Dir., Center for Women Veterans
Maryanne Carson, Program Analyst, Center for Women Veterans
Carole Turner, Dir., Women's Health Program, Veterans Health Administration

Guests

Carolyn Amos, Field Rep, Veterans Foreign Wars

EXECUTIVE SESSION

Colonel Karen Ray, Chair, called the Executive Session of the VA Advisory Committee on Women Veterans to order at 9:15 am, on June 29, 2001, at the site visit of the VA New England Healthcare System (VISN 1), in Boston, Massachusetts.

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The Chair briefed the Committee on the meeting she had with the Secretary of Veterans Affairs. Colonel Ray updated the Secretary on the activities of the Committee, and she felt that he appeared to be very open to the concerns of the Committee.

Carolyn Amos, VFW field representative, requested to have a speaker at their 102nd National Conference, to provide a briefing on the Advisory Committee. The conference is scheduled for August 22, 2001, in Milwaukee, and the VFW would not be able to pay expenses. Sherry Blede and Joy Mann agreed to check their schedules in terms of availability and funding. A question was raised as to VA paying for travel when the members are representing the advisory committee. The Center will follow-up, and update the Committee.

DISCUSSIONS

- A format for writing the site visit report was discussed. It was decided that Sherry Blede's site visit report from Kansas should be used as a guide. A copy of the report could be found in the back of the June 2000 report. The Chair asked that the outline on site visit protocol be sent to each member. Mitzi Manning, Joy Mann, and Lory Manning agreed to draft an outline on the Boston site visit, and fax it to the other members.
- As part of site visit protocol, it was suggested that an exit briefing should be established at the beginning of the visit, so that the Chair can discuss pertinent issues with the director before the site visit report is mailed. The Chair stated that a letter will go out to the Secretary and the VISN Director stating the site visit report is forthcoming. Mrs. Raatjes informed the Committee that she was meeting with the Deputy Secretary, Dr. Mackay, on July 7, and she would point out the major concerns of the Committee. The Committee agreed to set the primary concerns, and focus on those specific areas when conducting a site visit; however, most of the focus has been related to health issues.

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- A discussion followed concerning the criteria for the selection of sites that are visited by the Committee. Suggestions were made to form a subcommittee to work with the Center in preparing agendas for the individual site visits; have a meeting or conference call before the site visit; focus on the site visit area; and identify problems and issues of concern in those areas.
- It was suggested that Carole Turner give updates on the facilities that had problems, and brief the Committee at each meeting, so that they could get a good idea of the areas that are "hot spots." Future site visits should be focused on those areas with the most concerns. Mary Leyland suggested that in addition to briefings by Ms. Turner, Mr. Robert Epley should be included in the Committee briefings. This would keep them apprised of ongoing medical and benefit changes.
- Discussions focused on what type of issues the Committee should concern themselves with. Change of leadership in the Center will give the Committee a chance to take on more responsibility, as to what things they want to present to the new director. They will have more of a "hands-on" approach.

SITE VISIT FINDINGS

Feedback: The Committee felt that a major concern was the absence of directors from all of the facilities they visited. Clinicians, managers, or the women veteran coordinators briefed them. It was felt that the Advisory Committee's visit was not important enough to warrant top-management support and the presence of the director.

Woman Veteran Coordinators (WVC): The Committee felt that the women's council and the veteran service organizations (VSO) worked hard to see that programs for the WVC positions were put into place. It was discouraging to find out that only 4 or 5 hours were assigned to the WVC to do their job. However, the top-management seemed satisfied that they had the WVCs in place. The work that the WVCs do should be validated, with full commitment. The Committee suggested that WVC positions should be classified as a half-time position at a minimum; and they felt less than that was a disgrace to the position. Ms. Turner indicated that the National Strategic Board recommended to the Under Secretary for Health that the positions should be classified at a 20-hour minimum.

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It was noted the position was originally funded as a full-time position. This should be added to the priority issues for the Secretary, because it has been a major issue among the VSOs, and addressed at each site visit.

The Committee noted that more lines of communication should be open for the WVCs. It appeared that the WVCs were being "phased" out, and they are being moved to different areas of the medical center.

