

**Legislative Task Force on Women Veterans' Health Care
Minutes
December 9, 2009**

Participants

Chair Nanci Visser
Marcia Hall
Sonja Fry
Val Conley
Amy Fauver
Barry Vertner
Rep. Jean Cowan
Jack Heims
Nancy Sloan (Via Phone)
Evelyn Brady
Mandy Martin (Via Phone)
Ajah Maloney-Capps (Via Phone)
Elanna Schlichting (Via Phone)
Dr. Gigi Harris
Jessica Van Diepen
CSM Harriman
Jane Stein

The meeting began at 10 a.m. with introductions. Chair Visser asked if the Task Force members had seen the previous meeting's minutes. Once confirmed, she asked for a motion to accept the minutes. There was a motion and second and the minutes were accepted.

After briefly going over the agenda, Chair Visser introduced Sonja Fry who was scheduled to provide a presentation on Military Sexual Trauma. Fry's PowerPoint presentation made the following main points:

- There are 23 million veterans in the United States
- 8 percent of those veterans are female
- 22 percent of women veterans have experienced MST
- 55 percent have experienced severe sexual harassment
- Military Sexual Trauma includes Sexual Harassment and Sexual Assault
- The Tailhook scandal brought MST to the public's attention, but it has gone on for all eras of women veterans
- Due to Tailhook, five different public laws were enacted between 1992-2005
- For a victim of MST, a lot can happen before seeing a counselor, including mental and physical health problems and impaired occupational and social function
- Fry's current caseload is 116 patients – 80 percent female, 20 percent male

- Department of Defense is the single point of accountability for sexual assault matters. There is a website with all the data: www.sapr.mil/
- Each military installation or unit has a Sexual Assault Response Coordinator (SARC) and a Victims' Advocate
- Victims of MST now can report outside of their chain of command – previously reporting up chain of command proved to be a deterrent for reporting
- Veteran Outreach and talking openly about MST are keys to increasing reporting

Other comments were made during the presentation, including the following:

Dr. Marcia Hall – In surveying needs, the Roseburg VA has a deficit of -4.5 FTE (Full Time Equivalent) to meet the needs of reporting MST victims. This is based on a caseload of one counselor for every 25 patients.

Sonja Fry – In the civilian population, 80 percent of sexual assault victims do not report the crime. She, Dr. Hall and Jack Heims suspect that the non-reporting number is even larger in the military due to several factors.

Dr. Gigi Harris – Dr. Harris is very troubled that there are mandates for care that are unfunded. The VA is saying it is symbolically important to care for these MST victims, but they do not make it a funding priority. She also noted that she wrote a paper that examined white female attrition in the military and found that the military was not an option for this population because they believed the military was hostile toward them.

Dr. Marcia Hall – VA has great policies – some of the most progressive in the nation – but no resources to implement them.

When the presentation was over, Fry took questions:

Jane Stein – She spends time at the Portland VA Medical Center (VAMC) and speaks to women Iraq veterans. She says many of them are pregnant and the VA does not cover abortion and who is going to take care of and pay for the child?

Dr. Marcia Hall – In response, Dr. Hall explained that the Task Force is taking a solution-based approach to gaps in women veterans' health care.

Chair Nanci Visser – The Chair wanted to know where we get the resources to get more Sonjas.

Dr. Marcia Hall – Noted that the more outreach you do, the more victims of MST will come, thus creating even a larger problem of providing services. Further, Dr. Hall noted that there are two primary categories that the Task Force should think about: Health Care needs and Mental/Psycho-Social needs.

Unknown Questioner – Asked how many staff does the VA have to provide these services?

Dr. Marcia Hall – Responded that it is hard to quantify, because some staff our full time, others are part time, others are listed on paper as the MST SME, but have a complete caseload of which only some are MST.

Mandy Martin – Responded that the Vet Centers have .5 FTE in Portland and Salem. Eugene has a person one day a week every other week (Fry). There are none in White City and 1.5 in Roseburg. MST is a second-tier issue at Vet Centers – Combat PTSD is their first concern.

