

**Department of Veterans Affairs
Advisory Committee on Women Veterans (ACWV) Meeting
December 17-19, 2019**

Meeting Summary

The Advisory Committee on Women Veterans (ACWV) met in the G.V. "Sonny" Montgomery Veterans Conference Center, room 230, VACO, 810 Vermont Avenue NW, Washington, D.C., at 8:30 a.m., Command Master Chief Octavia Harris (U.S. Navy, Retired), Chair, presiding.

VA ACWV Members Present:

CMDCM Octavia Harris, USN, Ret., Chair
LTC Lisa Kirk, MDANG, Ret., Vice Chair for Health
COL Betty Yarbrough, USA, Ret., Vice Chair for Benefits
Dr. Kailyn Bobb, USAF Veteran
CMDCM Linda Handley, USN, Ret.
CWO2 Moses McIntosh, USA, Ret.
LTCOL Shannon McLaughlin, MA ARNG
Yareli Mendoza, USAF Veteran
Col. Wanda Wright, USAF, Ret.

VA ACWV Members Excused:

LTC Kate Germano, USMC, Ret.

Ex-Officio Members Present:

COL Elaine Freeman, USA, Defense Advisory Committee on Women in the Services (DACOWITS)
Dr. Patricia Hayes, Women's Health Services, Veterans Health Administration (VHA) *via telephone
Nicole Neri, Veterans Employment and Training Service, Department of Labor (DOL)
Lawrencia Pierce, Insurance Service, Veterans Benefits Administration (VBA)

VA ACWV Advisor Present:

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

VA ACWV Advisor Excused:

CAPT Michelle Braun, Nephrology Nurse Practitioner, National Institutes of Health (NIH)

Center for Women Veterans (CWV):

Jacquelyn Hayes-Byrd, Executive Director/ACWV Designated Federal Officer (DFO)
Shannon L. Middleton
Linda Wellman

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Other VA Staff:

Jelessa M. Burney, Advisory Committee Management Office (ACMO)
Jeff Moragne, ACMO
Gerald Johnson, VBA
Terry Warren, VBA
Leslie Williams, VBA

Public Guests:

Tammy Barlet, The American Legion
Rose Burberry-Martin, Chisholm Chisholm & Kilpatrick
Colonel Toya Davis, DACOWITS
Andrew John Del Bene, Neal Gross and Associates
Maureen Elias, Paralyzed Veterans of America
Nicole Hayes, The American Legion
Dawn M. Jirak, Veterans of Foreign Wars
District of Columbia Commissioner Denise Krepp, ANC6B10
Shanna Rust, U.S. Senate Committee on Veterans Affairs

Tuesday, December 17, 2019

The Chair called the Committee to order at 8:31 a.m. The Committee members, ex-officio members, advisors, and public guests introduced themselves. The Committee thanked COL Toya Davis for her service as the outgoing ex-officio member from DACOWITS, and congratulated her on her upcoming retirement. The DFO, Ms. Jacqueline Hayes-Byrd, welcomed the Committee, introduced herself, and delivered brief remarks updating the Committee on the CWV, which recently celebrated its 25th anniversary. The Committee voted unanimously to approve the minutes from its August 7-9, 2019 meeting.

Overview of the Survivor Benefits Plan (SBP), Dependency and Indemnity Compensation (DIC), and Special Survivor Indemnity Allowance (SSIA), Mr. Kevin Friel, Deputy Director, Pension and Fiduciary (P&F) Service, VBA

Mr. Friel briefed the Committee on VBA's SBP, DIC, and burial benefits programs. In FY 2019, the P&F Service processed 140,104 burial claims with an average processing turnaround of 75 days; 47,337 DIC claims with an average processing turnaround of 102 days; and 28,598 survivors pension claims with an average processing turnaround of 140 days.

The SBP is a needs-based program of monetary benefit payable to the surviving spouse and/or child(ren) of a deceased Veteran with wartime service. Mr. Friel expressed his concern with the fact that the income threshold is below the current poverty line, but noted that it is a Congressionally-funded program for which budgetary changes must be legislated. Mr. Friel also detailed the previous net-worth threshold calculation process and contrasted it with the current standard, which is based purely on the income and net-worth threshold.

There are additionally two forms of special monthly pension for Veterans and surviving

spouses, aid and attendance (A&A) and housebound. A&A is available for a claimant who requires assistance of another person to perform the activities of daily living, or is in a nursing home, is bedridden, or blind. The Housebound benefit is available for a claimant who is substantially confined to his/her immediate premises. Mr. Friel also defined the income and net-worth thresholds for those pensions. A Veteran or surviving spouse may not receive A&A benefits and Housebound benefits simultaneously.

DIC is a monthly benefit paid to survivors of Veterans who died as a result of his/her service-connected disability. Additional amounts are payable for dependent children and/or A&A or housebound survivor status. Mr. Friel briefed the Committee on the DIC calculation process and eligibility requirements.

Mr. Friel outlined the three types of one-time burial payments (burial and funeral allowance, plot or interment allowance, and transportation allowance) and detailed the amount of allowance paid, which is based on whether the Veteran's death was service-connected.

The Chair invited Vice Chair Yarbrough to ask questions on behalf of the Benefits Subcommittee, who requested additional information on the special survivor indemnity allowance (SSIA) and its interaction with the SBP, and data on the number of spouses serviced who are also women Veterans. Mr. Friel reported that SSIA is largely processed by the Social Security Administration and detailed the way the P&F Service calculates household thresholds and allowances based on Veteran status, regardless of sex. Mr. Friel also detailed for COL McLaughlin how the dates of eligibility are accounted for when dealing with benefits appeals and outlined for Vice Chair Kirk both the timeline in which survivors can apply for benefits and the potential outcomes.

