

2020 Report of the
Department of Veterans Affairs
Advisory Committee on Women Veterans

September 2020

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Chair's Letter

April 7, 2020

The Honorable Robert L. Wilkie
Secretary of Veterans Affairs (00)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Wilkie:

As Chair of the Department of Veterans Affairs' (VA) Advisory Committee on Women Veterans (ACWV), it is an honor and privilege to represent the approximately two million women Veterans who have served in the Armed Forces. This population of Veterans continues to grow exponentially, due to the increased presence of women in the active duty and reserve components. Moreover, the surge of outreach conducted by the Center for Women Veterans (CWV), led by Executive Director Ms. Jacqueline Hayes-Byrd, has enhanced women Veterans' awareness of VA's benefits and services, improved their self-identification as Veterans, and made VA a more attractive option for women who seek to access the care and benefits that they have earned through military service. Undoubtedly, the numbers of enrollment and usage of VA services have increased immensely since our last report to you, Sir.

The ACWV appreciates the opportunity to serve our nation's women Veterans and submits to you our 2020 biennial report, which includes ten recommendations--with supporting rationales--on how VA can address emerging issues impacting women Veterans. The twelve-member committee, all Veterans from diverse backgrounds and experiences, worked diligently to ensure the recommendations and rationales were in line with VA's five top priorities. It is imperative that women Veterans' health care and benefits comprehensively align with VA's mission and culture, and that the needs of women Veterans are considered in foundational services across the Enterprise.

The report covers important issues of significant concern to the ACWV, such as establishing a national strategic plan for breast imaging services, as this Veteran population continues to increase in numbers and their service can expose them environmental and occupational hazards that put them at risk for breast cancer.

Another issue of concern is the limited number of VA providers who are designated women's health providers (DWHPs). The MISSION Act is a great conduit to support the provision of comprehensive care for women Veterans, where services are feasibly community care based. However, we recommend that VA find ways to make these options more available to women Veterans in VA facilities, by incentivizing providers to become DWHPs. The ACWV has learned during briefings at various site

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visits and in speaking with women Veterans in general, that many women are more apt to choose VA health care services, if they are more available in VA facilities--even if the care is provided in a VA health care system that is not where they reside or they have to relocate.

Although the report itself covers issues the ACWV deems significant, I would also like to expound on a couple of recommendations that may assist in some policy decisions. We would like to receive more women Veterans-specific data in the Administrations' and Staff Offices' reporting on the programs they administer, including the information in briefings provided to the committee at VA Central Office and all site visit in the field. If the entire Enterprise, at your direction, could begin to capture and report the number of women Veterans using VA health care and benefits services, and any data and/or metric on shortcomings, it would help us to make more informed recommendations to you for policy implementation. That would also align with your vision of modernization. The availability of gender-specific data would improve how we do our work and help us be more accurate in our assessment of VA's programs.

The number of women Veterans continues to increase, and the demographic becomes more diverse across all eras, ages and stages in life. Sound recommendations provide support to VA leaders in making the right decisions on when and where to provide critical resources, so there is a proactive approach to meeting evolving needs rather than a reactive approach from not having the information necessary to anticipate projected growth. The ACWV appreciates the great efforts and strides that VA has taken to address the needs of women Veterans, but we wanted to ensure significant and attainable goals can be met from our recommendations.

Regarding VHA's End Harassment Campaign, we have observed during site visits that it is not consistently implemented; some facilities are implementing it better than others. Because how welcomed women Veterans feel in VA facilities is such an important factor in whether they continue to use VA, we recommend that VA provide the ACWV and CWV with its assessment of the campaign's success in each facility. This is also a tool that could be used as data and benchmark in facilities where the campaign is not doing so well. Additionally, VHA is leading in policy compliance for this campaign; recommend some written or optics related participation on the campaign from VBA and NCA. Lastly, this can help VISN leadership hold facility leaders accountable for their efforts to end harassment in their respective facilities. Cultural transformation is key to ensuring all Veterans feel safe in each facility.

As you will see in our recommendations, we are requesting more research, possible studies and collaboration on VHA and VBA areas of responsibilities that will also enhance programs and services for women Veterans, as well as our continued mission of supporting you with policy recommendations.

The Committee appreciates your Staff's leadership, expertise, and informative briefings, which support the direction we need to take in making our recommendations. Notably, CWV has been instrumental in our success as a Committee. The briefings we

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receive, and the site visits strategically coordinated and executed give us a better understanding of concerns and issues of women Veterans on the local level--from large urban areas to small rural areas. CWV continues to ensure that we always receive up-to-date information on current matters within the Administrations and Staff Offices. We cannot express enough continuing to serve our Country and VA in this capacity is one of the most rewarding experiences for each of us.

Thank you, Sir, for your leadership in supporting women Veterans and for understanding the value of the committee's work, in our effort to provide meaningful recommendations to you regarding VA's administration of benefits and services for women Veterans.

Respectfully submitted,

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

Command Master Chief Octavia D. Harris (U.S. Navy, Retired)
Chair, VA Advisory Committee on Women Veterans

Part I Executive Summary

The Department of Veterans Affairs (VA) Advisory Committee on Women Veterans' (the Committee) 2020 report provides recommendations and supporting rationales that address the following issues:

- Education Benefits;
- Women Veterans Coordinators;
- Inclusionary Branding of VA Facilities;
- VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act/Community Care/Comprehensive Care/Standards of Care;
- Substance Abuse and Pain Management in Women Veterans;
- VA Partnership with State Women Veterans Coordinators; and
- Cultural Transformation/Patient Satisfaction.

The report of the Committee is submitted biennially. The Committee members are appointed by the Secretary of Veterans Affairs (Secretary) for a 2-year or 3-year term. Members represent a variety of military career fields and possess extensive military experience, to include service in the Persian Gulf War and Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND).

A total of ten recommendations, with supporting rationales, are provided in this report. Recommendations stem from data and information gathered in exchange with VA officials, women Veterans, researchers, Veterans Service Organizations (VSO) and site visits to Veterans Health Administration (VHA), National Cemetery Administration (NCA) and Veterans Benefits Administration (VBA) facilities. The recommendations and supporting rationales provide insightful advice for VA to strategically and efficiently address the evolving needs of women Veterans.

Highlights

- Women Veterans need academic break pay to provide substantial financial relief between school sessions.
- VA should examine how changes in education benefits are impacting women Veterans.
- Women Veterans coordinators need measurable standards.
- Naming VA facilities after notable military women would make VA more welcoming to women Veterans.
- Having more designated women's health providers (DWHP) would improve women Veterans' access to care.

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- VA should establish a plan for projecting future demand and capacity requirements that would enable VA to meet the anticipated needs of women Veterans in VA facilities.
- Establishing a national strategic plan for breast imaging services would be beneficial in projecting future needs.
- VA should examine treatment provided for co-occurring chronic pain and substance abuse disorder in women Veterans.
- Collaborative partnerships between VHA's women Veterans program managers, VBA's women Veterans coordinators and states' women Veterans coordinators enhances women Veterans access to benefits and services.
- VHA should conduct an assessment of its "End Harassment" campaign.

Part II
Recommendations, Rationales and VA Responses

A. Education Benefits:

1. **Recommendation: That the Department of Veterans Affairs (VA) support legislation to provide academic “break pay” for women Veterans utilizing their GI Bill education benefits.**

Rationale: Under the Montgomery GI Bill, Veterans were offered break pay, also referred to as interval pay, which provides a benefit to cover expenses when school is not in session. The Post-9/11 Veterans Educational Assistance Improvements Act of 2010 removed the provision of break pay. Under the Post-9/11 GI Bill, Veterans must be enrolled year-round to receive benefits to cover expenses. When a Veteran is on an academic break (that is, in between semesters, quarters, winter break, summer break, etc.) the benefits stop, until the Veteran’s enrollment begins for the new session. The Forever GI Bill further reduces the amount student Veterans receive, making it commensurate to what the Department of Defense (DoD) provides to Service members.

There are more women Veterans between the ages of 25-54 who are enrolled in school than male Veterans in the same age range.¹ Compared to non-Veteran women ages 18-54, there is a higher percentage of women Veterans who are unemployed and enrolled in school (4.9% versus 6.1% respectively). Women, in general, are often primary caregivers for their families. It can be very difficult between academic sessions to secure employment that pays enough to maintain financial stability on a temporary basis. This creates a disparity for women Veterans.

Providing academic break pay would provide substantial financial relief and decrease hardships for women Veterans. VA should support legislation that seeks to provide break pay—such as H.R. 1913 BREAK PAY for Veterans Act² and H.R. 2230 BREAK PAY for Veterans Act³--to improve women Veterans’ access to education benefits and promote economic stability for Veterans’ families.

VA Response: Non-concur.

While VA is aware that some beneficiaries have been negatively impacted by the removal of interval pay, VA does not support legislation that would provide interval payment during academic breaks. By law, VA charges entitlement

¹ Briefing on Women Veterans and Unemployment. Women Veterans Program Manager, Veterans Employment Training Service, Department of Labor, Meeting to the Advisory Committee on Women Veterans, December 2018.

² GovTrack.us. (2020). H.R. 1913 — 116th Congress: BREAK PAY for Veterans Act. Retrieved from <https://www.govtrack.us/congress/bills/116/hr1913>.

³ GovTrack.us. (2020). H.R. 2230 — 116th Congress: BREAK PAY for Veterans Act. Retrieved from <https://www.govtrack.us/congress/bills/116/hr2230>.

according to an individual's training time. An individual who receives payment for full-time training during an academic break would be charged one month of entitlement. This would result in some beneficiaries utilizing several months of entitlement for interval pay even though they would not be progressing any closer toward graduation during this time. As a result, these students may find themselves unable to complete their program of education due to exhaustion of entitlement.

- 2. Recommendation: That the Veterans Benefits Administration's (VBA) Education Service collaborates with the Veterans Experience Office to examine barriers that exist for women Veterans, in relation to accessing education benefits across all formats (traditional/online/hybrid academic environments), enrollment in academic programs and continuation of higher education.**

Rationale: With all the changes occurring in education benefits, there is a pressing need to address the potential residual impact or effects of those changes on women Veterans. According to VA's Campus toolkit, only 15% of student Veterans are traditionally-aged college students (18-23). Today, most student Veterans are between the ages of 24 and 40.⁴ With regard to women Veterans, data show that they are more likely to be single parents than male Veterans and are also more likely than their male counterparts to perform the duty of caregiver for other family members. While these are known challenges that women Veterans face with regard to pursuing a higher level or education/certification, there may others that have yet to be documented or approached for resolution. A collaborative review of these challenges would help VA better assess how to best serve women Veterans and improve their access to education benefits.

VA Response: Concur.

VBA and the Veterans Experience Office (VEO) are collaborating to study barriers to academic progression to higher levels of education/certification for women Veterans. VEO is working with VBA's Education Service to develop a VSignals Customer Experience (CX) Education Benefits Survey which will launch in summer 2020. This survey will identify actionable insights from Veterans who have applied for or have received education benefits under the latest iteration of the GI Bill. The survey will measure their experience and satisfaction. This survey will allow for data analysis by search criteria to include (but not limited to) gender, age cohorts (Veterans aged under 30, 30-39, 40-49, 50-59, and so forth), and geographical regions. This data will allow for detailed comparative analysis of the experience of female Veterans in accessing education benefits. These insights will be used by Education Service to drive program improvements in the administration and oversight of these benefits.

⁴ VA Campus Toolkit. Retrieved from: <https://www.mentalhealth.va.gov/studentVeteran/studentvets.asp>, on March 5, 2020.

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Action Plan Recommendation #2: Examine barriers that exist for women Veterans, in relation to accessing education benefits (part of larger EDU survey project)					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Examine barriers to Women Veterans accessing education benefits.	VBA's Education Service (EDU)	Veterans Experience Office (VEO) Office of Strategic Initiatives and Collaboration (OSIC)	Continue Project Team meetings	Ongoing	Ongoing
Design and deliver a working customer feedback management tool that will be used by EDU to standardize, collect, analyze and act upon CX data.	EDU	VEO and OSIC	Education VSignals Kickoff Meeting	December 9, 2019	Completed
			Establish weekly integrated project team (IPT) meeting	December 13, 2019	Completed
			High Level human centered design (HCD) training for Project Team	December 16, 2019	Completed
			VEO provided recap of previous HCD research of EDU VSignals	December 30, 2019	Completed
			Signed Project Charter from EDU and VEO	February 10, 2020	Completed

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		Question Validation and Refinement and data requirements	April 10, 2020	Completed
		Review / approval of survey questions	May 4, 2020	Completed
		EDU review and approval of dashboard metrics	May 11, 2020	Completed
		Development of Implementation, Sampling and Service Recover Plans	May 2020	Upcoming
		VBA Leadership concurrence of deliverables	June 2020	Upcoming
		Develop Communications plan to share with Stakeholders	June/July 2020	Upcoming
		Survey Launch	July 20, 2020	Upcoming
		Project Closeout and OMB A-11 Reporting Support	July/ August 2020	Upcoming

B. Women Veterans Coordinators (WVC):

3. **Recommendation: That VBA modernize the WVC position, by establishing it as a duty with measurable position standards.**

Rationale: Currently, the role of women Veteran coordinator (WVC) is a collateral duty. The WVCs' assigned duties vary from regional office (RO) to RO, based on a variety of factors. Since personnel serving as WVCs are not full-time and have other demanding duties and responsibilities, they encounter competing priorities.

