BOLDLY SERVING MORE THAN 30 YEARS

FDVA

FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

FLORIDA LEADS!

Florida Department of Veterans' Affairs
Fact-Finding Committee on
Women Veteran Benefits and Communications

Report to the Governor of the State of Florida and Executive Director of the Florida Department of Veterans' Affairs

May 2, 2022

In Memory of

Fact-Finding Committee on Women Veteran Benefits and Communications Member

Nancy Bullock-Prevot
Chief Cryptologic Technician Collection
United States Navy - Retired
1976-2022

Table of Contents

Part I: Executive Summary

The Florida Department of Veterans' Affairs (FDVA) Fact-Finding Committee on Women Veteran Benefits and Communications will hereafter be referred to as the "Fact Finding Committee" and was established on Sept. 1, 2021, by FDVA Executive Director James S. "Hammer" Hartsell. The Fact-Finding Committee was created to assess the needs of Women Veterans in Florida to ensure the availability of earned veterans' benefits, and the FDVA and U.S. Department of Veterans Affairs (VA) communications are tailored correctly to provide optimal results for the 165,000 Women Veterans who call Florida home. The Fact-Finding Committee is mandated to provide the FDVA Executive Director with independent advice and make recommendations for implementation as an extension of the 2020 FDVA *Forward March* Report and build on its findings. The Fact-Finding Committee is standing behind this report, and it is time to take action to bring awareness and necessary changes to the betterment of our Florida Women Veterans!

The Fact-Finding Committee consists of 14 women members who are either veterans or veteran advocates and appointed by the FDVA Executive Director. FDVA State Women Veterans' Coordinator Vanessa Thomas provided administrative and logistical support services related to the functions of the Fact-Finding Committee and proved to be an invaluable asset to the Fact-Finding Committee.

Locating Women Veterans in Florida who are not utilizing their veteran benefits has been a challenge. To improve upon communicating FDVA and VA benefits, the Fact-Finding Committee generated substantial insights and best-practice strategies to increase awareness of veteran benefits they justly earned. This requires allocating dedicated resources to support Women Veterans to enlighten and ultimately lead to more women becoming empowered to seek out their veterans' benefits. Where possible, the FDVA and VA need to develop better indicators and communication to improve shared learning. This will require deeper, more substantive engagement, enhancing existing collaborations between FDVA and the VA, and building new partnerships with organizations that provide veteran services to our Women Veterans. To more effectively expand efforts to promote Women Veterans benefits, such efforts by the FDVA and VA are not only the right thing to do but are in keeping with the Fact-Finding Committee's motto, "Never Stop Serving our Women Veterans!"

In-person Town Hall Meetings were conducted in four different cities between Fact-Finding Committee members and local Women Veterans - Sept. 23, 2021 in Orlando, Oct. 7, 2021 in Jacksonville, Oct. 21, 2021 in Pensacola, and Oct. 28, 2021 in Ft. Lauderdale. In addition, an online questionnaire was developed by the FDVA State Women Veterans' Coordinator utilizing Survey Monkey to obtain demographics and concerns from Women Veterans.

Based on the two sources of information and a comprehensive review of multiple sources of previous studies on Women Veterans, the Fact-Finding Committee narrowed down four specific areas of concern for Women Veterans in Florida: Awareness of the Deborah Sampson Act, Homelessness, Outreach and Communication, and Nursing Home Care.

In examining these four topics, the Fact-Finding Committee offers 14 recommendations. (Each recommendation, along with a brief synopsis of the supporting reasoning for each, follows.) Further description of the reasoning supporting each recommendation and a discussion is provided in the full Fact-Finding Committee Report for 2022.

We thank Major General Hartsell for his leadership in supporting Women Veterans and for understanding the value of the Fact-Finding Committee's work. The Fact-Finding Committee appreciates the great efforts and strides that FDVA and VA have previously taken to address the needs of Women Veterans in Florida. Going forward, our aim with this report is to ensure significant and attainable goals can be met from our recommendations. Our Women Veterans in Florida are counting on your watchful eye to look after us!

Respectfully submitted,

Major Lorraine A. Holland, U.S. Army (Retired)
Chairperson
FDVA Fact-Finding Committee
Women Veteran Benefits and Communications

Fact-Finding Committee Meeting, Nova Southeastern University, Pembroke Pines, Oct. 28, 2021

Part II: Recommendations and Continuing Concerns

1. Deborah Sampson Act/Mission Act/Health Care

Issue: The military Transition Assistance Program (TAP) is not partnered with FDVA to provide information, resources, and tools to help transition Women Veterans and their families from military to civilian life.

Recommendation:

Identify service members who have an End of Active Service (EAS) date or have been recently discharged. Educate and partner them with State and Federal Veteran agencies as well as the FDVA.

Issue: Insufficient number of Women's Health Primary Care Providers at VA facilities.

Recommendation:

VHA work in collaboration with Florida State Schools to fund education in exchange for the health worker committing to a contract working for the VA for a set number of years.

Issue: Denied VA disability claims for PTSD related to military sexual trauma (MST).

Recommendation:

The VBA needs to collect and analyze data on denied MST claims and audit MST denied claims for accuracy.

2. Homelessness

Issue: Homeless shelters do not designate enough beds for Women Veterans, especially so when the Veteran has children.

Recommendation:

FDVA maintain and publish a database that provides information on organizations (who have been vetted) that provide supportive services to homeless women veterans.

Issue: Homeless Women Veterans with children are very challenged to find a shelter that accepts children, let alone find "affordable housing" in Florida.

Recommendation:

Increase funding to existing programs to allow them to branch out and accommodate Women Veterans with minor children. Create agreements with real estate companies to set aside apartments on a sliding income scale. Homeless shelters that identify they accept both males and females need to designate separate facilities for Women Veterans. To break the cycle of Women Veterans returning to homeless shelters, a comprehensive program to train the women (while in a homeless shelter) in state and federal resources, employment opportunities, and how to obtain affordable housing should be mandatory.

Issue: Women veterans who do not have a qualifying discharge or did not serve long enough on active service may not be eligible for shelters that receive a per diem for beds set aside for veterans.

Recommendation:

If an unfavorable discharge or length of service does not qualify a Woman Veteran for housing, consideration should be given if the Veteran experienced sexual harassment or trauma on active duty.

Issue: The Continuum of Care (COC) reports homelessness based on their "Point in Time" initiative and those who visit seeking Supportive Services for Veteran Families (SSVF) assistance. The accuracy of this count is questionable because Women Veterans do not always go to the COC or the VA for help, and their numbers are not captured. Many women veterans (especially those that suffer from MST) do not seek out shelters due to fear of mostly all male residents. Homeless Women Veterans can often be found living in their cars or residing on someone's couch and not captured as a "homeless" veteran, and thus not captured in COC reports.

Recommendation:

Once the State decides to implement change, the information needs to be disseminated to all Veteran Service Officers (VSOs) in the State. VSOs should report the number of homeless women (and men) Veterans they see monthly to gather a more accurate account of homelessness in the State.

3. ***Outreach/Communication Systems/Point of Entry***

Issue: Some gaps identified through the **points of entry initiative** are addressed in whole or in part in existing State and local resources. However, the ease and consistency of supporting information to be found by Women Veterans is inconsistent, information is hard to find, and systems are not user friendly.

Recommendation:

Identify all points of entry into the State or community and assess the following:

- Effectiveness by considering who is successfully performing this role to create best practices for the State to duplicate throughout.
- Recommend the DoD TAP program be extended to one year and provide resource material for the outside to better prepare the member for transition into civilian life.
- Peer-to-peer onboarding into the community.
- Partner with Veterans Florida on all findings and recommendations to enhance and update their current management of point of entry efforts.
- FDVA produce a comprehensive *WELCOME PACKET* for incoming to the State and work with the Department of Highway Safety and Motor Vehicles.
- Additional resources can assist with establishing an *"OUTSIDE THE GATE: TAP"* to be administered by Veterans Florida, i.e. the Reverse Boot Camp program. Develop a pilot program and assess.
- Establish a Quarterly FDVA Florida Women Veterans' Virtual Chapter with a committee member from the north, central and south Florida areas to provide a platform for Women Veterans to be heard and addressed.

Issue: There is not a One-Stop-Shop Network to eliminate the inconsistent and disconnected system of communication throughout the State, which complicates the transition process for Women Veterans. Women Veterans seeking services for daily quality of life for themselves and their family are hampered by not having access to a singular and simple network. This causes confusion and/or frustration, and many women give up on taking advantage of the many benefits that they so rightly have earned.

Recommendation:

Create a One-Stop-Shop statewide system to make the process of getting needed information while transitioning by the following:

- Include the Continued Arms software program already in use by Mission United and other veteran support systems as a prototype for statewide use of a one-stop-shop network for resources and events connecting vital information from veteran

support groups across the State for any veteran to find what they need and can be set up by county.

- Review current marketing/outreach to Women Veterans, including electronic, hard materials, and websites.
- Identify networks and communication trails/systems already in existence and measure the experience for Women Veterans, what makes them effective and what gaps exist.
- Need a *Central Contact or Referral System for Resources* due to a gap in most local communities at varying levels of formalized community collaborations between nonprofits, colleges, universities, veteran service organizations, VA representatives, etc.

Issue: Disconnected communication between resourced State Veteran Service Agencies. Although veteran service agencies are performing some great work in the State, there is little coordinated communication between these groups to collaborate, plan strategically, and gain insight into better outreach and provide much-needed information. Our findings indicate that follow-up with veterans is behind in many areas, and resources are not valid, not vetted, and inconsistent.

Recommendation:

- FDVA coordinates quarterly in-state meetings to collaborate and increase coordination of communication of services, ideas, systems, and successes and identify gaps. Advocate keeping current funding to continue work toward this and calculate what more is needed to advance prioritized recommendations.

- Update the branding/messaging in all statewide agencies that serve Women Veterans and coordinate the offered information. A statewide system that will be congruent, coordinates referral information and offers an easy-to-navigate system that is to the point is sought.

4. ***Women Veterans Nursing Home Care***

Issue: FDVA veterans' homes dropped from 98% census to 62% census amid the pandemic. FDVA veterans' homes generate revenue, and the proceeds go into a trust fund that finances new state veterans' homes. Right now, loss of income at a time when the State is facing challenges, including medical staffing and census counts, needs immediate action.

Recommendation:

Competition is fierce to hire quality health care workers for both privately run nursing homes and State-run veterans' homes. FDVA to seek additional funding and other incentives to lure health care workers to state-run veterans' homes.

Issue: The number of Women Veterans or Veterans who answer to her/she continues to increase, and the demographic becomes more diverse across all eras, ages, and stages in life. Nursing homes need to adapt to a growing population of Women Veterans and discover the reasons why more females are not residing in State and VA veterans' homes. The ratio of male to female nursing home patients warrants investigation to identify why so few female veterans reside in FDVA and VA veterans' homes.

Recommendation:

A comprehensive study should be conducted to achieve a proactive approach to meeting evolving needs, rather than a reactive approach from not having the information necessary to anticipate the projected growth of Women Veterans. A study encouraging FDVA and VA run veterans' homes to use science-based research to study physiological differences between women and men to help identify if keeping the overall housing of Women Veterans in a separate wing from the males is appropriate.

Issue: Many nursing homes have two rooms that share one adjoining bathroom. This can limit the ability to house Women Veterans.

Recommendation:

A study of the State and VA veterans' homes should be conducted to look at the configuration of rooms and bathrooms to maximize the number of male and female veterans that can be housed. Recommendations provide support to FDVA and VA in making the right decisions on when and where to provide critical resources when looking at housing Women Veterans.

Issue: Women Veterans in FDVA-run veterans' homes may not all receive in-house GYN care.

Recommendation:

FDVA conduct a review of its veterans' homes to ensure in-house GYN care is administered to Women Veterans.

Part III: Fact-Finding Committee History

In August 2021, Florida Department of Veterans' Affairs Executive Director James S. "Hammer" Hartsell created the Fact-Finding Committee on Women Veteran Benefits and Communications within the Florida Department of Veterans' Affairs to assess the needs of Women Veterans in Florida and evaluate whether veterans benefits and FDVA and VA communications are tailored correctly to Women Veterans. Florida has approximately 1.5 million veterans, of which 165,000 are women. It is important that State and Federal veterans' benefits are accessed by all eligible veterans. Because services and communications are generally geared toward male veterans, this Fact-Finding Committee was charged to assess Women Veterans' opinions and any recommendations for improvement.

Specifically, Executive Director Hartsell charged the Fact-Finding Committee to examine and, if necessary, make recommendations for improvements in the following areas:

- Ensure proper recognition of the role of Women Veterans and education on their veteran status.
- Ensure Veteran services are tailored toward Women Veterans.
- Review policies for VA staff when interacting with Women Veterans.
- Review policies of FDVA veterans' homes to ensure they are considering the needs of women veterans.
- Review programs, such as the Mission Act and Veterans Florida entrepreneurship programs, to determine if they are utilized by women and, if necessary, recommend changes or ways to better disseminate information to Women Veterans.
- Research demographics of military occupations of Women Veterans and civilian career paths.
- Review Deborah Sampson Act programs in Florida and make recommendations for implementation.

The Fact-Finding Committee consists of 14 members nominated by Veteran Service Organizations or are Women Veterans or community veteran advocates and were appointed by the Executive Director of the Florida Department of Veterans' Affairs.

Fact-Finding Committee members include:

	Name/Branch	Location	Position	Organization
1.	Nancy Bullock- Prevot, USN,	Pensacola	President and CEO	Her Foundation
2.	Cheryl Tillman, USAF	Gainesville	Women Veterans Program Mgr.	VA
3.	Fiona McFarland, USN	Sarasota	State Rep. District 72	FL House of Reps
4.	Dee Quaranta, USAF	Jacksonville	President and CEO	NE FL Women Veterans
5.	Katie Chorbak, USA	Jacksonville	Director and CEO	Our Sisters Keeper
6.	Lorraine Holland, USA	Orlando	President	MOAA
7.	Daila Espeut-Jones, USA	Orlando	Chairperson	Orange Co. VAC
8.	Stella Tokar	Ft. Lauderdale	CEO, B.O.L.D Consulting	Mission United, UWB Navy Spouse

9.	Cherie Korn, USA	Putnam Co.	Vet Service Officer	Putnam County
10.	Lisa Dean, USA	Crystal Beach	Special Projects Officer	Hillsborough Co. Vets
11.	Beatrice Love Moore, USN	Okaloosa Co.	Board Member	FL Veterans Foundation
12.	Alnita Whitt, USA	Orange Co.	Vet Service Officer	Orange Co. Vet Services
13.	Debbie L. Berry	Orlando	Senior Staff Analyst	Lockheed Martin
14.	Connie Christianson, USA	Ft. Lauderdale	Chair, Women Vet Comm.	Vietnam Vets of America

Appointments to the Fact-Finding Committee were made on Sept. 3, 2021, and Lorrain Holland was designated by the FDVA Executive Director as Chairperson of the Fact-Finding Committee. It was staffed by Vanessa Thomas, FDVA's State Woman Veterans Coordinator, with assistance from Bob Asztalos, FDVA's Deputy Executive Director. The Florida Department of Veterans' Affairs provided administrative and support services related to the functions of the Fact-Finding Committee. The Department coordinated with the Florida Veterans Foundation, the Florida Veterans Council, and other Veteran Service Organizations to support the Fact-Finding Committee. Members volunteered their time to the Fact-Finding Committee. Funding from the Women Veteran License Plate Fund was used to cover travel and other meeting expenses.

Fact-Finding Committee Timeline, 2021-2022

- August
  - FDVA staff research if similar initiatives have been done in other states and Washington, D.C.
  - FDVA solicited member nominations from Veteran Service Organizations and other veterans.
  - FDVA Executive Director established the Fact-Finding Committee.

- September-October
  - Sept. 3, FDVA Executive Director appoints members and Chairperson. Appointment letters are sent to members.
  - Sept. 9, the Fact-Finding Committee conducts a virtual organizational meeting.
  - The Fact-Finding Committee creates and distributes via FDVA social media a survey for Women Veterans to better identify issues of concern.
  - The Fact-Finding Committee conducted four public hearings and meetings at academic or Veteran Service Organization settings where the public was invited to testify. Fact-Finding Committee members then met for a business meeting. Meetings were four hours in length, with a two-hour open forum for the public and a two-hour business meeting to discuss issues and recommendations:
    - Sept. 23, American Legion Headquarters, Orlando, in conjunction with the monthly Florida Veterans Council meeting
    - Oct. 7, Wounded Warrior Project Headquarters, Jacksonville
    - Oct. 21, Scuder Community Institute, Pensacola
    - Oct. 28, Nova Southeastern University, Pembroke Pines, hosted by Mission United, United Way of Broward County

- November 2021-March 2022
    - Fact-Finding Committee members broke into subgroups to develop recommendations for various topics. The subgroup reports were submitted to the Chairperson, who, with staff, consolidated these recommendations into this report.
- May 2, 2022
    - The Fact-Finding Committee submitted the final report to the FDVA Executive Director at the County Veteran Service Officer/FDVA Spring Training Conference, Safety Harbor, Fla.

Fact-Finding Committee Meeting, Wounded Warrior Headquarters, Jacksonville, Oct. 7, 2021.

H. R. 7105

One Hundred Sixteenth Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Friday, the third day of January, two thousand and twenty

An Act

To provide flexibility for the Secretary of Veterans Affairs in caring for homeless veterans during a covered public health emergency, to direct the Secretary of Veterans Affairs to carry out a retraining assistance program for unemployed veterans, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

SEC. 2. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined

by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

TITLE I—EDUCATION

Subtitle A—Education Generally

SEC. 1001. IMPROVEMENTS TO EDITH NOURSE ROGERS STEM SCHOLARSHIP PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) CLARIFICATION AND EXPANSION OF ELIGIBILITY.—Subsection (b)(4) of section 3320 of title 38, United States Code, is amended—

(1) in subparagraph (A)(i)—

(A) in the matter preceding subclause (I), by inserting ", or a dual degree program that includes such an undergraduate college degree," after "undergraduate college degree";

(B) by striking subclause (IX); and

(C) by redesignating subclauses (X) and (XI) as subclauses (IX) and (X), respectively;

(2) in subparagraph (B)—

(A) by inserting "covered clinical training program for health care professionals or a" before "program of education"; and

(B) by striking the period at the end and inserting "; or"; and

(3) by adding at the end the following new subparagraph:

"(C) is an individual who has earned a graduate degree in a field referred to in subparagraph (A)(i) and is enrolled in a covered clinical training program for health care professionals.".

(b) PRIORITY.—Subsection (c) of such section is amended to read as follows:

"(c) PRIORITY.—(1) If the Secretary determines that there are insufficient funds available in a fiscal year to provide additional benefits under this section to all eligible individuals, the Secretary may give priority to the following eligible individuals:

"(A) Individuals who require the most credit hours described in subsection (b)(4).

"(B) Individuals who are entitled to educational assistance under this chapter by reason of paragraph (1), (2), (8), or (9) of section 3311(b) of this title.

"(2) The Secretary shall give priority to individuals under paragraph (1) in the following order:

"(A) Individuals who are enrolled in a program of education leading to an undergraduate degree in a field referred to in subsection (b)(4)(A)(i).

"(B) Individuals who are enrolled in a program of education leading to a teaching certificate.

"(C) Individuals who are enrolled in a dual-degree program leading to both an undergraduate and graduate degree in a field referred to in subsection (b)(4)(A)(i).

"(D) Individuals who have earned an undergraduate degree and are enrolled in a covered clinical training program for health care professionals.

"(E) Individuals who have earned a graduate degree and are enrolled in a covered clinical training program for health care professionals.".

(c) AMOUNTS NOT SUBJECT TO CERTAIN LIMITATION.—Subsection (d) of such section is amended by adding at the end the following new paragraph:

"(4) Notwithstanding any other provision of this chapter or chapter 36 of this title, any additional benefits under this section may not be counted toward the aggregate period for which section 3695 of this title limits an individual's receipt of allowance or assistance.".

(d) COVERED CLINICAL TRAINING PROGRAM DEFINED.—Such section is further amended by adding at the end the following new subsection:

"(h) COVERED CLINICAL TRAINING PROGRAM DEFINED.—In this section, the term 'covered clinical training program' means any clinical training required by a health care professional to be licensed to practice in a State or locality.".

SEC. 1002. EXPANSION OF ELIGIBILITY FOR FRY SCHOLARSHIP TO CHILDREN AND SPOUSES OF CERTAIN DECEASED MEMBERS OF THE ARMED FORCES.

(a) IN GENERAL.—Subsection (b) of section 3311 of title 38, United States Code, as amended by section 105 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115–48), is further amended—

(1) by redesignating paragraph (9) as paragraph (11); and

(2) by inserting after paragraph (8) the following new paragraphs (9) and (10):

"(9) An individual who is the child or spouse of a person who, on or after September 11, 2001, dies in line of duty while serving on duty other than active duty as a member of the Armed Forces.

"(10) An individual who is the child or spouse of a member of the Selected Reserve who dies on or after September 11, 2001, while a member of the Selected Reserve from a service-connected disability.".

(b) CONFORMING AMENDMENTS.—Title 38, United States Code, is amended as follows:

(1) In section 3311(f), by striking "paragraph (8)" each place it appears and inserting "paragraphs (8), (9), and (10)".

(2) In section 3313(c)(1), by striking "(8), or (9)" and inserting "(8), (9), (10), or (11)".

(3) In section 3317(a), in the second sentence, by striking "paragraphs (1), (2), (8), and (9)" and inserting "paragraphs (1), (2), (8), (9), (10), and (11)".

(4) In section 3320, as amended by section 1001 of this title, in subsection (c)(1)(B), by striking "(8), or (9)" and inserting "(8), (9), (10), or (11)".

(5) In section 3322—

(A) in subsection (e), by striking both "sections 3311(b)(8) and 3319" and inserting "section 3319 and paragraph (8), (9), or (10) of section 3311 of this title";

(B) in subsection (f), by striking "section 3311(b)(8)" and inserting "paragraph (8), (9), or (10) of section 3311 of this title"; and

(C) in subsection (h)(2), by striking "either section 3311(b)(8) or chapter 35" and inserting "either chapter 35 or paragraph (8), (9), or (10) of section 3311".

(c) APPLICABILITY DATE.—The amendments made by this section shall take effect immediately after the amendments made by section 105 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115–48) take effect and shall apply with respect to a quarter, semester, or term, as applicable, commencing on or after August 1, 2021.

SEC. 1003. PERIOD FOR ELECTION TO RECEIVE BENEFITS UNDER ALL-VOLUNTEER EDUCATIONAL ASSISTANCE PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 3011 of title 38, United States Code, is amended—

(1) in subsection (c)(1), by striking "Any such election shall be made at the time the individual initially enters on active duty as a member of the Armed Forces" and inserting "Any such election shall be made during the 90-day period beginning on the day that is 180 days after the date on which the individual initially enters initial training"; and

(2) in subsection (b)(1), by striking "that such individual is entitled to such pay" and inserting "that begin after the date that is 270 days after the date on which the individual initially enters initial training".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date that is two years after the date of the enactment of this Act.

SEC. 1004. PHASE OUT OF ALL-VOLUNTEER EDUCATIONAL ASSISTANCE PROGRAM.

Subsection (a)(1)(A) of section 3011 of title 38, United States Code, is amended by striking "after June 30, 1985" and inserting "during the period beginning July 1, 1985, and ending September 30, 2030".

SEC. 1005. REQUIREMENTS FOR IN-STATE TUITION.

(a) IN GENERAL.—Section 3679(c) of title 38, United States Code, is amended—

(1) in paragraph (2)(A), by striking "less than three years before the date of enrollment in the course concerned"; and

(2) in paragraph (4)—

(A) by striking "It shall" and inserting "(A) It shall"; and

(B) by adding at the end the following new subparagraph:

"(B) To the extent feasible, the Secretary shall make publicly available on the internet website of the Department a database explaining any requirements described in subparagraph (A) that are established by a public institution of higher learning for an individual to be charged tuition and fees at a rate that is equal to or less than the rate the institution charges for tuition and fees for residents of the State in which the institution is located. The Secretary shall disapprove a course of education provided by such an institution that does not provide the Secretary—

"(i) an initial explanation of such requirements; and

"(ii) not later than 90 days after the date on which any such requirements change, the updated requirements.".

(b) APPLICATION.—The amendments made by this section shall apply with respect to a quarter, semester, or term, as applicable, commencing on or after August 1, 2021.

SEC. 1006. EXPANSION OF AUTHORITY FOR CERTAIN QUALIFYING WORK-STUDY ACTIVITIES FOR PURPOSES OF THE EDUCATIONAL ASSISTANCE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS TO INCLUDE OUTREACH SERVICES PROVIDED THROUGH CONGRESSIONAL OFFICES.