Overview of Concurrent Receipt, Mr. Cleveland Karren, Director, Policy and Procedures, Compensation Service, VBA

Mr. Karren briefed the Committee on the general rule of 38 U.S.C. § 5304, which prohibits the concurrent receipt of VA disability compensation and military retired pay, except under 38 U.S.C. § 5305, where the individual has waived retired pay in an amount equal to the amount of disability compensation provided. Mr. Karren remarked that most Veterans choose to accept VA benefits in lieu of military retired pay, but that Congress has authorized exceptions to the general rule under the National Defense Authorization Act (NDAA) of FY 2003 and the NDAA of FY 2004. In the case of combat-related special compensation (CRSC) and the concurrent receipt of retirement and disability pay (CRDP), Mr. Karren detailed the eligibility criteria and the entitlement calculation process for both respectively through the audit error worksheet process and noted that they are not dually receivable.

Mr. Karren also briefed the Committee on the Retired Pay Restoration Act (H.R.303) and the Disabled Veterans Tax Termination Act (H.R.333), which both entered review in the House Subcommittee on Disability Assistance and Memorial Affairs on February 1, 2019. H.R.303 was introduced by Rep. Gus Bilirakis on January 8, 2019, with 101 co-sponsors; H.R.333 was introduced by Rep. Sanford Bishop on January 8, 2019, with 30 co-sponsors.

The Chair invited Vice Chair Yarbrough to ask questions on behalf of the Benefits

Subcommittee, who inquired as to what the issues are surrounding the passage of concurrent receipt legislation. Mr. Karren speculated that cost was a significant factor in the minds of legislators and remarked that the number of co-sponsors on each bill may indicate each bill's potential success out of subcommittee review. Ms. Mendoza requested that Mr. Karren provide the Committee with data on the number of women Veterans receiving CRSC or CRDP, citing her concern that the use of the word "combat" in CRSC may deter women Veterans from applying for that entitlement when they are in fact eligible. She additionally requested information on how Veterans are educated on the application process for CRSC. COL McLaughlin requested data on how many individuals would be affected by the passage of H.R.303. Mr. Karren stated that he would refer back to the Compensation Service's Performance Analytics Branch for the data requested. Dr. Bobb inquired as to the criteria under which a disability is determined ratable, citing her concern that certain mental health issues following traumatic brain injury (TBI) are not treatable by VHA, because their linkage to the initial injury is not fully understood and thus cannot be established as service-connected. Mr. Karren referred Dr. Bobb to 38 C.F.R. Part 4 (the Schedule for Rating Disabilities) and 38 U.S.C. § 1151 (Benefits for Persons Disabled by Treatment or Vocational Rehabilitation) and confirmed VBA's inability to service-connect secondary mental health issues to a service-connected TBI, because forensic medicine, which is used to determine ratability, is distinct from treatment medicine.

Presentation of Certificate/Brief Remarks from VA Leadership, Mr. Christopher Syrek, VA Deputy Chief of Staff

Ms. Hayes-Byrd and Mr. Syrek presented to Ms. Handley a Certificate of Appointment to the Committee, charging her to provide advice to the Secretary on the administration of benefits and services for women Veterans.

Mr. Syrek delivered brief remarks to the Committee on behalf of Secretary of Veterans Affairs Robert L. Wilkie and thanked both the Chair for her service on the Committee and Ms. Hayes-Byrd for her work in CWV--praising both as champions of women Veterans throughout the Department.

Mr. Syrek relayed the Secretary's support for the Committee and its important role in keeping VA's leadership informed of current issues related to women Veterans. He shared that the importance of CWV's work is only expected to grow, given the increasing numbers of women in military service. In WWII, women composed 2.5 percent of the military; 13 percent during Vietnam; and today comprise 33 percent of the armed forces. Mr. Syrek additionally highlighted several prominent women Veterans currently serving in leadership roles at VA currently, including: Ms. Pamela Powers, Chief of Staff; Ms. Karen Brazell, Chief Acquisition Officer; Dr. Lynda Davis, Chief Veterans Experience Officer; Dr. Tamara Bonzanto, Assistant Secretary for the Office of Accountability and Whistleblower Protection; and Jacquelyn Hayes-Byrd, who served in various positions of VA Leadership and currently serves Executive Director of CWV.

Mr. Syrek outlined the Secretary's priorities to the Committee: improving VA culture of customer service, implementing the MISSION Act, implementing the electronic health records (EHR) management system, and the overall modernization of the Department.

The Department has taken steps to make it easier for Veterans “to get to a yes from VA,” by decreasing administrative and bureaucratic systems, while also focusing on Veteran trust scores. As a whole, the Department received a 72 percent score in a Veteran trust evaluation, with VHA individually scoring an 88 percent. On June 6, 2019, the Department successfully integrated the MISSION Act into its regulations. Mr. Syrek noted that the provision allowing Veterans to use community urgent care has already made a notable impact on both Veterans’ access to care and VHA facilities’ emergency room wait-times. As part of MISSION Act integration, VA recently engaged a \$10 billion contract with Cerner to implement the EHR management system, which will connect VA with the Department of Defense (DoD) and third-party providers. The EHR system is scheduled to go live in March 2020, at the Mann-Grandstaff VA Medical Center in Spokane, Washington, and will continue launching eastward from there. Lastly, Mr. Syrek commented that, while VA’s resources are of high quality, it is essential to modernize and streamline the systems of administration and collaboration behind them to continue transforming the Department into a 21st century health care and benefits leader.

Mr. Syrek thanked the Committee for its service and invited questions. Dr. Bobb inquired about efforts to increase mental health availability under the implementation of the MISSION Act, specifically citing logistical challenges to the importance of relationship building in mental health treatment. Mr. Syrek pointed specifically to the President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) task force, chaired by Dr. Barbara Van Dahlen, as an example of the Department and the Administration’s efforts to expand mental health access and quality for Veterans and, subsequently, the general public. Ms. Wright expressed her concern about sending Veterans, through the MISSION Act, to community health care providers because of the potential for gaps in those providers’ knowledge about military culture and VA’s benefits system. Mr. Syrek stated that, while providing Veterans better access to care was the priority, those outside providers receive training from VA before they may treat Veterans; he shared that he would further investigate the process by which those providers are vetted for their understanding of military culture. Ms. Handley expressed her concern that the 60-mile distance standard of the MISSION Act may burden Veterans who live closer to the edge of that care zone and require routine care, such as physical therapy. Mr. Syrek pointed to the provision of the MISSION Act that allows Veterans to receive routine care in the community when it is in their best interest, as determined by the Veteran’s individual treatment team at the local VHA facility. Vice Chair Kirk requested insight into VA’s long term plan to increase preventative medicine’s role in its practices and Mr. Syrek referred Dr. Kirk to the Committee’s later presenters, who would be better versed on the Department’s specific medical strategies and practices.

