Legislative Task Force on Women Veterans' Health Care
Minutes
February 10, 2010

Participants

Chair Nanci Visser
Marcia Hall, Ph.D
Sonja Fry
Val Conley
Senator Laurie Monnes-Anderson
Jack Heims
Nancy Sloan, Ph.D
Frederick White
Paul Evans
Evelyn Brady
Mandy Martin (Phone)
Gigi Harris, Ph.D
Gina Nikkel
Jessica Van Diepen
Jane Stein
Sandra DeLeon
Matt Anderson
Toni Vondra (Phone)

Chair Visser started the meeting at 10 a.m. with introductions. Oregon Department of Veterans' Affairs Director Jim Willis spoke to the Task Force, noting three issues:

1. He thanked the Task Force members and participants for giving their time for this work;
2. He noted that the President's proposed budget for the United States Department of Veterans Affairs contains a robust increase in funding in all major program areas, including women's health care and mental health. He noted that this is just the resource the Task Force needs as it does its work.
3. He noted that quality is better than quantity when producing legislation. He would rather see five quality bills pass the Legislature rather than the Task Force produce 25 mediocre bills of which two pass. He encouraged the Task Force to determine the issues and prioritize them. He said the work done by the Task Force will not just help Oregon veterans but will help veterans all over the nation. He said that the Task Force members and participants should know that what they are doing is important and makes a difference.

Chair Visser noted that the Task Force is scheduled to travel to White City to see the Southern Oregon Rehabilitation Center and Clinics (SORCC) on March 12; and will visit the Portland VA Medical Center in April. Staff will work on setting up a tour of the Roseburg VA Hospital in May. Chair Visser said she would personally tour the Hillsboro

Community Based Outpatient Clinic and the Portland Vet Center, as well as the Saturday women veterans meeting in Portland.

In response to questions about VA chain of command, Nancy Sloan and Marcia Hall explained that the VA women's health care initiative is linked regionally and nationally to the Central Office. They said the new director, Dr. Patty Hayes, has it well organized and that Oregon leads in some areas, but is behind other states in other areas. Both agreed that the since the official appointment of Women Veteran Program Manager at each facility in 12-2008 new focus, effort, and initiatives for women veterans have increased.

Paul Evans asked if there were actual gains being made or if people are just talking about things. Nancy Sloan said that the clinic being built in the Portland VAMC is very tangible as are other efforts throughout the VISN.

Marcia Hall noted that the question was valid and said that the continuum of care for women's health care starts with primary care, with mental health being a secondary focus with efforts to integrate women's mental health into primary care. Marcia said that the picture if mixed - improvements are being made, but mental health in rural areas still have identified gaps.

Paul Evans said that this year's VA budget is good, but next year will not be so good. While the budget is good, Paul asked how we catch up and fill the gaps? Marcia Hall noted that a lot of money recently has come across the table, but the problem is women's health care is not starting off at the same baseline level as male health care. Therefore, the resources to bring women's health simply up to baseline needs will require additional and sustained support.

Chair Visser asked Marica Hall to outline a proposed pilot project. Marcia identified that as we have been discussing, the healthcare needs of women Veterans are unique and considerable. There is however substantial agreement and congruence of what constitute women Veterans healthcare needs – issues from members of the Task Force, TF guests, VA women's health gap analysis, and existing research. These needs-issues include: women Veterans invisibility in the veteran community; isolation and disconnection from communities and resources; discrepancy of care in the rural/frontier areas of the state; lack of access to basic health care, including mental health; barriers to accessing the VA system; a male culture of care in the VA; lack of women Veteran – provider partnerships and engagement in their care; lack of women's health providers and mental health professionals; and invisibility within their local communities.
To address these diverse challenges, and provide a solution in which many of the existing issues could be collectively addressed, Marcia Hall, Nancy Sloan and Sonja Fry proposed funding two mobile women Veterans health units that would go to communities, providing care to women veterans. The mobile units would provide gender-specific women's physical and mental health and would be a visible sign in communities that there are women veterans throughout Oregon. These units would also be functional 'Outreach' vehicles acting as a gateway to an array of VA and community services. By going to rural and frontier areas where women veterans live, the mobile units would

address many women veteran issues, including basic medical-mental health care, Post Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma, Suicide Prevention, Family Issues including domestic violence, parenting, and childcare; and could liaison and coordinate any health care gaps due to transportation issues.

Task Force members liked the proposal and made several suggestions including the following:

- Include Southwest Washington in the program to entice support from Congresswoman Patty Murray (Jack Heims)
- Fund the program through VISN 20 (Jack Heims)
- Create a federal/state/non-profit funding partnership for the program (Paul Evans)
- Focus on all women veterans from every era (Sonja Fry)
- Vehicles could be purchased by non-profits or through corporate sponsorship (Paul Evans)
- Previous mobile health units have not been successful, so do homework before implementing this model (Jack Heims)
- What about women veterans who do not want to self identify (Gigi Harris) – (Marcia noted that no program can address all issues but safety and positive visibility of women Veterans would promote self-identification)
- Program would need healthy public awareness campaign that includes professional targeted social marketing (Marcia Hall)
- Is ARRA money still available for this project? (Nanci Visser) - (No – that money was spent for VA infrastructure projects, including the PVAMC Women's Clinic)
- If the project goes forward, determining a way to sustain it, including core staffing needs, past its pilot funding is vital (Marcia Hall)
- Finding staff that will be willing to travel will be difficult (Jack Heims)
- Strong concern about reaching out to women veterans of the 1960s – 1980s (Sen. Monnes-Anderson)
- Is it time to contact Oregon Congressional delegation? (Jane Stein) – (Not yet – need to make proposal and work congressional staff first)
- Pilot Project cannot pull from existing VA staff. Must be new staff for this project (Nancy Sloan). Marcia Hall noted that with the Mobile Units the VA would need to enhance women's staff to meet the increased needs generated by outreach.

