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

April 2-4, 2024

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

ACWV Members Present:
COL Wanda Wright, USAF, Ret., Chair
COL Shannon McLaughlin, Massachusetts Army National Guard, Ret., Deputy Chair
COL Nestor Aliga, USA, Ret.
Dr. Jacqueleen Bido, USN Veteran
MG Sharon Dunbar, USAF, Ret.
COL Wistaria Joseph, USAF, Ret., Acting Vice Chair for Benefits Subcommittee
CAPT Dr. Cynthia Macri, USN, Ret.
SFC Centra Mazyck, USA, Ret.
Sandra Miller, USN Veteran
MSG Lachrisha Parker, USAR, Ret.
Kathryn Smith, USAF Veteran

ACWV Ex-Officio Members Present:
Dr. Sally Haskell, Office of Women's Health (OWH), Veterans Health Administration (VHA)
Dr. Jeanette Haynie, Office of the Under Secretary of Defense for Personnel and Readiness, U.S. Department of Defense (DoD)
Kristina Messenger, Operations, Compensation Service, Veterans Benefits Administration (VBA)

Center for Women Veterans (CWV) Staff Present:
Lourdes Tiglao, CWV Executive Director/ Designated Federal Officer (DFO)
Mary Bradford, CWV Deputy Director/ Alternate DFO
Shannon Middleton, Committee Manager/ Alternate DFO
Ana Claudio
Missina Schallus

Other VA Staff:

Andrew Pond	Joyce Gilbert	Richard Starliper
DeShaun Sewell	Julie Marshall	Shannon Guerra
Elizabeth Vertin	Kelly Unrein	Sharice Smith-Lewis
Eve Holzemer	Kim Davis	Sonja Leggett
Evelyn Casiano	Kristen Stanley	Stephanie Crawford
Heidi Zentz	Lisa Breun-Moreland	Susan Calentine
Janet Porter	Mehret Assefa	Thomas Ewell
Jacqueline Hillian-Craig	Michael Cheman	Toni Williams

Jelessa Burney
Jonna Brenton
Naiya Marshall
Nicole Morant

Public Guests:

Abby Kinch
Ali Yogmour
Andrea Allard
Amy Demenge
Angela
Ariana Marinas
Billy Moore
Cassandra Johnson
Catrice McNeely
Cindy Heaton
Chris Magnusson
Corey Siebers
Courtwatcher
David Forgosh
Diana L Brassell
Dixie Banner
Doug Katason
Dr. Cathy Bennett-Santos
Dr. Karen Breeck
Eric Patterson
Jeanette Dunbar
Jessica Bradley
Jessica Roza
Jeanine Solberg
Jessica Bradley
Jessy Anthony
Jodie Grenier
Joyce Ennis
Julie Dickason
Juliet Pierce
Eve Casiano
Gisele
Halle Sarkisian
Heather Salazar
Heidi Zentz
Jason Passabet
Kathy Swacina
Keshia Javis-Jones
Kirsten Laha-Walsh
Kristy Murray
Krystyn Phillips
Linda Bower
Marion Fera
Michele Tyson
Naomi Mathis
Olivia Naughton
Ranae Obregon
Rene A Campos
Ron
Sandra Boyd
Sharleen Deary
Sharon
Sidath Panangala
Susan Aungst
Wanda Schwerer
Vedia Barnett
Vee Richardson
Yvonne Spencer

Tuesday, April 2, 2024

Opening Meeting/Introductions
Wanda Wright (Colonel, U.S. Air Force, Retired), Chair, ACWV
Chair Wright opened the meeting with short introductions from the committee members, ex-officio members, advisors, and Center for Women Veterans (CWV) staff.

Education Benefits / Update on 2020 Report Recommendation #2
Louiseza Sanderson, Management and Program Analyst, Stakeholder Engagement, Education Service, Veterans Benefits Administration (VBA)

- The mission of Education Services (EDU) is to provide timely and accurate delivery of education benefits to Veterans, Service members, and their families through effective and efficient claims and enrollment processing and protect the integrity of the GI Bill program benefits.
- EDU meets its mission and maintain its integrity, commitment, advocacy, respect, and excellence through three core values: customer service excellence, improvement and innovation, and platform and technology enhancement.
- The GI Bill's large-scale goals are to expand opportunities for Veterans, Service members, and eligible family members to pursue their academic goals; enhance the nation's economic strength with innovative programs that support employment in

high-demand fields; and enrich communities by adding the diversity that Veterans bring from their various backgrounds and experiences.

- Service operations are broken down into areas managed by the Muskogee Regional Office (RO) and the Buffalo RO.
  - Most of the southern states and those on west coast, Philippians, and Puerto Rico are maintained by the Muskogee RO; states in the North and East are maintained by the Buffalo RO.
  - Target days to complete claims: 24 days from the submission for original application and 12 days for enrollment (each academic term).
  - EDU has about 95% accuracy in payment; aiming for 100%.
- Since 1944, the GI Bill has provided $410 billion in education funds.
  - There are currently 18,589 GI Bill approved schools; 38,298 approved educational programs; and 19,709 approved on the job training and or apprenticeship programs.
- The Post 9/11 GI Bill program is the largest VA education benefit, with almost 545,000 students using the benefit and over 184,398 applications submitted each year.
  - Since its start it has paid $142 Billion to 2.7 million beneficiaries.
- In FY22, more than 31,500 students applied for Yellow Ribbon benefits.
  - There are 4,776 Yellow Ribbon approved schools.
  - EDU paid $165 million through Yellow Ribbon, in FY23.
- Comparing the four GI Bill education programs, to include the Post 9/11 GI Bill, Montgomery GI Bill-Active Duty (MGIB-AD) (Chapter 30), MGIB-Select Reserve (SR) (Chapter 1606), and Dependent Education Assistance (DEA) (Chapter 35):
  - Post 9/11 GI Bill: minimum length of service is 90 days after September 10, 2001, or 30 days of continuous service after September 10, 2001, if separated due to service connected disability; 36 maximum months of benefits.
    - No expiration date for those whose service ended after January 1, 2013; expires 15 years from last day of active duty service for those whose service ended before January 1, 2013.
    - Some benefits include tuition for degree and non-degree training, on the job training and apprenticeship programs, certification tests; housing stipend, books and supplies, rural relocation.
  - MGIB-AD: minimum length of service is generally two years of continuous enlistment; 36 maximum months of benefits.
    - Generally, ends 10 years from last day of active duty service.
    - Can be used for degree and non-degree training, on the job training and apprenticeship programs, flight training, correspondence courses, work study program, national testing programs, tutorial assistance, and licensing and certification tests.
  - MGIB-SR: minimum length of service is six year commitment after June 30, 1985; 36 maximum months of benefits.
    - Generally, ends on the last day of selective service.
    - Can be used for degree and non-degree training, on the job training and apprenticeship programs, flight training, correspondence courses, work study

program, national testing programs, tutorial assistance, and licensing and certification tests.