The Chair thanked Mr. Syrek for his updates. Mr. Syrek thanked the Committee for the opportunity to appear before them on behalf of the Secretary. After the Deputy Chief of Staff’s departure, the Chair allowed District of Columbia Commissioner Denise Krepp to introduce herself; she made the Committee aware of a service at the National Cathedral in March being hosted by the WIMSA Memorial.

Overview of the Impact of Supportive Services for Veteran Families (SSVF) Funding, John Kuhn, National Director, SSVF, VHA

Mr. Kuhn briefed the Committee on SSVF, administered by VA's Homeless Programs Office (HPO). Since its 2012 inception, SSVF has served over 400,000 Veterans in both rapid rehousing and homelessness prevention efforts. In FY 2019, 19.6 percent (20,608) of all SSVF participants (105,156) were dependent children, and 13.4 percent (9,473) of all SSVF Veteran participants (70,524) were women. Mr. Kuhn highlighted the childcare program as a way to help Veteran families maintain income stability and thus break the cycle of homelessness.

Mr. Kuhn noted that while the Department of Housing and Urban Development's VA Supportive Housing (HUD-VASH) program provides assistance for an indefinite amount of time, SSVF was intended as a means of crisis intervention. The similarity between the one-year return-rates of Veteran families to SSVF and HUD-VASH indicates that the crisis intervention methodology of SSVF is effective. Mr. Kuhn further detailed that while this approach requires more funding and cannot solve the issue of Veteran poverty as a whole, SSVF's success is due to the resiliency of Veterans who, when aided through crises, are able to rapidly regain and maintain stable living conditions. Mr. Kuhn also outlined for the Committee how the national increase in housing cost burdening is a major condition SSVF is grappling with, citing heat-mapped housing affordability data from 1980, 2000, and 2014.

Within SSVF, the proportion of homeless Veterans served with a disabling condition has risen each year (from 55 percent in FY 2014 to 62 percent in FY 2017), which Mr. Kuhn notes is slightly higher than the sheltered Veteran population. While SSVF-served Veterans tend to be younger than sheltered Veterans, the proportion of Veterans over age 62 served by SSVF has risen each year (13 percent in FY 2015 to 19 percent in FY 2017). The proportion of Veterans entering SSVF from unsheltered conditions now comprises almost half of all entries to the program, which Mr. Kuhn attributes not only to the prevalence of disabling conditions among Veterans, but also the growth of the homeless population as a whole and the subsequent overwhelming of shelters.

Mr. Kuhn complemented VA's broad access to data and applauded the Department's utilization of it to innovate effective services for Veterans in a dynamic social-scientific environment. Among these innovations, Mr. Kuhn cited the use of coordinated entry to HPO's services among all DVA regional facilities; the development of the SQUARES program, to determine homeless program eligibility instantly; and HPO's investment in training and support for staff to better serve this Veteran population. Efforts to expand the housing supply for Veterans through rapid resolution, shallow subsidies, and shared housing were also highlighted. Mr. Kuhn detailed rapid resolution as a way to reconnect Veterans with family by mediating interpersonal concerns and providing financial assistance, which provides an immediate solution to the Veteran served; confronts some of the social issues that may have caused that Veteran's homelessness; and allows other housing resources to be utilized for Veterans who cannot be reconnected with family. Shared housing is being utilized as a solution that similarly confronts some of the issues around homelessness simultaneously, including the cost of housing and

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the social isolation of new housing placement. Lastly, shallow subsidies are currently active in 11 counties, which not only pair the Veteran with the Homeless Veterans Reintegration Program, but also provide up to 35 percent of a Veteran's rent for up to two years without reducing the subsidy due to an increase in income.

The Chair invited the Vice Chair Kirk to ask questions on behalf of the Health Subcommittee, who inquired as to what initiatives exist in SSVF that provide short-term housing specifically to women and children, citing a lack of shelters that will house families. Mr. Kuhn described the emergency housing assistance program, which places a homeless Veteran and their family, regardless of age and sex, into a hotel or motel in the community for up to 45 days, until permanent housing can be located. Ms. Wright asked what changes could be made to the GPD (Grant and Per Diem) program, which provides funding to community-based resources to provide transitional housing and support services to homeless Veterans, but does not provide funding for a Veteran's dependent(s). Mr. Kuhn referred Ms. Wright to the GPD program to express her concerns and explore options regarding this issue, but cautioned that changes would be difficult because the GPD program rate is set by Congress. Mr. Kuhn responded to a question posed by Ms. Hayes-Byrd, detailing that of those 9,473 women served by SSVF in FY 2019, 70 percent were homeless and 30 percent were at-risk. Mr. Kuhn responded to a request by COL McLaughlin to explain the SSVF childcare services in greater fiscal detail, given that the issue disproportionately impacts women. Ms. Mendoza thanked Mr. Kuhn for including women-specific data on overall SSVF participation, and asked if the Committee could receive a similar breakdown on the subsequent data presented. Mr. Kuhn referred Ms. Mendoza to the SSVF annual report, which does break down the data further, but noted that most of the data shows little difference in program use and outcomes for men and women Veterans.

Wednesday, December 18, 2019

The Chair called the Committee to order at 8:30 a.m. on its second meeting day. The Committee members, ex-officio members, advisors, and public guests introduced themselves.