(a) IN GENERAL.—Section 3485(a)(4) of title 38, United States Code, is amended by adding at the end the following new subparagraph:

"(K) The following activities carried out at the offices of Members of Congress for such Members:

"(i) The distribution of information to members of the Armed Forces, veterans, and their dependents about the benefits and services under laws administered by the Secretary and other appropriate governmental and nongovernmental programs.

"(ii) The preparation and processing of papers and other documents, including documents to assist in the preparation and presentation of claims for benefits under laws administered by the Secretary.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on August 1, 2021.

SEC. 1007. RESTORATION OF ENTITLEMENT TO REHABILITATION PROGRAMS FOR VETERANS AFFECTED BY SCHOOL CLOSURE OR DISAPPROVAL.

(a) ENTITLEMENT.—Section 3699 of title 38, United States Code, is amended by striking "chapter 30," each time it appears and inserting "chapter 30, 31,".

(b) PAYMENT OF SUBSISTENCE ALLOWANCES.—Section 3680(a)(2)(B) of title 38, United States Code, is amended—

(1) by inserting "or a subsistence allowance described in section 3108" before ", during"; and

(2) by inserting "or allowance" after "such a stipend".

(c) CONFORMING AMENDMENT.—Section 7 of the Student Veteran Coronavirus Response Act of 2020 (134 Stat. 634; Public Law 116–140) is hereby repealed.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of section 109 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115–48; 131 Stat. 978).

SEC. 1008. TECHNICAL CORRECTION TO CLARIFY ELIGIBILITY FOR PARTICIPATION IN YELLOW RIBBON PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

Section 3317(a) of title 38, United States Code, is amended—

(1) by striking "the full cost of established charges (as specified in section 3313)" and inserting "the full cost of tuition and fees for a program of education"; and

(2) by striking "those established charges" and inserting "such tuition and fees".

SEC. 1009. CLARIFICATION OF EDUCATIONAL ASSISTANCE FOR INDIVIDUALS WHO PURSUE AN APPROVED PROGRAM OF EDUCATION LEADING TO A DEGREE WHILE ON ACTIVE DUTY.

(a) IN GENERAL.—Section 3313(e) of title 38, United States Code, is amended—

(1) in the heading, by inserting "FOR A PERIOD OF MORE THAN 30 DAYS" after "ACTIVE DUTY";

(2) in paragraph (1), by inserting "for a period of more than 30 days" after "active duty"; and

(3) in paragraph (2), in the matter preceding subparagraph (A), by inserting "for a period of more than 30 days" after "active duty".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on August 1, 2022.

SEC. 1010. VERIFICATION OF ENROLLMENT FOR PURPOSES OF RECEIPT OF POST-9/11 EDUCATIONAL ASSISTANCE BENEFITS.

(a) IN GENERAL.—Section 3313 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(l) VERIFICATION OF ENROLLMENT.—(1) The Secretary shall require—

"(A) each educational institution to submit to the Secretary verification of each individual who is enrolled in a course or program of education at the educational institution and is receiving educational assistance under this chapter—

"(i) not later than such time as the Secretary determines reasonable after the date on which the individual is enrolled; and

"(ii) not later than such time as the Secretary determines reasonable after the last date on which a student is able to withdraw from the course or program of education without penalty; and

"(B) each individual who is enrolled in a course or program of education and is receiving educational assistance under this chapter to submit to the Secretary verification of such enrollment for each month during which the individual is so enrolled and receiving such educational assistance.

"(2) Verification under this subsection shall be in an electronic form prescribed by the Secretary.

"(3) If an individual fails to submit the verification required under paragraph (1)(B) for two consecutive months, the Secretary may not make a monthly stipend payment to the individual under this section until the individual submits such verification.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on August 1, 2021.

SEC. 1011. CLARIFICATION REGARDING THE DEPENDENTS TO WHOM ENTITLEMENT TO EDUCATIONAL ASSISTANCE MAY BE TRANSFERRED UNDER THE POST 9/11 EDUCATIONAL ASSISTANCE PROGRAM.

(a) IN GENERAL.—Section 3319(c) of title 38, United States Code, is amended to read as follows:

"(c) ELIGIBLE DEPENDENTS.—

"(1) TRANSFER.—An individual approved to transfer an entitlement to educational assistance under this section may

transfer the individual's entitlement to an eligible dependent or a combination of eligible dependents.

"(2) DEFINITION OF ELIGIBLE DEPENDENT.—For purposes of this subsection, the term 'eligible dependent' has the meaning given the term 'dependent' under subparagraphs (A), (I), and (D) of section 1072(2) of title 10.".

(b) APPLICABILITY.—The amendment made by subsection (a) shall apply with respect to educational assistance payable under chapter 33 of title 38, United States Code, before, on, or after the date that is 90 days after the date of the enactment of this Act.

SEC. 1012. EXPANSION OF REASONS FOR WHICH A COURSE OF EDUCATION MAY BE DISAPPROVED.

(a) IN GENERAL.—Section 3672(b)(2) of title 38, United States Code, is amended—

(1) in subparagraph (A)(i), by inserting or "or (D)" after "subparagraph (C)"; and

(2) by adding at the end the following new subparagraph:

"(D) A program that is described in subparagraph (A)(i) of this paragraph and offered by an educational institution that is at risk of losing accreditation shall not be deemed to be approved for purposes of this chapter. For purposes of this subparagraph, an educational institution is at risk of losing accreditation if that educational institution has received from the relevant accrediting agency or association a notice described in section 3673(e)(2)(D) of this title.".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on August 1, 2021.

SEC. 1013. OVERSIGHT OF EDUCATIONAL INSTITUTIONS WITH APPROVED PROGRAMS: RISK-BASED SURVEYS.

(a) RISK-BASED SURVEYS.—

(1) IN GENERAL.—Subchapter I of chapter 36, United States Code, is amended by inserting after section 3673 the following new section:

"§ 3673A. Risk-based surveys

"(a) DEVELOPMENT REQUIRED.—The Secretary, in partnership with State approving agencies, shall develop a searchable risk-based survey for oversight of educational institutions with courses and programs of education approved under this chapter.

"(b) SCOPE.—(1) The scope of the risk-based survey developed under subsection (a) shall be determined by the Secretary, in partnership with the State approving agency.

"(2) At a minimum the scope determined under paragraph (1) shall include the following:

"(A) Rapid increase in veteran enrollment.

"(B) Rapid increase in tuition and fees.

"(C) Complaints tracked and published with the mechanism required by section 3698(b)(2) from students pursuing programs of education with educational assistance furnished under laws administered by the Secretary, based on severity or volume of the complaints.

"(D) Compliance with section 3680A(d)(1) of this title.

"(E) Veteran completion rates.

"(F) Indicators of financial stability.

"(G) Review of the advertising and recruiting practices of the educational institution, including those by third-party contractors of the educational institution.

"(H) Matters for which the Federal Government or a State Government brings an action in a court of competent jurisdiction against an educational institution, including matters in cases in which the Federal Government or the State comes to a settled agreement on such matters outside of the court.

"(c) DATABASE.—The Secretary, in partnership with the State approving agencies under this chapter, shall establish a database or use an existing system, as the Secretary considers appropriate, to serve as a central repository for information required for or collected during site visits for the risk-based survey developed under subsection (a), so as to improve future oversight of educational institutions with programs of education approved under this chapter.".

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 36 of such title is amended by inserting after the item relating to section 3673 the following new item:

"3673A. Risk-based surveys.".

(b) USE OF STATE APPROVING AGENCIES FOR OVERSIGHT ACTIVITIES.—

(1) IN GENERAL.—Section 3673(d) of title 38, United States Code, is amended—

(A) by striking "may" and inserting "shall"; and

(B) by striking "compliance and risk-based surveys" and inserting "a risk-based survey developed under section 3673A of this title".

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect on October 1, 2022.

SEC. 1014. OVERSIGHT OF EDUCATIONAL INSTITUTIONS SUBJECT TO GOVERNMENT ACTION FOR PURPOSES OF THE EDUCATIONAL ASSISTANCE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 3673 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(e) NOTICE OF GOVERNMENT ACTION.—(1)(A) If the Secretary receives notice described in paragraph (2), or otherwise becomes aware of an action or event described in paragraph (3), with respect to an educational institution, the Secretary shall transmit such notice or provide notice of such action or event to the State approving agency for the State where the educational institution is located by not later than 30 days after the date on which the Secretary receives such notice or becomes aware of such action or event.

"(B) If a State approving agency receives notice as described in paragraph (2), or otherwise becomes aware of an action or event described in paragraph (3), with respect to an educational institution, other than from the Secretary pursuant to subparagraph (A) of this paragraph, the State approving agency shall immediately notify the Secretary.

"(C) Not later than 60 days after the date on which a State approving agency receives notice under subparagraph (A), receives notice as described in subparagraph (B), or becomes aware as

described in such subparagraph, as the case may be, regarding an educational institution, such State approving agency shall—

"(i) complete a risk-based survey of such educational institution; and

"(ii) provide the Secretary with—

"(I) a complete report on the findings of the State approving agency with respect to the risk-based survey completed under clause (i) and any actions taken as a result of such findings; and

"(II) any supporting documentation and pertinent records.

"(2) Notice described in this paragraph is any of the following:

"(A) Notice from the Secretary of Education of an event under paragraph (3)(A).

"(B) Notice of an event under paragraph (3)(B).

"(C) Notice from a State of an action taken by that State under paragraph (3)(C).

"(D) Notice provided by an accrediting agency or association of an action described in paragraph (3)(D) taken by that agency or association.

"(E) Notice that the Secretary of Education has placed the educational institution on provisional certification status.

"(3) An action or event under this paragraph is any of the following:

"(A) The receipt by an educational institution of payments under the heightened cash monitoring level 2 payment method pursuant to section 487(c)(1)(B) of the Higher Education Act of 1965 (20 U.S.C. 1094).

"(B) Punitive action taken by the Attorney General, the Federal Trade Commission, or any other Federal department or agency for misconduct or misleading marketing practices that would violate the standards defined by the Secretary of Veterans Affairs.

"(C) Punitive action taken by a State against an educational institution.

"(D) The loss, or risk of loss, by an educational institution of an accreditation from an accrediting agency or association, including notice of probation, suspension, an order to show cause relating to the educational institution's academic policies and practices or to its financial stability, or revocation of accreditation.

"(E) The placement of an educational institution on provisional certification status by the Secretary of Education.

"(4) If a State approving agency disapproves or suspends an educational institution, the State approving agency shall provide notice of such disapproval or suspension to the Secretary and to all other State approving agencies.

"(5) This subsection shall be carried out using amounts made available pursuant to section 3674(a)(4) of this title as long as such amounts remain available.

"(6) For each notice transmitted or provided to a State approving agency under paragraph (1) with respect to an educational institution, the Secretary shall ensure the careful review of—

"(A) to the extent possible, the action that gave rise to such notice; and

"(B) any other action against the educational institution by any Federal or State government entity or by the educational institution's accreditor.

"(7) In this subsection, the term 'risk-based survey' means the risk-based survey developed under section 3673A of this title.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on August 1, 2021.

SEC. 1015. ADDITIONAL REQUIREMENT FOR APPROVAL OF EDUCATIONAL INSTITUTIONS FOR PURPOSES OF THE EDUCATIONAL ASSISTANCE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 3675 of title 38, United States Code, is amended—

(1) in subsection (b), by adding at the end the following new paragraph:

"(4) The educational institution is approved and participates in a program under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.) or the Secretary has waived the requirement under this paragraph with respect to an educational institution and submits to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives notice of such waiver.".

(2) by adding at the end the following new subsection:

"(d)(1) The Secretary shall submit to Congress an annual report on any waivers issued pursuant to subsection (b)(4) or section 3672(b)(2)(A)(i) of this title.

"(2) Each report submitted under paragraph (1) shall include, for the year covered by the report, the following:

"(A) The name of each educational institution for which a waiver was issued.

"(B) The justification for each such waiver.

"(C) The total number of waivers issued.".

(b) REQUIREMENT FOR APPROVAL OF STANDARD COLLEGE DEGREE PROGRAMS.—Clause (i) of section 3672(b)(2)(A) of such title is amended to read as follows:

"(i) Except as provided in subparagraph (C) or (D), an accredited standard college degree program offered at a public or not-for-profit proprietary educational institution that—

"(I) is accredited by an agency or association recognized for that purpose by the Secretary of Education; and

"(II) is approved and participates in a program under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.), unless the Secretary has waived the requirement to participate in a program under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.).".

(c) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall take effect on August 1, 2021.

SEC. 1016. CLARIFICATION OF ACCREDITATION FOR LAW SCHOOLS FOR PURPOSES OF THE EDUCATIONAL ASSISTANCE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Paragraphs (14)(B) and (15)(B) of section 3676(c) of title 38, United States Code, are each amended—

(1) by striking "an accrediting agency" both places it appears and inserting "a specialized accrediting agency for programs of legal education"; and

(2) by inserting before the period the following: ", from which recipients of law degrees from such accredited programs are eligible to sit for a bar examination in any State".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on August 1, 2021.

SEC. 1017. CLARIFICATION OF GROUNDS FOR DISAPPROVAL OF A COURSE FOR PURPOSES OF THE EDUCATIONAL ASSISTANCE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 3679 of title 38, United States Code, is amended—

(1) by inserting "(including failure to comply with a risk-based survey under this chapter or secure an affirmation of approval by the appropriate State approving agency following the survey)" after "requirements of this chapter"; and

(2) by adding at the end the following new subsection:

"(f) In this section, the term 'risk-based survey' means a risk-based survey developed under section 3673A(a) of this title.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on August 1, 2021.

SEC. 1018. REQUIREMENTS FOR EDUCATIONAL INSTITUTIONS PARTICIPATING IN THE EDUCATIONAL ASSISTANCE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 3679 of title 38, United States Code, as amended by section 1017 of this title, is further amended by adding at the end the following new subsection:

"(f)(1) Except as provided by paragraph (5), a State approving agency, or the Secretary when acting in the role of the State approving agency, shall take an action described in paragraph (4)(A) if the State approving agency or the Secretary, when acting in the role of the State approving agency, determines that an educational institution does not perform any of the following:

"(A) Prior to the enrollment of a covered individual in a course of education at the educational institution, provide the individual with a form that contains information personalized to the individual that describes—

"(i) the estimated total cost of the course, including tuition, fees, books, supplies, and any other additional costs;

"(ii) an estimate of the cost for living expenses for students enrolled in the course;

"(iii) the amount of the costs under clauses (i) and (ii) that are covered by the educational assistance provided to the individual under chapter 30, 31, 32, 33, or 35 of this title, or chapter 1606 or 1607 of title 10, as the case may be;

"(iv) the type and amount of Federal financial aid not administered by the Secretary and financial aid offered by the institution that the individual may qualify to receive;

"(v) an estimate of the amount of student loan debt the individual would have upon graduation;

"(vi) information regarding graduation rates;

"(vii) job-placement rates for graduates of the course, if available;

"(viii) information regarding the acceptance by the institution of transfer of credits, including military credits;

"(ix) any conditions or additional requirements, including training, experience, or examinations, required to obtain the license, certification, or approval for which the course of education is designed to provide preparation; and

"(x) other information to facilitate comparison by the individual of aid packages offered by different educational institutions.

"(B) Not later than 15 days after the date on which the institution (or the governing body of the institution) determines tuition rates and fees for an academic year that is different than the amount being charged by the institution, provide a covered individual enrolled in a course of education at the educational institution with the form under subparagraph (A) that contains updated information.

"(C) Maintain policies to—

"(i) inform each covered individual enrolled in a course of education at the educational institution of the availability of Federal financial aid not administered by the Secretary and financial aid offered by the institution; and

"(ii) alert such individual of the potential eligibility of the individual for such financial aid before packaging or arranging student loans or alternative financing programs for the individual.

"(D) Maintain policies to—

"(i) prohibit the automatic renewal of a covered individual in courses and programs of education; and

"(ii) ensure that each covered individual approves of the enrollment of the individual in a course.

"(E) Provide to a covered individual enrolled in a course of education at the educational institution with information regarding the requirements to graduate from such course, including information regarding when required classes will be offered and a timeline to graduate.

"(F) With respect to an accredited educational institution, obtain the approval of the accrediting agency for each new course or program of the institution before enrolling covered individuals in such courses or programs if the accrediting agency determines that such approval is appropriate under the substantive change requirements of the accrediting agency regarding the quality, objectives, scope, or control of the institution.

"(G) Maintain a policy that—

"(i) ensures that members of the Armed Forces, including the reserve components and the National Guard, who enroll in a course of education at the educational institution may be readmitted at such institution if such members are temporarily unavailable or have to suspend such enrollment by reason of serving in the Armed Forces; and

"(ii) otherwise accommodates such members during short absences by reason of such service.

"(H) Designate an employee of the educational institution to serve as a point of contact for covered individuals and the family of such individuals needing assistance with respect to

academic counseling, financial counseling, disability counseling, and other information regarding completing a course of education at such institution, including by referring such individuals and family to the appropriate persons for such counseling and information.

"(2) Except as provided by paragraph (5), a State approving agency, or the Secretary when acting in the role of the State approving agency, shall take an action described in paragraph (4)(A) if the State approving agency, the Secretary, or any Federal agency, determines that an educational institution does any of the following:

"(A) Carries out deceptive or persistent recruiting techniques, including on military installations, that may include—

"(i) misrepresentation (as defined in section 3696(e)(2)(B) of this title) or payment of incentive compensation;

"(ii) during any 1-month period making three or more unsolicited contacts to a covered individual, including contacts by phone, email, or in-person; or

"(iii) engaging in same-day recruitment and registration.

"(B) Pays inducements, including any gratuity, favor, discount, entertainment, hospitality, loan, transportation, lodging, meals, or other item having a monetary value of more than a de minimis amount, to any individual or entity, or its agents including third party lead generators or marketing firms other than salaries paid to employees or fees paid to contractors in conformity with all applicable laws for the purpose of securing enrollments of covered individuals or obtaining access to educational assistance under this title, with the exception of scholarships, grants, and tuition reductions provided by the educational institution.

"(3) A State approving agency, or the Secretary when acting in the role of the State approving agency, shall take an action described in paragraph (4)(A) if the State approving agency or the Secretary, when acting in the role of the State approving agency, determines that an educational institution is the subject of a negative action made by the accrediting agency that accredits the institution, including any of the following:

"(A) Accreditor sanctions.

"(B) Accreditation probation.

"(C) The loss of accreditation or candidacy for accreditation.

"(4)(A) An action described in this subparagraph is any of the following:

"(i) Submitting to the Secretary a recommendation that the Secretary publish a warning on the internet website of the Department described in section 3698(c)(2) of this title, or such other similar internet website of the Department, that describes how an educational institution is failing to meet a requirement under paragraph (1), (2), or (3).

"(ii) Disapproving a course for purposes of this chapter.

"(B)(i) The Secretary shall establish guidelines to ensure that the actions described in subparagraph (A) are applied in a proportional and uniform manner by State approving agencies, or the Secretary when acting in the role of the State approving agency.

"(ii) Each State approving agency and the Secretary, when acting in the role of the State approving agency, shall adhere to the guidelines established under clause (i).

"(C) The State approving agency, in consultation with the Secretary, or the Secretary when acting in the role of the State approving agency, may limit an action described in subparagraph (A)(ii) to individuals not enrolled at the educational institution before the period described in such subparagraph.

"(5)(A) The Secretary may waive the requirements of paragraph (1) or waive the requirements of paragraph (2) with respect to an educational institution for a 1-academic-year period beginning in August of the year in which the waiver is made. A single educational institution may not receive waivers under this paragraph for more than 2 consecutive academic years.

"(B) To be considered for a waiver under this paragraph, an educational institution shall submit to the Secretary an application prior to the first day of the academic year for which the waiver is sought.

"(6) Not later than October 1 of each year, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the following reports:

"(A) A report, which shall be made publicly available, that includes the following:

"(i) A summary of each action described in paragraph (4)(A) made during the year covered by the report, including—

"(I) the name of the educational institution;

"(II) the type of action taken;

"(III) the rationale for the action, including how the educational institution was not in compliance with this subsection;

"(IV) the length of time that the educational institution was not in such compliance; and

"(V) whether the educational institution was also not in compliance with this subsection during any of the 2 years prior to the year covered by the report.

"(ii) A summary and justifications for the waivers made under paragraph (5) during the year covered by the report, including the total number of waivers each educational institution has received.

"(B) A report containing the recommendations of the Secretary with respect to any legislative actions the Secretary determines appropriate to ensure that this subsection is carried out in a manner that is consistent with the requirements that educational institutions must meet for purposes of other departments or agencies of the Federal Government.

"(7) In this subsection, the term 'covered individual' means an individual who is pursuing a course of education at an educational institution under chapter 30, 31, 32, 33, or 35 of this title, or chapter 1606 or 1607 of title 10.".

(b) APPLICATION DATE.—The amendment made by this section shall take effect on June 15, 2021, and shall apply to an educational institution beginning on August 1, 2021, except that an educational institution may submit an application for a waiver under subsection (f)(5) of section 3679 of title 38, United States Code, as added by subsection (a), beginning on June 15, 2021.

SEC. 1019. OVERPAYMENTS TO ELIGIBLE PERSONS OR VETERANS.

(a) IN GENERAL.—Subsection (b) of section 3685 of title 38, United States Code, is amended to read as follows:

"(b) Any overpayment to a veteran or eligible person with respect to pursuit by the veteran or eligible person of a program of education at an educational institution shall constitute a liability of the educational institution to the United States if—

"(1) the Secretary finds that the overpayment has been made as the result of—

"(A) the willful or negligent failure of an educational institution to report, as required under this chapter or chapter 34 or 35 of this title, to the Department of Veterans Affairs excessive absences from a course, or discontinuance or interruption of a course by the veteran or eligible person; or

"(B) the willful or negligent false certification by an educational institution; or

"(2) the benefit payment sent to an educational institution on behalf of an eligible veteran or person is made pursuant to—

"(A) section 3313(h) of this title;
"(B) section 3317 of this title; or
"(C) section 3680(d) of this title; or
"(D) section 3320(d) of this title.".

(b) CLARIFYING AMENDMENT.—Subsection (a) of such section is further amended by inserting "relating to educational assistance under a law administered by the Secretary" after "made to a veteran or eligible person".

SEC. 1020. IMPROVEMENTS TO LIMITATION ON CERTAIN ADVERTISING, SALES, AND ENROLLMENT PRACTICES.

(a) PROHIBITION ON SUBSTANTIAL MISREPRESENTATION.—

(1) IN GENERAL.—Section 3696 of title 38, United States Code, is amended to read as follows:

"§ 3696. Prohibition on certain advertising, sales, and enrollment practices

"(a) PROHIBITION ON ENGAGING IN SUBSTANTIAL MISREPRESENTATION.—An educational institution with a course or program of education approved under this chapter, and an entity that owns such an educational institution, shall not engage in substantial misrepresentation described in subsection (b).

"(b) SUBSTANTIAL MISREPRESENTATION DESCRIBED.—(1) Substantial misrepresentation described in this paragraph is substantial misrepresentation by an educational institution, a representative of the institution, or any person with whom the institution has an agreement to provide educational programs, marketing, advertising, recruiting or admissions services, concerning any of the following:

"(A) The nature of the educational program of the institution, including misrepresentation regarding—

"(i) the particular type, specific source, or nature and extent, of the accreditation of the institution or a course of education at the institution;

"(ii) whether a student may transfer course credits to another institution;

"(iii) conditions under which the institution will accept transfer credits earned at another institution;

"(iv) whether successful completion of a course of instruction qualifies a student—

"(I) for acceptance to a labor union or similar organization; or

"(II) to receive, to apply to take, or to take an examination required to receive a local, State, or Federal license, or a nongovernmental certification required as a precondition for employment, or to perform certain functions in the States in which the educational program is offered, or to meet additional conditions that the institution knows or reasonably should know are generally needed to secure employment in a recognized occupation for which the program is represented to prepare students;

"(v) the requirements for successfully completing the course of study or program and the circumstances that would constitute grounds for terminating the student's enrollment;

"(vi) whether the courses of education at the institution are recommended or have been the subject of unsolicited testimonials or endorsements by—

"(I) vocational counselors, high schools, colleges, educational organizations, employment agencies, members of a particular industry, students, former students, or others; or

"(II) officials of a local or State government or the Federal Government;

"(vii) the size, location, facilities, or equipment of the institution;

"(viii) the availability, frequency, and appropriateness of the courses of education and programs to the employment objectives that the institution states the courses and programs are designed to meet;

"(ix) the nature, age, and availability of the training devices or equipment of the institution and the appropriateness to the employment objectives that the institution states the courses and programs are designed to meet;

"(x) the number, availability, and qualifications, including the training and experience, of the faculty and other personnel of the institution;

"(xi) the availability of part-time employment or other forms of financial assistance;

"(xii) the nature and availability of any tutorial or specialized instruction, guidance and counseling, or other supplementary assistance the institution will provide students before, during, or after the completion of a course of education;

"(xiii) the nature or extent of any prerequisites established for enrollment in any course of education;

"(xiv) the subject matter, content of the course of education, or any other fact related to the degree, diploma, certificate of completion, or any similar document that the student is to be, or is, awarded upon completion of the course of education; and

"(xv) whether the degree that the institution will confer upon completion of the course of education has been authorized by the appropriate State educational agency, including with respect to cases where the institution fails to disclose facts regarding the lack of such authorization in any advertising or promotional materials that reference such degree.