  - DEA: minimum length of service not applicable; 36 (for those who begin using program after August 1, 2018) or 45 (for those who begin using program before August 1, 2018) maximum months of benefits.
    - Lasts 10-20 years for spouse; From age 18-26 for child.
    - Can be used for degree and non-degree training, on the job training and apprenticeship programs, flight training, correspondence courses, work study program, national testing programs, tutorial assistance, and licensing and certification tests.
- VA launched the Edith Rogers Science Technology Engineering and Math (STEM) Scholarship program for students training in high-demand STEM fields.
  - Offers up to nine extra months of benefits (may not exceed $30,000) for STEM undergraduate degree, dual-degree, and certain clinical training programs. Scholarships are awarded every month.
  - Veterans or Fry Scholars who are currently enrolled in a STEM undergraduate degree program requiring at least 120 semester (or 180 quarter) credit hours for completion and have completed at least 60 semester (or 90 quarter) credit hours toward their degree are eligible.
  - Priority is given to those entitled to 100% of Post-9/11 GI Bill benefits and to those who require the most program credit hours leading to an undergraduate degree, teaching certificate, dual-degree programs, undergraduate with clinical and graduate degrees enrolled in covered clinical programs. Visit https://benefits.va.gov/gibill/fgib/stem.asp for more information.
- The monthly housing allowance eligibility is based on how long a member served on AD and other factors. Beneficiaries may receive 50% up to 100% of the full benefit monthly for up to 36 months.
- Break Pay is the period between terms (semester, quarter). During this time, benefits are not paid. However, VA will continue to pay for holiday break periods (one week or less).
- Education benefits are prorated to preserve the benefit, which are paid only while the student is in school/training. A percentage of the full benefit is paid for partial months of education.
- EDU created three parts printed series called Building Your Future with the GI Bill to assist GI Bill students in navigating their education pathways, using benefits, and finding employment.
  - Part One: A Guide to Choose Your Education Pathway.
  - Part Two: A Guide to Understanding Your Benefits.
  - Part Three: A Guide to Navigating your Career.
- EDU also has a dedicated phone line for survivors.
  - A surviving child or spouse can contact the Education Call Center at 1-888-442-4551 (select option 5); a highly trained agent will assist with education benefits or survivor-related resources. Agents will be available M-F from 7am-5pm CST.
- For up to date GI Bill information, visit EDU on Facebook @GIBillEducation, on X @VAVetBenefits, the website at www.benefits.va.gov/gibill , or securely via message on https://ask.va.gov .

Update on 2020 Report Recommendation #6: National Strategic Plan for Breast Imaging
Dr. Patrick Malloy, Executive Director, National Radiology Program, Veterans Health Administration (VHA); Jennifer Colvin, Acting Operations Director for Breast Imaging, National Radiology, VHA

- The 2020 Report recommendation 6 requests "That VHA establish a national strategic plan for breast imaging services that covers the evolving needs of women Veterans."
    - The Under Secretary for Health submitted the strategic plan to Congress on May 4, 2023.
- The National Radiology Program's Mammography Office is responsible for oversight and certification of all VHA in-house mammography programs.
- The office is currently in the process of developing a national contract with the American College of Radiology (ACR) to perform triennial accreditation for all VHA mammography programs.
- All VHA mammography programs undergo annual Food and Drug Administration inspection.
- It manages a Breast Imaging Advisory Committee (formerly Mammography Advisory Committee).
- The Mammography Office updated VHA Directive 1105.03 – Mammography Program Standards and is reviewing clinical restructuring proposals to establish new mammography programs.
- The office works with Women's Health Services to encourage breast cancer screening for appropriate populations and to reduce no-shows.
- The four pillars of the strategic plan are access, quality, outreach, and Veteran experience, which stands on the foundation of evidence-based practices, VA's Strategic Plan, and I CARE (integrity, commitment, advocacy, respect, and excellence) values.
- Women participating in VA health care are more likely to receive timely breast cancer screening than women under private insurance or Medicare/Medicaid coverage.
    - VA and private sector breast cancer screening rates show that VA consistently has the highest screening rates of women ages 50-74 who received breast cancer screening within two years than those who use the private sector, Medicaid, and Medicare.
- Strategic plan goal one: access.
    - Since 2010, there has been consistent growth in access to the mammography program. There was a plateau in 2019-2020, but then it began rise again.
    - They are evaluating the utility of mobile mammography services and the potential for implementation of screening tele-mammography services to improve access to services.
    - Mammography established a pilot program for the tele-screening at five sites in October 2023, which has grown and demonstrates the need for these services.
        - Images are taken on-site at the facility and then sent out to a tele-screening at site where they are read.