Briefing on VA's Mammography Program, Dr. William Ardent, Director, National Radiography Program (NRP), VHA, Ms. Lisa Wall, Assistant Director, NRP, VHA, Dr. Michelle Herrero, Chair, NRP, Mammography Advisory Committee, VHA

Dr. Ardent introduced his co-presenters and asked Ms. Wall to begin the presentation with an overview of the NRP. Ms. Wall reported that, as of 2019, there were 67 mammography programs in 17 of the 18 Veterans Integrated Service Networks (VISNs), with 58 facilities offering digital breast tomosynthesis (DBT). All sites now offer patient self-referred direct mammogram scheduling. While technically exempt from the Mammography Quality Standards Act (MQSA) of 1992, all VHA mammography programs are certified by the Food and Drug Administration (FDA) as MQSA compliant, and are accredited by the American College of Radiology (ACR). VHA also adopted the American Cancer Society's (ACS) breast cancer screen guidelines in May 2017. Ms. Wall shared data on the year-over-year increases in breast cancer screenings in the medical facilities, the increase in DBTs as a percentage of total screenings performed (55 percent in FY2018 and 74 percent in FY2019), and the breakdown of breast

imaging procedures performed over the last five years. DBTs represents the largest increase in facilities' imaging work, performing 10,511 in FY 2015 and 66,368 in FY 2019.

Ms. Wall outlined the process by which a facility can request to expand its radiology services, through a clinical program restructuring under VHA Directive 1043 Restructuring of VHA Clinical Programs (November 2016). Ms. Wall provided some reflection questions on the needs of the facility's patient population that facilities face when considering restructuring; detailed the equipment, space, and staff requirements of restructuring; and the associated administrative processes required. Dr. Herrero commented on the importance of an interdisciplinary approach to mammography site planning. She briefly outlined the positive outcomes of breast care collaboration, particularly with surgeons, pathologists, and oncologists. Ms. Wall highlighted the recent interest in mobile mammography, specifically pointing out the successful programs in the South Texas Health Care System (VISN 17) and the Mid-Atlantic Health Care Network (VISN 6), and shared other points of reflection for VISNs considering a mobile mammography program.

Lastly, Ms. Wall briefly outlined the standardized episode of care (SEOC) template to provide standing orders for non-VHA breast care in the community, and VHA Directive 1088, which provides guidance for VA and non-VHA facilities on how to provide patients with mammogram results in layperson format within 30 days, consistent with 21 C.F.R. Part 900.12(c).

The Chair invited Vice Chair Kirk to ask questions on behalf of the Health Subcommittee, who requested information on the NRP's strategic planning around the placement of mammography programs because of their importance to Veterans, female and male. Dr. Arndt cited the issue of smaller patient volumes as a barrier to the placement of mammography programs at smaller medical facilities, given the requirements for maintaining radiologist and technologist certifications and the associated barrier to maintaining quality care. However, Dr. Arndt clarified that Veterans served by smaller VHA facilities are provided information on community breast care locations, so as not to limit their access to care. Dr. Herrero additionally commented that, overall, the need for more locations that offer full-spectrum breast care, regardless of sex, was not urgent—given that the ACR provides more commonly utilized guidance on targeting patient needs than the ACS, which VHA currently follows.

Overview of VA Educational Benefits, Charmain Bogue, Executive Director, Education Service, VBA

Ms. Bogue provided the Committee with an overview of VBA's Education Service and the five GI Bill programs it administers. She shared that Harry W. Colmery's original GI Bill conception just celebrated its 75th anniversary. Of the \$12 billion per year that VBA distributes in educational benefits, 80 percent is distributed under the Post-9/11 GI Bill, of which 75 percent is paid out to Veterans and 25 percent to dependents. Since its passage into law, the Post-9/11 GI Bill has paid out over \$103 billion in education benefits. Ms. Bogue also highlighted the Yellow Ribbon Program, which provides Veteran students money for private and out-of-state public university tuition, as well as to the benefits offered through the Post-9/11 GI Bill program. In addition to two- and

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four-year college funding, Ms. Bogue reported that significant tuition funding also goes towards on-the-job training and apprenticeships for Veterans. There are over 400,000 approved programs for GI Bill funding, at over 16,000 institutions. Ms. Bogue reported that the Education Service's goal is to process initial GI Bill eligibility applications within 28 days, and that in FY 2019, processing time had been reduced to 24 days. Similarly, the processing time for enrollment payouts is 14 days.

Ms. Bogue highlighted some of the directives governing the Harry W. Colmery Veterans Educational Assistance Act (Forever GI Bill) of 2017, and detailed the process of implementing those regulations. Thirty two of the 34 bill provisions impact education benefits; only two of them are yet to be implemented. The 15-year time limit is gone, for those who left active duty on or after January 1, 2013. Veterans will now be able to access their benefit, when the time is right for them and their families. Servicemembers and honorably discharged Veterans awarded a Purple Heart on or after September 11, 2001 are entitled to Post-9/11 benefits at the 100 percent benefit level for up to 36 months. On August 1, 2020, the 40 percent benefit level will be eliminated, which will allow all Post-9/11 GI Bill recipients to start at the 50 percent benefit level; the 60 percent benefit level will be expanded.

Ms. Bogue outlined the two programs enacted under the Forever GI Bill: Veterans Employment Through Technology Education Courses (VET TEC) and the Edith Nourse Rogers STEM (Science, Technology, Engineering, and Mathematics) Scholarship. VET TEC is a five-year pilot program, designed to certify Veterans in the IT field. VET TEC pairs eligible Veterans with market-leading training providers offering the high-tech training and skills development sought by employers. Veterans can take classes to earn a certificate in one of five areas (information science, computer programming, data processing, media applications, and computer software). The training provider is responsible for the Veteran's job placement, by withholding 50 percent of the tuition and fee payments until the Veteran is employed. If a Veteran has at least one day of unexpired GI Bill entitlement, then he or she may be eligible for VET TEC. It is free and participation in the VET TEC program will not count against GI Bill entitlement. VET TEC offers a housing stipend, for the duration of enrollment in the program.

The Rogers STEM Scholarship is available for students training in high demand STEM fields. The scholarship offers up to nine extra months of benefits (may not exceed \$30,000) for GI Bill Science/Technology/Engineering/Math programs. Priority is given to those entitled to 100 percent of Post-9/11 GI Bill benefits and to those who require the most program credit hours. Additionally, the Forever GI Bill also expands benefits for Purple Heart recipients, expands eligibility for Reserve and Guard members, and prorates payments for licensure and certification exams.