VBA's M27-1 Benefits Assistance Service Procedures⁵ reference document defines what a WVC is and delineates the WVC's basic duties, but fails to establish metrics for measuring success in the execution of these duties, and does not elaborate on the amount of time that should be dedicated to effectively accomplish these duties. Establishing standardization would ensure that the basic duties are performed, while allowing ROs the flexibility to tailor their services to meet the unique needs of the women Veterans they serve in their respective catchment areas. Additionally, doing so would allow VBA to better assess the WVC's performance and the success of this important role with a dedicated focus on women Veterans.

VA Response: Concur-in-principle.

The M27-1 manual is written to provide procedures and guidance to field station outreach coordinators to ensure standardization of key basic duties and requirements across the Nation. The manual does not address individual performance standards. However, VBA will review its M27-1 manual for additional ways to increase standardization to ensure that the basic duties of the WVC are performed consistently, while allowing ROs the flexibility to tailor their services to meet the unique needs of the women Veterans they serve in their respective catchment areas. Additionally, VBA continues to modernize the reporting of outreach efforts through the Outreach Reporting Tool Plus (ORT+). The ORT+ is laying the foundation for capturing and analyzation of data pertinent to WVC outreach efforts.

C. Inclusionary Branding of VA Facilities:

4. **a. Recommendation: That VA form a working group to recommend names for VA undedicated facilities to honor women Veterans, and that for all new facilities women Veterans names be considered.**

⁵M27-1 Benefits Assistance Service Procedures. Retrieved from: https://benefits.va.gov/warms/M27_1.asp, on March 5, 2020.

VA Response: Non-concur. VA does not agree with the recommendation and will not implement. The formation of a working group to recommend names for VA undedicated facilities to honor women Veterans may be subject to the requirements of the Federal Advisory Committee Act if the working group is comprised of at least one non-Federal employee. See Federal Advisory Committee Act (FACA), 5 United States Code (U.S.C.) App. 2. Additionally, the authorizing statute for the Committee specifically states that “the Secretary shall, on a regular basis, consult with and seek the advice of the Committee with respect to the administration of benefits by the Department for women Veterans, reports and studies pertaining to women Veterans and the needs of women Veterans with respect to compensation, health care, rehabilitation, outreach, and other benefits and programs administered by the Department, including the Center for Women Veterans.” Inclusionary branding of and recommending names for VA undedicated facilities does not appear to fit within the scope of this statutory purpose. See 38 U.S.C. § 542.

b. Recommendation: That VA support legislation that promotes the renaming of VA facilities to honor women who have made significant contributions to military service, to recognize the impact of women who serve and to promote inclusiveness and cultural transformation.

VA Response: Concur-in-principle.

Medical Facilities

VA agrees with the recommendation in concept but cannot implement until there is direct Congressional action on this issue. Congress has the authority to name Federal property after an individual, including the renaming of VA facilities. VA has limited naming authority as it may only name a facility, structure or real property (to include any major portions thereof, such as a wing or floor) by the geographic area in which the facility, structure or real property is located. Only Congress has the authority to rename a VA facility, structure or real property after a Veteran. See 38 U.S.C. § 531.

Regional Offices

In principle, VBA supports the recommendation for naming facilities after women Veterans who have made significant contributions to military service; however, it would require additional time and effort to devise a plan to implement the recommendation. To further explore this recommendation, VBA worked with the Office of General Counsel (OGC) to seek guidance on naming authority for VA RO space that is owned and controlled by the U.S. General Services Administration (GSA). The specific authority to rename a GSA-owned or managed facility resides with GSA under 40 U.S.C. §3102, Naming or designating buildings, which states the following:

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The Administrator of General Services may name or otherwise designate any building under the custody and control of the General Services Administration, regardless of whether it was previously named by statute. (2002).

Any efforts to rename a GSA-owned building would need to be closely coordinated with GSA. To rename a VA-owned building, the administration would need to seek Congressional legislation to change the name of the current building.

VA would need to work in concert with many internal and external stakeholders to implement a name change to any VA facility, regardless of whether VA owns or leases the space. At a minimum, VA would need to work with wayfinding applications like Google maps to ensure ease of navigating to renamed VA facilities. External communications would also need to take place to ensure Veterans and their family members are informed of the name change. VA would need to work with local Veteran groups as well as national VSOs on a marketing plan to ensure the new name change is communicated to Veterans and other pertinent stakeholders.

VA would need to work with internal VA stakeholders to include the Office of Information & Technology to update letterheads, websites and United States Digital Services to update VA.gov. In addition, VA would need to ensure an adequate budget and resources are available to successfully implement a name change, to include producing signage and coordinating with emergency services to update the name of the local facility. VA Central Office (VACO) would need to collaborate with VA ROs and their support services divisions (SSD) to ensure the planning and implementation of a name change is done properly from a facility standpoint.

Cemeteries

Under 38 Code of Federal Regulations (CFR) § 38.602(b), NCA's implementing authority for naming cemeteries and features within cemeteries, the basis for names of national cemetery activities and features is based on physical and area characteristics, such as the nearest important city or town or widely known physical or historical features. These objective elements support NCA's mission, access strategy, and customer service standards by helping Veterans and stakeholders to locate and associate with cemeteries that serve them near where they live. This also keeps consistency in how NCA serves Veterans nationwide. Naming cemeteries after Veterans, female or male, does not have the advantages of the current naming process.

Reference – "Except as expressly provided by law, a facility, structure, or real property of the Department, and a major portion (such as a wing or floor) of any such facility, structure, or real property, may be named only for the geographic

area in which the facility, structure, or real property is located.” 38 U.S.C. § 531 (1998).

c. Recommendation: That VA support H.R. 1925⁶ 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."

Rationale: As VA modernizes, it recognizes that the Veteran population has changed significantly in the past few decades and now includes a substantial increase of women Veterans. Women Veterans are the fastest growing segment of the Veteran population and will continue to be that in the foreseeable future. Additionally, women serving in the military are transcending traditional roles, allowing them to work in fields that were predominantly male, or ones in which that they were previously forbidden to serve. Women have and continue to be appointed to significant positions of leadership and are making lasting contributions that will impact the military service of women in the future. As such, VA should modernize and evolve to reflect an inclusionary branding, to provide a more welcoming environment to the increasing number of women Veterans coming to VA for care. VA should support H.R. 1925, which seeks 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," to demonstrate to women Veterans that their service matters.

VA should establish a diverse working group comprised of individuals from various eras of service, military branches and ethnicities to ensure that the names for consideration when renaming undedicated VA facilities and all new facilities also include the names of noteworthy women Veterans. This would provide an outward recognition of women Veterans' sacrifices on behalf of our great Nation and promote VA's efforts to transform the culture in its facilities.

The list below includes a sample of trailblazing women Veterans who are more than worthy of having a VA facility named in their honor. This list is not inclusive and is meant to serve as an example of how magnificent our women Veterans have been--and still are to this day. Examples include the following:

- 1). Commodore Grace Hopper, U.S. Navy (Retired) – served in the U.S. Navy Reserve during World War II and led the team that invented the Common Business-Oriented Language (COBOL).
- 2). Elsie S. Ott – served in the U.S. Army as a flight nurse during World War II on the first intercontinental air evacuation flight; achieved the rank

⁶ 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". Retrieved from: <https://www.congress.gov/116/bills/hr1925/BILLS-116hr1925ih.pdf>.

of second lieutenant. For this effort, she became the first woman to be awarded the United States Air Medal.

3). Cathay Williams – was the first African American woman to enlist in the U.S. Army, serving during the American Civil War disguised as a man, William Cathay. For three years, she was a Buffalo Soldier.

4). Deborah Sampson – served in the Continental Army during the American Revolutionary War as “Robert Shirliffe.”

5). Dr. Mary Edwards Walker – distinguished as the only female Medal of Honor recipient, earning for her service during the Civil War. She was a doctor and tried to join the Army as a medical officer. Being rejected, she volunteered her services.

VA Response: Concur-in-principle.

VA agrees with the recommendation in concept but is unable to implement. Because Congress has the authority to name Federal property after an individual, including the renaming of VA facilities, VA will defer to Congress on H.R. 1925. VA has limited naming authority as it may only name a facility, structure or real property (to include any major portions thereof, such as a wing or floor) by the geographic area in which the facility, structure or real property is located. Only Congress has the authority to rename a VA facility, structure or real property after a Veteran. See 38 U.S.C. § 531.

D. MISSION Act/Community Care/Comprehensive Care/Standards of Care:

5. Recommendation: That the Veterans Health Administration (VHA) incentivize VA health care providers to become designated women’s health providers (DWHP), to improve access to care for women Veterans.

Rationale: The population of women Veterans is growing exponentially and ensuring that women Veterans have the same access to care as their male counterparts continues to be a priority for the Committee. Currently, there are at least two DWHPs in each VA medical facility, while 90 community-based outpatient clinic (CBOC) locations have no DWHP. This indicates a shortage of available VA providers who are knowledgeable about the unique health care needs of women Veterans. Anecdotal information suggests providers are choosing to refuse to serve women Veterans, due to high panel workload in women Veterans clinics. Adding to an already challenging situation, VA competes with the private sector to retain the most talented providers that serve our Veterans.

There is an abundance of training available to address women Veterans’ comprehensive health care needs that would equip providers with the tools they need to provide quality care, including but not limited to training on military sexual

trauma (MST), posttraumatic stress disorder (PTSD) and reproductive issues. If VA incentivizes its health care providers to train to become DWHPs to meet the needs of this fast-growing population of Veterans, then women Veterans would receive equitable care no matter where they decide to access care.

VA Response: Non-concur.

VA does not have evidence to show that gaps in VHA women's health providers is due to lack of access to advanced training in women's health topics. VHA has a very robust Mini-residency program that is presented both locally and nationally, in which hundreds of providers are trained in women's health care every year. Additionally, VHA produces monthly cyber seminars in advanced and timely topics, which are regularly attended by hundreds of providers, and available on-line as additional training resources.

Training can be considered an incentive as follows:

- 5 U.S.C. 4101(4) defines training as follows: "Training means the process of providing for and making available to an employee, and placing or enrolling the employee in a planned, prepared, and coordinated program, course, curriculum, subject, system, or routine of instruction or education, in scientific, professional, technical, mechanical, trade, clerical, fiscal, administrative, or other fields which will improve individual and organizational performance and assist in achieving the agency's mission and performance goals."
- 38 U.S.C. §§ 7411 provides the authority to reimburse continuing professional education expenses for full-time, board certified physicians and dentists. Under 38 U.S.C. § 7411 and VA Handbook 5015, Employee Development, paragraph 9, full-time, board certified physicians and dentists appointed under 38 U.S.C. § 7401(1) shall be reimbursed for expenses incurred, up to \$1,000 per year, for continuing professional education, which may include VA mandated training for specific assignments.

Training given on duty time that may provide continuing education credit or professional development at no cost to participants may be considered to have monetary value and thereby be considered an incentive.

Gaps in provider capacity are due to factors other than available training. The VHA Women's Health Integrated Project Team (IPT) has examined gaps in capacity due to provider shortages, provider retention and turnover. Provider exit interviews conducted have identified a variety of reasons for turnover, to include insufficient nursing and staff support, as well as panel size increases. The IPT has also looked at issues of recruitment, which are significant for Primary Care providers across the U.S., in and outside of VHA. In the recruitment process, VHA can offer competitive salaries known as market pay, but difficulties in

recruitment remain, particularly in rural areas, because of insufficient applicant interest.

- Should a physician's duties or assignment change, market pay must be reviewed. Market pay should reflect a VHA facility's labor market needs or unique circumstances based on the market pay criteria as prescribed in VA Handbook 5007, Pay Administration, Part IX, including corresponding salary survey data for the particular assignment and clinical specialty.