"(B) The financial charges of the institution, including misrepresentation regarding—

"(i) offers of scholarships to pay all or part of a course charge;

"(ii) whether a particular charge is the customary charge at the institution for a course;

"(iii) the cost of the program and the refund policy of the institution if the student does not complete the program;

"(iv) the availability or nature of any financial assistance offered to students, including a student's responsibility to repay any loans, regardless of whether the student is successful in completing the program and obtaining employment; and

"(v) the student's right to reject any particular type of financial aid or other assistance, or whether the student must apply for a particular type of financial aid, such as financing offered by the institution.

"(C) The employability of the graduates of the institution, including misrepresentation regarding—

"(i) the relationship of the institution with any organization, employment agency, or other agency providing authorized training leading directly to employment;

"(ii) the plans of the institution to maintain a placement service for graduates or otherwise assist graduates to obtain employment;

"(iii) the knowledge of the institution about the current or likely future conditions, compensation, or employment opportunities in the industry or occupation for which the students are being prepared;

"(iv) job market statistics maintained by the Federal Government in relation to the potential placement of the graduates of the institution; and

"(v) other requirements that are generally needed to be employed in the fields for which the training is provided, such as requirements related to commercial driving licenses or permits to carry firearms, and failing to disclose factors that would prevent an applicant from qualifying for such requirements, such as prior criminal records or preexisting medical conditions.

"(2) In this subsection:

"(A) The term 'misleading statement' includes any communication, action, omission, or intimation made in writing, visually, orally, or through other means, that has the likelihood or tendency to mislead the intended recipient of the communication under the circumstances in which the communication is made. Such term includes the use of student endorsements or testimonials for an educational institution that a student gives to the institution either under duress or because the institution required the student to make such an endorsement or testimonial to participate in a program of education.

"(B) The term 'misrepresentation' means any false, erroneous, or misleading statement, action, omission, or intimation made directly or indirectly to a student, a prospective student, the public, an accrediting agency, a State agency, or to the Secretary by an eligible institution, one of its representatives, or any person with whom the institution has an agreement to provide educational programs, marketing, advertising, recruiting or admissions services.

"(C) The term 'substantial misrepresentation' means misrepresentation in which the person to whom it was made could reasonably be expected to rely, or has reasonably relied, to that person's detriment.

"(c) LIMITATION ON CERTAIN COMMISSIONS, BONUSES, AND OTHER INCENTIVE PAYMENTS.—An educational institution with a course or program of education approved under this chapter, and an entity that owns such an educational institution, shall not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollments or financial aid to any persons or entities engaged in any student recruiting or admission activities or in making decisions regarding the award of student financial assistance.

"(d) REQUIREMENT TO MAINTAIN RECORDS.—(1) To ensure compliance with this section, any educational institution offering courses approved for the enrollment of eligible persons or veterans shall maintain a complete record of all advertising, sales, or enrollment materials (and copies thereof) utilized by or on behalf of the institution during the preceding two-year period. Such record shall be available for inspection by the State approving agency or the Secretary.

"(2) Such materials shall include but are not limited to any direct mail pieces, brochures, printed literature used by sales persons, films, video tapes, and audio tapes disseminated through broadcast media, material disseminated through print, digital, or electronic media, tear sheets, leaflets, handbills, fliers, and any sales or recruitment manuals used to instruct sales personnel, agents, or representatives of such institution.

"(e) AGREEMENT WITH FEDERAL TRADE COMMISSION.—(1) The Secretary shall, pursuant to section 3694 of this title, enter into an agreement with the Federal Trade Commission to utilize, where appropriate, its services and facilities, consistent with its available resources, in carrying out investigations and making the Under Secretary of Benefit's preliminary findings under subsection (g)(1).

"(2) Such agreement shall provide that cases arising under subsection (a) of this section or any similar matters with respect to any of the requirements of this chapter or chapters 34 and 35 of this title may be referred to the Federal Trade Commission which in its discretion will conduct an investigation and make preliminary findings.

"(3) The findings and results of any investigation under paragraph (2) shall be referred to the Under Secretary for Benefits, who shall take appropriate action under subsection (g) in such cases not later than 60 days after the date of such referral.

"(f) FINAL JUDGMENTS FROM OTHER FEDERAL AGENCIES.—Whenever the Secretary becomes aware of a final judgment by a Federal agency against an educational institution or owner of an educational institution pertaining to substantial misrepresentation described in subsection (b) or of other credible evidence relating

to a violation of subsection (a), the Secretary, in partnership with the applicable State approving agency, shall—

"(1) within 30 days, alert the educational institution or owner that it is at risk of losing approval under this chapter of its courses or programs of education;

"(2) provide the educational institution or owner 60 days to provide any information it wishes to the Secretary;

"(3) require the educational institution or owner to submit to the Secretary a report prepared by an approved third-party auditor of the advertising and enrollment practices of the educational institution or owner; and

"(4) refer the matter to the Under Secretary of Benefits, who may thereafter make a preliminary finding under subsection (g).

"(g) PRELIMINARY FINDINGS, FINAL DETERMINATIONS, AND PROCESSES.—(1) The Under Secretary for Benefits shall make preliminary findings and final determinations on violations of subsections (a), (c), and (d).

"(2)(A) The Under Secretary shall establish a process for making preliminary findings and final determinations under paragraph (1).

"(B) The process established under subparagraph (A) shall—

"(i) clearly define what triggers an oversight visit by the Under Secretary for purposes of enforcing subsections (a), (c), and (d);

"(ii) set forth factors an educational institution, or the owner of the educational institution, must meet in order to retain approval status under this section, including with respect to the factors set forth under subsection (h)(2);

"(iii) include a process for the provision of notice to an educational institution, or the owner of the educational institution, that the Under Secretary has made a preliminary finding under paragraph (1) that the education institution or owner has violated subsection (a), (c), or (d), which the Under Secretary shall provide to the educational institution or owner within such period after making the preliminary finding as the Under Secretary shall establish for purposes of this clause, except that, in every case, such period shall end before the date on which the Under Secretary makes a final determination under such paragraph; and

"(iv) include—

"(I) a process for receipt of findings from a third-party pertinent to this section; and

"(II) a process for an educational institution or an owner to provide such information as the educational institution or owner determines appropriate to the Secretary, including information about corrective actions the educational institution or owner may have taken in response to preliminary findings under paragraph (1).

"(C) The process established under subparagraph (A) shall not prohibit a State approving agency from—

"(i) independently investigating a potential violation of subsection (a), (c), or (d); or

"(ii) taking action if the State approving agency finds a violation of subsection (a), (c), or (d).

"(3) Upon a preliminary finding under this subsection of a violation of subsection (a), (c), or (d) by an educational institution, or the owner of an educational institution, the Under Secretary

shall require the educational institution or owner to submit to the Under Secretary a report prepared by an approved third-party auditor of the advertising and enrollment practices of the educational institution or owner.

"(4)(A) Before making a final determination under this subsection regarding a violation of subsection (a), (c), or (d) by an educational institution or owner of an educational institution, the Under Secretary shall—

"(i) review the practices of the educational institution or owner that pertain to activities and practices covered by subsections (a), (c), and (d);

"(ii) consider the results of a risk-based survey conducted by a State approving agency, if available; and

"(iii) review—

"(I) the findings and information received pursuant to the processes established under paragraph (2)(B)(iii);

"(II) in a case in which a report was submitted under subsection (f)(3), such report;

"(III) the report submitted under paragraph (3)(B) of this subsection;

"(IV) any findings and results submitted under subsection (e)(3);

"(V) the marketing and outreach material of the educational institution and the contractors of the educational institution.

"(B) The Under Secretary may not make a final determination under this subsection solely based on preliminary findings.

"(5) The Under Secretary may not delegate authority to make a final determination under this subsection, including to any employee of the Department or to the Federal Trade Commission.

"(h) ENFORCEMENT.—(1)(A) Upon a final determination by the Under Secretary for Benefits under subsection (g) that an educational institution or the owner of an educational institution violated subsection (a), (c), or (d), the Under Secretary shall, but subject to subparagraphs (B), (C), and (D) of this paragraph, take one of the following actions independent of any actions taken under section 3690 of this title:

"(i) Publish a caution flag on the GI Bill Comparison Tool, or successor tool, about that educational institution and alert its currently enrolled eligible veterans and eligible persons.

"(ii) Suspend the approval of the courses and programs of education offered by the educational institution by disapproving new enrollments of eligible veterans and eligible persons in each course or program of education offered by that educational institution.

"(iii) Revoke the approval of the courses and programs of education offered by the educational institution by disapproving all enrollments of eligible veterans and eligible persons in each course or program of education offered by that educational institution.

"(B) In deciding upon a course of action under subparagraph (A), for the first violation of this section, the Secretary shall consider the factors set forth in paragraph (2).

"(C) Subject to subsection (i), any repeat violation and final finding within five years of the first violation of this section shall result in—

"(i) a suspension of approval of new enrollments as described in subparagraph (A)(ii) of this paragraph until reinstatement under subsection (j); or

"(ii) a revocation of approval under this chapter as described in subparagraph (A)(iii) of this paragraph until reinstatement under subsection (j).

"(D) Subject to subsection (i), any third violation within three years of the second violation of this section shall result in revocation of approval under this chapter as described in subparagraph (A)(iii) of this paragraph until reinstatement under subsection (j).

"(E) Any action taken under subparagraph (A) of this paragraph regarding a violation of subsection (a), (c), or (d) by an educational institution or the owner of an educational institution shall be taken on or before the date that is 180 days after the date on which the Under Secretary provided notice to the educational institution or owner regarding the violation in accordance with the process established under subsection (g)(2)(B)(iii).

"(2) The factors set forth in this paragraph are the following:

"(A) That the Secretary's action brings sufficient deterrence for future fraud against students and the programs of education carried out under this title. Fraud against veterans must be met with a repercussion strong enough to send a deterrent message to this and other educational institutions and owners.

"(B) That the educational institution has secured an approved third-party auditor to verify the educational institution's, or owner's, advertising and enrollment practices for at least three years going forward.

"(C) That the educational institution or owner has repudiated the deceptive practices and has communicated to all employees that deceptive practices will not be tolerated, and has instituted strong governance procedures to prevent recurrence.

"(D) That the educational institution has taken steps to remove any pressure on its enrollment recruiters, including by removing enrollment quotas and incentives for enrollment.

"(E) That the State approving agency or the Secretary acting in the role of the State approving agency, has completed a risk-based survey and determined the educational institution is worthy of serving eligible veterans and eligible persons.

"(3) Enforcement action under this section shall not preclude enforcement action under section 3690 of this title.

"(4) No action may be carried out under this subsection with respect to a final determination by the Under Secretary under subsection (g) while such final determination is pending review under subsection (i).

"(i) APPEALS.—(1) The Secretary shall establish a process by which an educational institution or the owner of an educational institution that is the subject of more than one final determination by the Under Secretary under subsection (g)(1) that the educational institution or owner violated subsection (a), may request a review of the most recent final determination.

"(2)(A) The Secretary shall—

"(i) review each final determination for which a review is requested under paragraph (1); and

"(ii) pursuant to such review, issue a final decision sustaining, modifying, or overturning the final determination.

"(B) The Secretary may not delegate any decision under subparagraph (A).

"(C)(i) Review under subparagraph (A)(i) of this paragraph shall be the exclusive avenue for review of a final determination under subsection (g)(1).

"(ii) A decision issued pursuant to a review under subparagraph (A)(i) may not be appealed to the Secretary for review under section 7104(a) of this title.

"(3)(A) Not later than 30 days after the date on which the Secretary issues a final decision under paragraph (2)(A)(ii), the Secretary shall submit to Congress a report on such final decision.

"(B) A report submitted under subparagraph (A) shall include the following:

"(i) An outline of the decisionmaking process of the Secretary that led to the final decision described in subparagraph (A).

"(ii) Any relevant material used to make the final decision under paragraph (2)(A)(ii), including risk-based surveys and documentation from the educational institution or the owners of the educational institution.

"(iii) Materials that were submitted to the Secretary after the date of the final determination under subsection (g) that was the subject of the final decision under paragraph (2)(A)(ii) of this subsection and before the date on which the Secretary issued such final decision.

"(j) REINSTATEMENT OF APPROVAL.—(1) If an educational institution or the owner of an educational institution has had the approval of the courses or programs of education of the educational institution suspended as described in clause (ii) of subsection (h)(1)(A) or revoked as described in clause (iii) of such subsection for a violation of subsection (a), (c), or (d) pursuant to subparagraph (C) or (D) of subsection (h)(1), the educational institution or owner may submit to the applicable State approving agency or the Secretary when acting as a State approving agency an application for reinstatement of approval under this subsection.

"(2) Approval under this chapter may not be reinstated under this subsection until—

"(A) the educational institution or owner submits to the applicable State approving agency or the Secretary when acting as a State approving agency an application for reinstatement of approval under paragraph (1);

"(B) the date that is 540 days after the date of the most recent suspension or revocation described in paragraph (1) of the educational institution or owner;

"(C) the educational institution submits a report by an approved third-party auditor on the advertising and enrollment practices of the educational institution, including those of its third-party contractors;

"(D) procedures are in place to prevent any future violation of subsection (a), (c), or (d);

"(E) that the educational institution has met all factors set forth in subsection (h)(2); and

"(F) the Secretary agrees to such reinstatement.

"(k) RULE OF CONSTRUCTION REGARDING STATE APPROVING AGENCIES AND RISK-BASED SURVEYS.—Nothing in this section shall be construed to prohibit a State approving agency from conducting

any risk-based survey the State approving agency considers appropriate at any educational institution that it considers appropriate for oversight purposes.

"(l) DEFINITIONS.—In this section:

"(1) The term 'approved third-party auditor' means an independent third-party auditor that is approved by the Secretary for purposes of third-party audits under this section.

"(2) The term 'risk-based survey' means the risk-based survey developed under section 3673A of this title.".

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 36 of such title is amended by striking the item relating to section 3696 and inserting the following new item:

"3696. Prohibition on certain advertising, sales, and enrollment practices.".

(b) REQUIREMENTS FOR NONACCREDITED COURSES.—Paragraph (10) of section 3676(c) of such title is amended to read as follows:

"(10) The institution, and any entity that owns the institution, does not engage in substantial misrepresentation described in section 3696(e) of this title. The institution shall not be deemed to have met this requirement until the State approving agency—

"(A) has ascertained that no Federal department or agency has taken a punitive action, not including a settlement agreement, against the school for misleading or deceptive practices;

"(B) has, if such an order has been issued, given due weight to that fact; and

"(C) has reviewed the complete record of advertising, sales, or enrollment materials (and copies thereof) used by or on behalf of the institution during the preceding 12-month period.".

(c) APPLICATION DATE.—The amendments made by this section shall take effect on August 1, 2021.

SEC. 1021. CHARGE TO ENTITLEMENT TO EDUCATIONAL ASSISTANCE FOR INDIVIDUALS WHO DO NOT TRANSFER CREDITS FROM CERTAIN CLOSED OR DISAPPROVED PROGRAMS OF EDUCATION.

(a) IN GENERAL.—Subsection (c) of section 3699 of title 38, United States Code, is amended to read as follows:

"(c) PERIOD NOT CHARGED.—(1) The period for which, by reason of this subsection, educational assistance is not charged against entitlement or counted toward the applicable aggregate period under section 3695 of this title shall not exceed the aggregate of—

"(A) the portion of the period of enrollment in the course from which the individual did not receive credit or with respect to which the individual lost training time, as determined under subsection (b)(2); and

"(B) the period by which a monthly stipend is extended under section 3680(a)(2)(B) of this title.

"(2)(A) An individual described in subparagraph (B) who transfers fewer than 12 credits from a program of education that is closed or disapproved as described in subsection (b)(1) shall be deemed to be an individual who did not receive such credits, as described in subsection (b)(2), except that the period for which

such individual's entitlement is not charged shall be the entire period of the individual's enrollment in the program of education. In carrying out this subparagraph, the Secretary, in consultation with the Secretary of Education, shall establish procedures to determine whether the individual transferred credits to a comparable course or program of education.

"(B) An individual described in this subparagraph is an individual who is enrolled in a course or program of education closed or discontinued as described in subsection (b)(1) during the period beginning on the date that is 120 days before the date of such closure or discontinuance and ending on the date of such closure or discontinuance, as the case may be.

"(C) This paragraph shall apply with respect to a course or program of education closed or discontinued before September 30, 2023.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on August 1, 2021.

SEC. 1022. DEPARTMENT OF VETERANS AFFAIRS TREATMENT OF FOR-PROFIT EDUCATIONAL INSTITUTIONS CONVERTED TO NONPROFIT EDUCATIONAL INSTITUTIONS.

(a) IN GENERAL.—Subchapter II of chapter 36 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 3699B. Treatment of certain for-profit educational institutions

"(a) IN GENERAL.—In the case of any for-profit educational institution that is converted to a nonprofit educational institution, the State approving agency or the Secretary when acting as a State approving agency shall conduct annual risk-based surveys of the institution during the three-year period beginning on the date on which the educational institution is so converted.

"(b) RISK-BASED SURVEY DEFINED.—In this section, the term 'risk-based survey' means the risk-based survey developed under section 3673A of this title.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 3699A the following new item:

"3699B. Treatment of certain for-profit educational institutions.".

(c) APPLICABILITY.—Section 3699B of title 38, United States Code, as added by subsection (a), shall apply with respect to the conversion of a for-profit educational institution to a nonprofit educational institution that occurs on or after the date of the enactment of this Act.

SEC. 1023. AUTHORITY OF STATE APPROVING AGENCIES TO CONDUCT OUTREACH ACTIVITIES.

Section 3673 of title 38, United States Code, as amended by section 1014 of this title, is further amended by adding at the end the following new subsection:

"(f) OUTREACH ACTIVITIES.—(1) A State approving agency may conduct outreach activities if—

"(A) the State approving agency has properly conducted its enforcement and approval of courses and programs of education under this chapter; and

"(B) funds are still available to do so.

"(2) For purposes of paragraph (1)(A), a State approving agency shall be considered to have properly conducted its enforcement and approval of courses and programs of education under this chapter if the State approving agency has—

"(A) met fulfilled its requirements pursuant to the applicable cooperative agreements between the State approving agency and the Department relating to the oversight and approval of courses and programs of education under this chapter; and

"(B) completed a risk-based survey of any course or program of education determined to be of questionable quality or at risk by any Federal or State agency or any accrediting agency.

"(3) Outreach activities conducted under paragraph (1) shall be carried out using amounts derived from amounts not specifically appropriated to carry out this subsection.".

SEC. 1024. LIMITATION ON COLOCATION AND ADMINISTRATION OF STATE APPROVING AGENCIES.

(a) IN GENERAL.—Section 3671 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(c) A State department or agency may not be recognized as a State approving agency designated under this section if such State department or agency is administered at or colocated with a university or university system whose courses or programs of education would be subject to approval under this chapter by the State approving agency in that State.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date that is 180 days after the date of the enactment of this Act.

SEC. 1025. ELIMINATION OF PERIOD OF ELIGIBILITY FOR TRAINING AND REHABILITATION FOR CERTAIN VETERANS WITH SERVICE-CONNECTED DISABILITIES.

(a) IN GENERAL.—Section 3103 of title 38, United States Code, is amended—

(1) in subsection (a), by striking "or (e)" and inserting "(e), or (g)"; and

(2) by adding at the end the following new subsection:

"(g) Subsection (a) shall not apply to a veteran who was discharged or released from active military, naval, or air service on or after January 1, 2013.".

(b) CONFORMING AMENDMENT.—Section 6(c) of the Student Veteran Coronavirus Response Act of 2020 (134 Stat. 633; Public Law 116–140) is amended by striking paragraph (1).

Subtitle B—Pandemic Assistance

SEC. 1101. DEFINITIONS.

In this subtitle:

(1) COVERED PROGRAM OF EDUCATION.—The term "covered program of education" means a program of education (as defined in section 3002 of title 38, United States Code) approved by a State approving agency, or the Secretary of Veterans Affairs when acting in the role of a State approving agency.

(2) COVID–19 EMERGENCY.—The term "COVID–19 emergency" means the public health emergency declared pursuant to section 319 of the Public Health Service Act on January

31, 2020, entitled "Determination that a Public Health Emergency Exists Nationwide as the Result of the 2019 Novel Coronavirus".

(3) EDUCATIONAL INSTITUTION.—The term "educational institution" has the meaning given that term in section 3452(c) of title 38, United States Code, and includes an institution of higher learning (as defined in such section).

(4) STATE APPROVING AGENCY.—The term "State approving agency" has the meaning given that term in section 3671 of title 38, United States Code.

(5) TRAINING ESTABLISHMENT.—The term "training establishment" has the meaning given that term in section 3452(e) of title 38, United States Code.

(6) TRAINING.—The term "training" includes on-job training and apprenticeship programs and vocational rehabilitation programs.

SEC. 1102. CONTINUATION OF DEPARTMENT OF VETERANS AFFAIRS EDUCATIONAL ASSISTANCE BENEFITS DURING COVID–19 EMERGENCY.

(a) AUTHORITY.—If the Secretary of Veterans Affairs determines under subsection (c) that an individual is negatively affected by the COVID–19 emergency, the Secretary may provide educational assistance to that individual under the laws administered by the Secretary as if such negative effects did not occur. The authority under this section is in addition to the authority provided under section 1 of Public Law 116–128 (38 U.S.C. 3001 note prec.), but in no case may the Secretary provide more than a total of four weeks of additional educational assistance by reason of section 4 of the Student Veteran Coronavirus Response Act of 2020 (Public Law 116–140; 38 U.S.C. 3680 note) and this section.

(b) HOUSING AND ALLOWANCES.—In providing educational assistance to an individual pursuant to subsection (a), the Secretary may—

(1) continue to pay a monthly housing stipend under chapter 33 of title 38, United States Code, during a month the individual would have been enrolled in a program of education or training but for the COVID–19 emergency at the same rate such stipend would have been payable if the individual had not been negatively affected by the COVID–19 emergency, except that the total number of weeks for which stipends may continue to be so payable may not exceed four weeks; and

(2) continue to pay payments or subsistence allowances under chapters 30, 31, 32, 33, and 35 of such title and chapter 1606 of title 10, United States Code, during a month for a period of time that the individual would have been enrolled in a program of education or training but for the COVID–19 emergency, except that the total number of weeks for which payments or allowances may continue to be so payable may not exceed four weeks.

(c) DETERMINATION OF NEGATIVE EFFECTS.—The Secretary shall determine that an individual was negatively affected by the COVID–19 emergency if—

(1) the individual is enrolled in a covered program of education of an educational institution or enrolled in training at a training establishment and is pursuing such program or

training using educational assistance under the laws administered by the Secretary;

(2) the educational institution or training establishment certifies to the Secretary that such program or training is truncated, delayed, relocated, canceled, partially canceled, converted from being on-site to being offered by distance learning, or otherwise modified or made unavailable by reason of the COVID–19 emergency; and

(3) the Secretary determines that the modification to such program or training specified under paragraph (2) would reduce the amount of educational assistance (including with respect to monthly housing stipends, payments, or subsistence allowances) that would be payable to the individual but for the COVID–19 emergency.

(d) EFFECT ON ENTITLEMENT PERIOD.—If the Secretary determines that an individual who received assistance under this section did not make progress toward the completion of the program of education in which the individual is enrolled during the period for which the individual received such assistance, any assistance provided pursuant to this section shall not be counted for purposes of determining the total amount of an individual's entitlement to educational assistance, housing stipends, or payments or subsistence allowances under chapters 30, 31, 32, and 35 of such title and chapter 1606 of title 10, United States Code.

(e) APPLICABILITY PERIOD.—This section shall apply during the period beginning on March 1, 2020, and ending on December 21, 2021.

SEC. 1103. EFFECTS OF CLOSURE OF EDUCATIONAL INSTITUTION AND MODIFICATION OF COURSES BY REASON OF COVID–19 EMERGENCY.