Ms. Bogue also briefed the Committee on two changes to the monthly housing allowance under the Forever GI Bill, specifically: Section 107, which calculates the allowance based on the physical location where the beneficiary attends classes; and Section 501, aligning the housing allowance rate calculation to DoD's calculation, which is based on yearly cost of living adjustments.

Lastly, Ms. Bogue, briefed the Committee on an upcoming school tour that Education Service would be conducting, to inform beneficiaries and institutions about the Forever

GI Bill and to collect feedback from those groups on the changes, the GI Bill comparison tool, the GI Bill feedback system, and the outreach methods the Service utilizes to engage its stakeholders.

The Chair invited Vice Chair Yarbrough to ask questions on behalf of the Benefits Subcommittee, who invited the Subcommittee members to ask their own questions. Ms. Mendoza requested enrollment data on women in the VET TEC and STEM Scholarship programs and for insight into the Service's strategic plan for protecting students from for-profit educational institutions--given that women and minorities are disproportionately affected negatively by those institutions' practices. Ms. Bogue stated that she would follow up with the data requested, and shared that Education Service has not only put forward oversight proposals to Congress but also continues to partner with other agencies to investigate fraud and enforce student protections. Ms. Mendoza also asked about the impact of childcare issues on the ability for women Veterans to utilize their educational benefits and Ms. Bogue outlined some of the alternative education mechanisms currently in place to help those beneficiaries with families. Ms. Bogue also expressed her interest in continuing to target that issue in Education Service. COL McLaughlin requested more detailed data on how funds from the Forever GI Bill are distributed among women, as either Veterans or dependent beneficiaries, and the trends observed in how those populations are shifting. Vice Chair Yarbrough inquired about the recent DoD policy determination regarding the transfer of benefits, and Ms. Bogue reported that the transfer of eligibility requirements have become stricter at DoD and noted that VBA is responsible only for administering the benefits programs, not determining service-related eligibility. Vice Chair Yarbrough also asked about Education Service's efforts regarding the issue of break pay as a barrier to women Veterans' ability to complete traditional education cycles. Ms. Bogue reported that legislation has been introduced to restore break, and agreed on how it negatively impacts women Veterans with families in particular, but that Education Service currently has no statutory authority to re-implement break pay.

Role of Women Veteran Coordinators, Scott Posti, Assistant Director of Outreach, Benefits Assistance Service (BAS), Office of Field Operations, VBA

Mr. Posti provided the Committee with an overview of BAS's responsibilities both to coordinate and manage nationwide outreach, which is used to keep Veterans informed of VA benefits and services, and to report on the demographics of those utilizing VBA programs. BAS manages special emphasis programs for women Veterans, former POW Veterans, minority Veterans, LGBT Veterans, and Tribal/Native American Veterans. Regarding VBA's Women Veterans Program, Mr. Posti shared with the Committee that outreach for women Veterans is about increasing women Veterans' knowledge of, use of, and trust in VA and its benefits and services. Mr. Posti went on to share that, while all Veterans are entitled to the same benefits and services, there is a perception among women Veterans that they are not entitled to that full range of entitlements.

There are 56 full-time women Veterans coordinators (WVCs), one for each regional office, the National Call Center, and the Pension Management Center, with 40 part-time WVCs on hand to provide assistance as-needed. WVCs receive monthly, quarterly,

and annual trainings; conduct local outreach and VA benefit briefs to women Veterans within their jurisdiction; and collaborate with VHA women Veterans program managers, Veterans Service Organizations, and other community partners. In FY 2019, VBA participated in over 165 events specifically targeting women Veterans, seeing over 5,500 women Veterans.

VBA reached 71,089 women Veterans last year, through combined outreach efforts, representing 31 percent of the total population of Veterans seen at all outreach events. Lastly, Mr. Posti detailed M27-1, Part II, Chapter 4, which provides an overview of women Veterans outreach, defines the role and duties of WVCs, and provides guidance on treating military sexual trauma, which is currently being expanded into its own topic chapter in the manual.

The Chair invited Vice Chair Yarbrough to ask questions on behalf of the Benefits Subcommittee, who inquired as to how WVCs fit into a VBA regional office's organizational structure; their associated performance metrics; and how the Outreach team defines the success of its events. The Vice Chair shared her concern that, because VA's resources are limited, WVCs must have data on outreach success, both to improve their efforts and to defend and define their positions within VA. Mr. Posti reported that WVCs typically fall under the compensation business line and that, while it varies by regional office, their primary responsibilities are women Veterans, regardless of their supervisor. While the Outreach team tracks the events they attend and Veteran attendance at each event, Mr. Posti reported that it is difficult to measure how those events impact actual enrollments by Veterans. Vice Chair Yarbrough additionally expressed her concern that the Committee has not yet seen the current draft of the new M27-1 manual, given the Committee's mission as an advisory committee to the Secretary. Mr. Posti assured the Vice Chair that he has no objection to the Committee's feedback on the draft, but that it was not yet far enough along in the drafting process to generate meaningful discussion. Lastly, the Vice Chair asked how VBA tracks its interagency collaboration to coordinate outreach efforts. Mr. Posti detailed the outreach reporting tool that BAS launched in December of 2018, which contains a calendar of all outreach events and is available to all VA staff members. Ms. Hayes-Byrd additionally commented that the three Administrations and the Staff Offices would use women Veterans outreach at VACO as a test case for this coordinated event calendar system. The Chair requested that Mr. Posti provide the Committee with a copy of the WVC position description, and, along with Ms. Wright, expressed the Committee's concern that WVCs have previously reported during site visits that their duties are collateral with another position they hold in their specific regional office.