The recommendation suggests incentivizing existing Women's Health providers. VHA Women's Health providers are generally primary care physicians or nurse practitioners. There is no medical board specialty or officially sanctioned clinical specialty to denote being a women's health provider, therefore there is no legal mechanism available to award pay increases.

6. Recommendation: That VHA establish a national strategic plan for breast imaging services that covers the evolving needs of women Veterans.

Rationale: Women Veterans have a rate of higher breast cancer than non-Veteran women.⁷ The growth of the women Veterans population and their exposure to combustion by products (benzene, xylene and ethyl benzene) known to increase the risk for breast cancer⁸ necessitate the need for greater access to mammography services in the future.

As of 2019, 51 out of 170 medical centers (30%) have mammography programs, requiring women Veterans to seek mammography services from the private sector.⁹ Since 2015, there has been approximately a 14% increase in breast imaging procedures. This number will grow, as more women separate from the military and these women age. VA is reportedly adding about ten mammography units per year. VHA should establish a national strategic plan for breast imaging services that addresses any trends that develop in the women Veterans population and make projections of their needs going forward.

VA Response: Concur.

VHA is expanding breast imaging services to meet the growing needs of women Veterans. In many cases, breast imaging may appropriately be offered on-site at VHA medical centers and associated sites of care. In some geographic areas, Veteran demographics, projected number of exams, recruitment and staffing

⁷Cancer Incidence in the U.S. Military Population: Comparison with Rates from the SEER Program. Zhu, K; Devesa, S; Wu, H ; Hoar Zahm, S.; Jatoi, I.; Anderson, W.; Peoples, G.; Maxwell, L.; Granger, E.; Potter, J.; and McGlynn, K. Retrieved from: <https://cebp.aacrjournals.org/content/18/6/1740>, on March 6, 2020.

⁸ Breast Cancer Prevention Partners, Dioxin. Retrieved from: <https://www.bcpp.org/resource/dioxins/> on March 6, 2020.

⁹ Briefing on VHA Breast Imaging Services, Director and Assistant Director, National Radiology Program (NPR); Chair NRP Mammography Advisory Committee, Meeting of the Department of Veterans Affairs' Advisory Committee on Women Veterans, December 2019.

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challenges and other considerations make community care the preferred solution to provide the highest quality and most accessible care. The Office of Radiology supports this recommendation and plans to collaborate with Women's Health Services (WHS) in the development of a strategic plan that will address existing trends and future projections to meet the evolving needs of women Veterans.

Action Plan Recommendation #6: Strategic Plan for Breast Imaging Services					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Collaborate with WHS to develop a strategic plan.	National Radiology Program Office	WHS	Identify and engage stakeholders	Q4 Fiscal Year (FY) 20	
			Kick-off conference call	Q4 FY20	
			Face-to-face meeting, if travel permitted; virtual meeting, as alternative	Q1 FY21	
			Draft strategic plan	Q2 FY21	
			Finalize strategic plan	Q3 FY21	

7. a. Recommendation: That VHA provide a plan for projecting future demand and capacity requirements that would enable VA to meet the anticipated needs of women Veterans onsite, versus having to utilize community care or care through the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act.

b. Recommendation: That VHA provide annual reporting to the Committee regarding metrics on comprehensive care--to include screenings, annual physical exams, bloodwork, reproductive health screening, geriatric screenings, mental health screening, and preventive treatment--and measures to ensure that comprehensive care provided to women Veterans are equal in quality and type to the services provided to male Veterans.

Rationale: The basic medical benefits package afforded to Veterans who come to VA for health care includes the following: preventative care, hospital (inpatient)

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services, ancillary services, mental health, home health care, geriatrics and extended care, medical equipment.¹⁰ For women Veterans who utilize VA for comprehensive primary care, this care also includes gender-specific services.¹¹ The Committee has repeatedly been told by women Veterans and staff during site visits that women Veterans are required to seek care in the community more than male Veterans, due to a lack of providers and the absence of certain equipment in VA facilities. Because women Veterans are at higher risk for certain mental health outcomes, and more often have to seek community care for gender-specific services, how VA addresses comprehensive/coordinated health care moving forward is even more important.

The Committee requests that VHA provide annual reporting regarding metrics, broken down by gender, on comprehensive care--to include screenings, annual physical exams, bloodwork, reproductive health screening, geriatric screenings, mental health screening and preventive treatment--and measures to ensure that comprehensive care provided to women Veterans are equal in quality and type to the services provided to their male counterpart. This reporting should include the number of Veterans (by gender) receiving these services directly by VA and those receiving these services external to VA.

Additionally, the Committee is requesting that VHA develop a modernization plan to project future demand and capacity requirements, to see how VA can meet the anticipated needs of women Veterans onsite, versus having them utilize community care or care through the MISSION Act.

VA Response 7a: Concur.

VHA does strategically evaluate capacity gaps, gender disparities and variation in implementation of women's health care programs across the country and develops plans to address these areas. On both a national and local level, program needs are being evaluated and resource needs are being identified to enhance services.

Action Plan Recommendation #7a: VA Plan for Projecting Future Demand and Capacity for Women Veterans					
Actions	Lead Office	Other Offices	Tasks	Due Date	Current Status
Women's Assessment Tool for Comprehensive Health Survey	VHA WHS		Completed for 2019 Next update will be provided in 2020	November 2020	

¹⁰ Briefing on Substance Abuse Disorders in Women Veterans, National Director, Substance Use Disorders, Office of Mental Health and Suicide Prevention, Meeting of the Department of Veterans Affairs' Advisory Committee on Women Veterans, December 2019.

¹¹Women's Health Services, Comprehensive Primary Care. Retrieved from: <https://www.womenshealth.va.gov/WOMENSHEALTH/outreachmaterials/generalhealthandwellness/comprehensivehealth2014.asp>, on March 9, 2020.

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Women's Assessment Tool for Work Force Capacity Survey			Completed for 2019; Next update 2020	November 2020	
Modernization Integrated Project Team			Completed in 2019		

VA Response 7b: Concur.

VHA will share with the Committee metrics from quarterly Gender Reports, which is available to all VHA facilities, comparing outpatient clinical composites and individual quality metrics for men and women for the purposes of process improvement. The included metrics are derived from Health care Effectiveness and Data Information Set specifications and include gender-neutral measures of quality, the results of which are obtained through traditional chart-abstracted sampling or electronic clinical quality measure techniques depending on the measure. Individual metrics include preventive health (vaccinations), management of cardiovascular risk factors (smoking, high blood pressure, elevated low-density lipoprotein cholesterol) and clinical care for chronic conditions, such as diabetes and heart failure.

Additionally, results are divided into age groupings for additional comparisons. VHA does perform oversampling techniques to augment the population of women Veterans particularly at the facility level; however, there are instances for some metrics where the women in the denominator remain small and difficult to extrapolate. Availability of clinical data from community (non-VA) providers is a challenge VHA is working to overcome to allow for the enhancement of gender-specific reporting.

Action Plan Recommendation #7b: VA Plan for Gender Data for Women Veterans					
Actions	Lead Office	Other Offices	Tasks	Due Date	Current Status
Gender Report	VHA 10A Rapid Response	WHS	Updated quarterly and available to the field	January 30, 2021	Up to date

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Gender Disparities	WHS		Reviewed Quarterly	January 30, 2021	Up to date
Performance Management report Breast and Cervical Cancer Screening and Percent of Women Assigned to Women's Health Providers	VHA 10A Rapid Response	WHS	Updated quarterly and available to the field	January 30, 2021	Up to date

E. Substance Abuse and Pain Management in Women Veterans:

8. a. Recommendation: That VHA increase women Veteran-centric pain management training for providers and increase women Veterans' access to diverse modalities of treatment for co-occurring chronic pain and substance abuse for women Veterans.

b. Recommendation: That VHA continue to research how pain management impacts women Veterans differently than male Veterans, as well as the links between pain management and substance abuse in women Veterans.

Rationale:

In general, women report higher prevalence of pain and have greater pain-related disability.¹² Additionally, women are at greater risk for sub-optimal patient-provider communication and stigma regarding care, less likely to receive optimal pain treatment, and are more likely to experience adverse medication side effects/complications. Military service adds additional factors that impact the likelihood of injury and pain. Back pain and joint pain are 40-50% higher in active duty women relative to men.¹³ The rate of musculoskeletal disorders in women is 58.7% and 47.6% in men.

MST is associated with increased prevalence of pain and presence of more than one pain diagnosis. Women are more likely than men to have experienced MST,

¹² Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research. National Institutes of Health, Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/22553896>.

¹³ Briefing on Pain in Women Veterans, Deputy Chief Consultant, Women's Health Services, Meeting of the Department of Veterans Affairs' Advisory Committee on Women Veterans, December 2019.

which is associated with more severe PTSD and alcohol use.¹⁴ Estimates suggest one in four women report sexual trauma in the military. Pain and depression frequently co-exist and have an additive effect on adverse health outcomes and treatment responsiveness of one another. Pain is often self-managed with addictive substances, including methamphetamine, alcohol, marijuana and opioids. Women are more likely than men to have concurrent bipolar disorder, major depression, PTSD, anxiety disorder, personality disorder, amphetamine and barbiturate use disorders.¹⁵ Currently, about 37% of VA facilities offer women-only substance use disorder (SUD) or PTSD-SUD treatment, and about 85% of VA facilities offer individual SUD or SUD-PTSD treatment for women Veterans. However, there is little known about VA treatment provided for co-occurring chronic pain and SUD for women Veterans.

The Committee is concerned that women Veterans may be disproportionately impacted by pain and substance abuse and need greater attention. To ensure that women Veterans have increased access to treatment for co-occurring chronic pain and substance abuse, VHA should offer diversity in treatment modalities, including the following: individual treatment, outpatient rehabilitation services, intensive treatment services, and alternative treatment. Additionally, it is important that VA continues to research how pain management impacts women Veterans differently than male Veterans and continue to examine the links between pain management and substance abuse in women Veterans, in order to enhance VA's services to women Veterans.

VA Response 8a: Concur in principle.

VHA is engaged in ongoing efforts to address this issue. Currently, VHA offers a variety of provider trainings in the care and management of pain in women through national webinars (for example, Integrated Pain Care Community of Practice, Post Deployment Community of Practice, National VA-Extension of Community Healthcare Outcomes, Health Services Research & Development). Topics have included the care and management of pelvic pain, musculoskeletal pain, headache/migraine and complex pain in women.

Given the high rates of musculoskeletal pain, WHS developed a 2-day interdisciplinary mini residency on the diagnosis and management of musculoskeletal pain. WHS also maintains Pain Management Best Practices for Women Veterans on its internal SharePoint site, which is accessible to Women's Health Providers. WHS developed a joint training on chronic pain in active duty and Veteran Women for the VHA/Department of Defense (DoD) Joint Pain Education Program; this was updated in 2019. Additionally, education on the overlap between chronic pain/mental health and strategies to engage women in

¹⁴ Briefing on Substance Abuse Disorders in Women Veterans, National Director, Substance Use Disorders, Office of Mental Health and Suicide Prevention, Meeting of the Department of Veterans Affairs' Advisory Committee on Women Veterans, December 2019.

¹⁵ Briefing on Substance Abuse Disorders in Women Veterans, National Director, Substance Use Disorders, Office of Mental Health and Suicide Prevention, Meeting of the Department of Veterans Affairs' Advisory Committee on Women Veterans, December 2019.

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self-management is included in the joint VHA/DoD Women's Mental Health Mini Residency offered bi-annually. Finally, training on pelvic pain is a core didactic in the National Women's Health Mini Residency.

Given the significant prevalence of chronic pain in women, there is an ongoing need to ensure providers within pain management and addiction medicine are aware of and able to address their unique needs. WHS will continue to collaborate with the VHA Pain Management Program, to ensure that women's health topics are incorporated into annual national and Veterans Integrated Service Network (VISN) level trainings.

As an integrated health care system, VHA is uniquely situated to address the needs of women Veterans diagnosed with a substance use disorder (SUD) by providing supports to address co-occurring medical, mental health and psychosocial needs, to include supports for employment and housing. As the committee notes, women Veterans often experience co-occurring treatment needs that may increase the likelihood that they will present in settings other than specialty SUD clinics. VA launched the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative in August 2018, with the intent of supporting the expansion of medications for the treatment of opioid use disorder (OUD) in Level 1 clinics (pain management, primary care and general mental health).