- Strategic plan goal two: quality.
  - The office focuses on optimizing care coordination for VHA in-house and community care breast imaging and intervention, promoting usage of Digital Breast Tomosynthesis (DBT) technology by all in-house mammography programs, establishing standards for results communication with patients and providers for all VHA in-house mammography programs, and ensuring quality and professional oversight in the provision of diagnostic mammography.
  - DBT, also known as 3D mammography, utilizes advanced computer reconstruction algorithms to create multiple thin-slice images of the breast. It also allows the interpreting radiologist to review sections of the breast without overlying tissue that may otherwise obscure smaller early-stage cancers.
  - The strategic plan addresses transition of all VHA sites to DBT.
  - VHA has 78 active mammography programs in 17 of 18 VISNS, to include 2D and 3D mammography, and 3D mobile sites.
- A March 2024 Office of Inspector General (OIG) report, Comprehensive Healthcare Inspection Summary Report: Evaluation of Breast Cancer Surveillance in Veterans Health Administration Facilities | Department of Veterans Affairs OIG (vaoig.gov), evaluated notification and surveillance for patients with mammogram results requiring action during the COVID-19 pandemic.
  - OIG conducted unannounced virtual inspections at 12 randomly selected medical facilities from January 11 through May 3, 2023, interviewing key staff, evaluating clinical processes, and reviewing the electronic health records of 565 randomly selected patients who received a screening or diagnostic mammogram at one of the 12 medical facilities from October 1, 2019, through December 31, 2021.
  - OIG did not observe concerns related to notification and surveillance for patients with mammogram results requiring action during the COVID-19 pandemic and issued no recommendations.
- Strategic goal three: outreach.
  - The program's goal is to use outreach to actively solicit Veterans' feedback regarding their mammography service experience; improve Veterans' awareness of available mammography services through active communication and outreach; increases awareness of primary care and women's health providers regarding the availability and importance of breast cancer screening; and address equity in the provision of mammography services.
  - Some of their outreach tools include posters depicting statistics that show the importance of screening, and handouts focusing on breast cancer screening for Veterans with toxic exposures.
  - The office also shares information about the importance of breast cancer screenings and mammography through My HealtheVet.
- Strategic plan goal four: the Veteran experience.
  - The program aims to proactively meet the evolving needs and desires of Veterans for mammography services; develop standardized guidance to promote a Veteran-centric environment of care; and expand patient self-referral and same-day screening mammography, where feasible.
  - Responses from a VSignals survey gauging Veteran's preference regarding referral to the community medical facility to receive a mammogram or receiving

the service at a VA facility, 57% strongly preferred VA compared to 6% slightly preferring the community medical facility. 10% chose slightly prefer VA, 21% had no preference or did not know.

- The National Radiology Program, in collaboration with the office of Spinal Cord Injury and Disabilities (SCI/D) developed a video training module for mammography staff across the country to highlight the needs and optimal techniques for working with women Veterans with SCI/D or other physical disabilities who need to have a mammogram performed. (MAMMO Act, Section 105).

Update on 2022 Report Recommendation #4: Efforts to Understand intersectionality/VBA equity dashboards/MITRE Equity Assessment and Root Cause Analysis
Cheryl Rawls, Executive Director, Office of Equity Assurance, VBA; Elaine Saiz, Executive Director, Performance Analysis and Integrity, VBA

- VBA's Office of Equity Assurance's (OEA) was established in April 2023 to identify and minimize real or perceived disparities in the delivery and receipt of benefits offered by VBA to fulfill VA's promise to Veterans and their families.
- OEA's vision to review, engage, and report on people, processes, and technology in support of equitable outcomes for Veterans and their families.
- As part of VBA's Equity Assurance Plan, OEA will examine every aspect of VBA--including organizational structure, training and quality control, data, outreach, policies, customer experience, outcomes, and more--to identify any disparities that may exist, understand their root causes, and eliminate them.
  - Strategy components include:
    - Organizational Structure--ensuring proper focus, oversight, and accountability related to matters of equity within its administration.
    - Customer Experience--working with the Veterans Experience Office (VEO) to identify pain points, moments that matter and opportunities to increase access to and improve use of benefits, education, and outcomes for underserved Veterans.
    - Training and Quality Control--assessing the quality of decision-making throughout the claims process, to ensure objectivity and consistency in claims adjudication.
    - Data Collection, Curating, Automation, and Analysis--leveraging claims data, along with related demographic data, to ensure objective analysis and study of issues related to benefits equity.
    - Outreach--promoting education and awareness about its benefit programs, to ensure that all Veterans have information and access to the benefits they have earned and deserve.
    - Policies--implementing policy improvement will be a primary focus for ensuring all Veterans receive the benefits they have earned and deserve.
    - Addressing Historical Structure Inequities--recognizing and addressing challenges it faces when correcting systemic issues that have led to modern day inequities.
- Equity Assurance Plan actions include:
  - Creating the VBA Equity Leadership Collaboration Council.

  - Increasing engagement with external stakeholders, such as the White House, Congress, Department of Defense, and Veterans Service Organizations.
  - Hosting more Veteran-centric roundtables and symposiums to revamp and increase outreach efforts.
  - Integrating data with the Center for Minority Veterans and the Center for Women Veterans.
  - Developing documented, detailed plan(s) to address the limitations it has identified with its race and ethnicity data for Veterans and conducting a comprehensive assessment(s) of disability compensation to identify the root causes that could contribute to any racial and ethnic disparities.
  - Engaging with employees throughout VBA to gather ideas, best practices, and ideas to provide equitable benefits and services for the people VA serves.
- OEA participated in several outreach activities in FY23 and FY24, including the 2023 NAACP National Convention; Labor-Management Forum; VSO Quarterly briefing; Black Veteran Roundtable with department of Labor; Memphis Veteran and VSO Listening Session at the Riverside Baptist Church; Virtual Minority Veteran Outreach Symposium; San Antonio VSO and Community Partner Equity Round Table; and the Memphis Veterans Economic Initiative Summit.
  - VBA will host a Hispanic Heritage Virtual Outreach Symposium on September 19, 2024.
- The 2022 ACWV report recommendation #4 requests "That VA conduct an analysis study on the effects of intersectionality, across ethnicity, socio-economic status (including U.S. rural areas and territories), gender identification, tribal or native American affiliation and era of military service, on women Veterans' opportunity to access to VA's benefits and health care so it can improve its ability to perform targeted outreach and to tailor access to benefits and health care for specific groups of women Veterans."
  - VBA's planned several tasks that would address the issues in the recommendations, such as creating equity dashboards, collaborating with MITRE to do equity assessments. VBA will conduct a FY25 study to identify potential barriers, by disability, in the disability compensation process; this study will highlight data related to underrepresented groups, including women Veterans. VBA established OEA and is a part of VA's Data Governance Council's Demographics Data Working Group.
- VBA's Dashboards for Equity Assurance:
  - In February 2023, the Under Secretary for Benefits requested equity data across VBA's benefits and services.
  - PA&I is developing VBA equity dashboards across VBA benefits and services:
    - Compensation Benefits: currently published.
    - Loan Guaranty: undergoing final concurrence.
    - Education and Pension & Fiduciary Service: in process.
    - Insurance and Vocational Readiness & Employment: not yet started.
  - By end of FY24, VBA expects to release dashboards for Pension & Fiduciary; Education; Insurance; and Veteran Readiness and Employment Service, to include:
    - Percent of Veterans that apply for a VBA benefit.