Overview of Community Veterans Engagement Boards (CVEBs) and State/Local Government Collaborations, Dr. Lynda Davis, Chief Veterans Experience Officer, Veterans Experience Office (VEO)

Dr. Davis briefly followed up on some of the questions posed by the Committee during Mr. Posti's presentation and detailed the performance metrics utilized by the entire Department to measure customer service satisfaction, service ease of access, the effectiveness of services delivered, and the service delivery's emotional resonance. Dr. Davis then provided the Committee with an overview of CVEBs and Veterans

Experience Action Centers (VEACs).

Although CVEBs were created alongside the 2016 inception of VEO, they are independent coalitions, groups, and volunteers that come together at the local level to identify Veterans' needs and address the gaps in services available. VEO has since partnered with over 160 CVEBs, and have provided resources to help them organize, conduct outreach, identify issues, formulate solutions, and measure outcomes. While there is no statutory requirement that WVCs attend CVEB meetings, be members, or be individual board members, Dr. Davis noted that she is currently gathering data on how many WVCs are already collaborating with their local CVEBs. Dr. Davis described some of the potential avenues for greater collaboration between VA, CVEBs, and other Veterans organizations, like Disabled Veterans of America, and outlined CVEB's charter agreement, model, and functional framework. Liaisons from VEO attend CVEB meetings, provide feedback, collect data, and provide certifications to CVEBs, after their first year of framework-compliant operations. Dr. Davis provided the Committee with a map of all current CVEBs and the contact information for each board, and encouraged Committee members to identify women Veterans-specific organizations that could potentially become CVEBs.

VEACs are community outreach events that bring together VHA and VBA service and benefit providers in a single location, to identify themselves to local Veterans and organize services for them--both within and beyond VA. Dr. Davis noted that these events are of particular importance to women Veterans, given that their utilization is lower than men across all benefits and services. Dr. Davis also outlined the process by which VEO conducts environmental analyses of Veterans' VA engagement, demographics, medical/mental health issues, and Tribal/Native American Veteran data in rural areas; VEO then targets VEAC events there, in coordination with local educational organizations and the local state/Federal representatives. Dr. Davis encouraged Ms. Hayes-Byrd to have the Center for Women Veterans send information and/or representatives to these local events, which are also attended by DOL, DoD, and the Department of Health and Human Services (HHS).

Dr. Davis confirmed that both women Veterans and female civilians are more likely to be caregivers than men, noting they are often caregivers to not only their children, but also a spouse and/or parent/in-law. Additionally, Dr. Davis reported that the data indicating that women Veterans are single parents more often than men, while strongly correlative, are inconclusive, due to a lack of recent data.

Ms. Wright inquired of her fellow Committee members how many are members of CVEBs and encouraged those who are not to attend upcoming meetings, to foster community engagement efforts on a local level, as well as gather information for future ACWV meetings.

Briefing on Disability Compensation Benefits for Justice-Involved Women Veterans, Scott Posti, Assistant Director of Outreach, Benefits Assistance Service, Office of Field Operations, VBA

Mr. Posti briefed the Committee on disability compensation benefits for incarcerated Veterans, but informed the Committee that he would relay their questions to the justice-

involved outreach section of VHA, as they may be able to provide more detailed answers on this topic. Mr. Posti outlined a recent memorandum of understanding (MOU) signed by VA and the Bureau of Prisons to grant VA examiners access to Federal prisons to increase services provided there. Regional offices have similar MOUs with state-run prison facilities. The Chair inquired as to the details surrounding the decrease/termination of Veteran disability benefits for incarcerated Veterans, and Mr. Posti agreed to return to the Committee with that information.

The Chair invited Vice Chair Yarbrough to ask questions on behalf of the Benefits Subcommittee, who requested sex-specific data on Veteran families that apply for the re-apportionment of some or all disability benefits, which are either reduced or terminated 60 days after the Veteran's incarceration. Mr. Posti agreed to return to the Committee with that data, and confirmed that the justice-involved Veterans coordinators, who could better answer that question, work under VHA.

Thursday, 19 December 2019

The Chair called the Committee to order at 8:30 a.m. on its third and final meeting day. The Committee members, ex-officio members, advisors, and public guests introduced themselves.

Briefing on Service-Connected Disabilities and Infertility, Dr. Patricia Hayes, Chief Consultant, Women's Health Service (WHS), VHA, Dr. Alicia Christy, Acting Director – Reproductive Health, WHS, VHA

Dr. Alicia Christy updated the Committee on its 2016 Recommendation #3, recommending that VA pursue a regulatory change to remove the exclusion of in vitro (IVF) fertilization services for treatment of infertility from the medical benefits package. The final rule for "Fertility Counseling and Treatment for Certain Veterans and Spouses", was published in the Federal Register on March 7, 2019. The rule allows VA to offer IVF to Veterans with a service-connected disability that results in their inability to procreate without the use of fertility treatment. Dr. Christy also outlined the infertility therapies available to all women Veterans through VHA, as well as those therapies available only to those women Veterans diagnosed with service-connected infertility, and pointed the Committee to VHA Directive 1332: Infertility Evaluation and Treatment, for more information.

Dr. Christy outlined the organization and responsibilities of the interdisciplinary team (IDT) that serves women Veterans with service-connected infertility undergoing IVF at the facility-level. As of February 2019, VHA has authorized 567 treatments. Dr. Hayes noted that the 567 authorizations accounted for both men and women with service-connected infertility, and Vice Chair Kirk requested a breakdown of that figure by sex. Dr. Christy outlined IVF VA lifetime benefit limits.

Dr. Christy detailed some of the resources available to women Veterans for treatment outside of VA, such as the Bob Woodruff Foundation, which may reimburse costs up to \$5000; and RESOLVE and the American Society for Reproductive Medicine (ASRM), which provide advocacy and patient information.

Lastly, Dr. Christy detailed the Veterans In-Vitro Initiative (VIVA) program, which

complements and adjuncts with the VA IVF program and is designed to assist eligible women Veterans in understanding their fertility treatment options--both within and beyond VA.