(a) CLOSURE OR DISAPPROVAL.—Any payment of educational assistance described in subsection (b) shall not—

(1) be charged against any entitlement to educational assistance of the individual concerned; or

(2) be counted against the aggregate period for which section 3695 of title 38, United States Code, limits the receipt of educational assistance by such individual.

(b) EDUCATIONAL ASSISTANCE DESCRIBED.—Subject to subsection (d), the payment of educational assistance described in this subsection is the payment of such assistance to an individual for pursuit of a course or program of education at an educational institution under chapter 30, 31, 32, 33, or 35 of title 38, United States Code, or chapter 1606 of title 10, United States Code, if the Secretary determines that the individual—

(1) was unable to complete such course or program as a result of—

(A) the closure of the educational institution, or the full or partial cancellation of a course or program of education, by reason of the COVID–19 emergency; or

(B) the disapproval of the course or a course that is a necessary part of that program under chapter 36 of title 38, United States Code, because the course was modified by reason of such emergency; and

(2) did not receive credit or lost training time, toward completion of the program of education being so pursued.

(c) HOUSING ASSISTANCE.—In this section, educational assistance includes, as applicable—

(1) monthly housing stipends payable under chapter 33 of title 38, United States Code, for any month the individual would have been enrolled in a course or program of education; and

(2) payments or subsistence allowances under chapters 30, 31, 32, and 35 of such title and chapter 1606 of title 10, United States Code, during a month the individual would have been enrolled in a course or program of education.

(d) PERIOD NOT CHARGED.—The period for which, by reason of this subsection, educational assistance is not charged against entitlement or counted toward the applicable aggregate period under section 3695 of title 38, United States Code, shall not exceed the aggregate of—

(1) the portion of the period of enrollment in the course from which the individual did not receive credit or with respect to which the individual lost training time, as determined under subsection (b)(2); and

(2) the period by which a monthly stipend is extended under section 3680(a)(2)(B) of title 38, United States Code.

(e) CONTINUING PURSUIT OF DISAPPROVED COURSES.—

(1) IN GENERAL.—The Secretary may treat a course of education that is disapproved under chapter 36 of title 38, United States Code, as being approved under such chapter with respect to an individual described in paragraph (2) if the Secretary determines, on a programmatic basis, that—

(A) such disapproval is the result of an action described in subsection (b)(1)(B); and

(B) continuing pursuing such course is in the best interest of the individual.

(2) INDIVIDUAL DESCRIBED.—An individual described in this paragraph is an individual who is pursuing a course of education at an educational institution under chapter 30, 31, 32, 33, or 35 of title 38, United States Code, or chapter 1606 of title 10, United States Code, as of the date on which the course is disapproved as described in subsection (b)(1)(B).

(f) STATUS AS FULL-TIME STUDENT FOR PURPOSES OF HOUSING STIPEND CALCULATION.—In the case of an individual who, as of the first day of the COVID–19 emergency was enrolled on a full-time basis in a program of education and was receiving educational assistance under chapter 33 of title 38, United States Code, or subsistence allowance under chapter 31 of such title, and for whom the Secretary makes a determination under subsection (b), the individual shall be treated as an individual enrolled in a program of education on a full-time basis for the purpose of calculating monthly housing stipends payable under chapter 33 of title 38, United States Code, or subsistence allowance payable under chapter 31 of such title, for any month the individual is enrolled in the program of education on a part-time basis to complete any course of education that was partially or fully canceled by reason of the COVID–19 emergency.

(g) NOTICE OF CLOSURES.—Not later than 5 business days after the date on which the Secretary receives notice that an educational institution will close or is closed by reason of the COVID–19 emergency, the Secretary shall provide to each individual who is enrolled in a course or program of education at such educational

institution using entitlement to educational assistance under chapter 30, 31, 32, 33, or 35 of title 38, United States Code, or chapter 1606 of title 10, United States Code, notice of—

(1) such closure and the date of such closure; and

(2) the effect of such closure on the individual's entitlement to educational assistance pursuant to this section.

(h) APPLICABILITY.—This section shall apply with respect to the closure of an educational institution, or the cancellation or modification of a course or program of education, that occurs during the period beginning on March 1, 2020, and ending on December 21, 2021.

SEC. 1104. PAYMENT OF EDUCATIONAL ASSISTANCE IN CASES OF WITHDRAWAL.

(a) IN GENERAL.—In the case of any individual who withdraws from a program of education or training, other than a program by correspondence, in an educational institution under chapter 31, 34, or 35 of title 38, United States Code, for a covered reason during the period beginning on March 1, 2020, and ending on December 21, 2021, the Secretary of Veterans Affairs shall find mitigating circumstances for purposes of section 3680(a)(1)(C)(ii) of title 38, United States Code.

(b) COVERED REASON.—In this section, the term "covered reason" means any reason related to the COVID–19 emergency, including—

(1) illness, quarantine, or social distancing requirements;

(2) issues associated with COVID–19 testing accessibility;

(3) access or availability of childcare;

(4) providing care for a family member or cohabitants;

(5) change of location or residence due to COVID–19 or associated school closures;

(6) employment changes or financial hardship; and

(7) issues associated with changes in format or medium of instruction.

SEC. 1105. MODIFICATION OF TIME LIMITATIONS ON USE OF ENTITLEMENT.

(a) MONTGOMERY GI BILL.—The subsection (i) temporarily added to section 3031 of title 38, United States Code, by subsection (a) of section 6 of the Student Veteran Coronavirus Response Act of 2020 (Public Law 116–140) is amended—

(1) in paragraph (1), by striking "the period the individual is so prevented from pursuing such program" and inserting "the period beginning on March 1, 2020, and ending on December 21, 2021"; and

(2) in paragraph (2), by striking "the first day after the individual is able to resume pursuit of a program of education with educational assistance under this chapter" and inserting "December 22, 2021".

(b) VOCATIONAL REHABILITATION AND TRAINING.—The subsection (g) temporarily added to section 3103 of title 38, United States Code, by subsection (c) of such section 6 is amended—

(1) in paragraph (1), by striking "the period the individual is so prevented from participating such program" and inserting "the period beginning on March 1, 2020, and ending on December 21, 2021"; and

(2) in paragraph (2), by striking "the first day after the individual is able to resume participation in such program" and inserting "December 22, 2021".

SEC. 1106. APPRENTICESHIP OR ON-JOB TRAINING REQUIREMENTS.

(a) IN GENERAL.—During the period described in subsection (b), subsection (e) of section 3687 of title 38, United States Code, shall be applied by substituting the following for paragraph (2):

"(2)(A) Subject to subparagraphs (B) and (C), for any month in which an individual fails to complete 120 hours of training, the entitlement otherwise chargeable under paragraph (1) shall be reduced in the same proportion as the monthly training assistance allowance payable is reduced under subsection (b)(3).

"(B) In the case of an individual who is unemployed during any month, the 120-hour requirement under subparagraph (A) for that month shall be reduced proportionately to reflect the individual's period of unemployment, except that the amount of monthly training assistance otherwise payable to the individual under subsection (b)(3) shall not be reduced.

"(C) Any period during which an individual is unemployed shall not—

"(i) be charged against any entitlement to educational assistance of the individual; or

"(ii) be counted against the aggregate period for which section 3695 of this title limits the receipt of educational assistance by such individual.

"(D) Any amount by which the entitlement of an individual is reduced under subparagraph (A) shall not—

"(i) be charged against any entitlement to educational assistance of the individual; or

"(ii) be counted against the aggregate period for which section 3695 of this title limits the receipt of educational assistance by such individual.

"(E) In the case of an individual who fails to complete 120 hours of training during a month, but who completed more than 120 hours of training during the preceding month, the individual may apply the number of hours in excess of 120 that the individual completed for that month to the month for which the individual failed to complete 120 hours. If the addition of such excess hours results in a total of 120 hours or more, the individual shall be treated as an individual who has completed 120 hours of training for that month. Any excess hours applied to a different month under this subparagraph may only be applied to one such month.

"(F) This paragraph applies to amounts described in section 3313(g)(3)(B)(iv) and section 3032(c)(2) of this title and section 16131(d)(2) of title 10.

"(G) In this paragraph:

"(i) The term 'unemployed' includes being furloughed or being scheduled to work zero hours.

"(ii) The term 'fails to complete 120 hours of training' means, with respect to an individual, that during any month, the individual completes at least one hour, but fewer than 120 hours, of training, including in a case in which the individual is unemployed for part of, but not the whole, month.".

(b) APPLICABILITY PERIOD.—The period described in this section is the period beginning on March 1, 2020, and ending on December 21, 2021.

SEC. 1107. INCLUSION OF TRAINING ESTABLISHMENTS IN CERTAIN PROVISIONS RELATED TO COVID–19 EMERGENCY.

(a) CONTINUATION OF BENEFITS.—Section 1 of Public Law 116–128 is amended—

(1) in subsection (a), by inserting "or a training establishment" after "an educational institution"; and

(2) in subsection (c), by adding at the end the following new paragraph:

"(4) TRAINING ESTABLISHMENT.—The term 'training establishment' has the meaning given such term in section 3452(e) of title 38, United States Code.".

(b) PAYMENT OF ALLOWANCES.—Section 4(a)(1) of the Student Veteran Coronavirus Response Act of 2020 (Public Law 116–140; 38 U.S.C. 3680 note) is amended by inserting "or a training establishment" after "educational institution".

(c) PROHIBITION OF CHARGE TO ENTITLEMENT.—The subparagraph (C) temporarily added to section 3699(b)(1) of title 38, United States Code, by section 5 of the Student Veteran Coronavirus Response Act of 2020 (Public Law 116–140; 38 U.S.C. 3699 note) is amended by inserting "or training establishment" after "educational institution".

(d) EXTENSION OF TIME LIMITATIONS.—

(1) MGIB.—The subsection (i) temporarily added to section 3031 of title 38, United States Code, by subsection (a) of section 6 of the Student Veteran Coronavirus Response Act of 2020 (Public Law 116–140), as amended by section 1105 of this title, is further amended by inserting "or training establishment" after "educational institution".

(2) TRANSFER PERIOD.—The subparagraph (C) temporarily added to section 3319(h)(5) of such title by section 6 of the Student Veteran Coronavirus Response Act of 2020 (Public Law 116–140) is amended by inserting "or training establishment" after "educational institution".

SEC. 1108. TREATMENT OF PAYMENT OF ALLOWANCES UNDER STUDENT VETERAN CORONAVIRUS RESPONSE ACT.

Section 4 of the Student Veteran Coronavirus Response Act of 2020 (Public Law 116–140) is amended—

(1) in subsection (b)—

(A) by striking "may not exceed four weeks." and inserting "may not exceed the shorter of the following:"; and

(B) by adding at the end the following new paragraphs:

"(1) The period of time that the eligible veteran or eligible person would have been enrolled in a program of education or training but for the emergency situation.

"(2) Four weeks."; and

(2) by adding at the end the following new subsection:

"(e) ENTITLEMENT NOT CHARGED.—Any payment of allowances under this section shall not—

"(1) be charged against any entitlement to educational assistance of the eligible veteran or eligible person concerned; or

"(2) be counted against the aggregate period for which section 3695 of this title 38, United States Code, limits the receipt of educational assistance by such eligible veteran or eligible person.".

TITLE II—BENEFITS

Subtitle A—Benefits Generally

SEC. 2001. REVISION OF DEFINITION OF VIETNAM ERA FOR PURPOSES OF THE LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

Section 101(29)(A) of title 38, United States Code, is amended by striking "February 28, 1961" and inserting "November 1, 1955".

SEC. 2002. MATTERS RELATING TO DEPARTMENT OF VETERANS AFFAIRS MEDICAL DISABILITY EXAMINATIONS.

(a) TEMPORARY CLARIFICATION OF LICENSURE REQUIREMENTS FOR CONTRACTOR MEDICAL PROFESSIONALS TO PERFORM MEDICAL DISABILITY EXAMINATIONS FOR THE DEPARTMENT OF VETERANS AFFAIRS UNDER PILOT PROGRAM FOR USE OF CONTRACT PHYSICIANS FOR DISABILITY EXAMINATIONS.—

(1) IN GENERAL.—Subsection (c) of section 504 of the Veterans' Benefits Improvements Act of 1996 (Public Law 104–275; 38 U.S.C. 5101 note) is amended to read as follows:

"(c) LICENSURE OF CONTRACT HEALTH CARE PROFESSIONALS.—

"(1) IN GENERAL.—Notwithstanding any law regarding the licensure of health care professionals, a health care professional described in paragraph (2) may conduct an examination pursuant to a contract entered into under subsection (a) at any location in any State, the District of Columbia, or a Commonwealth, territory, or possession of the United States, so long as the examination is within the scope of the authorized duties under such contract.

"(2) HEALTH CARE PROFESSIONAL DESCRIBED.—A health care professional described in this paragraph is a physician, physician assistant, nurse practitioner, audiologist, or psychologist, who—

"(A) has a current unrestricted license to practice the health care profession of the physician, physician assistant, nurse practitioner, audiologist, or psychologist, as the case may be;

"(B) is not barred from practicing such health care profession in any State, the District of Columbia, or a Commonwealth, territory, or possession of the United States; and

"(C) is performing authorized duties for the Department of Veterans Affairs pursuant to a contract entered into under subsection (a).".

(2) PURPOSE.—The purpose of the amendment made by paragraph (1) is to expand the license portability for physicians assistants, nurse practitioners, audiologists, and psychologists to supplement the capacity of employees of the Department to provide medical examinations described in subsection (b).

(3) RULE OF CONSTRUCTION.—The amendment made by paragraph (1) shall not be construed to affect the license portability for physicians in effect under section 504(c) of such Act as in effect on the day before the date of the enactment of this Act.

(4) SUNSET.—On the date that is three years after the date of the enactment of this Act, subsection (c) of such section shall read as it read on the day before the date of the enactment of this Act.

(b) TEMPORARY HALT ON ELIMINATION OF MEDICAL EXAMINER POSITIONS IN DEPARTMENT OF VETERANS AFFAIRS.—The Secretary of Veterans Affairs shall temporarily suspend the efforts of the Secretary in effect on the day before the date of the enactment of this Act to eliminate medical examiner positions in the Department of Veterans Affairs until the number of individuals awaiting a medical examination with respect to medical disability of the individuals for benefits under laws administered by the Secretary that are carried out through the Under Secretary for Benefits is equal to or less than the number of such individuals who were awaiting such a medical examination with respect to such purposes on March 1, 2020.

(c) REPORT ON PROVISION OF MEDICAL EXAMINATIONS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the appropriate committees of Congress a report on the provision of medical examinations described in subsection (b) by the Department.

(2) CONTENTS.—The report submitted under paragraph (1) shall cover the following:

(A) How the Secretary will increase the capacity, efficiency, and timeliness of physician assistants, nurse practitioners, audiologists, and psychologists of the Veterans Health Administration with respect to completing medical examinations described in subsection (b).

(B) The total number of full-time equivalent employees among all physician assistants, nurse practitioners, audiologists, and psychologists needed for the increases described in subparagraph (A).

(C) An assessment regarding the importance of retaining a critical knowledge base within the Department for performing medical examinations for veterans filing claims for compensation under chapters 11 and 13 of title 38, United States Code, including with respect to military sexual trauma, post-traumatic stress disorder, traumatic brain injury, and toxic exposure.

(3) COLLABORATION.—The Secretary shall collaborate with the veterans community and stakeholders in the preparation of the report required by paragraph (1).

(4) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this subsection, the term "appropriate committees of Congress" means—

(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(d) COMPTROLLER GENERAL OF THE UNITED STATES REVIEW.—

(1) REVIEW REQUIRED.—Not later than 360 days after the date of the enactment of this Act, the Comptroller General of the United States shall commence a review of the implementation of the pilot program authorized under subsection (a) of section 504 of the Veterans' Benefits Improvements Act of 1996 (Public Law 104–275; 38 U.S.C. 5101 note).

(2) ELEMENTS.—The review conducted under paragraph (1) shall include the following:

(A) An assessment of the use of subsection (c) of section 504 of such Act, as amended by subsection (a)(1) of this section.

(B) Efforts to retain and recruit medical examiners as employees of the Department.

(C) Use of telehealth for medical examinations described in subsection (b) that are administered by the Department.

(e) BRIEFING ON RECOMMENDATIONS OF COMPTROLLER GENERAL OF THE UNITED STATES.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall provide to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a briefing on how the Secretary will implement the recommendations of the Comptroller General of the United States regarding—

(1) the monitoring of the training of providers of examinations pursuant to contracts under section 504 of the Veterans' Benefits Improvements Act of 1996 (Public Law 104–275; 38 U.S.C. 5101 note); and

(2) ensuring such providers receive such training.

(f) HOLDING UNDERPERFORMING CONTRACT MEDICAL EXAMINERS ACCOUNTABLE.—The Secretary shall take such actions as may be necessary to hold accountable the providers of medical examinations pursuant to contracts under section 504 of the Veterans' Benefits Improvements Act of 1996 (Public Law 104–275; 38 U.S.C. 5101 note) who are underperforming in the meeting of the needs of veterans through the performance of medical examinations pursuant to such contracts.

SEC. 2003. MEDAL OF HONOR SPECIAL PENSION FOR SURVIVING SPOUSES.

(a) CODIFICATION OF CURRENT RATE OF SPECIAL PENSION.—Subsection (a) of section 1562 of title 38, United States Code, is amended by striking "$1,000" and inserting "$1,388.68".

(b) SPECIAL PENSION FOR SURVIVING SPOUSES.—

(1) SURVIVING SPOUSE BENEFIT.—Such subsection is further amended—

(A) by inserting "(1)" after "(a)"; and

(B) by adding at the end the following new paragraph:

"(2)(A) Except as provided in subparagraphs (B) and (C), the Secretary shall pay special pension under this section to the surviving spouse of a person whose name has been entered on the Army, Navy, Air Force, and Coast Guard Medal of Honor Roll and a copy of whose certificate has been delivered to the Secretary under section 1134a(d) of title 10.

"(B) No special pension shall be paid to a surviving spouse of a person under this section unless such surviving spouse was married to such person—

"(i) for one year or more prior to the veteran's death; or

"(ii) for any period of time if a child was born of the marriage, or was born to them before the marriage.

"(C) No special pension shall be paid to a surviving spouse of a person under this section if such surviving spouse is receiving benefits under section 1311 or 1318 of this title.".

(2) CONFORMING AMENDMENTS.—

(A) IN GENERAL.—Such section is amended—

(i) in subsection (d), by inserting "or married to more than one person who has been awarded a medal of honor," after "honor,"; and

(ii) in subsection (f)(1), by striking "this section" and inserting "paragraph (1) of subsection (a), or under paragraph (2) of such subsection in the case of a posthumous entry on the Army, Navy, Air Force, and Coast Guard Medal of Honor Roll,".

(B) SPECIAL PROVISIONS RELATING TO MARRIAGES.—Section 103(d)(5) of such title is amended by adding at the end the following new subparagraph:

"(E) Section 1562(a)(2), relating to Medal of Honor special pension.".

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to payment of pension under section 1562 of title 38, United States Code, for months beginning after the date of the enactment of this Act.

SEC. 2004. MODERNIZATION OF SERVICE-DISABLED VETERANS INSURANCE.

(a) ESTABLISHMENT OF MODERNIZED PROGRAM.—

(1) IN GENERAL.—Chapter 19 of title 38, United States Code, is amended by inserting after section 1922A the following new section:

"§ 1922B. Service-disabled veterans insurance

"(a) INSURANCE.—(1) Beginning January 1, 2023, the Secretary shall carry out a service-disabled veterans insurance program under which a veteran is granted insurance by the United States against the death of such individual occurring while such insurance is in force.

"(2) The Secretary may only issue whole-life policies under the insurance program under paragraph (1).

"(3) The Secretary may not grant insurance to a veteran under paragraph (1) unless—

"(A) the veteran submits the application for such insurance before the veteran attains 81 years of age; or

"(B) with respect to a veteran who has attained 81 years of age—

"(i) the veteran filed a claim for compensation under chapter 11 of this title before attaining such age;

"(ii) based on such claim, and after the veteran attained such age, the Secretary first determines that the veteran has a service-connected disability; and

"(iii) the veteran submits the application for such insurance during the two-year period following the date of such determination.

"(4)(A) A veteran enrolled in the insurance program under paragraph (1) may elect to be insured in any of the following amounts:

"(i) $10,000.
"(ii) $20,000.
"(iii) $30,000.
"(iv) $40,000.
"(v) In accordance with subparagraph (B), a maximum amount greater than $40,000.

"(B) The Secretary may establish a maximum amount to be insured under paragraph (1) that is greater than $40,000 if the Secretary—

"(i) determines that such maximum amount and the premiums for such amount—

"(I) are administratively and actuarially sound for the insurance program under paragraph (1); and

"(II) will not result in such program operating at a loss; and

"(ii) publishes in the Federal Register, and submits to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, such maximum amount and determination.

"(5)(A)(i) Insurance granted under this section shall be on a nonparticipating basis and all premiums and other collections therefor shall be credited directly to a revolving fund in the Treasury of the United States.

"(ii) Any payments on such insurance shall be made directly from such fund.

"(B)(i) The Secretary of the Treasury may invest in and sell and retire special interest-bearing obligations of the United States for the account of the revolving fund under subparagraph (A).

"(ii) Such obligations issued for that purpose shall—

"(I) have maturities fixed with due regard for the needs of the fund; and

"(II) bear interest at a rate equal to the average market yield (computed by the Secretary of the Treasury on the basis of market quotations as of the end of the calendar month preceding the date of issue) on all marketable interest-bearing obligations of the United States then forming a part of the public debt which are not due or callable until after the expiration of four years from the end of such calendar month; except that where such average market yield is not a multiple of one-eighth of one per centum, the rate of interest of such obligation shall be the multiple of one-eighth of one per centum nearest such market yield.

"(6)(A) Administrative support financed by the appropriations for 'General Operating Expenses, Department of Veterans Affairs' and 'Information Technology Systems, Department of Veterans Affairs' for the insurance program under paragraph (1) shall be paid from premiums credited to the fund under paragraph (5).

"(B) Such payment for administrative support shall be reimbursed for that fiscal year from funds that are available on such insurance after claims have been paid.

"(b) ELIGIBILITY.—A veteran is eligible to enroll in the insurance program under subsection (a)(1) if the veteran has a service-connected disability, without regard to—

"(1) whether such disability is compensable under chapter 11 of this title; or

"(2) whether the veteran meets standards of good health required for other life insurance policies.

"(c) ENROLLMENT AND WAITING PERIOD.—(1) An eligible veteran may enroll in the insurance program under subsection (a)(1) at any time.

"(2) The life insurance policy of a veteran who enrolls in the insurance program under subsection (a)(1) does not go into force unless—

"(A) a period of two years elapses following the date of such enrollment; and

"(B) the veteran pays the premiums required during such two-year period.

"(3)(A) If a veteran dies during the two-year period described in paragraph (2), the Secretary shall pay to the beneficiary of the veteran the amount of premiums paid by the veteran under this section, plus interest.

"(B) The Secretary—

"(i) for the initial year of the insurance program under subsection (a)(1)—

"(I) shall set such interest at a rate of one percent; and

"(II) may adjust such rate during such year based on program experience, except that the interest rate may not be less than zero percent;

"(ii) for the second and each subsequent year of the program, shall calculate such interest at an annual rate equal to the rate of return on the revolving fund under subsection (a)(5) for the calendar year preceding the year of the veteran's death, except that the interest rate may not be less than zero percent; and

"(iii) on an annual basis, shall publish on the internet website of the Department the average interest rate calculated under clause (ii) for the preceding calendar year.

"(d) PREMIUMS.—(1) The Secretary shall establish a schedule of basic premium rates by age per $10,000 of insurance under subsection (a)(1) consistent with basic premium rates generally charged for guaranteed acceptance life insurance policies by private life insurance companies.

"(2) The Secretary may adjust such schedule after the first policy year in a manner consistent with the general practice of guaranteed acceptance life insurance policies issued by private life insurance companies.

"(3) Section 1912 of this title shall not apply to life insurance policies under subsection (a)(1), and the Secretary may not otherwise waive premiums for such insurance policies.

"(e) BENEFICIARIES.—(1) A veteran who enrolls in the insurance program under subsection (a)(1) may designate a beneficiary of the life insurance policy.

"(2) If a veteran enrolled in the insurance program under subsection (a)(1) does not designate a beneficiary under paragraph (1) before the veteran dies, or if a designated beneficiary predeceases the veteran, the Secretary shall determine the beneficiary in the following order:

"(A) The surviving spouse of the veteran.

"(B) The children of the veteran and descendants of deceased children by representation.

"(C) The parents of the veteran or the survivors of the parents.

"(D) The duly appointed executor or administrator of the estate of the veteran.