Nancy Sloan – Agreed that there is a significant gap in MST counseling.

Jack Heims – Wanted to play Devil’s Advocate, noting that in Portland there is a significant PTSD clinic in which the counselors also treat MST victims suffering from PTSD. He said that getting a caseload down to 25:1 is unrealistic, but 116 clients for one counselor are, indeed, too much. The Portland VACM can cover its MST caseload.

Dr. Marcia Hall – Agreed that Portland can cover its MST caseload between its MST and PSTD counselors. However, MST patients are complex and need long term care, which is why she has conducted the survey to determine needs, and appropriate ratios.

Representative Jean Cowan – She has been listening to the conversation and would like to work a bit to carve out the right pieces to get it into the structure of the Task Force. The Representative explained that the previous session her committee passed a number of House Joint Memorials, which usually are just feel good measures telling the federal government what Oregon thinks. She generally is not enamored with them. However, the congressional delegation took these ideas and moved forward with several, including the 90-Day Soft Landing. She did not want to negate the merits of the HJMs when tied to congressional action. The Representative explained that she wants to see a final report with specific ideas that the state can implement. The report should detail exactly what existing service we have. There’s a place where we vent our personal frustrations, but we need to focus, she told the Task Force. Cowan said she felt the two previous presentations were missing the veterans’ perspective (what’s in it for me to actually engage the system?). She said that she would like to see programs that are very successful in moving people forward. I think people get it with what the problem is, she said. However, we might have to update out thinking – there will always be frustrations of unfunded mandates. She understands that the idea is to move veterans to the front of the line, but as a former county commissioner, she sees the friction when that means others in the community are moved farther back in line. In the end, Cowan said the report should explain the problems and issues and provide a priority list of suggestions or recommendations. Further she said she would like to see the Task Force recognize all women veterans through all eras and to get some information from the military as what they are doing to put an end to this problem (MST).

Jack Heims – Because he had to leave early, Heims asked Rep. Cowan to help with an issue related to a video he has asked the Governor to participate with. The Governor has

agreed, but has postponed until February. Heims asked Cowan to help the Governor do his part of the video soon in that the video is all done except for the Governor's part.

Representative Jean Cowan – The Governor may have a reason for his delay.

Barry Vertner – If we do a big education push today, how will the new veterans coming forward be taken care of?

Dr. Marcia Hall – There is a history of education resulting in greater veteran turnout. Already the VA is expecting an 8-12 percent increase in MST caseload with no increase in staffing. Dr. Hall continued that she believes in structure. That being said, she believes that there is plenty of information available and the structure could be broken down into three categories: Reaching out to Women Veterans, Mental/Psycho-Social Care and Medical Health Care.

Sonja Fry and Dr. Marcia Hall – Both asked if there are other issues they could address from the VA perspective. The Task Force asked for more information about in-patient women beds in Oregon.

Dr. Marcia Hall – There are no beds in Roseburg, but plans to create three (there used to be four). There are no acute psychiatric beds at White City. Portland has what they call “swing beds” or beds that are used for women, but when a woman does not occupy them, it is given to a man. No number was associated with these swing beds. There also are in-patient addiction beds – three in Roseburg for a 28-day program, but these may be moving to White City. In patient beds is a concern.

Chair Nanci Visser – Asked if the Women Veterans' Conference could be a venue for the Task Force to meet women veterans to gather information.

Val Conley – Yes, that would be a good place and Dr. Hall and Sonja Fry already are speakers, as is Chair Visser. (Discussion ensued and it may be possible to put a Task Force table at the conference where female veterans could speak with committee members).

Representative Jean Cowan – Asked if staff could produce a federal dollar figure that would accompany an increase in women veterans counted for census. Staff said he would look into this.

Chair Nanci Visser – Noted that the Task Force will meet on every second Wednesday of the month at 1000 hours. The next meeting is scheduled for Jan. 13 at 10 a.m. at the Oregon Department of Veterans' Affairs.

The meeting adjourned at 12:00 p.m.