The Chair invited Vice Chair Kirk to ask questions on behalf of the Health Subcommittee, who requested more detail on the process and criteria by which a women Veteran's infertility is determined to be service-connected. Dr. Christy answered that the determination is made locally, through clinical evaluation on the individual level. Dr. Christy further noted that a published list of approved conditions would limit Veterans' overall ability to receive IVF treatment, because of the complicated medical relationship between service-connected disabling conditions and infertility. Dr. Bobb requested anecdotal experiences from Veterans who have undergone the IVF process through VA, citing as a concern the challenges rural Veterans face to accessing IVF treatment. Dr. Hayes outlined the community partnerships the VA has engaged in to address this issue, but stated that roll-out of the IVF program was still ongoing. Dr. Christy, again, cited the Bob Woodruff foundation and ASRM as innovative partners in this process.

Pain Management, Substance Abuse, and Recovery in Women Veterans, Dr. Sally Haskell, Deputy Chief Consultant, Director – Comprehensive Women's Health, WHS, VHA, Dr. Karen Drexler, National Director – Substance Use Disorders, Office of Mental Health and Suicide Prevention, VHA

Dr. Haskell briefed the Committee on the topic of pain management for women Veterans. She noted how women reporting higher pain prevalence, greater risk for sub-optimal patient-provider communication and pain treatment, and greater risk of adverse side-effects and complications make pain management for women Veterans a significant issue. Dr. Haskell outlined some of the risk factors for chronic pain prevalent for women specifically, including: higher basic training and active duty injury rates; higher prevalence of anxiety and depression; and higher prevalence of sexual trauma both pre- and peri-enlistment. Dr. Haskell outlined the strong and independent relationship between depression/PTSD and a physically disabling condition, and noted that women in both civilian and military populations are two-times more likely than men to have depression. Similarly, Dr. Haskell detailed the relationship between sexual trauma and chronic pain, which causes greater pain intensity/interference. She reported that among Veterans of both Operations Enduring Freedom and Operation Iraqi Freedom, 50 percent of Veterans reported childhood sexual trauma and 54 percent reported military sexual trauma. Dr. Haskell also detailed seven conditions more prevalent in women than men, which have significant associated chronic pain factors.

Data collected during FY 2015 by a Women's Health initiative in Palo Alto, where the prevalence of conditions was broken down between a sample of men (5,890,074) and women (439,791), illustrated that women comprised 58.7 percent of all musculoskeletal issues diagnosed--which is an area that accounts for most instances of chronic pain. Dr. Haskell updated the Committee on the musculoskeletal mini-residency for VHA providers in Orlando, Florida, which was designed to provide detailed training on this issue. Dr. Haskell also gave the Committee an overview of WHS's outreach efforts and online resources, as well as information on chronic pain support groups linked. Dr.

Haskell concluded by restating the importance of prioritizing the use of multifaceted interventions and fostering interdisciplinary collaboration when caring for women with chronic pain.

Following Dr. Haskell, Dr. Drexler briefed the Committee on the topic of substance use disorder (SUD) treatment for women Veterans, and began with the issue of smoking among women Veterans, specifically. While men and women tend to have the same risk factors and prevalence regarding alcohol use, prescription drug misuse, and SUD, 21 percent of women and only 16 percent of men are smokers. Dr. Drexler detailed the smoking-related health risks specific to women, which includes: cervical, ovarian, vulvar, and breast cancers; increased risk for low fertility, gestational and birth complications, perinatal morbidity and mortality; and the mental health issues and increased risk of suicide. Dr. Drexler noted that, in addition to the medical effects, the strong metabolic relationship between nicotine and estrogen is also theorized to cause nicotine dependence in women more rapidly than men, leading to lower quit rates, shorter times between relapses, and greater difficulty maintaining long-term abstinence. In terms of treatment, Dr. Drexler stressed the importance of a multi-modal approach to treating nicotine addiction, which ideally includes intensive therapy and a combination of nicotine replacement agents. Use of prescription drugs is also recommended for those who previously failed to quit with nicotine replacement agents. Dr. Drexler also outlined the Office of Tobacco and Health's programmatic and outreach efforts to address these issues, and provided the Committee with links to access those resources.

Dr. Drexler presented the Committee with data on the yearly diagnoses of SUD, generally, and alcohol use disorder (AUD), which show steady increases in the diagnoses of both SUD and AUD, even after the switch from the Diagnostic and Statistical Manual of Mental Disorders (DSM)-4 to DSM-5, and from International Classification of Diseases (ICD)-9 to ICD-10. Dr. Drexler then presented the Committee with diagnosis data further broken down by substance. SUDs related to cannabis, opioids, and amphetamines all demonstrate upward trends, while cocaine and sedative use diagnoses remain largely unchanged. Dr. Drexler, replying to a question from the Chair, confirmed that the recent legalization of cannabis across various states is directly linked to the increase in that use disorder recorded among Veterans. COL Freeman questioned whether that increase has occurred because Veterans are seeking alternative treatment regimen, and Dr. Drexler noted that the data concerns use disorder, not overall usage. Dr. Drexler reported that while rates of SUDs and AUD are higher among male Veterans, women Veterans manifest the symptoms and negative outcomes of those disorders more readily than their male counterparts, and that women Veterans are more likely to have both a concurrent mental health disorder and SUD.

Dr. Drexler shared that a challenge for women Veteran SUD treatment is the fact that VA SUD treatment occurs in a group format, but that women Veterans do not typically feel safe in mixed environments--especially when they are populated mostly by men. In response, 85 percent of VA facilities now offer individual evidence-based psychotherapy for women Veterans with SUD and/or PTSD, and 37 percent of VA facilities now host women-only SUD/PTSD treatment groups. Dr. Drexler noted that Dr. Tracy Simpson at the VA Puget Sound Health Care System is currently investigating SUD treatment

among women Veterans to inform future efforts geared toward increasing the access to, and use of those services.

Dr. Drexler praised DoD and VA for their inclusion of SUD treatment and mental health care in their respective basic benefits package. This benefits structure allows Veterans' providers to collaborate and coordinate their care, enabling them to take a whole-person, medical evidence-based, recovery-oriented approach to treating that Veterans' SUD. Dr. Drexler then gave the Committee an overview of the medical and psychosocial interventions commonly used in the treatment of specific SUDs among women Veterans, as well as the broader SUD continuum of care at VA. Dr. Drexler closed by outlining SUD treatment resources available for Veterans, Veteran families, and VA staff.