        - Percent of Veterans that receive or utilize VBA benefits.
        - Percent of Veterans that apply for benefits that are approved.
        - Average dollar value of benefit received (where applicable).
        - Percent of Veterans that have third-party representation.
- VBA also contributed to several reports and studies.
    - In FY22-23: Barrier Analysis for Mental Health in Compensation Benefits, and GAO's Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation (GAO-23-106097).
    - In FY24: VA Equity Plan and VBA Equity Assurance.
        - OEA will conduct a data analysis of VA's compensation benefits, to assess equity--particularly concerning race and ethnicity--and will identify and recommend solutions to address root cause(s) of any disparity it uncovers.
- VBA's Annual Benefits Report can be found at www.benefits.va.gov/REPORTS/abr.

Adjourn
Chair, ACWV

Wednesday, April 3, 2024

Opening Meeting/Introductions
Wanda Wright (Colonel, U.S. Air Force, Retired), Chair, ACWV
Chair Wright opened the meeting with short introductions from the committee members, ex-officio members, advisors, and CWV staff.

Public Comments
The Chair opened the floor to receive comments from the public. Following the public comment period, the briefings resumed.

Briefing on Individual Long-term Exposure Record (ILER)/ Update on 2018 ACWV Report (Recommendation 4: Capturing Women Veterans' In-service Occupational and Environmental Exposures)
Dr. Eric Shuping, Director, Environmental Health Program - Post 911 Post Deployment Health Services, VHA; Dr. Maheen M. Adamson, Research Director, WOMEN Research Director, Women's Operational Military Exposure Network Center of Excellence, VHA
- The Women's Operational Military Exposure Network Center of Excellence (WOMEN) Center of Excellence's (CoE) mission is to combine a comprehensive clinical care program with cutting-edge research to pursue answers to military exposure effect on women who served.
    - WOMEN CoE focuses on epidemiology, treatments, biomarkers, outcomes, and access to care.
        - It is organized into three components: education, research, and clinical.
    - Those who serve in the military may have a higher likelihood to be exposed to toxic pollutants (environmental, chemical, or hazardous materials), which can impact health.
    - The impact of military environmental exposures (MEE):

        - Airborne hazards and open burn pit exposure (including combustion engine exhaust and ground dust, other military open combustion sources, insecticides and other toxicants, and occupational vapors, gases, dust, and fumes): 191,044 Veterans have participated in the registry as of December 31, 2019.
        - Traumatic brain injury (TBI): 132,379 (69.9%) Veterans were close enough to feel the blast from an improvised explosive device (IED), and
        - Physical and emotional trauma: differ from person to person even though they may have been exposed to the same things.
    - MEE's impact on women Veterans' can include TBI, headaches, migraines, cancers, mental health conditions, eating disorders, dementia/cognitive decline, endometriosis, cancers (breast, uterine, cervical, and ovarian), cardiovascular disease, autoimmune diseases, pain, and infertility issues (polycystic ovary syndrome (PCOS), miscarriages, ectopic pregnancy, perimenopause, menopause, and post menopause).
        - The goal is to target the underlying mechanisms of these risks and improve the outcomes using innovative treatments.
    - The California War Related Illness and Injury Study Center (WRIISC) has provided clinical care for women Veterans and included women-specific questions in its research since its inception.
    - The organization collaborates with Stanford women's neurology and is in ongoing discussion with Stanford's obstetrician/gynecology department.
    - They created an addendum, which includes questions on pelvic floor pain and dysfunction; female reproductive cancers; endometriosis, PCOS, pelvic inflammatory disease; menopause, hormone replace therapy; fertility, pregnancy issues, preterm birth, and ectopic pregnancies.
        - Since July 2022, 388 women have been invited to complete the health addendum (administered it via phone and Qualtrecs); 75 completed it.
        - CA WRIISC Veterans receive the survey with their comprehensive visit.
        - They aim to deliver the survey to the NJ WRIISC and DC WRIISC Veterans during their comprehensive visits.
    - WOMEN CoE provides focused resources to educate health care providers (VA and non-VA), Veterans and their families.
        - Educational tools include a fact sheet on the impact of MEE on infertility; clinical issue briefs on infertility and breast cancer; monthly talks with subject matter experts (six, since Feb 2023); Women Task Force; presentations at various conferences; national clinical webinar series (HOME); and WOMEN CoE seminar series.
    - WOMEN CoE is engaged in research on inflammatory mechanisms underlying the impact of MEE on reproductive health, cancer and recovery of cancer; reviews of breast cancer recovery, infertility, and menopause impact; women's experience of unit cohesion and associations with neuropsychiatric status and overall health; understanding TBI/military sexual trauma and posttraumatic stress disorder in women; cohort development for women impacted by MEE.
- Individual Longitudinal Exposure Record (ILER)/update to 2018 ACWV report recommendation: 4, which requests that VA capture and document occupational and

other hazardous exposures women Veterans encounter during their military service, and develop a comprehensive education program on identification and treatment of adverse health outcomes resulting from such exposures, for VA providers and non-VA providers.

  - ILER is a web-based aggregator that provides both DoD and VA with the ability to link an individual Veteran, or cohort of individuals, to military exposures.
  - The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act driven requirements are expanding portfolio interests in VA, with VBA, Veteran Experience Office (VEO), and Office of Information Technology (OIT) joining VHA as main players.
  - ILER governance is moving from a technical working group into a separate business line that will report straight to the Joint DoD/VA Health Executive Committee.
  - ILER can be the individual exposure longitudinal "registry" system of the future.