Medications, such as buprenorphine for the treatment of OUD, reduce the risk of overdose and all-cause mortality and are strongly recommended as first-line treatment. Pilot sites in each VISN implemented this expansion during FY 2019. From August 2018, through March 2020, there has been a 162% increase in the number of patients receiving buprenorphine in the initial pilot Level 1 clinics and 177% increase in the number of providers prescribing buprenorphine in these clinics. Currently, VHA is working to scale these efforts with additional training planned in FY 2020 and 2021. VHA will continue to explore opportunities to ensuring access for integrated treatment for co-occurring pain and SUD for women Veterans.

Action Plan Recommendation #8a: Chronic Pain and Substance Use					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Collaboration of experts across Specialty Care (Pain), Mental Health/Addiction Services and	Pain	WHS	Incorporate issues of relevance to pain and substance use in women into national	SCOUTT: 9/20	Planning
	Mental Health			VIP POST: 9/20 (and annually thereafter)	Planning

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WHS to identify, and disseminate information to providers and service lines responsible for care of women with chronic pain and substance use			SCOUTT, Veterans in Pain - Pain Management, Opioid Safety, Suicide Prevention Teams (VIP POST), Pain Monthly COP calls, women's mental health mini residency (WMH-MR)	Community of practice (COP): updated annually	Ongoing
				WMH-MR: updated biannually	Ongoing
			Continue to make available mini residencies on musculoskeletal and pelvic pain in women Veterans and Pain Management Best Practices for women on the WHS SharePoint	Updated annually	Ongoing

VA Response 8b: Concur in principle.

VHA is already engaged in ongoing research to address these issues. The Committee was previously briefed on the existing VHA literature, highlighting the following: a) higher rates of pain (Haskell, et al, 2006; Haskell, et al., 2012; Weimer, et al., 2013); b) poorer satisfaction with pain treatment (LaChappelle, et al., 2013); and c) decreased maintenance of pain treatment gains (Murphy, et al., 2016) observed in women Veterans relative to men. In addition, the Committee was made aware of the disproportionately higher burden of psychiatric comorbidity (Higgins, et al., 2017), psychosocial challenges (Driscoll, et al, 2015) and stigma (Driscoll, et al., 2018) that women Veterans with chronic pain experience. In light of these stark realities, further research is necessary to elaborate the nature of these gender differences, to address the unique pain treatment needs of women Veterans, to examine response to treatments, and where necessary, to develop new treatment modalities for women and tailor existing treatments to women Veterans' needs.

Although VHA now understands the dangers associated with opioid pain medications, prescribing them is one of the central ways of addressing chronic pain, which at the peak in 2012 were prescribed to more than 900,000 Veterans in VA care (Gellad, Good, & Shulkin, 2017). VHA-specific research, based on data from FY 2008 and FY 2010, indicates that women Veterans were less likely

to be prescribed opioids than were men Veterans (Weimer et al., 2013; Oliva, et al., 2015). Among those prescribed an opioid in 2010, however, women were more likely to receive guideline-concordant care (for example, engagement in counseling, nonpharmacologic pain modalities, and so forth) but they were more likely to be in receipt of a risky co-prescription (Oliva, et al., 2015). Additional epidemiologic research based on more recent national data (2007-2012) found that, compared with their male counterparts, women Veterans' risk of prescription drug misuse is greater (age-adjusted estimates: 5.0% versus 3.0% men Veterans; Hoggatt, et al., 2017). The risk of such prescription misuse is markedly higher among the youngest women, with the prevalence among Veterans aged 18-25 being 14.1%.

While these various findings suggest that women Veterans are at risk of excess morbidity and mortality secondary to misuse of opioid medications prescribed for pain, the extant, relevant research on the rates of opioid misuse among women Veterans predates the surge in opioid medication prescribing. Consequently, the true burden among women Veterans is yet to be determined. Coincidentally, these data also predate the initiation of VHA's Opioid Safety Initiative in 2013, which was meant to curb this surge and the associated risks. With limited current data, very little is also known about gender differences in opioid assisted therapy but is the topic of ongoing research.

Several ongoing projects will continue to examine gender differences in the following: a) pain and its management in Veterans; b) feasibility, engagement and effectiveness of nonpharmacologic pain treatments; and c) efforts to safely discontinue long-term opioid therapy (LTOT). These projects include the following: a) large epidemiological data sets; b) surveys; and c) clinical intervention trials (several of which are pragmatic in nature).

- The Women Veterans Cohort Study includes a national cohort of all Veterans who separated from service after 9/11. Also, it includes a survey cohort of Veterans from this era and oversamples women. Primary aims target the elaboration of gender differences in musculoskeletal disorders/chronic pain and its management, mental health and cardiovascular risks/outcomes. Findings inform knowledge about patterns of utilization, complexity, psychosocial needs and disparities.
- A national prospective study is currently enrolling Veterans prescribed LTOT and oversampling women. Participants are being quantitatively and qualitatively monitored for opioid reduction/discontinuation processes and outcomes (quality of life, pain, substance use and so forth) with gender comparisons planned. Findings will inform best practices for discontinuing opioid therapy, while simultaneously mitigating negative consequences of discontinuation and will determine whether there are gender specific needs that warrant attention during this process.

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- Cooperative Pain Education and Self-management: Expanding Treatment for Real-world Access is a large multi-site pragmatic clinical trial designed to compare the real-world outcomes of technology-based cognitive behavioral therapy for chronic pain (CBT-CP), which patients can do from their home versus in-person CBT-CP provided at the local VHA medical center. Designed to oversample women, data will examine effectiveness and engagement. If findings suggest that the technology-based CBT-CP enhances engagement and is effective for women, it will increase access to this modality. A joint initiative between VHA, DoD, and the National Institute of Health (NIH) is funding this trial.
- Learning to Apply Mindfulness to Pain (LAMP) is a large multi-site pragmatic clinical trial examining the effectiveness of a mobile mindfulness-based intervention for chronic pain. Women are oversampled in this study, to allow researchers to stratify data and draw conclusions about gender differences in effectiveness. Because it is a technology-based intervention, findings have relevance for increasing access to care for women Veterans. A joint initiative between VHA, DoD, and NIH is funding this trial.
- The “Connect” trial is a series of small pilot trials designed to address the logistical, health care system and psychosocial barriers to accessing and engaging with pain self-management identified by women. Women Veterans with chronic pain are paired together to support each other as they learn pain self-management skills, participate in a walking program and set goals. A VHA VISN 1 Career Development Award, a Patterson Trust Award, and a VHA Health Services Research & Development (HSR&D) Career Development Award are funding the trial.

Several additional future projects leverage the collective expertise of multiple stakeholders. These have the potential to inform treatments that target currently unmet needs (co-occurrence of pain and opioid-use disorder in women Veterans) or populations (rural dwelling women Veterans with pain).

Future projects include the following:

- Establishment of a national administrative cohort derived from the electronic medical record to examine gender differences in the following: a) prevalence and correlates of OUD and chronic pain; b) receipt of medications to address OUD; c) receipt of adjuvant care (pain/addiction); d) deaths by overdose; and e) rates of risky co-prescriptions (*anticipated start Q4, 2020*). This is a collaboration between the VHA Puget Sound Center of Excellence in Substance Addiction Treatment and Education, VHA's HSR&D funded Pain and Opioid Core, the VHA HSR&D Pain Research, Informatics, Multimorbidities & Education (PRIME) Center of Innovation (COIN) and VHA's Office of Substance Abuse. This collaboration will lay the groundwork for targeted, investigator-driven data

collection to understand women Veterans' perceptions of their pain, opioid medication use and OUD to develop and evaluate interventions tailored to their specific needs.

- An investigation to define the needs and gaps in care for rural-dwelling women Veterans with chronic pain and to pilot an innovative health service intervention for this population (*pending, anticipated start Q1, 2021*). This is a collaboration between VHA's HSR&D funded Pain and Opioid Core, the VHA HSR&D PRIME Center and the Office of Rural Health. Findings will inform best practices for meeting the unique pain treatment needs of rural dwelling women with chronic pain.

F. VA Partnership with State Women Veterans Coordinators:

9. **Recommendation: That VHA and VBA establish a memorandum of understanding with State Departments of Veterans Affairs to create collaborative partnerships between VHA's women Veterans program managers, VBA's women Veterans coordinators and states' women Veterans coordinators, to enhance women Veterans' access to local, state and Federal Veterans benefits and services.**

Rationale: It is important that VHA's women Veterans program managers, VBA's women Veterans coordinators and states' women Veterans coordinators, as entities created specifically to address the needs of women Veterans, work together collectively to ensure that women Veterans have access to the benefits and services they have earned through their military service. A coordinated effort to keep women Veterans informed about local/state/Federal benefits and services would positively impact women Veterans' access to them. The synergy created by eliminating silos between agencies would promote more efficient outreach and education efforts, as well as more targeted internal processes to address challenges in serving women Veterans. Additionally, continuity of care supplemented by benefits can only really happen when these entities work together.

VA Response: Concur-in-principle.

In principle, VA concurs that collaborative partnerships between VHA's women Veterans program managers (WVPM), VBA's WVCs and states' WVCs are imperative to enhance women Veterans' access to local, state and Federal benefits and services. A new memorandum of understanding (MOU) is not needed to strengthen partnerships that already exist in the MOU established with National Association of State Directors of Veterans Affairs (NASDVA).

In February 2019, an MOU was signed by the VA Secretary, the Honorable Robert L. Wilkie, and the President of NASDVA. The MOU provides structure for both VA and NASDVA to work collaboratively to serve Veterans, their family

members and survivors. As stated in the memorandum, NASDVA members are the second largest provider of benefits and services to Veterans and their families and the role of NASDVA continues to expand.¹⁶ In addition, the MOU states that State Directors currently address the needs of Veterans regardless of gender. Finally, the MOU outlines the roles and responsibilities of both NASDVA and VA, which include the importance of working in partnership on improving the customer experience, recognizing emerging/unmet needs of Veterans and their families and identifying and sharing best practices that can be adopted to improve programs and the delivery of care.

In addition, VBA will update the M27-1 to include a requirement that the WVCs regularly engage with VHA's WVPMs and invite a representative from their State Department of Veterans Affairs to foster a collaborative effort and ensure consistency.

G. Cultural Transformation/Patient Satisfaction:

10. Recommendation: That VHA conduct an assessment of its End Harassment campaign, to ascertain its effectiveness and to devise a plan for modernization of the effort to resolve the ongoing problem of sexual assault and harassment physical violations against women Veterans in VA facilities moving forward.

Rationale: A National survey of primary care patients indicates that one in four women experienced harassment at a VA facility.¹⁷ The harassment generally included unwelcomed behaviors that included catcall, stares, and sexual or derogatory comments from male Veterans; other unwelcomed behaviors included questioning women Veterans' right to seek care at VA, stalking and threatening actions.¹⁸

VHA launched several campaigns to promote inclusiveness and to remind VA staff and male Veterans to show respect for the women who served our country, in hopes of making VA facilities safer and welcoming to women Veterans. VA's Administrations and Staff Offices are also diligently engaged in a variety of cultural transformation efforts. However, the challenge of educating and training

¹⁶ Memorandum of Agreement between the United States Department of Veterans Affairs and National Association of State Directors of Veterans Affairs (NASDVA, VA Point of Contact Verschoor, Thayer), February 2019.

¹⁷ Klap R, Darling JE, Hamilton AB, Rose DE, Dyer K, Canelo I, Haskell S, Yano EM. Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care. *Womens Health Issues*. 2019 Mar - Apr;29(2):107-115. doi: 10.1016/j.whi.2018.12.002. Epub 2019 Jan 25.

¹⁸ Klap R, Darling JE, Hamilton AB, Rose DE, Dyer K, Canelo I, Haskell S, Yano EM. Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care. *Womens Health Issues*. 2019 Mar - Apr;29(2):107-115. doi: 10.1016/j.whi.2018.12.002. Epub 2019 Jan 25.

male Veterans who also utilize VA facilities persists. Women Veterans continue to report instances of physical assault and/or sexual harassment in VA facilities.

VHA should conduct an assessment of its End Harassment campaign, in an effort to improve women Veterans' experience in VA facilities, and to ensure that they have the same access to quality health care as their male counterpart. This assessment should include the number of harassment and assault complaints, broken down by VA facility; the metrics used to measure success of the campaign/or to measure a decrease in the incidence of harassment; and identification of challenges or problem areas, as well as plans to remedy these problem areas.

The Committee expects cultural change in every component of VA, because this harassment decreases women Veterans' access to VA's benefits and services.

VA Response: Concur in principle.