The Chair invited Vice Chair Kirk to ask questions on behalf of the Health Subcommittee, who inquired as to whether there is a self-treatment relationship between smoking and pain analogous to the one between smoking and anxiety. Dr. Drexler noted that smoking may relieve a primary anxiety when a person is a new smoker; but, with subsequent repeated use, the anxiety relieved is secondary, caused by nicotine withdrawal, and is not the primary anxiety for which the person began smoking. Further noting that better treatment options are available for stress and anxiety, Dr. Drexler also stated that she would return to the Committee with similar data addressing the pain-smoking relationship question.

Discussion on 2020 Report Recommendations

The Chair invited members of the public to remain for the Committee's discussions of its report recommendations and began with the Benefits Subcommittee, followed by the Health Subcommittee and a recommendation by the full ACWV.

Benefits Subcommittee Recommendations and Requests for Information (RFI)

Vice Chair Yarbrough shared the Subcommittee's concerns that the role of the WVC is a collateral duty defined by each regional office, that no performance metrics exist for the position, and that there is no defined amount of time relegated to WVCs for the performance of their duties. The Benefits Subcommittee recommended that the WVC be redefined as a standalone position and that performance metrics for WVCs be generated so that they may be better provided for and utilized as DVA resources. The Committee unanimously approved this recommendation.

Ms. Mendoza shared the Subcommittee's three-part recommendation related to education benefits for women Veterans. First, that Education Service and the Veterans Experience Office collaborate to study barriers of entry and barriers to persistence women Veterans face with regards to higher education. Additionally, that break/interval pay between academic terms be reinstated and that a childcare stipend be created within the benefits of the GI Bill, given that women Veterans are disproportionately impacted by both fiscal and physical childcare needs between and during academic semesters. The Committee unanimously approved this recommendation.

Vice Chair Yarbrough shared the Subcommittee's recommendation that VA provide outreach resources and tools to ensure that women Veterans are educated on WVPMs

and WVCs and CVEBs, and that WVPs and WVCs be enabled to interact with CVEBs to foster more effective Veteran community care. The Committee unanimously approved this recommendation.

Vice Chair Yarbrough outlined the Subcommittee's RFI for a briefing on a VBA investigation into conscious and unconscious sex and cultural bias, by comparing the most prevalent service-connected disabling condition between men and women Veterans to the percent of disability awarded, and VBA's ongoing efforts to confront this issue.

Health Subcommittee Recommendations and RFIs

Vice Chair Kirk invited her fellow Subcommittee members to share their recommendations on the MISSION Act, standards of care, and community/comprehensive care. Ms. Wright detailed the recommendation that VA incentivize VA and community providers, to become designated women health providers (DWHPs). The Committee unanimously approved this recommendation. Vice Chair Kirk detailed the recommendation that the Department request Congress's permission to perform abortions if the mother's life is at risk or that pregnancy was due to incest or rape, in regulatory alignment with the DoD's abortion regulations; the Chair noted that this recommendation had been made previously by the Committee and Vice Chair Kirk agreed to set it aside for further discussion. Dr. Bobb detailed the recommendation that VHA develop a national strategic plan for mammography and radiography screening availability and reporting standards; the Committee unanimously approved this recommendation. Ms. Wright detailed the recommendation that VHA provide annual metrics on comprehensive care resources utilized by women Veterans, provide a projection and strategic plan on the future capacity and demand for women Veteran comprehensive care, internally and externally, and a complete list of services that comprise comprehensive care for men, women, and minority Veterans; the Committee unanimously approved this recommendation.

Vice Chair Kirk shared the Subcommittee's recommendation that VHA continue its research on pain management and how it disproportionately impacts women Veterans, further investigate the link between pain management and substance abuse in women Veterans, increase pain management training to providers, and increase the availability of individual and women-only group counseling for substance abuse treatment. The Committee unanimously approved this recommendation.

Dr. Bobb shared the Subcommittee's recommendation that VA include women Veterans of the U.S. Coast Guard (USCG) in the Transition Assistance Program (TAP). Ms. Lawrencia Pierce noted that the USCG is already included in TAP and the Committee unanimously withdrew this recommendation.

Ms. Wright shared the Subcommittee's recommendation that WVPs and WVCs engage with state WVCs to collaborate on state-specific women Veteran issues and care. The Committee unanimously approved this recommendation.

Vice Chair Kirk shared the Subcommittee's recommendation that VHA conduct a survey of both VA and community providers on patient satisfaction, broken down by patient sex, and develop performance metrics. The Committee unanimously approved this

recommendation.

Vice Chair Kirk outlined the Subcommittee's RFIs for data on eating disorder treatment and program performance metrics; data transgender care clinics and enrollment; data on service-connected infertility, broken down by causing condition; contract language for MISSION Act and community care network and subcontractor providers, regarding training on military culture; and metrics on TAP's performance, relating to how it impacts VA health care enrollment among women Veterans.

ACWV Recommendation

Vice Chair Yarbrough proposed that the Committee recommend that VA form a working group to name certain unnamed VA facilities after prominent women Veterans; that women Veterans names be considered for all subsequent new-construction of VA facilities; and that the Department support H.R.1925 – "To designate the Manhattan campus of the New York Harbor Health Care System of the Department of Veterans Affairs as the 'Margaret Cochran Corbin Campus of the New York Harbor Health Care System'." Vice Chair Yarbrough additionally provided the names of some women Veterans as examples relevant to the second part of the above recommendation, including: Rear Admiral Grace Hopper, Deborah Sampson, Brigadier General Wilma Vaught, and Cathay Williams. The Committee unanimously approved this recommendation.

Meeting Adjourned, Chair, ACWV

The Chair adjourned the meeting at 11:43 a.m.

/s/

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

/s/

**Jacquelyn Hayes-Byrd
Designated Federal Officer, Advisory Committee on Women Veterans**