"(E) Other next of kin of the veteran entitled under the laws of domicile of the veteran at the time of the death of the veteran.

"(f) CLAIMS.—(1) If the deceased veteran designated a beneficiary under subsection (e)(1)—

"(A) the designated beneficiary is the only person who may file a claim for payment under subsection (g) during the one-year period beginning on the date of the death of the veteran; and

"(B) if the designated beneficiary does not file a claim for the payment during the period described in paragraph (1), or if payment to the designated beneficiary within that period is prohibited by Federal statute or regulation, a beneficiary described in subsection (e)(2) may file a claim for such payment during the one-year period following the period described in subparagraph (A) as if the designated beneficiary had predeceased the veteran.

"(2) If the deceased veteran did not designate a beneficiary under subsection (e)(1), or if the designated beneficiary predeceased the veteran, a beneficiary described in subsection (e)(2) may file a claim for payment under subsection (g) during the two-year period beginning on the date of the death of the veteran.

"(3) If, on the date that is two years after the date of the death of the veteran, no claim for payment has been filed by any beneficiary pursuant to paragraph (1) or (2), and the Secretary has not received notice that any such claim will be so filed during the subsequent one-year period, the Secretary may make the payment to a claimant whom the Secretary determines to be equitably entitled to such payment.

"(g) PAYMENTS.—(1) In a case described in subsection (f)—

"(A) in paragraph (1)(A), the Secretary shall pay the designated beneficiary not later than 90 days after the designated beneficiary files a complete and valid claim for payment;

"(B) in paragraph (1)(B) or (2), the Secretary shall make any payment not later than one year after the end of the period described in the applicable such paragraph, if the Secretary receives a complete and valid claim for payment in accordance with the applicable such paragraph; or

"(C) in paragraph (3), the Secretary shall make any payment not later than one year after the end of the period described in such paragraph, if the Secretary receives a complete and valid claim for payment.

"(2) In a case where the Secretary has not made an insurance payment under this section during the applicable period specified in paragraph (1) by reason of a beneficiary not yet having filed a claim, or the Secretary not yet making a determination under subsection (f)(3), the Secretary may make the payment after such applicable period.

"(3) Notwithstanding section 1917 of this title, the Secretary shall make an insurance payment under this section in a lump sum.

"(4) The Secretary may not make an insurance payment under this section if such payment will escheat to a State.

"(5) Any payment under this subsection shall be a bar to recovery by any other person.".

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1922A the following new item:

"1922B. Service-disabled veterans insurance.".

(b) SUNSET OF PREVIOUS PROGRAM AND TRANSITION.—

(1) S–DVI.—Section 1922 of such title is amended by adding at the end the following new subsection:

"(d)(1) The Secretary may not accept any application by a veteran to be insured under this section after December 31, 2022.

"(2)(A) During the period beginning January 1, 2023, and ending December 31, 2025, a veteran who is insured under this section may elect to instead be insured under section 1922B of this title based on the age of the veteran at the time of such election.

"(B)(i) A veteran who elects under subparagraph (A) to be insured under section 1922B of this title shall be subject to the two-year waiting period specified in subsection (c) of such section.

"(ii) If the veteran dies during such period, the Secretary shall pay the beneficiary under this section, and, if applicable, under section 1922A, plus the amount of premiums paid by the veteran under such section 1922B, plus interest.

"(3) Except as provided by paragraph (2)(B), a veteran may not be insured under this section and section 1922B simultaneously.".

(2) SUPPLEMENTAL S–DVI.—Section 1922A(b) of such title is amended by adding after the period at the end the following: "The Secretary may not accept any such application after December 31, 2022. Except as provided by section 1922(d)(2)(B), a veteran may not have supplemental insurance under this section and be insured under section 1922B simultaneously.".

(c) CONFORMING AMENDMENTS.—Chapter 19 of such title is amended—

(1) in the section heading of section 1922, by striking "**Service**" and inserting "**Legacy service**";

(2) in the section heading of section 1922A, by striking "**Supplemental**" and inserting "**Legacy supplemental**"; and

(3) in the table of sections at the beginning of such chapter by striking the items relating to sections 1922 and 1922A and inserting the following new items:

"1922. Legacy service disabled veterans' insurance.

"1922A. Legacy supplemental service disabled veterans' insurance for totally disabled veterans.".

SEC. 2005. DENIAL OF CLAIMS FOR TRAUMATIC INJURY PROTECTION UNDER SERVICEMEMBERS' GROUP LIFE INSURANCE.

Section 1980A of title 38, United States Code, is amended by adding at the end the following new subsection:

"(l)(1) If a claim for benefits under this section is denied, the Secretary concerned shall provide to the member at the same time as the member is informed of such denial a description of the following:

"(A) Each reason for that denial, including a description of all the information upon which the denial is based and a description of the applicable laws, regulations, or policies, with appropriate citations, and an explanation of how such laws, regulations, or policies affected the denial.

"(B) Each finding that is favorable to the member.

"(2) Any finding favorable to the member as described in paragraph (1)(B) shall be binding on all subsequent reviews or appeals of the denial of the claim, unless clear and convincing evidence is shown to the contrary to rebut such favorable finding.".

SEC. 2006. PUBLICATION AND ACCEPTANCE OF DISABILITY BENEFIT QUESTIONNAIRE FORMS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 5101 of title 38, United States Code, is amended—

(1) by redesignating subsection (d) as subsection (e); and

(2) by inserting after subsection (c) the following new subsection (d):

"(d)(1) The Secretary shall publish in a central location on the internet website of the Department—

"(A) the disability benefit questionnaire forms of the Department for the submittal of evidence from non-Department medical providers regarding a disability of a claimant, including any form or process that replaces any such disability benefit questionnaire form; and

"(B) details about the process used by the Department for submittal of evidence described in subparagraph (A).

"(2) Subject to section 6103 of this title, if the Secretary updates a form described in paragraph (1)(A), the Secretary shall—

"(A) accept the previous version of the form filed by a claimant if—

"(i) the claimant provided to the non-Department medical provider the previous version of the form before the date on which the updated version of the form was made available; and

"(ii) the claimant files the previous version of the form during the one-year period following the date the form was completed by the non-Department medical provider;

"(B) request from the claimant (or from a non-Department medical provider if the claimant has authorized the provider to share health information with the Secretary) any other information that the updated version of the form requires; and

"(C) apply the laws and regulations required to adjudicate the claim as if the claimant filed the updated version of the form.

"(3) The Secretary may waive any interagency approval process required to approve a modification to a disability benefit questionnaire form if such requirement only applies by reason of the forms being made public.".

(b) REPORTS BY INSPECTOR GENERAL OF THE DEPARTMENT OF VETERANS AFFAIRS.—Not less frequently than once each year through 2023, the Inspector General of the Department of Veterans Affairs shall submit to Congress a report on the findings of the Inspector General with respect to the use of the forms published under section 5101(d)(1) of such title, as added by subsection (a).

(c) INITIAL FORM.—The Secretary of Veterans Affairs shall begin carrying out section 5101(d)(1) of such title, as added by subsection (a), by publishing, as described in such section, the form described in such section that was in effect on January 1, 2020.

(d) ALTERNATE PROCESS.—

(1) ASSESSMENT AND REPORT.—

(A) IN GENERAL.—Subject to paragraph (2), not later than 180 days after the date of the enactment of this act, the Secretary shall—

(i) assess the feasibility and advisability of replacing disability benefit questionnaire forms that are used by non-Department medical providers to submit to the Secretary evidence regarding a disability of a claimant for benefits under laws administered by the Secretary, with another consistent process that considers evidence equally, whether provided by a Department or a non-Department medical provider; and

(ii) submit to Congress—

(I) a report on the findings of the Secretary with respect to the assessment conducted under clause (i); and

(II) if the report submitted under subclause (I) of this clause includes a finding that replacing the disability benefit questionnaire forms described in clause (i) as described in such clause is feasible and advisable, a plan to replace such forms as described in such clause.

(B) COLLABORATION REQUIRED.—If, in carrying out the assessment required by clause (i) of subparagraph (A), the Secretary determines that replacing the disability benefit questionnaire forms described in such clause as described in such clause is feasible and advisable, the Secretary shall collaborate with, partner with, and consider the advice of veterans service organizations, and such other stakeholders as the Secretary considers appropriate, on the replacement forms and process for submitting such forms.

(2) REQUIREMENTS.—The Secretary may only determine under paragraph (1)(A) that replacing the forms described in such paragraph is feasible and advisable if the Secretary certifies that—

(A) it is in the best interest of veterans to do so;

(B) the replacement process would include all the medical information needed to adjudicate a claim for benefits under laws administered by the Secretary; and

(C) the new process will ensure that all medical information provided will be considered equally, whether it is provided by a Department medical provider or a non-Department medical provider.

(3) IMPLEMENTATION.—

(A) IN GENERAL.—Subject to subparagraph (B), if the Secretary determines under paragraph (1)(A) that replacing the forms as described in such paragraph is feasible and advisable, the Secretary shall, not later than two years after the date on which the Secretary submits the report under paragraph (1)(B)(i)—

(i) replace the forms as described in paragraph (1)(A);

(ii) publish such replacement pursuant to subparagraph (A) of section 5101(d)(1), as added by subsection (a)(2); and

(iii) update the details under subparagraph (B) of such section.

(B) REPORTS BY INSPECTOR GENERAL OF THE DEPARTMENT OF VETERANS AFFAIRS.—If the Secretary replaces the forms under subparagraph (A), the Inspector General of the Department of Veterans Affairs shall, not later than one year after the date that the Secretary replaces such forms and not less frequently than once each year thereafter until the date that is three years after the date on which the Secretary replaces such forms, submit to Congress a report on the process that replaced such forms that ascertains whether the process properly protects veterans.

(4) LIMITATION.—The Secretary may not discontinue the use of the disability benefit questionnaire forms described in paragraph (1)(A) until a replacement form or process is implemented.

(e) RULE OF CONSTRUCTION.—Nothing in this section or section 5101(d) of such title, as added by subsection (a), may be construed to require the Secretary to develop any new information technology system or otherwise require the Secretary to make any significant changes to the internet website of the Department.

SEC. 2007. THRESHOLD FOR REPORTING DEBTS TO CONSUMER REPORTING AGENCIES.

(a) IN GENERAL.—Chapter 53 of title 38, United States Code, is amended by adding after section 5319 the following new section:

"§ 5320. Threshold for reporting debts to consumer reporting agencies

"The Secretary shall prescribe regulations that establish the minimum amount of a claim or debt, arising from a benefit administered by the Under Secretary for Benefits or Under Secretary for Health, that the Secretary will report to a consumer reporting agency under section 3711 of title 31.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 5319 the following new item:

"5320.Threshold for reporting debts to consumer reporting agencies.".

(c) DEADLINE.—The Secretary of Veterans Affairs shall prescribe regulations under section 5320 of such title, as added by subsection (a), not later than 180 days after the date of the enactment of this Act.

SEC. 2008. REMOVAL OF DEPENDENTS FROM AWARD OF COMPENSATION OR PENSION.

Beginning not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall ensure that—

(1) the recipient of an award of compensation or pension may remove any dependent from an award of compensation or pension to the individual using the eBenefits system of

the Department of Veterans Affairs, or a successor system; and

(2) such removal takes effect not later than 60 days after the date on which the recipient elects such removal.

SEC. 2009. ELIGIBILITY FOR DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES WHO REMARRY AFTER AGE 55.

Section 103(d)(2)(B) of title 38, United States Code, is amended in the second sentence by inserting "chapter 13 or" after "benefits under".

SEC. 2010. STUDY ON EXPOSURE BY MEMBERS OF THE ARMED FORCES TO TOXICANTS AT KARSHI-KHANABAD AIR BASE IN UZBEKISTAN.

(a) AGREEMENT AND STUDY.—Not later than 60 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the Administrator of the Agency for Toxic Substances and Disease Registry for the Administrator to complete, not later than 10 years after the date of the enactment of this Act, a study to identify—

(1) incidents of cancer and other diseases or illnesses experienced by individuals who served in the active military, naval, or air service (as defined in section 101 of title 38, United States Code) in the covered location set forth under subsection (b) during the corresponding period set forth under such subsection; and

(2) a list of toxic substances, chemicals, ionizing radiation, and airborne hazards such individuals may have been exposed to during such service.

(b) COVERED LOCATION AND CORRESPONDING PERIOD.—The covered location and corresponding period set forth under this subsection are Karshi-Khanabad (K2) Air Base in Uzbekistan and the period beginning on October 1, 2001, and ending on September 30, 2005.

(c) ELEMENTS.—The study conducted under subsection (a) shall include the following:

(1) An assessment regarding the conditions of the covered location set forth under subsection (b), including an identification of toxic substances, chemicals, ionizing radiation, and airborne hazards contaminating such covered location during such corresponding period.

(2) An epidemiological study of the health consequences of the service described in subsection (a) to the individuals described in such subsection.

(d) SUPPORT FOR STUDY.—

(1) IN GENERAL.—The Secretary shall provide the Administrator with assistance in carrying out the study required by subsection (a), including by gathering such information as the Administrator may consider useful in carrying out the study.

(2) OBTAINING INFORMATION CONCERNING EXPOSURE.—Assistance under paragraph (1) provided by the Secretary of Veterans Affairs shall include compiling information on exposure described in subsection (a)(2) and the Secretary of Defense shall provide to the Secretary of Veterans Affairs such information concerning such exposure as the Secretary of Veterans Affairs considers appropriate for purposes of the study required

by subsection (a), including environmental sampling data relative to any location covered by the study.

(e) BIENNIAL UPDATES.—No later than the date that is two years after the date of the enactment of this Act and not less frequently than once every two years thereafter until the date on which the study required by subsection (a) is completed, the Administrator shall submit to the appropriate committees of Congress updates on the status of the matters covered by such study, including any preliminary findings of the Administrator.

(f) FINAL REPORT.—Not later than 60 days after the date on which the study required by subsection (a) is completed, the Administrator shall submit to the appropriate committees of Congress a report on the findings of the Administrator with respect to such study.

(g) INCLUSION OF UZBEKISTAN IN CERTAIN REGISTRIES AND PROGRAMS.—Section 201(c)(2) of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note) is amended, in the matter preceding subparagraph (A), by striking "Afghanistan or Iraq" and inserting "Afghanistan, Iraq, or Uzbekistan".

(h) DEPLETED URANIUM FOLLOW-UP PROGRAMS.—The Secretary of Veterans Affairs shall ensure that any individual who deployed as a member of the Armed Forces to the covered location set forth in subsection (b) during the corresponding period set forth in such subsection is covered by the Depleted Uranium Follow-up Programs of the Department of Veterans Affairs.

(i) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term "appropriate committees of Congress" means—

(1) the Committee on Veterans' Affairs and the Committee on Armed Services of the Senate; and

(2) the Committee on Veterans' Affairs and the Committee on Armed Services of the House of Representatives.

SEC. 2011. COMPTROLLER GENERAL BRIEFING AND REPORT ON REPEALING MANIFESTATION PERIOD FOR PRESUMPTIONS OF SERVICE CONNECTION FOR CERTAIN DISEASES ASSOCIATED WITH EXPOSURE TO CERTAIN HERBICIDE AGENTS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall provide to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a briefing on preliminary observations of the Comptroller General, and not later than 240 days after the date of such briefing, provide such committees a briefing and submit to such committees a final report, on the efforts of the Secretary of Veterans Affairs to provide benefits, including compensation and health care, to veterans—

(1) who during active military, naval, or air service, served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975; and

(2) in whom chloracne, porphyria cutanea tarda, or acute or subacute peripheral neuropathy have manifested.

(b) ELEMENTS.—The report required by subsection (a) shall include the following:

(1) A description of how the Secretary establishes a service connection for a diseases described in paragraph (2) of subsection (a) manifesting in veterans, including the number of veterans described in paragraph (1) of such subsection who have filed a claim for a benefit associated with a disease described in paragraph (2) of such subsection.

(2) A description of how claims adjudicators of the Department of Veterans Affairs determine service connection for a disease described in subparagraph (C) or (E) of section 1116(a)(2) of title 38, United States Code, when documentation proving the presence of the disease during the manifestation period set forth in such subparagraphs for the disease is not available.

(3) A description of the expected effect of repealing the manifestation period from such subparagraphs, including the expected effect on the number of claims for benefits the Department will receive, an estimate of the cost to the Department of such repeal, and a review of the scientific evidence regarding such repeal.

(4) A review of all claims submitted to the Secretary for compensation under chapter 11 of such title that are associated with a disease described in subsection (a)(2), including the type of proof presented to establish a service connection for the manifestation of the disease based on exposure to a herbicide agent.

(5) Recommendations on how the Department can better adjudicate claims for benefits, including compensation, submitted to the Department that are associated with a disease described in paragraph (2) of subsection (a) for veterans described in paragraph (1) of such subsection.

(6) An assessment of such other areas as the Comptroller General considers appropriate to study.

(c) ADMINISTRATIVE ACTION.—Not later than 120 days after the date on which the Comptroller General of the United States submits the report required under subsection (a), the Secretary shall commence carrying out the recommendations submitted under subsection (b)(5) to the degree that the Secretary is authorized to carry out the recommendations by a statute that was in effect on the day before the date of the enactment of this Act.

(d) HERBICIDE AGENT DEFINED.—In this section, the term "herbicide agent" has the meaning given such term in section 1116(a)(3) of title 38, United States Code.

SEC. 2012. EXTENSION OF AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO USE INCOME INFORMATION FROM OTHER AGENCIES.

Section 5317(g) of title 38, United States Code, is amended by striking "September 30, 2027" and inserting "September 30, 2030".

SEC. 2013. EXTENSION ON CERTAIN LIMITS ON PAYMENTS OF PENSION.

Section 5503(d)(7) of title 38, United States Code, is amended by striking "September 30, 2028" and inserting "October 30, 2028".

Subtitle B—Housing

SEC. 2101. ELIGIBILITY OF CERTAIN MEMBERS OF THE RESERVE COMPONENTS OF THE ARMED FORCES FOR HOME LOANS FROM THE SECRETARY OF VETERANS AFFAIRS.

(a) EXPANSION OF DEFINITION OF VETERAN FOR PURPOSES OF HOME LOANS.—Section 3701(b) of title 38, United States Code, is amended by adding at the end the following new paragraph:

"(7) The term 'veteran' also includes, for purposes of home loans, an individual who performed full-time National Guard duty (as that term is defined in section 101 of title 10) for a period—

"(A) of not less than 90 cumulative days; and

"(B) that includes 30 consecutive days.".

(b) EXPANSION OF ELIGIBILITY.—Section 3702(a)(2) of such title is amended by adding at the end the following new subparagraph:

"(G) Each individual described in section 3701(b)(7) of this title.".

(c) RETROACTIVE APPLICABILITY.—The amendments made by this section shall apply with respect to full-time National Guard duty (as defined in section 101 of title 10, United States Code) performed before, on, or after the date of the enactment of this Act.

SEC. 2102. REDUCING LOAN FEES FOR CERTAIN VETERANS AFFECTED BY MAJOR DISASTERS.

Section 3729(b)(4) of title 38, United States Code, is amended—

(1) by amending subparagraph (D) to read as follows:

"(D)(i) The term 'initial loan' means a loan to a veteran guaranteed under section 3710 or made under section 3711 of this title if the veteran has never obtained a loan guaranteed under section 3710 or made under section 3711 of this title.

"(ii) If a veteran has obtained a loan guaranteed under section 3710 or made under section 3711 of this title and the dwelling securing such loan was substantially damaged or destroyed by a major disaster declared by the President under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170), the Secretary shall treat as an initial loan, as defined in clause (i), the next loan the Secretary guarantees or makes to such veteran under section 3710 or 3711, respectively, if—

"(I) such loan is guaranteed or made before the date that is three years after the date on which the dwelling was substantially damaged or destroyed; and

"(II) such loan is only for repairs or construction of the dwelling, as determined by the Secretary."; and

(2) in subparagraph (E), by striking "if the veteran has previously obtained a loan guaranteed under section 3710 or made under section 3711 of this title" and inserting "that is not an initial loan".

SEC. 2103. EXTENSION OF CERTAIN HOUSING LOAN FEES.

Section 3729(b)(2) of title 38, United States Code, is amended by striking "October 1, 2029" each place it appears and inserting "October 1, 2030".

SEC. 2104. COLLECTION OF OVERPAYMENTS OF SPECIALLY ADAPTED HOUSING ASSISTANCE.

Section 2102 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(g)(1) Whenever the Secretary finds that an overpayment has been made to, or on behalf of, a person described in paragraph (2), the Secretary shall determine—

"(A) the amounts to recover, if any; and

"(B) who is liable to the United States for such overpayment.

"(2) A person described in this paragraph is any of the following:

"(A) An individual who applied for assistance—

"(i) under this chapter; or

"(ii) under chapter 31 of this title who is pursuing a rehabilitation program under such chapter in acquiring adaptations to a residence.

"(B) An owner or seller of real estate used, or intended to be used, in connection with assistance under this chapter.

"(C) A builder, contractor, supplier, tradesperson, corporation, trust, partnership, or other person, who provided services or goods relating to assistance under this chapter.

"(D) An attorney, escrow agent, or financial institution, that receives, or holds in escrow, funds relating to assistance under this chapter.

"(E) A surviving spouse, heir, assignee, or successor in interest of or to, any person described in this paragraph.

"(3)(A) Any overpayment referred to in this subsection may be recovered in the same manner as any other debt due the United States.

"(B) In recovering the overpayment, the Secretary may charge administrative costs, fees, and interest, as appropriate, in a manner similar to the authority under section 5315 of this title.

"(4)(A) The recovery of any overpayment referred to in this subsection may be waived by the Secretary.

"(B) Waiver of any such overpayment as to a person described in paragraph (2) shall in no way release any other person described in such paragraph from liability.

"(5) The Secretary shall waive recovery under this subsection of any overpayment to a person described in paragraph (2)(A), or a dependent or survivor of such person, that arises from administrative error described in paragraph (7)(A).

"(6) Nothing in this subsection shall be construed as precluding the imposition of any civil or criminal liability under this title or any other law.

"(7) The Secretary shall prescribe in regulations what constitutes an overpayment for the purposes of this subsection, which, at a minimum, shall include—

"(A) administrative error that results in an individual receiving assistance to which that individual is not entitled;

"(B) the failure of any person described in paragraph (2) to—

"(i) perform or allow to be performed any act relating to assistance under this chapter; or

"(ii) compensate any party performing services or supplying goods relating to assistance under this chapter; and

"(C) any disbursement of funds relating to assistance under this chapter, that, in the sole discretion of the Secretary, constitutes a misuse of such assistance.

"(8) Prior to collecting an overpayment under this subsection, the Secretary shall provide to the person whom the Secretary has determined liable for such overpayment—

"(A) notice of the finding by the Secretary of such overpayment;

"(B) a reasonable opportunity for such person to remedy the circumstances that effectuated the overpayment; and

"(C) a reasonable opportunity for such person to present evidence to the Secretary that an overpayment was not made.

"(9) For the purposes of section 511 of this title, a decision to collect an overpayment from a person other than a person described in paragraph (2)(A), or a dependent or survivor of such person, may not be treated as a decision that affects the provision of benefits.".

Subtitle C—Burial Matters

SEC. 2201. TRANSPORTATION OF DECEASED VETERANS TO VETERANS' CEMETERIES.

(a) IN GENERAL.—Subsection (a) of section 2308 of title 38, United States Code, is amended by striking "in a national cemetery" and inserting "in a national cemetery or a covered veterans' cemetery".

(b) COVERED VETERANS' CEMETERY DEFINED.—Section 2308 of such title is amended by adding at the end the following new subsection:

"(c) COVERED VETERANS' CEMETERY DEFINED.—In this section, the term 'covered veterans' cemetery' means a veterans' cemetery—

"(1) in which a deceased veteran described in subsection (b) is eligible to be buried;

"(2) that—

"(A) is owned by a State; or

"(B) is on trust land owned by, or held in trust for, a tribal organization; and

"(3) for which the Secretary has made a grant under section 2408 of this title.".

(c) CONFORMING AMENDMENT.—Section 2308 of such title is amended in the section heading by adding at the end the following: "**or a covered veterans' cemetery**".

(d) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 23 of such title is amended by striking the item relating to section 2308 and inserting the following new item:

"2308. Transportation of deceased veteran to a national cemetery or a covered veterans' cemetery.".

(e) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is two years after the date of the enactment of this Act.

SEC. 2202. INCREASE IN CERTAIN FUNERAL BENEFITS UNDER LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

(a) FUNERAL EXPENSES FOR NON-SERVICE-CONNECTED DISABILITIES.—Chapter 23 of title 38, United States Code, is amended as follows:

(1) By transferring subsection (b) of section 2302 to the end of section 2303 and redesignating such subsection as subsection (d).