VA is dedicated to improving the safety and comfort of Veterans at every facility. Because of this, VHA is engaged in ongoing efforts in moving the End Harassment campaign forward. While assessing effectiveness of initiatives is a worthy suggestion and VHA agrees in principle, there is no current guidance or agreement on how to effectively define, measure or evaluate such culture change. VHA may even expect to see higher official reports of harassment from Veterans as a result of a successful campaign, because of increased awareness among women that there are options for making reports or getting assistance.

VHA has engaged in several initiatives in support of efforts to promote inclusiveness and encourage respect for women Veterans. VHA's WHS promoted several campaigns and posters for dissemination at local facilities in 2017-2019, including a "Respect" campaign developed by the Under Secretary for Health and the "End Harassment" campaign developed by WHS. VHA continues to monitor the physical environment at all facilities, to promote culture change by creating an environment that feels both safe and welcoming to women. VHA worked with interior design on the layout of waiting rooms, entrances, and exam rooms, as well as strategic placement of surveillance cameras. In 2019, VHA developed a Women Veterans Health Care Modernization Integrated Project Team, to address culture change. That group identified several strategies, which include the following: establishing an approach to measure culture change, identifying and disseminating strong practices and supporting other related initiatives. Also, VA regularly seeks feedback from a sample of Veterans, through a brief survey known as "V Signals," and analyzes the responses by gender, to assess experiences with health care visits regarding feeling respected and trust in VA.

The End Harassment campaign was originally informed by a VA research study and focus groups with men and women Veterans and semi-structured interviews conducted in 2015. To track the impact of efforts to end harassment, VHA's

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Women's Health Practice-Based Research Network, comprised of 61 VA medical centers (VAMC), collected brief, anonymous surveys from women Veterans seen in VA primary care and/or women's health clinics in 2017 (1,303 surveys across 26 VAMCs), 2018 (1,714 surveys across 30 VAMCs) and 2019 (2,135 surveys across 36 VAMCs). Preliminary findings show that the proportion of women who reported experiencing harassment was 25.4% in 2017, 21.7% in 2018 and 18.5% in 2020. Simultaneously, the proportion of women who indicated that they believed VA is working to address harassment was 52.4% in 2017, 57.5% in 2018 and 58.5% in 2019.^{19, 20}

WHS and VA researchers partnered to address harassment at VA, and recently VA funded research efforts include the following: 1) a pilot designed to identify strategies for addressing harassment of women Veterans and employees through interviews with nationally recognized subject matter experts within and outside VA; 2) a Research career award designed to understand staff barriers to addressing public harassment and develop strategies to increase staff intervention; and 3) a newly funded pilot project to develop and pilot a Veteran-informed bystander activation intervention to address harassment within VA.

VHA recognizes that ending harassment of Veterans will require a broad, systemic approach throughout VA, to globally end harassment in all its forms. As a result, the End Harassment campaign expanded into "Stand Up to Stop Harassment Now!" launched in October 2019. This is a nationwide campaign to promote a harassment-free environment. VHA established the national Sexual Harassment/Assault Response and Prevention (SHARP) office that will have a regular communication drumbeat across the entire VA. This includes using various communications platforms and partnering with VSOs to reach a wider Veteran audience. The SHARP office is also leveraging an intradepartmental and multidisciplinary workgroup to improve current harassment and assault definitions, policies, incident reporting procedures and data reporting/trending. Additionally, the office will oversee bystander intervention training and other proactive tools to curb sexual harassment in VA facilities.

In order to best evaluate changes, more work will be done on how to evaluate these campaigns and initiatives. VA is available to brief the committee on progress in the future, as these initiatives are developed, finalized and rolled out.

¹⁹ These were repeated cross-sectional surveys. Different sites and respondents participated in each wave.

²⁰ While trends indicate decreases in reported harassment and increases in perceptions that the VA is working to address harassment over time, these trends have not been tested for statistical significance.

PART III
Appendices

Appendix A Historical Perspective

The 1980 Census was the first time that American women were specifically asked if they had ever served in the Armed Forces. In response, 1.2 million women indicated that they had military service. However, very few of these newly identified Veterans used VA services. Congress and VA then began a concerted effort to recognize women Veterans and inform them of their benefits and entitlements. Activities were initiated to increase public awareness about services for women in the military and women Veterans.

Soon after the 1980 Census, Congress granted Veteran status to women who had served in the Women's Army Auxiliary Corps during World War II. In 1982, at the request of Senator Daniel Inouye, the General Accounting Office conducted a study and issued a report entitled: "Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits." This study found the following:

- Women did not have equal access to VA benefits;
- Women treated in VA facilities did not receive complete physical examinations;
- VA was not providing gynecological care; and
- Women Veterans were not adequately informed of their benefits under the law.

At the same time, VA commissioned Louis Harris and Associates to conduct a "Survey of Female Veterans: A Study of the Needs, Attitudes, and Experiences of Women Veterans," to determine the needs and experiences of this population. Published in August 1985, the survey found that 57% of the women did not know they were eligible for VA services, benefits and programs. Another particularly troublesome finding was that women Veterans reported twice the rates of cancer as compared to the women in the general adult population, with gynecological cancers being the most common.

In November 1983, Congress passed P.L. 98-160, "Veterans' Health Care Amendments of 1983," mandating that VA establish an Advisory Committee on Women Veterans. Not only were they tasked with assessing the needs of women Veterans with respect to adequate access to VA programs and services, but they were also empowered to make recommendations for change. The Committee was entrusted with the responsibility to follow up on these activities and to report their progress to Congress in a biennial report.

To further ensure that women Veterans had access to VA's benefits and services on par with male Veterans, Congress passed P.L. 103-446 in November 1994, which established the Center for Women Veterans. The Center for Women Veterans continues to monitor and coordinate VA's administration of benefits and services for women Veterans and promote cultural transformation through the Women Veterans Program (established in 2012) and other collaborative initiatives with Federal/state/local governmental and non-governmental stakeholders.

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The following events and data highlight recent Administration, Congressional, VA and Advisory Committee on Women Veterans efforts to address the needs of Women Veterans.

2018 CWV partnered with Team Red, White, and Blue to create the Women's Athlete Initiative, a traveling photo exhibit highlighting a diverse selection of women Veterans engaged in healthy lifestyle.

CWV introduced an internal I Am Not Invisible digital campaign, to enhance cultural awareness in VACO by highlighting the service of the women Veteran employees who are serving Veterans.

VA hosted its first ever Nationwide Baby Shower, a 2 week-long initiative at 60 VAMCs, created to honor and support Veterans welcoming new babies into their families in 2018.

CWV collaborated with VEO, to examine how women Veterans experience VA; VEO created a Women Veterans (WV) Patient Journey Map to illustrate their experiences at various touchpoints of service.

CWV, working with VA Media Services, initiated a National I Am Not Invisible digital campaign to promote cultural transformation in VA facilities by highlighting the stories of the women Veterans across the Nation.

VA expanded its Women Veterans' Health Services research portfolio, in size and diversity.

VA Health Services Research and Development's Women's Health Research Network launched a national VA cyberseminar research series, with over 90 seminars under "Spotlight on Women's Health," developed national collaborative research development work groups in high-priority topics; and generated medical journal supplements focused exclusively on women Veterans' health research.

VA Women's Health Practice Based Research Network (PBRN) grew to 60 VAMCs and more than 300 CBOCS, making it easier to recruit women Veterans in all types of VA research.

2019 Jacquelyn Hayes-Byrd, a retired U. S. Air Force Major, was appointed as CWV's new Executive Director.

VHA established a Women Veterans Healthcare Modernization Integrated Project Team, consisting of representation from across the field, VISNs, VHA Central Office and other offices within VA.

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VHA established the Women Veteran Care Coordination and Management program, to expand access to care for women Veterans residing in primarily rural areas.

VA partnered with the United States Air Force to create a pilot program to address health care gaps for women Veterans as they transition from the military. The program establishes a "Hot hand off" between DoD and VA (VHA and VBA) for women Veterans before separation from military service and will track participants for two years post service.

CWV expanded its national I Am Not Invisible initiative, to share the diverse stories of women Veterans from various background across the Nation.

CWV held a national Women Veterans Trailblazers Initiative, to recognize women Veterans who are pioneers in their respective fields of service and to share their inspirational and resilient stories. The initiative has been replicated in 41 states, 56 cities, the District of Columbia and Puerto Rico, capturing more than 2,475 women Veterans' images.

CWV's monthly Partners Breakfast Meeting, created to promote communication between VA and women Veterans organizations and advocates, expanded to include more partners and various modes of participation.

CWV's hosted the inaugural Women Veterans Power Play networking event, an internal effort providing an opportunity for VA's women Veterans employees to connect and discuss ways in which they can collaborate to help Veterans.

CWV increased its social media presence, by designating staff to serve as a communications manager.

CWV's increased its efforts to improve internal cultural transformation and educate VA staff about the important contributions of women who served in the Armed Forces, by hosting screenings of the documentaries Six Triple Eight (a collaboration with CMV) and The Hello Girls.

Appendix B
VA Advisory Committee on Women Veterans
Membership Profiles

Command Master Chief Petty Officer Octavia Harris, U.S. Navy (Retired), is the current Chair of the Committee. She began her military career in 1982 as a yeoman. She was one of the first women to serve onboard a combatant warship, the USS NIMITZ, where she earned the surface warfare specialist qualification and achieved the rank of chief petty officer. As command senior chief and department head for Amphibious Squadron ONE, she led a staff supporting amphibious warships in direct support of Operation Enduring Freedom and Operation Iraqi Freedom. As command master chief on the USS Pinckney, she became the destroyer's first female enlisted leader--leading a crew in support of direct counter piracy efforts and the Global War on Terror's anti-terrorism efforts. As Command Master Chief of Space and Naval Warfare Systems Command, she was instrumental in the development of the Information Dominance Warfare Program. Her many military decorations include the following: the Legion of Merit; several meritorious service medals; several Navy and Marine Corps Commendation medals; Global War on Terrorism Expeditionary medal; humanitarian service medals for Hurricane Katrina and counter piracy efforts; and Armed Forces Expeditionary medal. She retired in 2012.

Command Master Chief Harris received a Bachelor of Arts degree in Health Care Management from the National University and a Master of Science degree in Operations Management from the University of Arkansas. As a civilian, she was program manager of the Comprehensive Advanced Restorative Effort (CARE) and Naval Medical Center San Diego, where she served on the VA/ DoD joint Interagency Care Coordination Committee (IC3); the board of directors for the San Diego chapter of Women in Defense; and the board of directors for San Diego's Support the Enlisted Project—which supports active duty and Veterans in financial crisis. She is now retired from Federal service and currently serves as a Veterans' advocate and independent consultant. She also serves as a member of the Defense Advisory Committee on Women in the Services.

Dr. Kailyn Bobb served in the U.S. Air Force from 2002 through 2009, where she was responsible for maintaining information systems network and providing hardware and software support to ensure operation for mission critical tasks in support of Operations Enduring and Iraqi Freedom. In 2017, she earned a doctorate degree in clinical psychology from Alliant International University-California School of Professional Psychology, focusing on military psychology, trauma, severe psychopathology and research. In her dissertation, titled "Women Veteran Identity and Its Impacts on Preference and Use of VA Health Care Services and Reintegration," she studied the factors that impact women Veteran identity; whether women Veteran identity impacts the use and preference for VA services; and how well women Veterans reintegrate into civilian society after their time in service. She also studied how resiliency and other personality traits and exposure to trauma can impact reintegration among Veterans. Additionally, Dr. Bobb earned a bachelor's degree in chemistry from Loyola

University Chicago, a master's degree in psychology from the University of Phoenix; and a master's degree in clinical psychology from the Alliant International University-CSP. Dr. Bobb is a Veterans' advocate, focusing on increased provisions for and reducing the stigma of mental health in the military community. She is also passionate in bridging the military-civilian divide, by actively educating currently practicing and future mental health professionals on military culture and current issues that Service members, Veterans and their families face. Currently, she is the director of therapy for a private group practice.

Lieutenant Colonel Kate Germano, USMC (Retired), served from 1996 to 2016. Her leadership roles included serving as Marine aide to the Secretary of the Navy; assistant chief of staff, Manpower, Marine Corps Installations Command; commanding officer, 4th Recruit Training Battalion; and presiding officer, Naval Clemency and Parole Board. Lieutenant Colonel Germano received a master's degree in military science from the Command and Staff College and a bachelor's degree in history/pre-law from Goucher College. She has authored article for various publications on the impact of the military on women in the services. She currently serves as a consultant, writer and advocate for Servicewomen and women Veterans.