The Committee felt that Dr. Katherine Skinner's research on women veterans touched on all concerns in all areas, and should be funded so that it will become ongoing. There is a lot of data on males, but limited information on women, and they are unsure of the accuracy of the numbers. It was mentioned that confidentiality was an issue in doing research on women. The Committee suggested that a letter should be sent to the research program at Boston, asking for a list of the research that is being done on women; and copies of the funded research and abstracts. They also requested to have a briefing at the next meeting from Dr. John Feussner, who is the Chief in the Research and Development Office, at VACO.

Boston Strategic Plan: Nothing was mentioned on women's issues in the Boston strategic plan, which the Committee considered it noteworthy.

A briefing from the Director of Pharmacy stated that the doctors could go on-line and request any medications they needed for the veteran, because the veterans' charts were accessible. The director also agreed with statements made by the WVCs at their briefing, that Dr. Katherine Skinner's research on women veterans touched on all concerns in all areas, and should be funded so that it will be ongoing.

The Committee felt that more effort should be made to let women veterans in VISN 1, know what options were available to them, in reference to health care, benefits, education, loans for housing, etc.

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Jamaica Plains: Sexual Trauma: The Dialectic Behavior Therapy (DBT) model is a cognitive behavioral approach to treat borderline personality disorder. This treatment was developed by Marsha Linehan, PhD; and the Committee felt that the benefits derived from this type of treatment should be shared with other facilities. This model seemed to reduce stress and burnout among the doctors. The Committee suggested that the model used in Jamaica Plains for treating sexual trauma, should be submitted as "best practices," and disseminated among other services and facilities. The Committee wanted to find out who would be the best person to implement this practice; Dr. Larry Lehman's name was mentioned.

Other issues discussed included:

- ◆ A recurring problem in the number of no-shows and the mammogram rates
- ◆ Relationships between the colleges and universities were commendable
- ◆ Diversity in hiring among the Boston VA staff, should be given more attention
- ◆ The Committee felt that it was critical to continue the homeless program, and they wanted to make sure funds were available and obtainable
- ◆ The Committee was impressed with the comprehensive, outpatient residential transitional housing program; and with "Alice's House." However, the facilities for women at the New England Shelter for Homeless Veterans were not up to standards, as compared to the facilities for the men. They suggested that the facility director should work through city and non-profit services, such as "Project Return," and use that proposal as an example to obtain funding. It was mentioned that New York social services provides for children as well, and they partner with VA.
- ◆ Joy Ilem volunteered to see if DAV would be able to donate money to the New England Shelter for remodeling the facilities for women veterans. Overall, the Committee was impressed with the medical services provided by the shelter.

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- ◆ The leaders of other committees throughout VISN 1 came together for the Women's Advisory Counsel meetings. The Committee members from VA recommended that all the leaders should have each other's e-mail address, to keep the communication channel open.
- ◆ The Committee felt the continuation of sensitivity training, and how to deal with their own, as well as the veteran's emotions, was important. They suggested that a brochure on sensitivity be developed. It seemed that the sexual trauma counselors in the medical centers in VISN 1, were not sharing the same information.
- ◆ The Committee was concerned that since 1995, West Roxbury and Jamaica Plains have not had shower facilities for women. The women and men shared the same facilities.

The Committee suggested that a one-page fact sheet, showing the areas of expertise among the Committee members be included with the letter going out to the directors of the sites they plan to visit. This would enhance the importance of the Committee. Additionally, a list of the previous places that the Committee visited would also help in establishing their credibility.

Open Forums:

- ◆ The Committee suggested that service officers should be invited to the town hall meetings;
- ◆ A hand-held mike should be requested in advance;
- ◆ The rules governing the forum should be stated up front, e.g., one question per person, until everyone has had a chance to be heard;
- ◆ A moderator identified at the beginning of the forum to keep things moving should be established. That responsibility should not be given to the Chair

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- ◆ The Committee suggested that they would like to be responsible for assuring that there was follow-up on the issues discussed; however, it was brought to the table that because of the privacy act, it could not be authorized at the committee-level. The task had to be delegated to someone within VA, who had the authority to follow-up. The members suggested that the responsibility should be with the WVC, who would follow-up on the issues, and send the results back to the Center for Women Veterans.
- ◆ The Committee was concerned with the alleged disparity in pay between the women and men in the Compensated Work Therapy (CWT) Program.
- ◆ The Committee would like to see support groups for sexual assault victims continued, and not limited to eight weeks. They felt that the eight-week limit was not enough time to benefit the veteran.