(2) By striking section 2302.

(3) In section 2303—

(A) in the section heading, by striking "**Death in Department facility**" and inserting "**Death from non-service-connected disability**"; and

(B) in subsection (a)—

(i) in paragraph (1), by striking "a veteran dies in a facility described in paragraph (2)" and inserting "a veteran described in paragraph (2) dies";

(ii) by striking paragraph (2) and inserting the following new paragraph (2):

"(2) A veteran described in this paragraph is a deceased veteran who is not covered by section 2307 of this title and who meets any of the following criteria:

"(A) The deceased veteran dies in—

"(i) a facility of the Department (as defined in section 1701(3) of this title) to which the deceased veteran was properly admitted for hospital, nursing home, or domiciliary care under section 1710 or 1711(a) of this title; or

"(ii) an institution at which the deceased veteran was, at the time of death, receiving—

"(I) hospital care in accordance with sections 1703A, 8111, and 8153 of this title;

"(II) nursing home care under section 1720 of this title; or

"(III) nursing home care for which payments are made under section 1741 of this title.

"(B) At the time of death, the deceased veteran (including a person who died during a period deemed to be active military, naval, or air service under section 106(c) of this title) is in receipt of compensation under chapter 11 of this title (or but for the receipt of retirement pay would have been entitled to such compensation) or was in receipt of pension under chapter 15 of this title.

"(C) The Secretary determines—

"(i) the deceased veteran (including a person who died during a period deemed to be active military, naval, or air service under section 106(c) of this title) has no next of kin or other person claiming the body of the deceased veteran; and

"(ii) that there are not available sufficient resources to cover burial and funeral expenses.";

(iii) in subsection (b)—

(I) in the matter preceding paragraph (1), by striking "section 2302 of this title and"; and

(II) in paragraph (2), by striking "under section 2302 of this title or"; and

(iv) in subsection (d), as added by paragraph (1) of this subsection, by striking "Except as" and inserting "With respect to a deceased veteran described in subparagraph (B) or (C) of subsection (a)(2), except as".

(b) CONFORMING AMENDMENTS.—

(1) TITLE 38.—Such title is amended as follows:

(A) In section 2304, by striking "Applications for payments under section 2302 of this title" and inserting "Applications for payments under section 2303 of this title regarding veterans described in subparagraph (B) or (C) of subsection (a)(2) of such section".

(B) In section 2307, by striking "sections 2302 and 2303(a)(1) and (b)(2) of this title" and inserting "subsections (a)(1) and (b)(2) of section 2303 of this title".

(C) In section 2308—

(i) in subsection (a), by striking "pursuant to section 2302 or 2307 of this title," and inserting "pursuant to section 2303 of this title regarding veterans described in subparagraph (B) or (C) of subsection (a)(2) of such section, or pursuant to section 2307 of this title,"; and

(ii) in subsection (b)(3)—

(I) by striking "section 2302" and inserting "section 2303"; and

(II) by striking "subsection (a)(2)(A)" and inserting "subsection (a)(2)(C)".

(D) In section 113(c)(1), by striking "2302,".

(E) In section 5101(a)(1)(B)(i), by striking "2302" and inserting "2303".

(2) EMERGENCY MEDICAL CARE.—Section 11 of the Military Selective Service Act (50 U.S.C. 3810) is amended by striking "section 2302(a) of title 38" and inserting "section 2303 of title 38, United States Code, regarding veterans described in subparagraph (B) or (C) of subsection (a)(2) of such section".

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 23 of such title is amended by striking the items relating to sections 2302 and 2303 and inserting the following new item:

"2303. Death from non-service-connected disability; plot allowance.".

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to deaths that occur on or after the date that is two years after the date of the enactment of this Act.

SEC. 2203. OUTER BURIAL RECEPTACLES FOR EACH NEW GRAVE IN CEMETERIES THAT ARE THE SUBJECTS OF CERTAIN GRANTS MADE BY THE SECRETARY OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 2306(e) of title 38, United States Code, is amended—

(1) in paragraph (1)—

(A) in subparagraph (A)—

(i) by striking "shall" and inserting "may"; and

(ii) by inserting ", or in a cemetery that is the subject of a grant to a State or a tribal organization

under section 2408 of this title," after "National Cemetery Administration"; and

(B) in subparagraph (C), by striking "shall" and inserting "may"; and

(2) by striking paragraph (2) and inserting the following new paragraph (2):

"(2)(A) The use of outer burial receptacles in a cemetery under the control of the National Cemetery Administration or in a cemetery that is the subject of a grant to a State or a tribal organization under section 2408 of this title shall be in accordance with regulations or procedures approved by the Secretary of Veterans Affairs.

"(B) The use of outer burial receptacles in Arlington National Cemetery shall be in accordance with regulations or procedures approved by the Secretary of the Army.

"(C) The use of outer burial receptacles in a national cemetery administered by the National Park Service shall be in accordance with regulations or procedures approved by the Secretary of the Interior.".

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is two years after the date of the enactment of this Act.

SEC. 2204. PROVISION OF INSCRIPTIONS FOR SPOUSES AND CHILDREN ON CERTAIN HEADSTONES AND MARKERS FURNISHED BY THE SECRETARY OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 2306 of title 38, United States Code, is amended—

(1) by redesignating subsection (i) as subsection (j); and

(2) by inserting after subsection (h) the following new subsection (i):

"(i)(1) In addition to any other authority under this section, in the case of an individual whose grave is not in a covered cemetery (as that term is defined in subsection (f)(2)) and for whom the Secretary has furnished a headstone or marker under subsection (a) or (d), the Secretary, if feasible and upon request, may replace the headstone or marker to add an inscription for the surviving spouse or eligible dependent child of such individual following the death of the surviving spouse or eligible dependent child.

"(2) If the spouse or eligible dependent child of an individual referred to in paragraph (1) predeceases the individual, the Secretary may, if feasible and upon request, include an inscription for the spouse or dependent child on the headstone or marker furnished for the individual under subsection (a) or (d).".

(b) APPLICATION.—Subsection (i) of section 2306 of title 38, United States Code, as added by subsection (a), shall apply with respect to an individual who dies on or after October 1, 2019.

SEC. 2205. AID TO COUNTIES FOR ESTABLISHMENT, EXPANSION, AND IMPROVEMENT OF VETERANS' CEMETERIES.

(a) IN GENERAL.—Section 2408 of title 38, United States Code, is amended—

(1) by inserting "or county" after "State" each place it appears;

(2) in subsection (a)(1), in the matter preceding subparagraph (A), by striking "subsection (b)" and inserting "subsections (b), (c), (d), and (g)";

(3) by adding at the end the following new subsection:

"(g)(1) The Secretary may make a grant to a county under this section only if—

"(A)(i) the State in which the county is located does not have a veterans' cemetery owned by the State;

"(ii) the State is not in receipt of a grant under this section for the construction of a new veterans' cemetery to be owned by the State;

"(iii) the State did not apply for a grant under this section during the previous year;

"(iv) no tribal organization from the State in which the county is located has a veterans' cemetery on trust land owned by, or held in trust for, the tribal organization;

"(v) no such tribal organization is in receipt of a grant under this section for the construction of a new veterans' cemetery to be located on such land; and

"(vi) no such tribal organization applied for a grant under this section during the previous year; and

"(B) the county demonstrates in the application under subsection (a)(2), to the satisfaction of the Secretary, that the county has the resources necessary to operate and maintain the veterans' cemetery owned by the county.

"(2)(A) If a county and the State in which the county is located both apply for a grant under this section for the same year, the Secretary shall give priority to the State.

"(B) If a county and a tribal organization from the State in which the county is located both apply for a grant under this section for the same year, the Secretary shall give priority to the tribal organization.

"(3) The Secretary shall prescribe regulations to carry out this subsection."; and

(4) in subsection (f)—

(A) by redesignating paragraph (3) as subsection (h);

(B) by moving such subsection, as so redesignated, to the location after subsection (g), as added by paragraph (3);

(C) in subsection (h), as so redesignated and moved, by redesignating subparagraphs (A) and (B) as paragraphs (1) and (2), respectively; and

(D) in the matter preceding paragraph (1), as so redesignated, by striking "this subsection" and inserting "this section".

(b) CLERICAL AMENDMENTS.—

(1) SECTION HEADING.—The heading of such section is amended by inserting "**, counties, and tribal organizations**" after "**States**".

(2) TABLE OF SECTIONS.—The table of sections at the beginning of chapter 24 of such title is amended by striking the item relating to section 2408 and inserting the following new item:

"2408. Aid to States, counties, and tribal organizations for establishment, expansion, and improvement of veterans' cemeteries.".

(c) EFFECTIVE DATE.—The amendments made by this section shall take on effect on the date that is two years after the date of the enactment of this Act.

SEC. 2206. INCREASE IN MAXIMUM AMOUNT OF GRANTS TO STATES, COUNTIES, AND TRIBAL ORGANIZATIONS FOR OPERATING AND MAINTAINING VETERANS' CEMETERIES.

Section 2408(e)(2) of title 38, United States Code, is amended by striking "$5,000,000" and inserting "$10,000,000".

SEC. 2207. PROVISION OF URNS AND COMMEMORATIVE PLAQUES FOR REMAINS OF CERTAIN VETERANS WHOSE CREMATED REMAINS ARE NOT INTERRED IN CERTAIN CEMETERIES.

(a) IN GENERAL.—Section 2306 of title 38, United States Code, as amended by section 2204 of this title, is further amended—

(1) by redesignating subsections (h), (i), and (j) as subsections (i), (j), and (k), respectively; and

(2) by inserting after subsection (g) the following new subsection (h):

"(h)(1) In lieu of furnishing a headstone or marker under this section for a deceased individual described in paragraph (3), the Secretary shall furnish, upon request and at the expense of the United States—

"(A) an urn made of any material to signify the individual's status as a veteran, in which the remains of such individual may be placed at private expense; or

"(B) a commemorative plaque signifying the individual's status as a veteran.

"(2) If the Secretary furnishes an urn or commemorative plaque for an individual under paragraph (1), the Secretary may not provide for such individual—

"(A) a headstone or marker under this section; or

"(B) any burial benefit under section 2402 of this title.

"(3) A deceased individual described in this paragraph is an individual—

"(A) who served in the Armed Forces on or after April 6, 1917;

"(B) who is eligible for a headstone or marker furnished under subsection (d) (or would be so eligible but for the date of the death of the individual); and

"(C) whose remains were cremated and not interred in a national cemetery, a State veterans' cemetery, a tribal cemetery, a county cemetery, or a private cemetery.

"(4)(A) Any urn or commemorative plaque furnished under this subsection shall be the personal property of the next of kin or such other individual as the Secretary considers appropriate.

"(B) The Federal Government shall not be liable for any damage to an urn or commemorative plaque furnished under this subsection that occurs after the date on which the urn or commemorative plaque is so furnished.

"(5) The Secretary shall prescribe regulations to carry out this subsection.".

(b) EFFECTIVE DATE.—The amendments made by this section shall take on effect on the date that is two years after the date of the enactment of this Act.

SEC. 2208. TRAINING OF STATE AND TRIBAL VETERANS' CEMETERY PERSONNEL BY NATIONAL CEMETERY ADMINISTRATION.

(a) IN GENERAL.—Section 2408 of title 38, United States Code, as amended by sections 2205 and 2206 of this title, is further amended—

(1) in subsection (b)(1)—

(A) in subparagraph (A)—

(i) by striking "and (ii) the cost" and inserting "(ii) the cost"; and

(ii) by inserting "; and (iii) training costs described in subsection (c)(1)" before the semicolon; and

(B) in subparagraph (B)—

(i) by striking "and (ii) the cost" and inserting "(ii) the cost"; and

(ii) by inserting "; and (iii) training costs described in subsection (c)(1)" before the period;

(2) by redesignating subsections (c) through (h) as subsections (d) through (i), respectively; and

(3) by inserting after subsection (b) the following new subsection (c):

"(c)(1) A grant under this section for a purpose described in subparagraph (A) or (B) of subsection (a)(1) may be used, solely or in part, for training costs, including travel expenses and up to four weeks of lodging expenses, associated with attendance by employees of a veterans' cemetery owned by a State or on trust land owned by, or held in trust for, a tribal organization at training provided by the National Cemetery Administration.

"(2) Any employee described in paragraph (1) who participates in training described in such paragraph shall fulfill a service requirement as determined by the Secretary.

"(3) The Secretary may by regulation prescribe such additional terms and conditions for grants used for training costs under this subsection as the Secretary considers appropriate.".

(b) REPORTS.—

(1) IN GENERAL.—Not later than each of two years and five years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on training provided by the National Cemetery Administration under subsection (c) of section 2408 of title 38, United States Code, as added by subsection (a).

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) The attrition rate with respect to individuals who participate in the training described in paragraph (1).

(B) A description of how State and tribal veterans' cemeteries that used grants awarded under section 2408 of title 38, United States Code, for training costs under subsection (c) of such section, as added by subsection (a), have improved as a result of the training, according to the administrators of such cemeteries.

(C) An identification of how many State and tribal veterans' cemeteries used the authority provided by subsection (c) of section 2408 of title 38, United States Code, as added by subsection (a), in order to train individuals.

(D) The amount obligated or expended as a result of the authority described in subparagraph (C).

TITLE III—HEALTH CARE

Subtitle A—Health Care Generally

SEC. 3001. EXPANSION OF MODIFICATIONS TO VETERAN DIRECTED CARE PROGRAM.

Section 20006 of the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136) is amended—

(1) by striking "During a public health emergency" each place it appears and inserting "During the period specified in subsection (f)";

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking "during a public health emergency" and inserting "during the period specified in subsection (f)"; and

(B) in paragraph (1), by striking "an area agency on aging" and inserting "a covered provider"; and

(3) by striking subsection (e) and inserting the following new subsections:

"(e) TRANSFER OF CERTAIN VETERANS TO THE PROGRAM.—During the period specified in subsection (f), the Secretary shall allow a veteran residing in an area covered by the Program to be transferred to the Program for the duration of such period if—

"(1) the veteran had been receiving extended care services paid for by the Department, such as adult day services or homemaker or home health aide services, immediately preceding such period; and

"(2) those services are no longer available due to a public health emergency.

"(f) PERIOD SPECIFIED.—The period specified in this subsection is the period beginning on the date on which a public health emergency was first declared and ending on the date that is 60 days after the date on which a public health emergency is no longer in effect.

"(g) COVERED PROVIDER DEFINED.—In this section, the term 'covered provider' means a provider participating in the Program, including—

"(1) an Aging and Disability Resource Center, an area agency on aging, or a State agency (as those terms are defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)); or

"(2) a center for independent living (as defined in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a)).".

SEC. 3002. PROHIBITION ON COLLECTION OF A HEALTH CARE COPAYMENT BY THE SECRETARY OF VETERANS AFFAIRS FROM A VETERAN WHO IS A MEMBER OF AN INDIAN TRIBE.

(a) IN GENERAL.—Section 1730A of title 38, United States Code, is amended—

(1) in the heading, by striking "**catastrophically disabled**" and inserting "**certain**";

(2) by inserting "(a) PROHIBITION.—" before "Notwithstanding";

(3) by striking "a veteran who is catastrophically disabled, as defined by the Secretary," and inserting "a covered veteran"; and

(4) by adding at the end the following new subsection:

"(b) COVERED VETERAN DEFINED.—In this section, the term 'covered veteran' means a veteran who—

"(1) is catastrophically disabled, as defined by the Secretary; or

"(2) is an Indian or urban Indian (as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).".

(b) TECHNICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by striking the item relating to section 1730A and inserting the following:

"1730A. Prohibition on collection of copayments from certain veterans.".

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the day that is one year after the date of the enactment of this Act.

SEC. 3003. OVERSIGHT FOR STATE HOMES REGARDING COVID–19 INFECTIONS, RESPONSE CAPACITY, AND STAFFING LEVELS.

(a) REPORTING.—

(1) IN GENERAL.—During a covered public health emergency, each State home shall submit weekly to the Secretary of Veterans Affairs and the National Healthcare Safety Network of the Centers for Disease Control and Prevention, through an electronic medium and in a standardized format specified by the Secretary, a report on the emergency.

(2) ELEMENTS.—Each report required by paragraph (1) for a State home shall include the following:

(A) The number of suspected and confirmed COVID–19 infections among residents and staff, including residents previously treated for COVID–19, disaggregated by—

(i) veteran, spouse of a veteran, staff, and other;

(ii) race and ethnicity;

(iii) gender; and

(iv) age.

(B) The number of total deaths and COVID–19 deaths among residents and staff, disaggregated by—

(i) veteran, spouse of a veteran, staff, and other;

(ii) race and ethnicity;

(iii) gender; and

(iv) age.

(C) An assessment of the supply of personal protective equipment and hand hygiene supplies.

(D) An assessment of ventilator capacity and supplies.

(E) The number of resident beds and the occupancy rate, disaggregated by veteran, spouse of a veteran, and other.

(F) An assessment of the access of residents to testing for COVID–19.

(G) An assessment of staffing shortages, if any.

(H) Such other information as the Secretary may specify.

(b) PUBLICATION OF TOTAL INFECTIONS AND DEATHS.—

(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act, and not less frequently than weekly thereafter, the Secretary shall post on a publicly available website of the Department of Veterans Affairs—

(A) the total number of residents and staff of State homes who are infected with COVID–19; and

(B) the total number of such residents and staff who have died from COVID–19.

(2) INFORMATION ON RESIDENTS AND STAFF.—The Secretary shall disaggregate information on residents and staff published under paragraph (1) by veteran, staff, and other.

(c) DEFINITIONS.—In this section:

(1) COVERED PUBLIC HEALTH EMERGENCY.—The term "covered public health emergency" means an emergency with respect to COVID–19 declared by a Federal, State, or local authority.

(2) STATE HOME.—The term "State home" has the meaning given that term in section 101(19) of title 38, United States Code.

SEC. 3004. GRANTS FOR STATE HOMES LOCATED ON TRIBAL LANDS.

(a) STATE HOME DEFINED.—Section 101(19) of title 38, United States Code, is amended by inserting "or Indian tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304))" after "(other than a possession)".

(b) PAYMENTS TO STATE HOMES.—Section 1741 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(g) In this subchapter, the term 'State' means each of the several States and each Indian tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)).".

(c) STATE HOME CONSTRUCTION.—

(1) IN GENERAL.—Section 8131(2) of title 38, United States Code, is amended by inserting "includes each Indian tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)) but" before "does not".

(2) CONFORMING AMENDMENT.—Section 8132 of such title is amended by striking "several".

(d) ADDITIONAL LEGISLATIVE OR ADMINISTRATIVE ACTION.—

(1) CONSULTATION WITH INDIAN TRIBES.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall consult with Indian tribes to determine if any legislative or administrative action is necessary to modify the State home program to function efficiently in support of State homes operated by Indian tribes pursuant to the amendments made by this section.

(2) REPORT TO CONGRESS.—Not later than 90 days after completing consultations under paragraph (1), the Secretary shall submit to the appropriate committees of Congress a report recommending legislative action that the Secretary considers appropriate to modify the State home program described in such paragraph in light of those consultations.

(3) MODIFICATIONS.—Not later than 180 days after completing consultations under paragraph (1), the Secretary shall make any modifications to regulations implementing the State home program, for which legislative action is not necessary,

as the Secretary considers appropriate in light of those consultations.

(e) TECHNICAL SUPPORT AND ASSISTANCE.—The Secretary of Veterans Affairs shall provide technical support and assistance to Indian tribes in carrying out the State home program at State homes operated by Indian tribes pursuant to the amendments made by this section.

(f) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term "appropriate committees of Congress" means—

(A) the Committee on Veterans' Affairs and the Committee on Indian Affairs of the Senate; and

(B) the Committee on Veterans' Affairs and the Subcommittee for Indigenous Peoples of the United States of the Committee on Natural Resources of the House of Representatives.

(2) INDIAN TRIBE.—The term "Indian tribe" has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(3) STATE HOME.—The term "State home" has the meaning given that term in section 101(19) of title 38, United States Code.

(4) STATE HOME PROGRAM.—The term "State home program" means the program of the Department of Veterans Affairs for which payments are made under subchapter V of chapter 17 of title 38, United States Code, and assistance is provided under subchapter III of chapter 81 of such title.

SEC. 3005. CONTINUATION OF WOMEN'S HEALTH TRANSITION TRAINING PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) DURATION.—The Secretary of Veterans Affairs shall carry out the Women's Health Transition Training program of the Department of Veterans Affairs (in this section referred to as the "Program") until at least one year after the date of the enactment of this Act.

(b) REPORT.—Not later than one year and ten days after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate congressional committees a report on the Program that includes the following:

(1) The number of women members of the Armed Forces, disaggregated by military department (with respect to the Department of the Navy, disaggregated by the Navy and Marine Corps), who participated in the Program.

(2) The number of courses held under the Program.

(3) The locations at which such courses were held, the number of seats available for such courses, and the number of participants at each such location.

(4) With respect to the number of members of the Armed Forces who participated in the Program as specified under paragraph (1)—

(A) the number who enrolled in the health care system of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code; and

(B) the number who attended at least one health care appointment at a medical facility of the Department of Veterans Affairs.

(5) Data relating to—

(A) satisfaction with courses held under the Program;

(B) improved awareness of health care services administered by the Secretary of Veterans Affairs; and

(C) any other available statistics regarding the Program.

(6) A discussion of regulatory, legal, or resource barriers to—

(A) making the Program permanent to enable access to services provided under the Program by a greater number of women members of the Armed Forces at locations throughout the United States;

(B) offering the Program online for women members of the Armed Forces who are unable to attend courses held under the Program in person; and

(C) the feasability of automatically enrolling Program participants in the health care system of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code.

(c) APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.—In this section, the term "appropriate congressional committees" means—

(1) the Committee on Armed Services and the Committee on Veterans' Affairs of the Senate; and

(2) the Committee on Armed Services and the Committee on Veterans' Affairs of the House of Representatives.

SEC. 3006. AUTHORITY FOR SECRETARY OF VETERANS AFFAIRS TO FURNISH MEDICALLY NECESSARY TRANSPORTATION FOR NEWBORN CHILDREN OF CERTAIN WOMEN VETERANS.

(a) IN GENERAL.—Section 1786 of title 38, United States Code, as amended by section 9102 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, is further amended—

(1) in subsection (a)—

(A) in the matter before paragraph (1), by inserting "and transportation necessary to receive such services" after "described in subsection (b)";

(B) in paragraph (1), by striking "or";

(C) in paragraph (2), by striking the period at the end and inserting "; or"; and

(D) by adding at the end the following new paragraph:

"(3) another location, including a health care facility, if the veteran delivers the child before arriving at a facility described in paragraph (1) or (2).";

(2) in subsection (b), by inserting before the period at the end the following: ", including necessary health care services provided by a facility other than the facility where the newborn child was delivered (including a specialty pediatric hospital) that accepts transfer of the newborn child and responsibility for treatment of the newborn child"; and

(3) by adding at the end the following new subsections:

"(d) TRANSPORTATION.—(1) Transportation furnished under subsection (a) to, from, or between care settings to meet the needs

of a newborn child includes costs for either or both the newborn child and parents.

"(2) Transportation furnished under subsection (a) includes transportation by ambulance, including air ambulance, or other appropriate medically staffed modes of transportation—

"(A) to another health care facility (including a specialty pediatric hospital) that accepts transfer of the newborn child or otherwise provides post-delivery care services when the treating facility is not capable of furnishing the care or services required; or

"(B) to a health care facility in a medical emergency of such nature that a prudent layperson reasonably expects that delay in seeking immediate medical attention would be hazardous to life or health.

"(3) Amounts paid by the Department for transportation under this section shall be derived from the Medical Services appropriations account of the Department.

"(e) REIMBURSEMENT OR PAYMENT FOR HEALTH CARE SERVICES OR TRANSPORTATION.—(1) Pursuant to regulations the Secretary shall prescribe to establish rates of reimbursement and any limitations thereto under this section, the Secretary shall directly reimburse a covered entity for health care services or transportation services provided under this section, unless the cost of the services or transportation is covered by an established agreement or contract. If such an agreement or contract exists, its negotiated payment terms shall apply.

"(2)(A) Reimbursement or payment by the Secretary under this section on behalf of an individual to a covered entity shall, unless rejected and refunded by the covered entity within 30 days of receipt, extinguish any liability on the part of the individual for the health care services or transportation covered by such payment.

"(B) Neither the absence of a contract or agreement between the Secretary and a covered entity nor any provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate the requirements of subparagraph (A).

"(3) In this subsection, the term 'covered entity' means any individual, transportation carrier, organization, or other entity that furnished or paid for health care services or transportation under this section.".