Command Master Chief Linda L. Handley, U.S. Navy (Retired), served from 1980 to 2011. She served in theater on the Commander of U.S. Central Command's staff during Desert Storm, for which she was among the first women to receive the combat action ribbon. Command Master Chief Handley also participated in Operation Iraqi Freedom and Operation Enduring Freedom. During her extensive career, she served on eight ships and was the trailblazer for women on naval combatant vessels. She is a graduate of the U.S. Navy's Senior Enlisted Academy; a designated master training specialist and often recognized for excellence in leadership. She completed training on sexual assault victim intervention; and provided guidance to numerous sailors and Marines during deployments. She also completed casualty assistance calls officer training and graduated from the U.S. Navy Corporate Business Course, completing courses in human capital strategy, financial management, risk management, moral leadership and people strategy and networking.

Command Master Chief Handley received numerous medals, to include: Meritorious Service Medals; Navy and Marine Corps Commendation Medals; the Army Commendation Medal; the Navy and Marine Corps Achievement Medal; the Combat Action Ribbon; and numerous unit and campaign ribbons. Command Master Chief Handley was recently selected by the Governor of Pennsylvania as a Woman Veteran of the year. Her Veterans advocacy keeps her actively engaged in high level VA discussions, advising on issues directly impacting women Veterans and participating in events honoring the service of women Veterans, especially at the local VA facility.

Lieutenant Colonel Lisa Kirk, Maryland Air National Guard (Retired), graduated from the United States Air Force (USAF) Academy in 1990, where she earned a bachelor's of science degree in civil engineering. She also earned a Doctorate in Public Health from the Uniformed Services University of the Health Sciences. Lieutenant

Colonel Kirk served as a biomedical science officer in the USAF and as a bio-threats issues manager in the Maryland Air National Guard, where she retired in 2012. She was the chief executive officer for Pink to Camouflage, which provided consulting services to Federal, state, local governments and academia that promoted Veterans. She volunteers as an admissions liaison officer for the USAF Academy, mentoring young people who desire to be appointed. She is also a lifetime member of Disabled American Veterans (DAV), currently serving as a director on DAV's National Service Foundation.

Chief Warrant Officer 2 Moses A. McIntosh Jr., U.S. Army (Retired), served in both the U.S. Air Force and the U.S. Army from 1981-1997. He is a service-connected Veteran, with participation in Operations Desert Shield/Desert Storm. In the U.S. Air Force, he was stationed in the 51st, 524th and 596th Bombardment Heavy Squadron Strategic Air Command (SAC), where he served as training flight instructor defense aerial gunner B-52G; promoted optimum use of aircraft defensive fires control systems; and was responsible for operation of the Air Force satellite communication link. In the U.S. Army, he was stationed with H Company (Co) 1st Aviation Regiment, A Co 7-1 Aviation Regiment and 498th Medical Evacuation Company, where his leadership experience included serving as rear detachment commander and UH-60 helicopter pilot; providing medical evacuation coverage; serving as executive officer and project manager; and managing day-to-day operation of the company. He served until medical retirement at the rank of Chief Warrant Officer 2 in 1997, having logged more than 2,800 flight hours and flying 25 combat missions during Operations Desert Shield/Desert Storm.

Chief Warrant Officer 2 McIntosh has a Master of Science degree in Human Resource Management from Troy State University and Bachelor of Science degrees in Management from the University of Maryland and in Management Studies from Louisiana Tech University. He served more than 21 years in Disabled American Veterans (DAV), in various positions of organizational leadership. He is a past National Commander of DAV, where served as the official spokesman for the organization; testified before Congress on various Veterans' issues; and conducted outreach activities to raise Veterans' awareness of the organization's services and programs.

Lieutenant Colonel Shannon McLaughlin, Massachusetts Army National Guard, is a Veteran of Operation Enduring Freedom and currently serves full-time as the State Judge Advocate for the Massachusetts National Guard. She is responsible for advising on ethical, administrative, fiscal, operational and contract law issues, as the agency's lead attorney and drafts legislation to modernize the Massachusetts National Guard. Lieutenant Colonel McLaughlin has more than 21 years of military service—as a former enlisted sailor in the U.S. Navy Reserves and as an officer in the Army National Guard.

She earned numerous medals, to include the Meritorious Service Medal, five Army Commendation Medals and several Navy and Marine Corps Achievement Medals. Lieutenant Colonel McLaughlin served on the American Bar Association's Standing Committee for Armed Forces Law, has received numerous awards for her public service and has the Lesbian Gay Bisexual Transgender courage award for public service from Boston College Law School named in her honor. She also serves part-time as the

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Command Judge Advocate for the 151st Rear Support Group, where she administers justice and discipline and advises the Brigade Commander. She recently provided the keynote address at the Harvard Distinguished Speakers Series in conjunction with Disabled American Veterans on her work as a civil rights trailblazer. Lieutenant Colonel McLaughlin is an elected member of the Planning Board for the Town of Sharon, Massachusetts, where she resides with her three children.

Yareli Mendoza served in the U.S. Air Force from 2005 through 2010, as a member of security forces. She served as patrolman/desk sergeant at Travis Air Force Base, where she responded to medical and emergency calls; led on-scene rapid response efforts to domestic violence and other community crisis; and compiled investigative and informative reports. She completed three deployments, in both Iraq and Afghanistan, fulfilling various security-based missions to include: law and order, detainee operations, perimeter security and visitation. Ms. Mendoza is a doctoral student at the University of Iowa, pursuing a Ph.D. in educational policy and leadership studies with an emphasis in higher education and student affairs. Her research on student Veterans is recognized by the University of Iowa's Dare to Discover campaign, which highlights the top doctoral student research.

Ms. Mendoza earned her bachelor's degree in political science and master's degree in public administration from California State University Fullerton (CSUF). As a student at CSUF she participated in CSUF's women Veterans' group and served on CSUF's "Women Veterans in Higher Education" annual conference committee, which provides a network opportunity for women Veterans and connects them with community organizations that provide services. She participated in the Cal State DC Scholars Program in 2014, where she was assigned to VA's Office of Congressional and Legislative Affairs. In that capacity, she conducted legislative research, drafted reports, researched and prepared responses to inquiries, assembled briefing materials for senior level staff for Congressional briefings and reviewed responses to Congressional inquiries for quality, accuracy and responsiveness.

Commander Janet M. West has served over 10 years in the U.S. Navy, to include serving three combat deployments as a flight surgeon to Iraq, Afghanistan and the Horn of Africa. During her career, she has provided comprehensive primary care, including women's health and behavioral health, for Service members and Veterans. She participated in the transition of two U.S. Navy primary care clinics to patient centered medical homes; both facilities successfully attained National Committee on Quality Assurance Level III recognition and significantly improved patient satisfaction, access to care and multiple population health quality metrics. Commander West received a bachelor of arts degree in biochemistry from Hamline University in 2000 and a doctor of medicine degree from the University of Minnesota in 2005. She completed residency training in family medicine at Naval Hospital Pensacola in 2006, then practiced as a staff family physician at Naval Hospital Pensacola (2011-2014), Naval Hospital Jacksonville and associated branch clinics (2014 to present). Her professional affiliations include the American Medical Association, American Academy of Family Physicians and the Uniformed Services Academy of Family Physicians. Currently, Commander West serves as senior medical officer at Jacksonville Naval Air Station.

Colonel Wanda Wright, USAF (Retired), is a graduate of the U.S. Air Force Academy. Throughout her military career, she has served in various positions of leadership. She was selected to command Air Force personnel on a southwest border mission, in support of Operation Jump Start. As director of staff for the Arizona National Guard, Colonel Wright served as the principal full-time spokesman for Air National Guard senior leadership; developed strategic plans and programs and executed short term objectives; wrote definitive policies based on staff analysis; directed compliance on all regulatory mandates; managed all Arizona Air National Guard military personnel issues (2,500 personnel); and initiated contact and maintained liaison with public officials and civic groups. She retired in 2011 after 26 years of service. Colonel Wright has a bachelor's degree in financial management from the U.S. Air Force Academy, a master's degree in business administration from Webster University, a master's degree in public administration from University of Arizona and a master's degree in educational leadership from Arizona State. Since her appointment in 2015, she has served as the Director of Veterans Services for the state of Arizona.

Colonel Betty Yarbrough, USA (Retired), was commissioned as a Second Lieutenant in the Quartermaster Corps in 1986. Colonel Yarbrough was deployed in support of Operations Desert Shield/Desert Storm and participated in Operation Iraqi Freedom. She served in a variety of positions during her extensive military career, to include the following: assistant executive officer to the Director of the Army Staff and the Army National Account Manager in the Defense Logistics Agency, where she served in Operation Enduring Freedom. Colonel Yarbrough was the military director of the Defense Advisory Committee on Women in the Services, from July 2012 through November 2015, where she served as the primary advisor to the Secretary of Defense for Personnel and Readiness on all matters pertaining to women in the armed forces, as well as the ex-officio member on the Department of Veterans Affairs' Advisory Committee on Women Veterans. She has a bachelor's degree in business administration from Arkansas Tech University, a master's degree in logistics management from Florida Institute of Technology and a master's degree in national resource strategy from the National Defense University.

Colonel Yarbrough's awards and decorations include: the Legion of Merit, the Bronze Star Medal (with oak leaf cluster), the Defense Meritorious Service Medal (with two oak leaf clusters), the Meritorious Service Medal (with three oak leaf clusters), the Joint Service Commendation Medal, the Army Commendation Medal, Army Achievement Medal (with oak leaf cluster), National Defense Service Medal (with bronze star), Southwest Asia Service Medal (with bronze star), Iraq Campaign Medal, Afghanistan Campaign Medal, Global War on Terrorism Service Medal, Army Service Ribbon, ISAF NATO Medal, Kuwait Liberation Medal, Army Overseas Service Ribbon (with numeral 2) and the Army Staff Identification Badge. Colonel Yarbrough retired in 2015. She currently serves as the Vice Chair for the ACWV Benefits Subcommittee.

Appendix C
Summary of Site Visits for (2018-2019)

The Advisory Committee on Women Veterans (Committee) generally conducts an annual site visit to a VA health care facility that has an active program for women Veterans. The site visit provides an opportunity for Committee members to compare the information that they receive from briefings by VA officials with actual practices in the field. In an effort to observe how VA provides services for women Veterans in diverse geographical settings, the Committee visited an urban and a rural location. The Committee had two site visits during this timeframe.

Chicago, IL:

The Committee conducted a site visit on September 10-14, 2018, in Illinois/VISN 12: VA Great Lakes Health Care System. During this site visit, the Committee received overview briefings from the lead VISN women Veterans program manager, health care system leadership and medical staff from the Edward Hines Jr. Hospital and Captain James A. Lovell Federal Health Care Center on programs and services available for women Veterans and toured the medical centers; received briefings from leadership and staff at the Chicago Regional Benefits Office; and received briefings from the Abraham Lincoln National Cemetery leadership and toured the cemetery.

Durham, NC:

The Committee conducted a site visit on April 1-5, 2019, in North Carolina/ VISN 6: VA Mid-Atlantic Health Care Network. During this site visit, the Committee received overview briefings from the lead VISN women Veterans program manager and leadership and medical staff from the Durham VA Health Care System, the Fayetteville VA Health Care Center, the W. G. (Bill) Hefner VA Medical Center and the Kernersville Health Care Center on programs and services available for Veterans in VISN 6 and toured the medical centers; received briefings from leadership and staff from the Winston-Salem Regional Office; and received briefings from the Salisbury National Cemetery and toured the cemetery. Additionally, the Committee observed a town hall meeting with local women Veterans and other stakeholders, conducted by the Fayetteville VA Health Care Center.

Appendix D
Briefings to the Advisory Committee on
Women Veterans (2018-2019)

The Advisory Committee received the following briefings during the period covered by this report:

Office of the Secretary and CWV

- Purpose for Site Visit, Anna Crenshaw, Acting Director, Center for Women Veterans/Designated Federal Officer, September 2018.
- Greetings/Comments, Pamela Powers, Chief of Staff, Veterans Affairs, December 2018.
- Center for Women Veterans Update, Anna Crenshaw, Acting Director, Center for Women Veterans/ Designated Federal Officer (DFO), Advisory Committee on Women Veterans, December 2018.
- Jacquelyn Hayes-Byrd, Executive Director, Center for Women Veterans, April 2019.
- Purpose for Site Visit, Anna Crenshaw, ACWV Designated Federal Officer/CWV Deputy Director, April 2019.
- FACA 101 Training, Jelessa Burney, Program Specialist, Advisory Committee Management Office, Office of the Secretary, August 2019.
- Center for Women Veterans Initiatives/Update on 2018 Report of the Advisory Committee on Women Veterans (Recommendation 7: Enhancing Center for Women Veterans Resources), Jacquelyn Hayes-Byrd, Executive Director, Center for Women Veterans/ ACWV Designated Federal Officer (DFO), August 2019.
- Presentation of Certificate of Appreciation/Photo Op/Brief Remarks from VA Leadership, Christopher Syrek, VA Deputy Chief of Staff, August 2019.