Mrs. Raatjes provided a breakdown of the budget for the Committee:
FY 2002 total travel \$72,000; \$32,000 to the Center for Women Veterans;
\$40,000 to the Advisory Committee.

FY 2002 total contracts \$75,000; \$45,000 to the Center for Women Veterans;
\$45,000 Web site development; \$29,000 to the Advisory Committee.

FY 2003: Summit initiative was not approved by OMB.

Mrs. Raatjes mentioned that the Committee could save money if they broke into smaller groups when conducting site visits. The Committee felt that this would create a disadvantage, because the new members coming on board would not have any prior experience in conducting site visits, and they would not know what to look for. They felt that members would miss the "big picture" by separating, since each had a different area of expertise.

Concerns of the Committee:

- ◆ Difficulty in filling the director position for the Center
- ◆ No shows to Committee meetings – grounds for dismissal

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- ◆ Minutes – final report and Secretary's response to the report
- ◆ Set up conference call for the week of September 10th, at 1:00p
- ◆ Discuss the function of the Committee with the new director of the Center

OPEN FORUM – June 29, 2001

Mr. William Burney, the Associate Director at the Brockton VA Medical Center, addressed the attendees. Alice Raatjes, the Acting Director of the Center for Women Veterans, gave remarks and introduced Colonel Karen Ray, the Chair of the Advisory Committee on Women Veterans. Colonel Ray gave an overview of the Committee, and in turn, introduced the Advisory Members who gave a brief bio on themselves.

The floor was open to the women veterans. Questions and comments follows:

JAMAICA PLAINS (JP)

- ◆ Rumors that the women's health center is to be moved, created a major discussion among the attendees
- ◆ Educational programs for women are not available at JP
- ◆ Handicap access is unavailable
- ◆ Veterans were unsure about their eligibility for service-connected disability

ROXBURY

- ◆ Wrong medication often given out
- ◆ Dirty rooms and infections are spread
- ◆ No sanitary or cosmetics products for women, but several available for men
- ◆ Records are often mixed up
- ◆ Mental health records not flagged

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- ◆ The veterans are neglected and cannot get assistance because the medical center caters to the colleges and universities because of grants and funding
- ◆ Experienced difficulty in getting medications. They are working on getting drugs on formulary, but it is a long process. VA Boston has the most choices
- ◆ For service-connected disability, private doctors can write letters to VA and medicines are available; but you have to pay a co-pay for medicine that is not service-connected
- ◆ It takes too long to get medicines because test must be made to be sure drug is best for veteran, as it applies to the entire VA
- ◆ Men can get "Viagra" immediately, but hormone meds for females is a slow process
- ◆ Veterans are given generic drugs, but they want the "real thing"
- ◆ There is a visible lack of communication among VA across the country
- ◆ Concern was raised by some veterans, who are employees, regarding use of the "VA Smart Card." They felt that it created a privacy issue, because any VA staff member within the system would be able to read their file, which contained medical records and confidential information.
- ◆ Suggested that a medical doctor be put on the Advisory Committee for Women Veterans, because a lot of problems are medical-related
- ◆ A veteran moved to Massachusetts because the health benefits and the VA hospital were better. The same level of care should be available at each VAMC across the board
- ◆ The older women veterans do not know about their rights and benefits, as it pertains to health care and service-connected benefits. They often find out from someone else what they are eligible for
- ◆ Improve outreach to women veterans once they get out of the military
- ◆ In the CWT program, men are paid \$12/hour and women are paid \$8/hour for the same work

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BROCKTON

- ◆ The first chair of the 1983 advisory committee, Ms. Lorraine Rossi, complimented the advisory committee for the work that has been started. She stated that she received excellent care at this VA facility
- ◆ Employees will not use the VA because of privacy issues. They felt that their records should be flagged as "sensitive," to protect their privacy because other employees have access to their records
- ◆ Question - How do the veterans know that the problems they are discussing will be given to the proper officials at Headquarters? Who will provide follow-up?
- ◆ Question - Can the veterans who are now on Medicare, and military retirees use VA for care?

Next meeting: Washington, DC

Closing: Executive Session and Committee discussions concluded. The Advisory Committee for Women Veterans adjourned at 12:15p

Respectfully submitted by: _____ March 12, 2002
Irene Trowell-Harris, R.N., Ed.D.

Approved by: _____ March 12, 2002
Col. Karen Ray, Chair