PACT Act Benefits and Women Veterans' Claims
Cassandra Hodge, Policy Analyst, Military Exposures, Compensation Service, VBA

- PACT Act explains VA health care and benefits for Veterans exposed to burn pits and other toxic substances.
  - It expands and extends eligibility for VA health care for Veterans with toxic exposures and Veterans of the Vietnam era, Gulf War era, and Post-9/11 era.
  - VBA started processing PACT Act claims on January 1, 2023.
  - It added new presumptive conditions associated with certain toxic exposures and added additional presumptive exposure locations for agent orange and radiation exposure.
  - It also expanded eligibility for benefits for Veterans who were exposed to toxic substances during military service whether they deployed or not.
- The PACT Act has 53 substantive sections spread across VA and other agencies. Department level integration is led by VA Office of Enterprise Integration. VBA and VHA are working collaboratively to address all sections and identify areas with cross administration impacts.
- VA is developing a multifaceted outreach plan to provide affected Veterans and their family members with information about the law, and potential entitlement to care and benefits.
  - Every attempt will be made to reach Veterans who may have been exposed to toxins while serving and to outline their claim options.
- VA implement PACT Act provisions as soon as possible, and work to ensure the expansion of eligibility does not result in the delay or disruption of care for those Veterans already receiving VA health care.
- VA encourages Veterans to continue to file claims, so VA can provide the benefits and care they have earned and deserve.
- To learn more, visit: http://www.va.gov/disability/how-to-file-claim/when-to-file.
- Veterans not yet enrolled in VA health care, and who believe they may now be eligible, should apply at https://choose.va.gov/health.

- PACT Act includes nine Titles mandating: expansion of health care eligibility (Title I); toxic exposure presumption process (Title II); improving the establishment of service connection process for toxic-exposed Veterans (Title III); presumptions of service connection (Title IV); research matters (Title V); improvement of resources and training regarding toxic-exposed Veterans (Title VI); resourcing (Title VII); records and other matters (Title VIII); and improvement of VA's workforce (Title IX).
    - Title IV establishes presumption for reproductive cancers of any type, including breast cancer are covered and may related directly to women Veterans.
- Under PACT Act, VA will provide an initial toxic exposure screening and a follow-up screening every five years for every enrolled Veteran.
    - Veterans who are not enrolled, but who are eligible to enroll, will have an opportunity to enroll and receive the screening.
    - The screening does not constitute a claim for disability compensation, but a Veteran reporting exposure will be provided information on how to file and the exposure will be listed in the medical record. This provides VBA claims processors with more information and evidence to consider when deciding.
    - It also authorizes 31 new facilities across the country, providing greater access to VA health care.
- To strengthen VA's military environmental research, a multi-agency workgroup will identify collaborative research activities and develop a five-year strategic plan.
    - The PACT Act requires studies on mortality of Veterans who served in Southwest Asia during the Gulf War, Post 9/11 Veterans health trends, Veterans cancer rates, effects of toxic exposures and mental health outcomes, effects of waste related to the Manhattan Project, the state of access and barriers to benefits for Veterans in U.S. Territories, and the effects of jet fuels.
- Veterans can file a new claim or a supplemental claim for the new presumptive conditions.
    - New claim: Veteran has never filed for the presumptive condition.
    - Supplemental claim: the presumptive condition was previously denied but is now considered to be presumptive.
    - If VA denied one of the new presumptive conditions in the past but the Veteran may now be eligible for benefits, VA would try to contact them. There is no need to wait to file a supplemental claim.
    - VA is prioritizing the claims of Veterans with cancer to make sure they get timely access to the care and benefits they need.
    - If a Veteran's condition was added to the list of presumptive conditions after the claim was filed, VA will consider it on a presumptive basis.
        - Presumptive conditions do not require proof that the military service caused the condition. Veterans only need to meet the service requirements and have a current diagnosis of the presumptive condition. Veterans should submit any supporting documentation to assist with their claim.
- As of February 2024, 5,297,288 Veterans have been awarded pension benefits.
    - Women Veterans represent 697,080 of total.
    - VA awarded a total of $12,118,029,103.26; $1,562,913,630.63 went to women Veterans.

- In August 2022, VBA Compensation Service established the Military Exposure Team (MET), which works in conjunction with VHA Health Outcomes Military Exposure (HOME) office.
  - Its mission is to provide a dedicated focus and resources to issues related to military environmental exposures.
- MET has program oversight and management responsibility to address all disability benefit claim-related program research and supporting data analysis for making recommendations for service-connected conditions deemed presumptive due to military exposure, and supporting claims research and data analysis necessary to address evidence-based policy determinations for compensation benefits under the VA directives and framework that govern those decisions.
- MET's objectives are to:
  - Apply a new decision-making framework by using VBA claims data, available scientific literature and reports, and other factors in making a recommendation to the Secretary on new presumptive conditions due to MEE to better provide Veterans and survivors with the benefits they earned.
  - Conduct disability claims policy studies and surveillance to address service connection, military exposures, and exposure events that impact Veterans, primarily who filed disability claims and may have served during combat/non-combat deployments.
  - Facilitate necessary collaborations and multi-faceted project/program integration that span across several offices and related government disability programs.
  - Initiate review and update all environmental exposures related policy decisions and data analysis to provide empirical and data-driven information to guide in establishment of program policies and procedures related to claims promulgation and adjudication for individuals and units who may have been exposed to hazardous materials during recent military operations.

- There is a 75.1% approval rate for PACT Act related claims. Of 1,103,990 total PACT related claims completed between August 10, 2022-March 10, 2024, 829,169 claims were approved. The average number of days for claims completion was 162.9.
- As of March 28, 2024, the most common women Veteran issues claimed under PACT are allergic rhinitis, bronchial asthma, maxillary sinusitis, hypertension, and chronic bronchitis.
  - All those conditions are presumptive and four of them are associated with burn pit exposure.
  - Those same five are the most claimed for all Veterans, but for all Veterans the order is different; the number one claimed condition is hypertension.
- Survivors' benefits were expanded by PACT Act, specifically Dependency and Indemnity Compensation and burial benefits for a surviving spouse, child or parent of a Service member who died in the line of duty, or the survivor of a Veteran who died from a service-connected condition.
  - If a Veteran dies from a new presumptive condition, the survivor may be eligible for benefits.
  - Survivors can apply at VA.gov/PACT or call 1-800MyVA411 for more information.