VBA

- Appeals Modernization, Nina Tann, Assistant Director, Appeals Management Office, December 2018.
- OIG Report on MST, Laurine Carson, Assistant Director, Compensation Service, December 2018.
- Update on Accelerated Learning Programs (ALPs) Pilot and VA Learning Hubs, Nathan Williamson, Assistant Director, Office of Transformation and Economic Development, December 2018.
- Overview of the Office of Transition & Economic Development/New Transition Assistance Program, Nathan Williamson, Assistant Director, Office of Transformation and Economic Development, December 2018.
- Overview of the Winston-Salem Regional Benefits Office, Leigh Ann Skeens, Assistant Director, Winston-Salem Regional Benefits Office, April 2019.
- Targeted Outreach, Demographics, Vocational Rehabilitation and Employment, Compensation, Leigh Ann Skeens, Assistant Director, Winston-Salem Regional Benefits Office, April 2019.

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- Questions and Answers, Leigh Ann Skeens, Assistant Director, Winston-Salem Regional Benefits Office, Tammy Davis, MST Coordinator, Winston-Salem Regional Benefits Office, April 2019.
- Update on Veterans Benefits Administration's Initiatives, The Honorable Paul Lawrence, Under Secretary for Benefits, August 2019.
- Overview of Survivor Benefits Plan, Dependency and Indemnity Compensation (DIC), Special Survivor Indemnity Allowance (SSIA), Kevin Friel, Deputy Director, Pension and Fiduciary Service, August 2019.
- Overview of Concurrent Receipt, Cleveland Karren, Director, Policy and Procedures, Compensation Service, August 2019.
- Overview of VA Educational Benefits, Charmain Bogue, Executive Director, Education Service, December 2019.
- Role of Women Veterans Coordinators, Scott Posti, Assistant Director, Outreach, Benefits Assistance Service, Office of Field Operations, December 2019.

VHA

- Entrance Briefing/Welcome of Leadership and Introduction, Dr. Steven E. Braverman, Director, Edward Hines Jr. VA Hospital, September 2018.
- Overview of Edward Hines Junior Hospital Facilities/Programs/Demographics, Dr. Elaine Adams, Chief of Staff, Edward Hines Jr. VA Hospital, September 2018.
- Overview of VISN 12 Women Veterans Services, Dr. Chasitie Levesque, Lead Women Veterans Program Manager, VISN 12, September 2018.
- Overview of Edward Hines Junior Hospital Women's Health Program, Corinne Steimer, SARRTP Program Manager; Dr. Hepsi Kalapala, Medical Director, Women's Health; Latha Panicker, Mammography Coordinator, Women's Health; Marisa Riis, Maternity Coordinator, Women's Health; and Dr. Freager Williams, Gynecologist, Women's Health, Edward Hines Jr. VA Hospital, September 2018.
- Community Care, Carolina Mosley, VISN 12 Community Care Program Manager
- Healthcare for Homeless Veteran (HCHV) Program, Kristy Bassett, Social Worker, HCHV and Kerry Thomas, Social Worker, Edward Hines Jr. VA Hospital, September 2018.
- Mental Health, Dr. Lisette Rodriguez-Cabezas, Psychiatrist, Women's Mental Health Champion, Edward Hines Jr. VA Hospital, September 2018.
- Suicide Prevention, Lauren Johnson, Suicide Prevention Coordinator, Edward Hines Jr. VA Hospital, September 2018.
- Transition and Care Management, Ivy Lloyd, Transition and Care Management Clinical Manager, Edward Hines Jr. VA Hospital, September 2018.
- Skills-Based, Trauma-Informed, Recovery Programming for Women Veterans, Dr. Marilyn Garcia, Psychologist, Edward Hines Jr. VA Hospital, September 2018.
- Entrance Briefing/Welcome of Leadership and Introduction, Dr. Daniel S. Zomchek, Director, Captain James A. Lovell Federal Health Care Center (FHCC)
- Briefing on Homeless Veteran Program, Jennifer King LCSW, Grant and Per Diem Liaison; Jennifer Olden, Program Manager, Domiciliary Care for Homeless

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Veterans; and Emily Nelson, Program Manager, Homeless Program, FHCC, September 2018.

- Overview of Captain James A. Lovell Federal Health Care Center Facilities/Programs/Demographics, FHCC Executive Leadership, September 2018.
- Mental Health/Suicide Prevention, Kristina Lecce, Social Work Executive, Suicide Prevention Coordinator/Transition Care Management Program Manager, FHCC, September 2018.
- Transition and Care Management (TMC), Kristina Lecce, Social Work Executive, Suicide Prevention Coordinator/Transition Care Management Program Manager, FHCC, September 2018.
- Integrated Women's Health Program (Primary Care, Gynecology, Mammography), Dr. Tahira Juiris, Medical Director, Women's Health; Dr. Amanda Hill, Attending Physician, Surgical Service; Dr. Ahmad Taheri, Attending Physician, Gynecology; and Dr. Piyush Vyas Acting Associate Director, Clinical Support Service, FHCC, September 2018.
- MST Program, Delia De Avila, Social Worker, Mental Health, FHCC, September 2018.
- Key Issues Impacting the Care of Women Veterans at the FHCC, Women Veterans Coordinator and Team/ Regina Norman-Walker, Acting Women Veterans Program Manager, FHCC, September 2018.
- Addressing the Impact of Environmental Exposures on Women Veterans, Dr. Patricia Hastings, Deputy Chief Consultant, Post Deployment Health Services, December 2018.
- Veteran Peer Support Pilot Program/Update on 2016 Report of the Advisory Committee on Women Veterans Recommendation #5, Dan O'Brien-Mazza, National Director, Peer Support Services, Mental Health Services, December 2018.
- Briefing on Women Veterans Research, Dr. Elizabeth Yano, Director, VA HSR&D Center of Innovation, December 2018.
- The Psychological Impact of Military Service on Women Veterans, Dr. Tara E. Galovski, Director, Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, December 2018.
- Welcome, Durham VA Health Care System Leadership, April 2019.
- Overview of VISN 6 Facilities/Programs/Demographics, Lisa Shear, Chief Nurse Executive, VISN 6, April 2019.
- Overview of VISN 6 Women Veterans Services, Shenekia Williams-Johnson, WVPM Lead, VISN 6, April 2019.
- Overview of Durham VA Health Care System's Women's Health Program, Jamie Upchurch, Women Veterans Program Manager, Durham VA Health Care System, April 2019.
- Overview of Durham VA Health Care System Facilities, Programs, Demographics, Community Partners, Marri "Nicki" Fryar, Associate Director, Patient Care Services/Chief Nurse Executive, Durham VA Health Care System, April 2019.

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- Voice of the Woman Veteran/Perspective of Care for Women Veterans at Durham VA Health Care System, Bernie Donato, Consumer, Durham VA Health Care System, April 2019.
- Women's Health Research and Quality Improvement in the Durham VA, Dr. Karen Goldstein, Core Investigator, Durham VA Health Services Research and Development; Durham Site Lead, VA Women's Health Practice Based Research Network, April 2019.
- Breast Cancer Program, Dr. Oluwadamilola Fayanju, Attending Physician, Durham VA Health Care System, April 2019.
- Transition Care Management (TMC), Susan Watkins, VISN 6 Lead and TCM Program Manager, Durham VA Health Care System, April 2019.
- HCHV) Program, Ellecia Thompson, Social Worker, Durham VA Health Care System, April 2019.
- Welcome from Leadership and Introduction, Fayetteville VAMC Leadership, April 2019.
- Overview of Fayetteville VA Medical Center and Fayetteville VA Health Care Center Facilities/Programs/Demographics, Dr. Webster Bazemore, Interim Director, Fayetteville VAMC, April 2019.
- Overview of the Fayetteville VAMC Women's Health Program, Dr. Juana Hernandez, Chief, Women's Health Service Lead, Fayetteville HCC, April 2019.
- Overview of Fayetteville VAMC Women Veterans Mental Health Services, Lisa Gildon, Champion, Behavioral Health Interdisciplinary Program (BHIP), Fayetteville HCC; Dr. Lynne Flores, Clinical Psychologist, Women's BHIP, Fayetteville VAMC; Dr. Kim McKeithen, MST Coordinator, MST Program, Fayetteville VAMC, April 2019.
- Overview of Fayetteville VAMC Health Care for Homeless Veterans (HCHV) and North Carolina's Treatment Court Affiliation, Mary Fisher Murray, Program Manager, HCHV, Fayetteville VAMC; Regena Hardy, Contract Supervisor, Social Work/HCHV, Fayetteville VAMC; Toyia Burgess, Coordinator, Housing and Urban Development-VA; Supportive Housing (HUD-VASH) Program, Fayetteville VAMC, April 2019.
- Overview of Kernersville Health Care Center Facility/Programs/Demographics (Dialysis Center, Cardiac Cath Lab, Telehealth), Brent Erickson, Administrator, Kernersville HCC, Dr. Holly Humphrey, Cardiologist, Kernersville HCC, April 2019.
- Overview of Homeless Veterans Program, Monique Reynolds, Homeless Coordinator, Kernersville HCC, April 2019.
- Overview of Prosthetics Programs, Danny Canup, Chief, Prosthetics Service, Kernersville HCC, April 2019.
- Overview of telehealth program, Jennifer Terndrup, Coordinator, Telehealth Program, Kernersville HCC, April 2019.
- Update on Women's Health Initiatives, Dr. Sally Haskell, Deputy Chief Consultant, Director of Comprehensive Women's Health, WHS, Patient Care Services, August 2019.
- VA Women's Health Transition Training Program, Major Alea A. Nadeem, United States Air Force (AF), AF Barrier Analysis Group, Women's Initiative Team Lead,

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Department of Defense; Dr. Sally Haskell, Deputy Chief Consultant, Director of Comprehensive Women's Health, WHS, Patient Care Services; William (Bill) Brinley, Acting Assistant Director, Office of Transformation and Economic Development, August 2019.

- Briefing on Individual Long-term Exposure Record (ILER)/ Update on 2018 Report of the Advisory Committee on Women Veterans (Recommendation 4: Capturing Women Veterans' In-service Occupational and Environmental Exposures), Dr. Patricia Hastings, Deputy Chief Consultant, Post Deployment Health Services, August 2019.
- Update on 2018 Report of the Advisory Committee on Women Veterans (Recommendation 3: Reimbursement of Cost for Non-VA Care), Dr. Kameron L. Matthews, Deputy Under Secretary for Health for Community Care, August 2019.
- Volunteer In-home Visitor Program, Prince Taylor, Deputy Director, VA Voluntary Service, August 2019.
- Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendations 3 and 4: Expansion of Reproductive Care), Dr. Alicia Christy, Acting Director, Reproductive Health, WHS, August 2019.
- Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation 1: Treatment of Eating Disorders), Dr. Susan McCutcheon, National Mental Health (MH) Director, Family Service/Women's MH/MST, Office of Mental Health, August 2019.
- Briefing on VA's Veterans Justice Outreach Program, Jessica Blue-Howells, Deputy National Coordinator, VA's Veterans Justice Outreach Program, August 2019.
- VA's Mammography Program, Dr. William Arndt, Director, Lisa Wall, Assistant Director, National Radiology Program, VHA; Dr. Michelle Herrero, Breast Radiologist, Jacksonville Outpatient Clinic/Chair, Mammography Advisory Committee, December 2019.
- Briefing on Service-connected Disabilities and Infertility, Dr. Patricia Hayes, Chief Consultant and Dr. Alicia Christy, Acting Director, Reproductive Health, WHS, December 2019.
- Pain Management, Substance Abuse, and Recovery in Women Veterans, Dr. Sally Haskell, Deputy Chief Consultant, Director of Comprehensive Women's Health, WHS and Dr. Karen Drexler, National Director, Substance Use Disorders, Office of Mental Health and Suicide Prevention, December 2019.

NCA

- Update on Veterans Legacy Program, Heidi Wiesner, Educational Specialist, Veterans Legacy Program, National Cemetery Administration, August 2019.

VEO

- Women Veterans Storybook and Journey Map, Wendy Yeldell, Supervisory Management Analyst (Relationship Manager), Veterans Experience Office, December 2018.