(b) TREATMENT OF CERTAIN EXPENSES ALREADY INCURRED.—

(1) IN GENERAL.—Pursuant to such regulations as the Secretary of Veterans Affairs shall prescribe, with respect to transportation furnished in order for a newborn child of a veteran to receive health care services under section 1786 of title 38, United States Code, during the period specified in paragraph (2), the Secretary may—

(A) waive a debt owed by the veteran to the Department of Veterans Affairs or reimburse expenses already paid by the veteran to the Department for such transportation;

(B) reimburse the veteran for expenses already paid by the veteran to a covered entity for such transportation; or

(C) reimburse a covered entity for the costs of such transportation.

(2) PERIOD SPECIFIED.—The period specified in this paragraph is the period beginning on May 5, 2010, and ending on the date of the enactment of this Act.

(3) COVERED ENTITY DEFINED.—In this subsection, the term "covered entity" has the meaning given that term in section 1786(e)(3) of title 38, United States Code, as added by subsection (a).

SEC. 3007. WAIVER OF REQUIREMENTS OF DEPARTMENT OF VETERANS AFFAIRS FOR RECEIPT OF PER DIEM PAYMENTS FOR DOMICILIARY CARE AT STATE HOMES AND MODIFICATION OF ELIGIBILITY FOR SUCH PAYMENTS.

(a) WAIVER OF REQUIREMENTS.—Notwithstanding section 1741 of title 38, United States Code (as amended by subsection (b)), the Secretary of Veterans Affairs shall modify section 51.51(b) of title 38, Code of Federal Regulations (or successor regulations), to provide the Secretary the authority to waive the requirements under such section 51.51(b) for a veteran to be eligible for per diem payments for domiciliary care at a State home if—

(1) the veteran has met not fewer than four of the requirements set forth in such section; or

(2) such waiver would be in the best interest of the veteran.

(b) MODIFICATION OF ELIGIBILITY.—Section 1741(a)(1) of title 38, United States Code, is amended, in the flush text following subparagraph (B), by striking "in a Department facility" and inserting "under the laws administered by the Secretary".

(c) STATE HOME DEFINED.—In this section, the term "State home" has the meaning given that term in section 101(19) of title 38, United States Code.

SEC. 3008. EXPANSION OF QUARTERLY UPDATE OF INFORMATION ON STAFFING AND VACANCIES AT FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS TO INCLUDE INFORMATION ON DURATION OF HIRING PROCESS.

(a) QUARTERLY UPDATE.—Subsection (a)(1) of section 505 of the VA MISSION Act of 2018 (Public Law 115–182; 38 U.S.C. 301 note) is amended by adding at the end the following new subparagraph:

"(E) Beginning with any update under paragraph (3) on or after the date of the enactment of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, the following:

"(i) For employees appointed under paragraphs (1) and (3) of section 7401 of title 38, United States Code, the number of employees for which the duration of the process from validation of vacancy to receipt of official offer and notification of actual start date exceeds the metrics laid out in the Time to Hire Model of the Veterans Health Administration, or successor model.

"(ii) The percentage of employees who are described in clause (i) compared to all employees appointed under paragraphs (1) and (3) of section 7401 of such title during the same period.

"(iii) The average number of days potential hires or new hires appointed under paragraphs (1) and (3) of section 7401 of such title spent in each phase of the Time to Hire Model, or successor model.".

(b) ANNUAL REPORT.—Subsection (b) of such section is amended, in the first sentence, by adding before the period at the end the following: "and to improve the onboard timeline for facilities for which the duration of the onboarding process exceeds the metrics laid out in the Time to Hire Model of the Veterans Health Administration, or successor model".

SEC. 3009. REQUIREMENT FOR CERTAIN DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES TO HAVE PHYSICAL LOCATION FOR THE DISPOSAL OF CONTROLLED SUBSTANCES MEDICATIONS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that each covered Department medical facility has a physical location where patients may dispose of controlled substances medications.

(b) COVERED DEPARTMENT MEDICAL FACILITY.—In this section, the term "covered Department medical facility" means a medical facility of the Department of Veterans Affairs with an onsite pharmacy or a physical location dedicated for law enforcement purposes.

(c) EFFECTIVE DATE.—This section shall take effect on January 1, 2022.

SEC. 3010. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program for a one-year period, beginning not later than August 15, 2021, to provide certain students described in subsection (d) a clinical observation experience at medical centers of the Department of Veterans Affairs.

(b) MEDICAL CENTER SELECTION.—The Secretary shall carry out the pilot program under this section at not fewer than five medical centers of the Department. In selecting such medical centers, the Secretary shall ensure regional diversity among such selected medical centers.

(c) CLINICAL OBSERVATION SESSIONS.—

(1) FREQUENCY AND DURATION.—In carrying out the pilot program, the Secretary shall—

(A) provide at least one and not more than three clinical observation sessions at each medical center selected during each calendar year;

(B) ensure that each clinical observation session—

(i) lasts between four and six months; and

(ii) to the extent practicable, begins and ends concurrently with one or more academic terms of an institution of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)); and

(C) ensure that the clinical observation sessions provided at a medical center have minimal overlap.

(2) SESSIONS.—The Secretary shall ensure that the pilot program consists of clinical observation sessions as follows:

(A) Each session shall allow for not fewer than five students nor greater than 15 students to participate in the session.

(B) Each session shall consist of not fewer than 20 observational hours nor greater than 40 observational hours.

(C) A majority of the observational hours shall be spent observing a health professional. The other observational hours shall be spent in a manner that ensures a robust, well rounded experience that exposes the students to a variety of aspects of medical care and health care administration.

(D) Each session shall provide a diverse clinical observation experience.

(d) STUDENTS.—

(1) SELECTION.—The Secretary shall select to participate in the pilot program under subsection (a) students who are—

(A) nationals of the United States;

(B) enrolled in an accredited program of study at an institution of higher education; and

(C) referred by their institution of higher education following an internal application process.

(2) PRIORITY.—In making such selection, the Secretary shall give priority to each of the following five categories of students:

(A) Students who, at the time of the completion of their secondary education, resided in a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

(B) First generation college students (as defined in section 402A(h)(3) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

(C) Students who have been referred by minority-serving institutions (as defined in section 371(a) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

(D) Veterans (as defined in section 101 of title 38, United States Code).

(E) Students who indicate an intention to specialize in a health professional occupation identified by the Inspector General of the Department under section 7412 of title 38, United States Code, as having a staffing shortage.

(3) ASSIGNMENT TO MEDICAL CENTERS.—The Secretary shall assign students selected under paragraph (1) to medical centers selected under subsection (b) without regard for whether such medical centers have staffing shortages in any health professional occupation pursuant to section 7412 of title 38, United States Code.

(e) OTHER MATTERS.—In carrying out the pilot program under this section, the Secretary shall—

(1) establish a formal status to facilitate the access to medical centers of the Department by student observers participating in the pilot program;

(2) establish standardized legal, privacy, and ethical requirements for the student observers, including with respect to—

(A) ensuring that no student observer provides any care to patients while participating as an observer; and

(B) ensuring the suitability of a student to participate in the pilot program to ensure that the student poses no risk to patients;

(3) develop and implement a partnership strategy with minority-serving institutions to encourage referrals;

(4) create standardized procedures for student observers;

(5) create an online information page about the pilot program on the internet website of the Department;

(6) publish on the online information page created under paragraph (5) the locations of such centers, and other information on the pilot program, not later than 180 days before the date on which applications are required to be submitted by potential student observers;

(7) identify medical centers and specific health professionals participating in the pilot program; and

(8) notify the Committees on Veterans' Affairs of the House of Representatives and the Senate of the medical centers selected under subsection (c) within 30 days of selection, to facilitate program awareness.

(f) REPORT.—Not later than 180 days after the completion of the pilot program under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the results of the pilot program, including—

(1) the number and demographics of all applicants, those accepted to participate in the pilot program, and those who completed the pilot program; and

(2) if participating institutions of higher education choose to administer satisfaction surveys that assess the experience of those who completed the pilot program, the results of any such satisfaction surveys, provided at the discretion of the institution of higher education.

(g) SENSE OF CONGRESS REGARDING DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.—It is the sense of Congress that the pilot program described in subsection (a) should be designed to—

(1) increase the awareness, knowledge, and empathy of future health professionals toward the health conditions common to veterans;

(2) increase the diversity of the recruitment pool of future physicians of the Department; and

(3) expand clinical observation opportunities for all students by encouraging students of all backgrounds to consider a career in the health professions.

(h) NO ADDITIONAL FUNDS AUTHORIZED.—No additional funds are authorized to be appropriated to carry out the requirements of this section. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.

Subtitle B—Scheduling and Consult Management

SEC. 3101. PROCESS AND REQUIREMENTS FOR SCHEDULING APPOINTMENTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE.

(a) PROCESS AND REQUIREMENTS.—

(1) IN GENERAL.—Not later than 60 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(A) establish a process and requirements for scheduling appointments for—

(i) health care from the Department of Veterans Affairs; and

(ii) health care furnished through the Veterans Community Care Program under section 1703 of title 38, United States Code, by a non-Department health care provider; and

(B) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a description of such process and requirements.

(2) ELEMENTS OF DESCRIPTION.—The description of the process and requirements for scheduling appointments for health care required to be submitted under paragraph (1)(B) shall include—

(A) information on how such process and requirements take into account the access standards established under section 1703B of title 38, United States Code; and

(B) the maximum number of days allowed to complete each step of such process.

(3) PERIODIC REVISION.—

(A) IN GENERAL.—The Secretary may revise the process and requirements required under paragraph (1) as the Secretary considers necessary.

(B) SUBMITTAL TO CONGRESS.—Not later than 30 days before revising the process and requirements under subparagraph (A), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a description of such revised process and requirements, including a description of any modifications to the certification and training under subsection (b).

(b) CERTIFICATION AND TRAINING ON PROCESS AND REQUIREMENTS.—

(1) CERTIFICATION.—Not later than one year after the date of the enactment of this Act, the Secretary shall require each individual involved in the scheduling of appointments for health care from the Department or health care described in subsection (a)(1)(A)(ii), including schedulers, clinical coordinators, and supervisors, to certify to the Secretary that the individual understands the process and requirements established under subsection (a), including the maximum number of days allowed to complete each step of such process.

(2) NEW EMPLOYEES.—The Secretary shall require each employee hired by the Department on or after the date of the enactment of this Act who is to be involved in the scheduling of appointments for health care from the Department or health care described in subsection (a)(1)(A)(ii)—

(A) to undergo training on the process and requirements established under subsection (a) as part of training for the position for which the employee has been hired; and

(B) to make the certification to the Secretary required under paragraph (1).

(c) METHOD TO MONITOR COMPLIANCE.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall establish or maintain a method or tool—

(A) to enable monitoring of the compliance of the Department with the process and requirements established under subsection (a), including compliance with policies of the Department relating to the maximum number of days allowed to complete each step of such process; and

(B) to ensure that each medical facility of the Department complies with such process and requirements.

(2) USE THROUGHOUT DEPARTMENT.—

(A) IN GENERAL.—The Secretary shall require each medical facility of the Department to use the method or tool described in paragraph (1).

(B) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report indicating whether each medical facility of the Department is using the method or tool described in paragraph (1).

(d) COMPTROLLER GENERAL REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the compliance of the Secretary with the requirements of this section.

SEC. 3102. AUDITS REGARDING SCHEDULING OF APPOINTMENTS AND MANAGEMENT OF CONSULTATIONS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE.

(a) IN GENERAL.—Not later than each of one year and two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall provide for the conduct of a facility-level audit of the scheduling of appointments and the management of consultations for health care under the laws administered by the Secretary.

(b) APPLICATION.—

(1) FIRST AUDIT.—The first audit required under subsection (a) shall apply to each medical facility of the Department of Veterans Affairs.

(2) SECOND AUDIT.—The second audit required under subsection (a) shall apply to only those medical facilities of the Department that are in need of corrective action based on the first audit, as determined by the Secretary.

(c) ELEMENTS.—Each audit conducted under subsection (a) shall include the following:

(1) With respect to each medical center of the Department covered by the audit, an assessment of any scheduling or consultation management issues at that medical center, including the following:

(A) An assessment of noncompliance with policies of the Veterans Health Administration relating to scheduling appointments and managing consultations.

(B) An assessment of the extent to which appointments or consultations are not timely processed.

(C) A description of any backlogs in appointments or consultations that are awaiting action.

(D) An assessment of whether consultations are appropriately processed.

(E) Data with respect to consultations as follows:

(i) Consultations that were scheduled within the request window.

(ii) Duplicate consultation requests.

(iii) Consultations that were discontinued.

(iv) Delays in consultations.

(v) Consultations that were not properly closed or discontinued, including a description of remediation attempts.

(F) A review for accuracy with respect to consultation management as follows:

(i) A review of the accuracy of the type of service, either administrative or clinical, that is inputted in the electronic health record.

(ii) A review of the accuracy of the type of consultation setting, either impatient or outpatient, that is inputted in the electronic health record.

(iii) A review of the appropriateness of the level of urgency of the consultation that is inputted in the electronic health record.

(iv) A review of any delayed or unresolved consultations.

(2) An identification of such recommendations for corrective action as the Secretary considers necessary, including additional training, increased personnel, and other resources.

(3) A certification that the director of each medical center of the Department covered by the audit is in compliance with the process and requirements established under section 3101(a) and such other requirements relating to the scheduling of appointments and management of consultations as the Secretary considers appropriate.

(4) With respect to referrals for health care between health care providers or facilities of the Department, a measurement of, for each medical facility of the Department covered by the audit—

(A) the period of time between—

(i) the date that a clinician of the Department determines that a veteran requires care from another health care provider or facility and the date that the referral for care is sent to the other health care provider or facility;

(ii) the date that the referral for care is sent to the other health care provider or facility and the date that the other health care provider or facility accepts the referral;

(iii) the date that the other health care provider or facility accepts the referral and the date that the appointment with the other health care provider or at the other facility is made; and

(iv) the date that the appointment with the other health care provider or at the other facility is made and the date of the appointment with the other health care provider or at the other facility; and

(B) any other period of time that the Secretary determines necessary to measure.

(5) With respect to referrals for non-Department health care originating from medical facilities of the Department, a measurement of, for each such facility covered by the audit—

(A) the period of time between—

(i) the date that a clinician of the Department determines that a veteran requires care, or a veteran presents to the Department requesting care, and the date that the referral for care is sent to a non-Department health care provider;

(ii) the date that the referral for care is sent to a non-Department health care provider and the date that a non-Department health care provider accepts the referral;

(iii) the date that a non-Department health care provider accepts the referral and the date that the referral to a non-Department health care provider is completed;

(iv) the date that the referral to a non-Department health care provider is completed and the date that an appointment with a non-Department health care provider is made; and

(v) the date that an appointment with a non-Department health care provider is made and the date that an appointment with a non-Department health care provider occurs; and

(B) any other period of time that the Secretary determines necessary to measure.

(d) CONDUCT OF AUDIT BY THIRD PARTY.—Each audit conducted under subsection (a) with respect to a medical facility of the Department shall be conducted by an individual or entity that is not affiliated with the facility.

(e) TRANSMITTAL TO VHA.—Each audit conducted under subsection (a) shall be transmitted to the Under Secretary for Health of the Department so that the Under Secretary can—

(1) strengthen oversight of the scheduling of appointments and management of consultations throughout the Department;

(2) monitor national policy on such scheduling and management; and

(3) develop a remediation plan to address issues uncovered by those audits.

(f) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than December 31 of each year in which an audit is conducted under subsection (a), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the audit conducted during that year.

(2) ELEMENTS.—The Secretary shall include in each report required by paragraph (1)—

(A) the nationwide results of the audit conducted under subsection (a);

(B) the results of such audit with respect to each medical facility of the Department covered by such audit;

(C) an assessment of how the Department strengthened oversight of the scheduling of appointments and management of consultations at each such facility as a result of the audit;

(D) an assessment of how the audit informed the national policy of the Department with respect to the scheduling of appointments and management of consultations; and

(E) a description of any remediation plans to address issues raised by the audit that was completed.

SEC. 3103. ADMINISTRATION OF NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE.

(a) CERTIFICATION OF PROPER ADMINISTRATION OF NON-DEPARTMENT CARE.—

(1) REVIEW.—

(A) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a review of the staffing, training, and other requirements necessary to administer section 1703 of title 38, United States Code.

(B) ELEMENTS.—The review conducted under subparagraph (A) shall include, with respect to each medical facility of the Department of Veterans Affairs—

(i) an assessment of the type of positions required to be staffed at the medical facility;

(ii) the number of such positions authorized;

(iii) the number of such positions funded;

(iv) the number of such positions filled; and

(v) the number of additional such positions required to be authorized.

(2) SUBMITTAL TO CONGRESS.—Not later than 180 days after the date of the enactment of this Act, and every 180 days thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives—

(A) the results of the review conducted under paragraph (1); and

(B) a certification that the Secretary has established all staffing, training, and other requirements required to be reviewed under such paragraph.

(b) SCHEDULING OF APPOINTMENTS.—

(1) MEASUREMENT OF TIMELINESS FOR EACH FACILITY.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall measure, with respect to referrals for non-Department health care originating from medical facilities of the Department, for each such facility—

(A) the period of time between—

(i) the date that a clinician of the Department determines that a veteran requires care, or a veteran presents to the Department requesting care, and the date that the referral for care is sent to a non-Department health care provider;

(ii) the date that the referral for care is sent to a non-Department health care provider and the date that a non-Department health care provider accepts the referral;

(iii) the date that a non-Department health care provider accepts the referral and the date that the referral to a non-Department health care provider is completed;

(iv) the date that the referral to a non-Department health care provider is completed and the date that an appointment with a non-Department health care provider is made; and

(v) the date that an appointment with a non-Department health care provider is made and the date that an appointment with a non-Department health care provider occurs; and

(B) any other period of time that the Secretary determines necessary to measure.

(2) SUBMISSIONS TO CONGRESS.—

(A) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the data measured under paragraph (1), disaggregated by medical facility.

(B) UPDATE.—Not less frequently than biweekly, the Secretary shall update the data submitted under subparagraph (A).

(c) COMPTROLLER GENERAL REPORT.—

(1) REVIEW.—Beginning not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall review compliance by the Secretary with the requirements of this section, including a review of the validity and reliability of data submitted by the Secretary under subsection (b)(2).

(2) REPORT.—Not later than three years after the date of the enactment of this Act, the Comptroller General shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the results of the review conducted under paragraph (1).

SEC. 3104. EXAMINATION OF HEALTH CARE CONSULTATION AND SCHEDULING POSITIONS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) PROPER GRADING OF CONSULTATION AND SCHEDULING POSITIONS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct an examination of health care positions of the Department of Veterans Affairs to determine whether health care positions involved in the consultation and scheduling processes are appropriately graded.

(2) CONSULTATION.—In conducting the examination under paragraph (1), the Secretary shall consult with health care staffing experts in the Federal Government and the private sector.

(3) SUBMITTAL TO CONGRESS.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall submit to the appropriate committees of Congress the results of the examination conducted under paragraph (1).

(b) REVIEW OF ONBOARDING PROCESS.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the appropriate committees of Congress—

(1) a review of the onboarding process of individuals in health care positions described in subsection (a), including how long it takes to hire those individuals; and

(2) a description of any changes that the Secretary has made or plans to make to improve that process.

(c) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term "appropriate committees of Congress" means—

(1) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(2) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

TITLE IV—NAVY SEAL BILL MULDER

SEC. 4001. SHORT TITLE.

This title may be cited as the "Navy SEAL Bill Mulder Act of 2020".

Subtitle A—Service-connection and COVID–19

SEC. 4101. PRESUMPTIONS OF SERVICE-CONNECTION FOR MEMBERS OF ARMED FORCES WHO CONTRACT CORONAVIRUS DISEASE 2019 UNDER CERTAIN CIRCUMSTANCES.

(a) IN GENERAL.—Subchapter VI of chapter 11 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 1164. Presumptions of service-connection for Coronavirus Disease 2019

"(a) PRESUMPTIONS GENERALLY.—(1) For purposes of laws administered by the Secretary and subject to section 1113 of this title, if symptoms of Coronavirus Disease 2019 (in this section referred to as 'COVID–19') described in subsection (d) manifest within one of the manifestation periods described in paragraph (2) in an individual who served in a qualifying period of duty described in subsection (b)—

"(A) infection with severe acute respiratory syndrome coronavirus 2 (in this section referred to as 'SARS–CoV–2') shall be presumed to have occurred during the qualifying period of duty;

"(B) COVID–19 shall be presumed to have been incurred during the qualifying period of duty; and

"(C) if the individual becomes disabled or dies as a result of COVID–19, it shall be presumed that the individual became disabled or died during the qualifying period of duty for purposes of establishing that the individual served in the active military, naval, or air service.

"(2)(A) The manifestation periods described in this paragraph are the following:

"(i) During a qualifying period of duty described in subsection (b), if that period of duty was more than 48 continuous hours in duration.

"(ii) Within 14 days after the individual's completion of a qualifying period of duty described in subsection (b).

"(iii) An additional period prescribed under subparagraph (B).

"(B)(i) If the Secretary determines that a manifestation period of more than 14 days after completion of a qualifying period of service is appropriate for the presumptions under paragraph (1), the Secretary may prescribe that additional period by regulation.

"(ii) A determination under clause (i) shall be made in consultation with the Director of the Centers for Disease Control and Prevention.

"(b) QUALIFYING PERIOD OF DUTY DESCRIBED.—A qualifying period of duty described in this subsection is—

"(1) a period of active duty performed—

"(A) during the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.); and

"(B) before the date that is three years after the date of the enactment of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020; or

"(2) training duty under title 10 or full-time National Guard duty (as defined in section 101 of title 10), performed under orders issued on or after March 13, 2020—

"(A) during the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.); and

"(B) before the date that is three years after the date of the enactment of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020.

"(c) APPLICATION OF PRESUMPTIONS FOR TRAINING DUTY.—When, pursuant to subsection (a), COVID–19 is presumed to have been incurred during a qualifying period of duty described in subsection (b)(2)—

"(1) COVID–19 shall be deemed to have been incurred in the line of duty during a period of active military, naval, or air service; and

"(2) where entitlement to benefits under this title is predicated on the individual who was disabled or died being a veteran, benefits for disability or death resulting from COVID–19 as described in subsection (a) shall be paid or furnished as if the individual was a veteran, without regard to whether the period of duty would constitute active military, naval, or air service under section 101 of this title.

"(d) SYMPTOMS OF COVID–19.—For purposes of subsection (a), symptoms of COVID–19 are those symptoms that competent medical evidence demonstrates are experienced by an individual affected and directly related to COVID–19.

"(e) MEDICAL EXAMINATIONS AND OPINIONS.—If there is a question of whether the symptoms experienced by an individual described in paragraph (1) of subsection (a) during a manifestation period described in paragraph (2) of such subsection are attributable to COVID–19 resulting from infection with SARS–CoV–2 during the qualifying period of duty, in determining whether a medical examination or medical opinion is necessary to make a decision on the claim within the meaning of section 5103A(d) of this title, a qualifying period of duty described in subsection (b) of this section

shall be treated as if it were active military, naval, or air service for purposes of section 5103A(d)(2)(B) of this title.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such subchapter is amended by adding at the end the following new item:

"1164. Presumptions of service-connection for Coronavirus Disease 2019.".

Subtitle B—Assistance for Homeless Veterans

SEC. 4201. FLEXIBILITY FOR THE SECRETARY OF VETERANS AFFAIRS IN CARING FOR HOMELESS VETERANS DURING A COVERED PUBLIC HEALTH EMERGENCY.

(a) GENERAL SUPPORT.—

(1) USE OF FUNDS.—During a covered public health emergency, the Secretary of Veterans Affairs may use amounts appropriated or otherwise made available to the Department of Veterans Affairs to carry out sections 2011, 2012, 2031, and 2061 of title 38, United States Code, to provide to homeless veterans and veterans participating in the program carried out under section 8(o)(19) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)(19)) (commonly referred to as "HUD-VASH"), as the Secretary determines is needed, the following:

(A) Assistance required for safety and survival (such as food, shelter, clothing, blankets, and hygiene items).

(B) Transportation required to support stability and health (such as for appointments with service providers, conducting housing searches, and obtaining food and supplies).

(C) Communications equipment and services (such as tablets, smartphones, disposable phones, and related service plans) required to support stability and health (such as maintaining contact with service providers, prospective landlords, and family).

(D) Such other assistance as the Secretary determines is needed.

(2) HOMELESS VETERANS ON LAND OF THE DEPARTMENT.—

(A) COLLABORATION.—During a covered public health emergency, to the extent possible, the Secretary may collaborate with one or more organizations to manage use of land of the Department for homeless veterans for living and sleeping.