Update on 2018 ACWV Report (Recommendation 5: Non-traditional Treatment for Military Sexual Trauma-related Conditions)
Dr. Amy Street, National Director, Military Sexual Trauma (MST), Office of Mental Health and Suicide Prevention, VHA; Alison Whitehead, Program Lead, Integrative Health, Integrative Health Coordinating Center, Office of Patient-Centered Care and Cultural Transformation, VHA

- Recommendation 5 requests "That VHA provide resources and training to expand available treatment options, as well as research the effectiveness of novel psychotherapeutic and psychopharmacological treatment modalities, for clinical practice in the treatment of military sexual trauma-related conditions."
- MST involves any sort of sexual activity during military service in which someone is involved against their will or when unable to consent.
- People of all genders, sexual orientations, ages, racial and ethnic backgrounds, eras of service, and physical sizes, abilities, and appearances have experienced MST.
- About one in three women and one in fifty men seen at VA indicate that they experienced MST, when screened by their VA health care provider.
- MST is an experience, not a diagnosis.
- There is no single way that individuals respond to MST, and survivors are remarkably resilient.
- Many will have no significant long-term difficulties; many may have mental health and/or physical health difficulties that last years.
- Mental health diagnoses frequently associated with MST include posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders, and substance use disorders.
  - MST is also associated with chronic fatigue, chronic pain, gastrointestinal problems, or fibromyalgia.
  - MST may be associated with readjustment challenges, employment and academic issues, relationship difficulties or spiritual concerns.
- VHA provides free MST-related health care, with expansive eligibility; full continuum of MST-related health care services, including MST counseling at Vet Centers; a MST coordinator at every VA health care system, to serve as a point person for MST-related issues.
- VHA also provides universal MST screening for all individuals seen in VHA for care; a national MST support team to promote best practices related to MST; education and training for staff; outreach; and other access to care initiatives.
- To learn more about the impacts of MST and VA's free MST-related services, visit www.mentalhealth.va.gov/mst.
- VA realizes that every MST survivor's healing process is personal and unique, and that healing takes form in various ways.
- VA's complementary and integrative health (CIH) approaches and Whole Health systems involves treatment moving away from a disease focus to a person-centric approach focusing on what is important to the Veteran.
- The Whole Health System is a community involving healing environment and healing relationships, to include partnership with Veterans, well-being programs, and whole health clinical care.

- It includes pathways empower the Veteran to discover their purpose and begins to create a personal health plan.
- Well-being programs equip Veterans with self-care, skill building and support, integrative health, and coaching.
- Whole Health clinical care provides outpatient and inpatient health and disease management.
- The components of health and wellbeing--which include moving the body, surroundings, personal development, food and drink, recharge, family, friends, co-workers, spirit and soul and power of the mind--impacts the other.
- In a study examining the impact of meaning and purpose on health (Association Between Life Purpose and Mortality Among U.S. Adults Older Than 50 Years." Original Investigation by Aliya Alimujiang, MPH et al.), the authors concluded: "A stronger purpose in life was associated with decreased mortality. Purposeful living may have health benefits. Future research should focus on evaluating the association of life purpose interventions with health outcomes."

- The Office of Patient-Centered Care and Cultural Transformation (OPCC&CT) Integrative Health Coordinating Center was stood up in 2014.
  - Its two major functions are: identifying opportunities and removing barriers to providing complementary and integrative health (CIH) across VA, and serving as a resource for clinical practices and education for Veterans and clinicians.
  - VHA Directive 1137(2), Provision of Complementary and Integrative Health, requires certain treatments to be made available on-site, via telehealth, or through Community Care, if deemed appropriate by Veteran and care team: acupuncture, biofeedback, clinical hypnosis, guided imagery, massage therapy, meditation, Tai Chi / Qigong, and Yoga.
    - In FY23, all 139 sites offered acupuncture, 87% offered biofeedback, 58% offered clinical hypnosis, 83% offered guided imagery, 100% offered massage therapy, 95% offered meditation, 88% offered Tai Chi/Qigong, and 89% offered yoga. Over 75,000 encounters in FY23 with Veterans identified as women.
- CIH approaches are versatile.
  - Promote overall well-being as part of continuum of care, not solely for those who are struggling; can be used as part of treatment plan and for self-care; and are accessible.
  - CIH benefits include increased confidence, decreased stress, decreased levels of pain, deeper sleep, grounding, diaphragmatic breathing, mindfulness / presence, and social support.
- Average dose of opioids decreased 54% among women Veterans who were Whole Health users compared to 17% decrease among those with no Whole Health use.
- A total of 41% of women Veterans utilized Whole Health, compared to 29% of male Veterans.
- Women used twice as many CIH services.
- Three times as many women used comprehensive Whole Health services.
  - At least 8 Whole Health encounters including CIH, personal health planning, Whole Health education, coaching and/or peer-led groups.

