Legislative Task Force on Women Veterans' Health Care
Minutes
November 17, 2009

Participants

Chair Nanci Visser
Marcia Hall
Sonja Fry
Val Conley
Barry Vertner
Rep. Jean Cowan
Sen. Laurie Monnes-Anderson
Nancy Sloan
Evelyn Brady
Mandy Martin
Mary Botkin (AFSCME)
Elizabeth Cushwa (Oregon District Attorneys)
Élan Lambert
Fritz Graham (Sen. Wyden)
Ben Hier (Sen. Merkley – Phone)
Juine Chada (Sen. Wyden – Phone)
JD Baucham (Cong. Schrader – Phone)
Mark Miedema (DAS-BAM)
Matt – Sen. Monnes-Anderson's Office
Patrick Sieng – Rep. Cowan's Office

The meeting began at 2:05 p.m. with introductions and a review of the agenda.

Dr. Marcia Hall prepared a PowerPoint presentation entitled *VA Services for Women Veterans in Oregon*. The 44-slide presentation outlined the current VA health care system for women veterans in Oregon, identifying the following:

- The number of women veterans in Oregon and the number using VA services;
- The anticipated growth of women veterans accessing VA services in the next five years;
- Eligibility criteria;
- Current challenges and barriers to women's health in the VA system;
- VA priority and plan for women veterans;
- Care offered to women veterans;
- Specific information on Military Sexual Trauma;
- Critical success factors for the VA serving women veterans;
- Needs of women veterans

During the presentation, several questions were asked and comments made, including:

- Many women working in as corrections officers are veterans and work in Eastern Oregon – they are not respected in either uniform (Mary Botkin)
- Women have their gender taken away when they are in the military. You are not a woman or a man – you are a soldier. (Mandy Martin)
- Does early funding help the VA provide a more stable situation for programming women's health (Mandy Martin)
- Even the staff at the VA is confused about eligibility and women veteran status (Mandy Martin)
- Need to change the MST code on the computer from "Humanitarian Services" to something more appropriate. (Rep. Cowan)
- Do MST victims have to pay for their VA health care and if not, do they still get billed like service-connected vets are wrongly billed for their health care? (Tom Mann)
- Nanci Visser related her story of going to the VA Enrollment Office at the Portland VA Medical Center – good experience for the most part.
- A barrier is actually being believed when you say you have experienced MST (Mandy Martin and Élan Lambert)
- Do the mini three-day residencies actually prepare a clinician to practice women's health care? (Tom Mann)
- We need to remember the veterans of prior generations, because they are the ones not coming in for service (Sonja Fry)
- Need to focus on mental health (Sen. Monnes-Anderson)

Dr. Hall responded to many questions, making the following points:

- Women veterans feel that they are invisible and not really veterans
- She agreed that some women feel that their gender was taken away in the service and it is difficult to get it back afterwards
- Early funding does help, because VA funding is discretionary so the VA cannot program for future services.
- Primary care appointments are targeted to be scheduled within 30 days of enrollment, there are variations in meeting this target among VA facilities
- All the mental health physicians..(should read -THE MAJORITY OF <u>PSYCHOLOGISTS</u> now are being assigned priority to compensation and pension exams due to the heavy back log of claims
- Women veterans health care does not have a designated separate budget at the facility level in the VA system
- She agreed that the humanitarian code used with MST does need to be corrected and is being looked at, but it is VA-wide and cannot simply be done at the local hospital or clinic
- She acknowledged that MST victims are sometimes improperly billed for their VA health care and that education must be done in all areas of the VA regarding women's health care
- She agreed that sometimes there is still a barrier to being believed regarding MST; however, the system is set up for victims to receive treatment a number of

ways and they do not have to be either service connected or based on time in service.

- Both Dr. Hall and Dr. Sloan agreed that the three-day mini residencies are a tremendous asset for women's health but may not be sufficient in and of themselves to prepare a clinician to treat women veterans. However, there are more mentoring and training opportunities that take place.
- There is a problem attracting physicians to the VA in rural areas, including mental health and those who are "proficient, interested and engaged" in women's health
- There is a new marketing campaign with public health education posters being implemented encouraging women veterans to use the VA
- The key is funding

After her presentation, the Chair said referred back to the Task Force's enabling legislation and outlined the broad mission of the Task Force. She then said she had made a list of things to consider, including the following:

- Primary care for all female veterans
- Female clinicians for female patients if requested
- Privacy for female veterans
- Continuity of care
- Improved outreach
- Mentoring
- Education campaigns
- Reasons why female veterans forego VA health care
    - VA Facilities still feel as if it is a military system
    - Receiving health care is seen as a weakness (military mindset)

Task Force staff Tom Mann gave an overview of the Governor's Task Force on Veterans' Services process of information gathering, meeting with veterans and prioritizing recommendations for legislature and congressional action.

Mann also gave a history of examining the repurposing of the Eastern Oregon Training Center as a women veterans' in-patient facility, noting that there are significant barriers the VA has found in utilizing the facility at this point.

Mann encouraged the Task Force to allow the VA subject matter experts to meet in a subcommittee to brainstorm potential pilot projects for submission for congressional funding, which would be due in January, according to Fritz Graham.

The Task Force agreed to hold its next meeting on Wednesday December 9 at 10 a.m. at the Oregon Department of Veterans' Affairs. The Task Force also decided it would hold regular meetings on the second Wednesday of each month.

The Task Force adjourned at 4:10 p.m.