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- Overview of Community Veterans Engagement Boards and State/Local Government Collaborations, Dr. Lynda Davis, Chief Veterans Experience Officer, Veterans Experience Office, December 2019.

Homeless Veterans

- Overview of VA's Programs and Services for Homeless Veterans, Dr. Ann Elizabeth Montgomery, Investigator, National Center on Homelessness Among Veterans, Birmingham VA Medical Center, VHA, December 2018.
- Homeless Women Veterans/Enhancing Awareness of VA's Programs for Homeless Veterans, Michael Taylor, Director, Homeless Veterans Outreach and Strategic Communication, OPIA, December 2018.
- Overview of Impact of Supportive Services for Veteran Families (SSVF) Funding, John Kuhn, National Director, Supportive Services for Veteran Families, VHA Office of Homeless Programs, August 2019.

OGC

- Ethics Briefing, Carol Borden, VA Staff Attorney/Deputy Ethics Official, OGC, August 2019.

Defense Advisory Committee on Women in the Services

- DACOWITS/ Issues with the Potential to Impact Women Veterans, Colonel Toya Davis, Military Director, Defense Advisory Committee on Women in the Services, Department of Defense, December 2018.

U.S. Department of Labor

- Women Veterans and Unemployment, Dr. Nancy Glowacki, Women Veterans Program Manager, Veterans Employment Training Service, Department of Labor, December 2018.

Women Veterans Task Force, House Committee on Veterans Affairs

- Overview of the Women Veterans Task Force, Andrea Goldstein, Senior Policy Advisor, Women Veterans Task Force, Committee on Veterans' Affairs, U.S. House of Representatives, August 2019.

VSO

- Briefing on Veterans of Foreign Wars' (VFW) Legislative and Organizational Priorities for Women Veterans, Kayda Keleher, VFW, December 2018.
- Briefing on Disabled American Veterans' (DAV) Legislative and Organizational Priorities for Women Veterans, Moses McIntosh, Dr. Lisa Kirk, DAV/ACWV members, December 2018.
- Briefing on The American Legion's Legislative and Organizational Priorities for Women Veterans, Keronica Richardson, Assistant Director of Women and Minority Veterans, Veterans Affairs and Rehabilitation/ACWV member, December 2018.
- Briefing on American Veterans' (AMVET) Legislative and Organizational Priorities for Women Veterans, Cherissa Jackson, Policy Advisor on Women

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Veterans and PTSD, HEAL Program, AMVETS; Sherman Gillums, Chief Strategy Officer, AMVETS, December 2018.

- Briefing on Blinded Veterans Association's (BVA) Legislative and Organizational Priorities for Women Veterans, Melanie Brunson, Director of Government Relations, BVA, December 2018.
- Briefing on Vietnam Veterans of America's (VVA) Legislative and Organizational Priorities for Women Veterans, Sharon Hodge, Deputy Director, Government Affairs, VVA, December 2018.

Appendix E
2019 Charter of the Advisory Committee on Women Veterans

DEPARTMENT OF VETERANS AFFAIRS
CHARTER OF THE
ADVISORY COMMITTEE ON WOMEN VETERANS

1. OFFICIAL DESIGNATION: Advisory Committee on Women Veterans (Committee).
2. AUTHORITY: The Committee is authorized by statute, 38 United States Code (U.S.C.) § 542, and operates under the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. Appendix 2.
3. OBJECTIVES AND SCOPE OF ACTIVITY: The Committee provides advice to the Secretary of Veterans Affairs (SECVA) with respect to the administration of benefits by the Department of Veterans Affairs (VA) for women Veterans; reports and studies pertaining to women Veterans; and the needs of women Veterans with respect to health care, rehabilitation benefits, compensation, outreach, and other relevant programs administered by VA.
4. DUTIES OF THE COMMITTEE: In carrying out its primary responsibility of providing advice to SECVA, the Committee will provide a report to SECVA not later than July 1 of each even-numbered year, which includes: (1) an assessment of the needs of women Veterans with respect to compensation, health care, rehabilitation, outreach, and other benefits and programs administered by VA; (2) a review of VA programs and activities designed to meet such needs; and (3) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.
5. OFFICIAL TO WHOM THE COMMITTEE REPORTS: The Committee reports to SECVA through the Executive Director for the Center for Women Veterans.
6. OFFICE RESPONSIBLE FOR PROVIDING SUPPORT TO THE COMMITTEE: The Center for Women Veterans is responsible for providing support to the Committee.
7. ESTIMATED ANNUAL OPERATING COSTS IN DOLLARS AND STAFF-YEARS: The estimated annual operating costs for the Committee are \$278,102. The estimated staff-years is .75. All members will receive travel expenses and a per diem allowance, in accordance with Federal Travel Regulations, for any travel made in connection with their duties as Committee members.
8. DESIGNATED FEDERAL OFFICER: The Designated Federal Officer (DFO), a full-time VA employee, will approve the Committee meetings schedule. The DFO, or a designee, will be present at all meetings, and each meeting will be conducted in accordance with an agenda approved by the DFO. The DFO is authorized to adjourn any meeting, when he or she determines it is in the public interest to do so.
9. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Committee is expected to meet at least two times annually.
10. DURATION: There is a continuing need for the Committee to assist SECVA in carrying out the responsibilities under 38 U.S.C. § 542.

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11. TERMINATION DATE: The Committee is authorized by law for an indefinite period and, therefore, has no termination date.

12. MEMBERSHIP AND DURATION: By statute, the Committee shall consist of members appointed by SECVA from the general public, including representatives of women Veterans; individuals who are recognized authorities in fields pertinent to the needs of women Veterans such as the gender specific health care needs of women; representatives of female and male Veterans with service-connected disabilities; at least one female Veteran with a service-connected disability; at least one male Veteran with a service-connected disability; and women Veterans who are recently separated from service in the Armed Forces. The Committee shall include ex officio members, as specified in 38 U.S.C. § 542, representing the Secretary of Labor (or designee), the Secretary of Defense (or a designee), the Under Secretary for Health (or a designee) and the Under Secretary for Benefits (or designee). SECVA shall determine the number and terms of service of members of the Committee – except that a term of service of any such member may not exceed 3 years – and may reappoint any such member for additional terms of service.

The Committee will be comprised of not more than 12 members. Several members may be Regular Government Employees, but the majority of the Committee's membership will be Special Government Employees.

13. SUBCOMMITTEES: With the DFO's approval, the Committee is authorized to establish subcommittees to perform specific projects or assignments, as necessary, and consistent with its mission. The Committee Chairperson shall notify SECVA, through the DFO, of the establishment of any subcommittee, its function, membership, and estimated duration. The objectives of the subcommittees are to make recommendations to the chartered Committee with respect to particular matters related to the responsibilities of the chartered Committee. Such subcommittees may not work independently of the chartered Committee and must report their recommendations and advice to the full Committee for full deliberation and discussion. Subcommittees have no authority to make decisions on behalf of the parent Committee, nor can they report directly to SECVA.

14. RECORDKEEPING: Records of the Committee shall be handled in accordance with the General Records Schedule 6.2 or other approved agency records disposition schedules. Those records shall be available for public inspection and copying and are subject to the Freedom of Information Act, 5 U.S.C. § 552.

15. DATE CHARTER IS FILED:

Robert L. Wilkie

OCT 15 2019

Approved: _____

Robert L. Wilkie
Secretary of Veterans Affairs

Date: _____

Appendix F
Center for Women Veterans Mission and Goals

Center for Women Veterans



Contact Us:

U. S. Department of Veterans
Affairs
Center for Women Veterans
(00W)
810 Vermont Avenue, NW
Washington, DC 20420

Phone: 202-461-6193
Fax: 202-273-7092

<http://www.va.gov/womenvet>
00W@va.gov



The Center for Women Veterans was established by Congress in November 1994 by P. L. 103-446

Our Mission

- Monitor and coordinate VA's administration of health care and benefits services, and programs for women Veterans.
- Serve as an advocate for a cultural transformation (both within VA and in the general public) in recognizing the service and contributions of women Veterans and women in the military.
- Raise awareness of the responsibility to treat women Veterans with dignity and respect.

Our Activities

- The Director serves as primary advisor to the Secretary on Department policies, programs, and legislation that affect women Veterans.
- Monitor and coordinate with internal VA offices on their delivery of benefits and services to women Veterans.
- Liaison with other Federal agencies, state and local agencies and organizations, and non-government partners.
- Serve as a resource and referral center for women Veterans, their family and their advocates.
- Educate VA staff on women Veterans' military contributions.
- Ensure that outreach materials portray and target women Veterans with images, messages, and branding in the media.
- Promote recognition of women Veterans' military service and contributions by sponsoring activities and special events.
- Coordinate meetings of the Advisory Committee on Women Veterans.

Where To Get Help

- **Women Veterans Call Center:** Is your guide to VA. Contact 1-855-VA-WOMEN (1-855-829-6636) for assistance. Hours of operation are Mon-Fri, 8:00am—10:00pm (ET), and Sat, 8:00am— 6:30pm (ET).
- **Benefits:** Designated women Veterans coordinators (WVC) can be contacted at your nearest VA regional office to assist with claims. Contact 1-800-827-1000; visit their website at <http://www.benefits.va.gov/benefits/> for more information.
- **Homeless:** National Homeless Call Center for Homeless Veterans can be reached at 1-877-424-3838. Homeless Veterans coordinators can be located at <http://www.va.gov/homeless/index.cfm>
- **Crisis Hotline:** To help a Veteran in crisis, call the Crisis Hotline at 1-800-273-8255, press option 1 and you will be connected to a skilled, trained counselor at a center in your area, anytime 24/7. You can also confidentially chat, by texting 838255 to get help now, or visit the website at <https://www.veteranscrisisline.net/>

- **Health Care:** Full-time women Veterans program managers (WVPM) are located in VA health care facilities across the country. WVPM can assist women Veterans with accessing VA's health care services. Visit <http://www.womenshealth.va.gov>
- **Locating the nearest VA Medical Center:** VA medical facilities can be found across the country. Visit <http://www.va.gov> or call the regional office at 1-800-827-1000 for assistance locating a facility.
- **Minority:** Minority Veterans program coordinators are at every VA healthcare facility, regional office, and national cemetery. For more information, please visit their website at <http://www.va.gov/centerforminorityVeterans/>
- **Access to Patient Medical Information:** My HealthVet is VA's online health record system designed to help VA Patients manage their healthcare records from medical providers. Contact 1-877-327-0022 or visit their website at <https://www.myhealth.va.gov/index.html>
- **VA for Vets:** VA for Vets is designed to help you successfully transition from military service to civilian careers and can be contacted at 1-855-824-8387 or via the web at <http://vaforvets.va.gov/>
- **Home Loan Assistance:** VA helps Servicemembers, Veterans, and eligible surviving spouses become homeowners. As part of our mission to serve you. Contact 1-877-827-3702 or via the web at <http://www.benefit.va.gov/homeloans/index.asp>
- **Education and Training:** For information on the Post 9/11 GI Bill contact 1-888-442-4551 or visit the website at <http://www.GIBILL.va.gov>

Legislation Related to Women Veterans

- P.L. 111-163, "Caregivers and Veterans Omnibus Health Services Act of 2010," provides contract for a comprehensive study on barriers to health care for women Veterans, pilot program to provide group readjustment counseling in retreat settings for newly separated women combat Veterans, mandates inclusion of recently separated women on Advisory Committees for Women Veterans, and requires VHA to carry out a 2 year pilot program to assess feasibility and advisability of offering child care to Veterans.
- P.L. 110-186, "Military Reservist and Veterans Small Business Reauthorization and Opportunity Act," established a Women Veterans business Training Resource Program.
- P.L. 108-422, "Veterans Health Improvement Act of 2004," extended VA's authority permanently to extend Military Sexual Trauma counseling and treatment to active duty service members or active duty for training.
- P.L. 107-330, "Veterans Benefits Act of 2002," authorized special monthly compensation for women Veterans who lost 25 percent or more of tissues from a single breast or both breast in combination (including loss by mastectomy or partial mastectomy) or has received radiation of breast tissues.
- P.L. 106-419, "Veterans Benefits and Healthcare Improvement Act of 2000," authorized special monthly compensation for women Veterans with a service connected mastectomy. It also authorized benefits to children born of mothers who served in Vietnam and who have certain types of birth defects.
- P.L. 113-146, The Veterans Choice Act of 2014 closed an eligibility gap for military sexual trauma (MST), permitting Veterans of the National Guard/Reserves to receive VA care related to experiences of MST during inactive duty training.

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