- VHA spreads awareness of CIH and Whole Health services through resources such as:
  - "She Wears the Boots" podcast: www.spreaker.com/episode/complementary-and-integrative-health--53295804,
  - Whole Health Self-Care series: https://news.va.gov/category/health/livewholehealth/, and
  - Live Whole Health mobile app: https://mobile.va.gov/app/live-whole-health.
- MST-related outpatient mental health services are available at every VA medical center and many community-based outpatient clinics.
  - Services include formal psychological assessment and evaluation, psychiatry, and individual and group psychotherapy.
  - General mental health and specialty services are available to target problems such as PTSD, substance use disorders, depression, and homelessness.
  - Whole Health offerings.
  - MST-related counseling is also available at VA's Vet Centers, which provide counseling, support, and advocacy services.
- Whole Health and CIH approaches may be particularly beneficial for survivors of MST.
  - They are consistent with trauma-informed care principles; involve a multimodal approach; ensure that a full range of a Veteran's recovery needs are addressed; address potential barriers to care and provide flexibility to meet Veterans where they are at in their recovery; restore a sense of control and choice; and offer strengths-based, recovery-oriented focus that is not diagnosis or disease-based, which help undercut messages of being "damaged" or "weak" that many survivors struggle with after MST.
- Given strong support for the effectiveness of evidence-based psychotherapies (EBP), they should always be offered to Veterans with MST-related PTSD.
  - Treatments like prolonged exposure therapy for PTSD, cognitive processing therapy for PTSD, and eye movement desensitization and reprocessing therapy are not inconsistent with a Whole Health approach.
  - Veterans with depression disorders, anxiety disorders, and/or PTSD who used Whole Health services had 2.3 times higher odds of using an EBP for those conditions in the subsequent year, as compared to Veterans who did not use Whole Health services.
- Training opportunities for VHA providers are built on CIH and Whole Health-specific policy, implementation, and educational efforts.
  - The Office of Mental Health and Suicide Prevention's national MST Support Team hosted national-level training on use of CIH approaches specifically with MST survivors.
  - There is a library of national webinars on Whole Health and paths to healing for MST survivors.
    - Examples include trauma-informed yoga, meditation, mindfulness for healing from MST and maintaining health, iRest yoga, mind-body practices for recovery from trauma and PTSD, use of equine-assisted therapy, and the neurobiology of the experience and recovery from sexual assault (SA).

- The Beyond MST mobile app is free and secure, and can be downloaded directly to a personal phone.
  - A self-help resource, useful alone or in conjunction with counseling or treatment.
  - Offers a private, convenient and trauma-sensitive way to learn about recovery, build skills to address mental and physical health concerns and decrease isolation and hopelessness.
  - Created with input from MST survivors and others.
  - Focused on a range of goals MST survivors may have, rather than a specific diagnosis or problem.
  - Appropriate for people of all backgrounds and gender identities and at all stages of recovery.
  - The app's content is organized into six different themes: countering self-blame, strengthen relationship skills, building support, prioritizing health and wellness, finding calm and balance; and finding hope.
- Beyond MST Together combines the resources of the Beyond MST mobile app with support and encouragement from peer specialists to inspire hope and recovery following experiences of MST.
  - It focuses on increasing a sense of well-being, social support, hopefulness about recovery, pursuit of self-identified health and recovery goals, and readiness for additional care when appropriate.
  - It focuses on decreasing isolation, stigma and trauma-related shame, and mental health symptoms.

Update on 2018 ACWV Report (Recommendation 3: Reimbursement of Cost for Non-VA Care)
Cindy Heaton, Acting Executive Director, Integrated External Networks, Office of Integrated Veteran Care, VHA

- Community care for Veterans evolved from its beginning in 1945 with the Hometown Programs to the current system of integrated community and direct care access established in 2022 with Integrated Veterans Care (IVC).
  - IVC aligns access functions under the same roof and creates a continuum of both community and internal VA care with coordination.
- IVC supports millions of Veterans and beneficiaries across key programs.
  - In FY23, IVC serviced over 500,000 family members and almost 3 million Veterans.
  - For 2024, the focus is on: enabling access to the soonest and best care, ensuring Veterans get the highest value care, and modernizing family member programs.
- Adverse credit reporting (ACR) or debt collection actions may result from inappropriately billed VA Community Care claims.
  - In January 2016, the VA Adverse Credit Helpline was established to resolve Veteran ACR issues resulting from billing and payment delays.
  - The helpline provides Veterans a mechanism to dispute and remove adverse actions on their credit reports.
    - In FY23, VA resolved 29,048 cases. As of March 25, 2024 (in FY24), VA resolved 16,464 ACR cases; 2,961 current cases are pending.

        - IVC exceeded its stretch goal of completing 85% of ACR cases within 45 days. Average completion for FY24 is a 94.1% average completion rate within 45 days.
        - Current capabilities of IVC's customer service system do not include tracking gender data for billing inquiries; VA will consider this option for future system enhancements.
    - VA agents and staff follow a streamlined process to ensure timely resolution of ACR requests.
    - VA has seen improvements in women Veterans' trust scores related to billing issues, but continues to explore opportunities to further enhance the Veteran experience and trust.
        - VA partnered with its third party administrators—like Optum and TriWest--for in depth review of national and facility-level experience data and is working several action plans in response, including targeted community provider education around erroneous Veteran billing.

Thursday, April 4, 2024

Opening Meeting/Introductions
Wanda Wright (Colonel, U.S. Air Force, Retired), Chair, ACWV
Chair Wright opened the meeting with short introductions from the committee members, ex-officio members, advisors, and Center for Women Veterans (CWV) staff.

Overview of the National Comprehensive Plan on Intimate Partner Violence
Dr. LeAnn Bruce, National Program Manager, Intimate Partner Violence Assistance Program (IPVAP), VHA; Dr. Jennifer Knetig, National Program Manager, Megabus 5304 Pilot Program, VHA; Dr. Jennifer Koget, National Director, Social Work, Fisher House and IPVAP, Care Management and Social Work Services, VHA

- IPVAP has been in existence for just over 10 years.
    - VA Secretary assembled a Domestic Violence/ Intimate Partner Violence (DV/IPV) Task Force, in June 2012.
    - By December 2013, VHA published its plan for of the DV/IPV Assistance Program.
    - In January 2014, DV/IPV (IPVAP) launched.
    - IPVAP launched a two-year pilot at six sites, in June 2015.
    - In October 2017, the pilot program concluded and IPVAP created a summary report.
    - In March 2018, the program received initial funding of $17 million (Senate Report 115-130 Omnibus Bill).
    - VHA published VHA Directive 1198, in January 2019.
    - In January 2021, the program was assigned lead on Megabus 5304 IPV/SA pilot (Deborah Sampson Act).
    - In September 2023, IPVAP implemented the Relationship Health and Safety (RHS) screen clinical reminder.