After discussing the issue, the voting members of the Task Force agreed to direct staff to draft an appropriations request to fund the project to include Oregon and Southwest Washington.

The discussion returned to how the VA system operates. Jack Heims explained that money is budgeted for each VISN, which then passes money down to each medical center or hospital for their catchment areas. Medical Center directors determine the priorities for their catchment areas and budget their money accordingly. Jack believes that issues about funding priorities cannot be solved by the Task Force.

Paul Evans noted that there are two kinds of politics – those that deal with Congress and those that deal with bureaucracies. Paul stressed that there is an opportunity now to do both kinds of politics to make gains for women veterans' health care in Oregon.

Nanci Visser asked how we influence Congress to direct more resources to women veterans' health care. Paul noted a key person in the VA bureaucracy will be Assistant Secretary Tammy Duckworth – a female combat veteran who lost both legs in Iraq.

Frederick White said it would be important to align the Task Force's recommendations with what VA already is doing to make it easier for VA to support the Task Force. He suggested connected recommendations to VA's national policies in these areas.

Paul Evans said that one of the missing talking points to bring the women veterans' health care issue to the public's attention is graphic detail about what women veterans suffer. Paul said that the public needs to hear about women veterans coming home in body bags, without limbs, suicide and more. He suggested that perhaps the family of Jessica Ellis would help with outreach and public awareness of what women veterans face. (Jessica Ellis was a combat medic with the 101st Airborne and was killed while attending a soldier who had been wounded during the firefight).

Gigi Harris said that we also need to stress that women in combat is not sanctioned so they get no recognition for their service, which further alienate women veterans to make them invisible.

Earlier, Jack Heims had noted that veterans tend to have more medical needs than the regular population due to their service. Sonja followed later by noting that women veterans do not have the same maladies as their male counterparts, but have even more to deal with, including harassment. She further said women don't have a voice in service and don't have a voice out of service.

Elan Lambert asked if there was a cultural difference between officers and enlisted in getting health care. The consensus was that officers do receive better care for several reasons, including education, aggressiveness in seeking care, and the providers' inclination to treat officers differently than enlisted. It was further noted that former enlisted veterans are driven to the VA system for economic reasons where former officers frequently have more healthcare options.

Nanci Visser returned to the questions outlined in the agenda and began asking VA professionals to respond. Questions were posed with the following responses.

Nanci Visser asked if all VA hospitals were moving primary care out to the CBOCs. Nancy Sloan confirmed Portland has/is moving women's primary care to a Women's Clinic, but Roseburg and White City still maintain primary care at both the main facility and at the CBOC according to Marcia Hall.

Staffing at each CBOC is unique for instance Sonja Fry described staffing at the Eugene CBOC as 9 Primary Care Providers, 2 psychiatrists and a handful of multi-disciplinary mental health professionals. Marcia noted that keeping staffing positions filled is a challenge. At present 30 percent of the mental health positions in VA Roseburg Healthcare System are unfilled. She further explained that the hiring process in VA frequently take a significantly long time (at least six months from the time the job announcement is posted and sometimes job announcements are not posted for a year). Further, many positions that have been vacated due to retirement or transfer have not been replaced. This disrupts continuity of care and overall complicates providing care.

The caseload of a VA primary care doctor is 1,200 veterans and a nurse practitioner's caseload is 900 veterans. VA Central Office is supporting women's health primary care providers have a reduction in their caseload due to increased time and complexity required to serve women. This has not yet been achieved at VA in Oregon. VA caseload is less than the private sector; however, veterans tend to be sicker than the non-veteran population, which accounts the difference in private-sector and VA caseloads.

The VA goal and average wait is 30 days for an appointment for female veterans. Marcia Hall said that there are a lot of good things in progress, with increased focus and support for improving women Veterans health coming from VA Central Office.

VA practitioner pay is around the median range for private-sector physician pay in each community. The benefits of working for the VA include pay, health care benefits, federal retirement and Thrift Savings Plan, generous vacation and sick leave, and good working hours.

There was a discussion about the number of in-patient beds in each facility. Roseburg has been without acute psych beds for almost 3 years but is about to open up three beds this month. White City does not have any acute psych beds. Nancy Sloan said that there are beds available in Portland
However, staff and Val Conley noted that the Portland hospital is always on divert so in reality there are no beds available and when veterans are diverted their medical bills are not being paid by the VA. This is an issue that will have to be addressed at a future meeting.

The meeting adjourned at 12:00 p.m.