- The DV/IPV Task Force made 14 recommendations necessary for VA to implement a comprehensive integrated program to address IPV among Veterans.
  - Eleven recommendations are completed; two that were also completed and implemented were slightly changed due to Veteran feedback; and one not completed regarding implementation of a pilot screening of Veterans who use IPV and intervention programming.
    - IPVAP has not found a model yet to combat this that fits all of their criteria, but is working on it.
  - Today, IPVAP is still based on holistic, veteran-centered, psychosocial, trauma-informed recovery and programming.
- IPVAP program is national, with a small team. Some sites have more than one IPVAP coordinator.
- IPVAP's guiding principle is providing service that is person-first, Veteran-centric, recovery-oriented, trauma-informed.
- IPVAP supports Veterans, intimate partners caregivers, and VA staff.
- The Evidence-based services for IPV address experience of IPV, use of IPV, bi-directional IPV, and relationship health support.
- Other IPV-related issues addressed include the Human Trafficking Training and Prevention Committee and pilot program.
- Key program components include raising awareness, providing universal education, developing resources, offering training and consultation, building partnerships, engaging in outreach, promoting screening and assessment, engaging in safety planning, offering evidence-based intervention, innovating service/care, and providing program evaluation.
- Key benchmarks include staffing, training, support, screening, and intervention.
  - There is a full time coordinator at every facility. IPVAP clinical staff duties expanding to support growing clinical intervention services.
  - IPVAP coordinator training is required and skill-based training is available for providers. There is program-specific clinical training/certification and danger assessment certification available. Staff can also participate in bi-monthly topic training calls.
  - IPVAP provides support through its SharePoint hub, public Website, development of materials (brochures fact sheets and toolkits), awareness campaigns/monthly themes, collaborative events and peer consultation.
  - IPVAP implemented a national IPV screening protocol that supports early detection and intervention. It deployed a national clinical reminder and recommended the screening for all Veterans. Annual screen is required for all women Veterans under 48 years and others deemed at-risk. The program supports early detection, intervention, universal education and a no wrong door model.
    - If a Veteran does screen for IPV, they are offered the support and tools they need.
    - The Relationship Health and Safety (RHS) screen protocol is based on trauma-informed practices and consists of a primary screen section (5-questions). If the screen is positive, this is followed by a secondary risk screen (3-questions).

        - The RHS secondary risk screen helps to assess for severity or immediate risk. All IPVAP coordinators and clinical staff are required to also be certified to conduct the danger assessment to assess lethality risk.
    - IPVAP's interventions to address IPV include Strength at Home program (to address IPV use) for Veterans and couple groups; Recovering from IPV using strengths and Empowerment (RISE) to address IPV experience. They identified promising practices to address bi-directional IPV, sexual trauma, and health relationship.
- The National IPVAP is committed to:
    - Improving access to care for Veterans, their partners, and supporting VA staff.
    - Expanding RHS screening for all Veterans.
    - Accelerating growth and sustainment of IPV-specific clinical services, including assessment, safety planning and evidence-based intervention.
    - Identifying and spreading innovations to meet the unique needs of Veterans impacted by IPV-related issues.
    - Incorporating lessons learned from Megabus 5304 pilot program.
    - Incorporating lessons learned from the IPVAP Human Trafficking pilot program.
    - Building key partnerships to reduce service fragmentation.
    - Standardizing quality of IPV care
    - Improving data management.
- The Johnny Isakson and David P. ROE, M.D. Veterans Health Care and Benefits Improvement Act of 2020 directed VA to look at how it can expand upon the services that IPVAP provides.
    - Care Management/Social Work Services was the assigned responsibility for several mandates located in Sections 5301-5305 of the law, which examine IPV and establish anti-harassment and anti-sexual assault policies.
    - Section 5304 requires VA to conduct a 2-year pilot program to assess the feasibility and advisability of assisting Veterans who have experienced or are experiencing IPV or SA.
        - Ten sites with established IPVAPs were selected, to include: the Pacific Islands; Walla Walla, Washington; Cheyenne, Wyoming; Salt Lake City, Utah; Tucson, Arizona; Little Rock, Arkansas; Chicago, Illinois (Jesse Brown VA); Nashville, Tennessee; Gainesville, Florida; and Finger Lakes, New York.
        - These sites were chosen based on diversity, size of the health care system and proximity to tribal communities. The legislation requires VA to examine how it serves Veterans, focusing on underserved Veterans.
        - IPVAP hired one additional Megabus lead for each site, and launched the pilot on October 1, 2021.
        - The pilot focused on the development of Veteran-facing educational materials, staff and community partner training, data collection, community engagement, and ongoing pilot site consultation.
        - Three memorandums of understanding were executed to support pilot implementation: 1) Veterans Integrated Service Network (VISN) 16 Mental Illness Research and Clinical Center (MIRECC), to produce training and

        material development; 2) Courage Group Intervention, and 3) Portland VA Medical Center for Data Hub support.
    - Data collection and analysis is completed. The Congressionally Mandated Report (CMR) is in clearance. The CMR is due to Congress no later than March 28, 2024.
    - Pilot sites served 22,843 Veterans over the course of the pilot. The average age of the participants was 51; 27% identified as women; 25% identified as black, Asian, Native Hawaiian, other Pacific Islander or Native American; 7% identified as LGBTQ+; 33% resided in rural communities; and 13% experienced recent hosing insecurity.
    - Participating VAMCs focused on areas they considered as relative strengths in their health care system and then focused on improvements. There were growth opportunities where they could increase services for Veterans, especially high-risk groups like women Veterans.
    - The team went to each of the 10 sites and conducted face to face meetings with Veterans, leadership and staff, exploring barriers, successes, and progress.
- Some of their efforts to raise awareness include creating display tables with resources and banners with QR codes linking to IPVAP resources, creating billboards and advertising on modes of public transportation.
  - The program partners with other offices to raise awareness on important issues like missing and murdered indigenous people, and to develop brochures providing tailored education for Veterans representing high risk or historically underserved populations.
  - Partnerships are critical to what they do and how they get the information out.

ACWV Discussion
The full committee engaged in general discussion about the briefings and prepared for their respective subcommittee working sessions.

Meeting Adjourned
Chair, ACWV

/s/
Colonel Wanda Wright, USAF, Ret.
Chair, Advisory Committee on Women Veterans

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