(B) ELEMENTS.—Collaboration under subparagraph (A) may include the provision by either the Secretary or the organization of food services and security for property, buildings, and other facilities owned or controlled by the Department.

(b) GRANT AND PER DIEM PROGRAM.—

(1) LIMITS ON RATES FOR PER DIEM PAYMENTS.—Section 20013(b) of the Coronavirus Aid, Relief, and Economic Security Act (38 U.S.C. 2011 note; Public Law 116–136) is amended—

(A) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively;

(B) in the matter preceding subparagraph (A), as so redesignated, by inserting "(1)" before "In the case"; and

(C) by adding at the end the following:

"(2) If the Secretary waives any limit on grant amounts or rates for per diem payments under paragraph (1), notwithstanding section 2012(a)(2)(B) of such title, the maximum rate for per diem payments described in paragraph (1)(B) shall be three times the rate authorized for State homes for domiciliary care under section 1741 of such title.".

(2) MODIFICATION OF FUNDING LIMITS FOR GRANTS.—Subsection (c)(2) of section 2011 of title 38, United States Code, shall not apply to any grant awarded during a covered public health emergency under such section for a project described in subsection (b)(1) of such section.

(3) USE OF PER DIEM PAYMENTS.—During a covered public health emergency, a recipient of a grant or an eligible entity under the grant and per diem program of the Department (in this subsection referred to as the "program") may use per diem payments under sections 2012 and 2061 of title 38, United States Code, to provide assistance required for safety and survival (such as food, shelter, clothing, blankets, and hygiene items) for—

(A) homeless veterans; and

(B) formerly homeless veterans residing in a facility operated wholly or in part by such a recipient or eligible entity receiving per diem payments under section 2012 of such title.

(4) ADDITIONAL TRANSITIONAL HOUSING.—

(A) IN GENERAL.—During a covered public health emergency, under the program, the Secretary may provide amounts for additional transitional housing beds to facilitate access to housing and services provided to homeless veterans.

(B) NOTICE; COMPETITION; PERIOD OF PERFORMANCE.—The Secretary may provide amounts under subparagraph (A)—

(i) without notice or competition; and

(ii) for a period of performance determined by the Secretary.

(5) INSPECTIONS AND LIFE SAFETY CODE REQUIREMENTS.—

(A) IN GENERAL.—During a covered public health emergency, the Secretary may waive any requirement under subsection (b) or (c) of section 2012 of title 38, United States Code, in order to allow the recipient of a grant or an eligible entity under the program—

(i) to quickly identify temporary alternate sites of care for homeless veterans that are suitable for habitation;

(ii) to facilitate social distancing or isolation needs; or

(iii) to facilitate activation or continuation of a program for which a grant has been awarded.

(B) LIMITATION.—The Secretary may waive a requirement pursuant to the authority provided by subparagraph (A) with respect to a facility of a recipient of a grant or an eligible entity under the program only if the facility meets applicable local safety requirements, including fire safety requirements.

(6) DISPOSITION OF PROPERTY RELATING TO GRANTS.—During a covered public health emergency, if the recipient of a grant awarded before or during such emergency under section 2011 of title 38, United States Code, for a project described in subsection (b)(1) of such section is no longer providing services in accordance with the terms of the grant, the recipient shall not be subject during such emergency to any property disposition requirements relating to the grant under subsection (c) or (f) of section 61.67 of title 38, Code of Federal Regulations, section 200.311(c) of title 2, Code of Federal Regulations, or successor regulations.

(c) INSPECTION AND LIFE SAFETY CODE REQUIREMENTS FOR THERAPEUTIC HOUSING.—

(1) IN GENERAL.—During a covered public health emergency, the Secretary may waive any inspection or life safety code requirement under subsection (c) of section 2032 of title 38, United States Code—

(A) to allow quick identification of temporary alternate sites of care for homeless veterans that are suitable for habitation;

(B) to facilitate social distancing or isolation needs; or

(C) to facilitate the operation of housing under such section.

(2) LIMITATION.—The Secretary may waive a requirement pursuant to the authority provided by paragraph (1) with respect to a residence or facility referred to in such section 2032 only if the residence or facility, as the case may be, meets applicable local safety requirements, including fire safety requirements.

(d) ACCESS TO DEPARTMENT OF VETERANS AFFAIRS TELEHEALTH SERVICES.—To the extent practicable, during a covered public health emergency, the Secretary shall ensure that veterans participating in or receiving services from a program under chapter 20 of title 38, United States Code, have access to telehealth services to which such veterans are eligible under the laws administered by the Secretary, including by ensuring that telehealth capabilities are available to—

(1) such veterans;

(2) case managers of the Department of programs for homeless veterans authorized under such chapter; and

(3) community-based service providers for homeless veterans receiving funds from the Department through grants or contracts.

(e) DEFINITIONS.—In this section:

(1) COVERED PUBLIC HEALTH EMERGENCY.—The term "covered public health emergency" means an emergency with respect to COVID–19 declared by a Federal, State, or local authority.

(2) HOMELESS VETERAN; VETERAN.—The terms "homeless veteran" and "veteran" have the meanings given those terms in section 2002 of title 38, United States Code.

(3) TELEHEALTH.—

(A) IN GENERAL.—The term "telehealth" means the use of electronic information and telecommunications technologies to support and promote long-distance clinical

health care, patient and professional health-related education, public health, and health administration.

(B) TECHNOLOGIES.—For purposes of subparagraph (A), "telecommunications technologies" include video conferencing, the internet, streaming media, and terrestrial and wireless communications.

SEC. 4202. LEGAL SERVICES FOR HOMELESS VETERANS AND VETERANS AT RISK FOR HOMELESSNESS.

(a) IN GENERAL.—Subchapter III of chapter 20 of title 38, United States Code, is amended by inserting after section 2022 the following new section:

"§ 2022A. Legal services for homeless veterans and veterans at risk for homelessness

"(a) GRANTS.—Subject to the availability of appropriations provided for such purpose, the Secretary shall award grants to eligible entities that provide legal services to homeless veterans and veterans at risk for homelessness.

"(b) CRITERIA.—(1) The Secretary shall—

"(A) establish criteria and requirements for grants under this section, including criteria for entities eligible to receive such grants; and

"(B) publish such criteria and requirements in the Federal Register.

"(2) In establishing criteria and requirements under paragraph (1), the Secretary shall—

"(A) take into consideration any criteria and requirements needed with respect to carrying out this section in rural communities, on trust lands, and in the territories and possessions of the United States; and

"(B) consult with organizations that have experience in providing services to homeless veterans, including—

"(i) veterans service organizations;

"(ii) the Equal Justice Works AmeriCorps Veterans Legal Corps; and

"(iii) such other organizations as the Secretary determines appropriate.

"(c) ELIGIBLE ENTITIES.—The Secretary may award a grant under this section to an entity applying for such a grant only if the applicant for the grant—

"(1) is a public or nonprofit private entity with the capacity (as determined by the Secretary) to effectively administer a grant under this section;

"(2) demonstrates that adequate financial support will be available to carry out the services for which the grant is sought consistent with the application;

"(3) agrees to meet the applicable criteria and requirements established under subsection (b)(1); and

"(4) has, as determined by the Secretary, demonstrated the capacity to meet such criteria and requirements.

"(d) USE OF FUNDS.—Grants under this section shall be used to provide homeless veterans and veterans at risk for homelessness the following legal services:

"(1) Legal services relating to housing, including eviction defense, representation in landlord-tenant cases, and representation in foreclosure cases.

"(2) Legal services relating to family law, including assistance in court proceedings for child support, divorce, estate planning, and family reconciliation.

"(3) Legal services relating to income support, including assistance in obtaining public benefits.

"(4) Legal services relating to criminal defense, including defense in matters symptomatic of homelessness, such as outstanding warrants, fines, and driver's license revocation, to reduce recidivism and facilitate the overcoming of reentry obstacles in employment or housing.

"(5) Legal services relating to requests to upgrade the characterization of a discharge or dismissal of a former member of the Armed Forces under section 1553 of title 10.

"(6) Such other legal services as the Secretary determines appropriate.

"(e) FUNDS FOR WOMEN VETERANS.—For any fiscal year, not less than 10 percent of the amount authorized to be appropriated for grants under this section shall be used to provide legal services described in subsection (d) to women veterans.

"(f) LOCATIONS.—To the extent practicable, the Secretary shall award grants under this section to eligible entities in a manner that is equitably distributed across the geographic regions of the United States, including with respect to—

"(1) rural communities;

"(2) trust lands (as defined in section 3765 of this title);

"(3) Native Americans; and

"(4) tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)).

"(g) BIENNIAL REPORTS.—(1) Not less frequently than once every two years, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on grants awarded under this section.

"(2) To the extent feasible, each report required by paragraph (1) shall include the following with respect to the period covered by the report:

"(A) The number of homeless veterans and veterans at risk for homelessness assisted.

"(B) A description of the legal services provided.

"(C) A description of the legal matters addressed.

"(D) An analysis by the Secretary with respect to the operational effectiveness and cost-effectiveness of the services provided.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 20 of such title is amended by inserting after the item relating to section 2022 the following new item:

"2022A. Legal services for homeless veterans and veterans at risk for homelessness.".

(c) CRITERIA.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish and publish in the Federal Register the criteria and requirements pursuant to subsection (b)(1) of section 2022A of title 38, United States Code, as added by subsection (a).

SEC. 4203. GAP ANALYSIS OF DEPARTMENT OF VETERANS AFFAIRS PROGRAMS THAT PROVIDE ASSISTANCE TO WOMEN VETERANS WHO ARE HOMELESS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall complete an analysis of programs of the Department of Veterans Affairs that provide assistance to women veterans who are homeless or precariously housed to identify the areas in which such programs are failing to meet the needs of such women.

(b) REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the analysis completed under subsection (a).

SEC. 4204. IMPROVEMENTS TO GRANTS AWARDED BY THE SECRETARY OF VETERANS AFFAIRS TO ENTITIES THAT PROVIDE SERVICES TO HOMELESS VETERANS.

(a) INCREASE IN PER DIEM PAYMENTS.—Paragraph (2) of subsection (a) of section 2012 of title 38, United States Code, is amended to read as follows:

"(2)(A)(i) Except as otherwise provided in subparagraph (B), the rate for such per diem payments shall be the daily cost of care estimated by the grant recipient or eligible entity adjusted by the Secretary under clause (ii).

"(ii)(I) The Secretary shall adjust the rate estimated by the grant recipient or eligible entity under clause (i) to exclude other sources of income described in subclause (III) that the grant recipient or eligible entity certifies to be correct.

"(II) Each grant recipient or eligible entity shall provide to the Secretary such information with respect to other sources of income as the Secretary may require to make the adjustment under subclause (I).

"(III) The other sources of income referred to in subclauses (I) and (II) are payments to the grant recipient or eligible entity for furnishing services to homeless veterans under programs other than under this subchapter, including payments and grants from other departments and agencies of the United States, from departments or agencies of State or local government, and from private entities or organizations.

"(iii) For purposes of calculating the rate for per diem payments under clause (i), in the case of a homeless veteran who has care of a minor dependent while receiving services from the grant recipient or eligible entity, the daily cost of care of the homeless veteran shall be the sum of the daily cost of care of the homeless veteran determined under clause (i) plus, for each such minor dependent, an amount that equals 50 percent of such daily cost of care.

"(B)(i)(I) Except as provided in clause (ii), and subject to the availability of appropriations, the Secretary may adjust the rate for per diem payments under this paragraph, as the Secretary considers appropriate.

"(II) Any adjustment made under this clause—

"(aa) may not result in a rate that—

"(AA) is lower than the rate in effect under this paragraph as in effect immediately preceding the date of the enactment of the Navy SEAL Bill Mulder Act of 2020; or

"(BB) exceeds the rate that is 115 percent of the rate authorized for State homes for domiciliary care under subsection (a)(1)(A) of section 1741 of this title, as the Secretary may increase from time to time under subsection (c) of that section; and

"(bb) may be determined on the basis of locality.

"(ii) In the case of services furnished to a homeless veteran who is placed in housing that will become permanent housing for the veteran upon termination of the furnishing of such services to such veteran, the maximum rate of per diem authorized under this section is 150 percent of the rate authorized for State homes for domiciliary care under subsection (a)(1)(A) of section 1741 of this title, as the Secretary may increase from time to time under subsection (c) of that section.".

(b) REIMBURSEMENT OF CERTAIN FEES.—Such section is further amended by adding at the end the following new subsection:

"(e) REIMBURSEMENT OF ENTITIES FOR CERTAIN FEES.—The Secretary may reimburse a recipient of a grant under section 2011, 2013, or 2061 of this title or a recipient of per diem payments under this section for fees charged to that grant or per diem payment recipient for the use of the homeless management information system described in section 402(f) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360a(f))—

"(1) in amounts the Secretary determines to be reasonable; and

"(2) if the Secretary determines that the grant or per diem payment recipient is unable to obtain information contained in such system through other means and at no cost to the grant or per diem payment recipient.".

SEC. 4205. REPEAL OF SUNSET ON AUTHORITY TO CARRY OUT PROGRAM OF REFERRAL AND COUNSELING SERVICES FOR VETERANS AT RISK FOR HOMELESSNESS WHO ARE TRANSITIONING FROM CERTAIN INSTITUTIONS.

(a) IN GENERAL.—Section 2023 of title 38, United States Code, is amended—

(1) by striking subsection (d); and

(2) by redesignating subsection (e) as subsection (d).

(b) CONFORMING AMENDMENT.—Section 2021(a)(4) of such title is amended by striking "section 2023(e)" and inserting "section 2023(d)".

SEC. 4206. COORDINATION OF CASE MANAGEMENT SERVICES FOR VETERANS RECEIVING HOUSING VOUCHERS UNDER TRIBAL HOUSING AND URBAN DEVELOPMENT-VETERANS AFFAIRS SUPPORTIVE HOUSING PROGRAM.

Section 2003 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(c) MEMORANDUM OF UNDERSTANDING ON ASSISTANCE FROM INDIAN HEALTH SERVICE.—The Secretary may enter into a memorandum of understanding with the Secretary of Health and Human Services under which case managers of the Indian Health Service may provide case management assistance to veterans who receive housing vouchers under the Tribal Housing and Urban Development-Veterans Affairs Supportive Housing (Tribal HUD-VASH) program of the Department of Housing and Urban Development.".

SEC. 4207. CONTRACTS RELATING TO CASE MANAGERS FOR HOMELESS VETERANS IN SUPPORTED HOUSING PROGRAM.

(a) IN GENERAL.—Section 304 of the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (Public Law 112–154; 38 U.S.C. 2041 note) is amended—

(1) in subsection (a)—

(A) by inserting "(1)" before "The Secretary";

(B) by adding at the end the following new paragraphs:

"(2)(A) The director of each covered medical center shall seek to enter into one or more contracts or agreements described in paragraph (1).

"(B) Any contract or agreement under subparagraph (A) may require that each case manager employed by an eligible entity who performs services under the contract or agreement has credentials equivalent to the credentials required for a case manager of the Department.

"(C)(i) The Secretary may waive the requirement under subparagraph (A) with respect to a covered medical center if the Secretary determines that fulfilling such requirement is infeasible.

"(ii) If the Secretary grants a waiver under clause (i), the Secretary shall, not later than 90 days after granting such waiver, submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing—

"(I) an explanation of the determination made under clause (i);

"(II) a plan to increase the number of case managers of the Department; and

"(III) a plan for the covered medical center to increase use of housing vouchers allocated to that medical center under the program described in paragraph (1).

"(D) In this paragraph, the term 'covered medical center' means a medical center of the Department with respect to which the Secretary determines that—

"(i) more than 15 percent of all housing vouchers allocated to that medical center under the program described in paragraph (1) during the fiscal year preceding the fiscal year in which such determination was made were unused due to a lack of case management services provided by the Secretary; and

"(ii) one or more case manager positions have been vacant for at least nine consecutive months immediately preceding the date of such determination."; and

(2) in subsection (b)(2)—

(A) in the matter before subparagraph (A), by striking ", including because—" and inserting a period; and

(B) by striking subparagraphs (A), (B), and (C).

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect on the first day of the first fiscal year that begins after the date of the enactment of this Act.

SEC. 4208. REPORT ON STAFFING OF DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT-DEPARTMENT OF VETERANS AFFAIRS SUPPORTED HOUSING PROGRAM.

Not later than 180 days after the date of the enactment of this Act, and every three years thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the

Senate and the Committee on Veterans' Affairs of the House of Representatives a report that includes the following:

(1) An assessment of the hiring needs of the program carried out under section 8(o)(19) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)(19)) (in this section referred to as the "HUD-VASH program"), including—

(A) an identification of the number of case managers of the HUD-VASH program as of the date of the report including—

(i) the total number of vacancies; and

(ii) the vacancies at each medical center of the Department of Veterans Affairs;

(B) the number of case managers of the HUD-VASH program that the Secretary of Veterans Affairs and the Secretary of Housing and Urban Development jointly determine necessary to meet the needs of the Department and the program; and

(C) the amount of turnover among case managers of the HUD-VASH program and whether the turnover was planned or unexpected.

(2) An assessment of how compensation, including recruitment and retention incentives, for case managers of the HUD-VASH program affects turnover, and what percentage of retention compensation is provided to such case managers at each medical center of the Department of Veterans Affairs (compared to other positions).

(3) A comparison of compensation described in paragraph (2) with the compensation provided to State, local, and nongovernmental housing employees at comparable training and experience levels.

(4) Examples of how the Department of Veterans Affairs and the Department of Housing and Urban Development have worked with non-Federal partners (such as local governments, nongovernmental organizations, veterans service organizations, and employee unions) to meet the staffing needs of the HUD-VASH program.

(5) Examples of how medical centers of the Department of Veterans Affairs with high retention rates for case managers of the HUD-VASH program have been able to maintain staffing levels.

Subtitle C—Retraining Assistance for Veterans

SEC. 4301. ACCESS FOR THE SECRETARIES OF LABOR AND VETERANS AFFAIRS TO THE FEDERAL DIRECTORY OF NEW HIRES.

Section 453A(h) of the Social Security Act (42 U.S.C. 653a(h)) is amended by adding at the end the following new paragraph:

"(4) VETERAN EMPLOYMENT.—The Secretaries of Labor and of Veterans Affairs shall have access to information reported by employers pursuant to subsection (b) of this section for purposes of tracking employment of veterans.".

SEC. 4302. EXPANSION OF ELIGIBLE CLASS OF PROVIDERS OF HIGH TECHNOLOGY PROGRAMS OF EDUCATION FOR VETERANS.

Section 116 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115–48; 38 U.S.C. 3001 note) is amended—

(1) in subsection (b), by adding at the end the following: "The Secretary shall treat an individual as an eligible veteran if the Secretary determines that the individual shall become an eligible veteran fewer than 180 days after the date of such determination. If an individual treated as an eligible veteran by reason of the preceding sentence does anything to make the veteran ineligible during the 180-day period referred to in such sentence, the Secretary may require the veteran to repay any benefits received by such veteran by reason of such sentence.";

(2) in subsection (c)—

(A) in paragraph (3)(A), by striking "has been operational for at least 2 years" and inserting "employs instructors whom the Secretary determines are experts in their respective fields in accordance with paragraph (6)"; and

(B) by adding at the end the following new paragraph:

"(6) EXPERTS.—The Secretary shall determine whether instructors are experts under paragraph (3)(A) based on evidence furnished to the Secretary by the provider regarding the ability of the instructors to—

"(A) identify professions in need of new employees to hire, tailor the programs to meet market needs, and identify the employers likely to hire graduates;

"(B) effectively teach the skills offered to eligible veterans;

"(C) provide relevant industry experience in the fields of programs offered to incoming eligible veterans; and

"(D) demonstrate relevant industry experience in such fields of programs.";

(3) in subsection (d), in the matter preceding paragraph (1)—

(A) by inserting "(not including an individual described in the second sentence of subsection (b))" after "each eligible veteran"; and

(B) by inserting "or part-time" after "full-time";

(4) in subsection (g), by striking "$15,000,000" and inserting "$45,000,000"; and

(5) by adding at the end the following new subsection (i):

"(i) PROHIBITION ON CERTAIN ACCOUNTING OF ASSISTANCE.—The Secretary may not consider enrollment in a high technology program of education under this section to be assistance under a provision of law referred to in section 3695 of title 38, United States Code.".

SEC. 4303. PILOT PROGRAM FOR OFF-BASE TRANSITION TRAINING FOR VETERANS AND SPOUSES.

(a) EXTENSION OF PILOT PROGRAM.—Subsection (a) of section 301 of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112–260; 10 U.S.C. 1144 note) is amended—

(1) by striking "During the two-year period beginning on the date of the enactment of this Act" and inserting "During the five-year period beginning on the date of the enactment of the Navy SEAL Bill Mulder Act of 2020"; and

(2) by striking "to assess the feasibility and advisability of providing such program to eligible individuals at locations other than military installations".

(b) LOCATIONS.—Subsection (c) of such section is amended—

(1) in paragraph (1)—

(A) in the paragraph heading, by striking "STATES" and inserting "LOCATIONS"; and

(B) by striking "not less than three and not more than five States" and inserting "not fewer than 50 locations in States (as defined in section 101 of title 38, United States Code)";

(2) in paragraph (2), by striking "at least two" and inserting "at least 20"; and

(3) by adding at the end the following new paragraphs:

"(5) PREFERENCES.—In selecting States for participation in the pilot program, the Secretary shall provide a preference for any State with—

"(A) a high rate of usage of unemployment benefits for recently separated members of the Armed Forces; or

"(B) a labor force or economy that has been significantly impacted by a covered public health emergency.

"(6) COVERED PUBLIC HEALTH EMERGENCY DEFINED.—In this subsection, the term 'covered public health emergency' means—

"(A) the public health emergency declared by the Secretary of Health and Human Services under section 319 of the Public Health Service Act (42 U.S.C. 247d) on January 31, 2020, with respect to Coronavirus Disease 2019 (COVID–19); or

"(B) a domestic emergency declared, based on an outbreak of Coronavirus Disease 2019 (COVID–19), by the President, the Secretary of Homeland Security, or a State or local authority.".

(c) ANNUAL REPORT.—Subsection (e) of such section is amended by adding at the end the following new sentence: "Each such report shall include information about the employment outcomes of the eligible individuals who received such training during the year covered by the report.".

(d) CONFORMING REPEAL.—Subsection (f) of such section is repealed.

SEC. 4304. GRANTS FOR PROVISION OF TRANSITION ASSISTANCE TO MEMBERS OF THE ARMED FORCES AFTER SEPARATION, RETIREMENT, OR DISCHARGE.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall make grants to eligible organizations for the provision of transition assistance to members of the Armed Forces who are separated, retired, or discharged from the Armed Forces, and spouses of such members.

(b) USE OF FUNDS.—The recipient of a grant under this section shall use the grant to provide to members of the Armed Forces and spouses described in subsection (a) resume assistance, interview training, job recruitment training, and related services leading directly to successful transition, as determined by the Secretary.

(c) ELIGIBLE ORGANIZATIONS.—To be eligible for a grant under this section, an organization shall submit to the Secretary an application containing such information and assurances as the Secretary, in consultation with the Secretary of Labor, may require.

(d) PRIORITY.—In making grants under this section, the Secretary shall give priority to an organization that—

(1) provides multiple forms of services described in subsection (b); or

(2) is located in a State with—

(A) a high rate of unemployment among veterans;

(B) a high rate of usage of unemployment benefits for recently separated members of the Armed Forces; or

(C) a labor force or economy that has been significantly impacted by a covered public health emergency (as such term is defined in section 131(n)).

(e) AMOUNT OF GRANT.—A grant under this section shall be in an amount that does not exceed 50 percent of the amount required by the organization to provide the services described in subsection (b).

(f) DEADLINE.—The Secretary shall carry out this section not later than 180 days after the date of the enactment of this Act.

(g) TERMINATION.—The authority to provide a grant under this section shall terminate on the date that is five years after the date on which the Secretary implements the grant program under this section.

SEC. 4305. ONE-YEAR INDEPENDENT ASSESSMENT OF THE EFFECTIVENESS OF TRANSITION ASSISTANCE PROGRAM.

(a) INDEPENDENT ASSESSMENT.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the covered officials, shall enter into an agreement with an appropriate entity with experience in adult education to carry out a one-year independent assessment of the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code (TAP), including—

(1) the effectiveness of the Transition Assistance Program for members of each military department during the entire military life cycle;

(2) the appropriateness of the career readiness standards of the Transition Assistance Program;

(3) a review of information that is provided to the Department of Veterans Affairs under the Transition Assistance Program, including mental health data;

(4) whether the Transition Assistance Program effectively addresses the challenges veterans face entering the civilian workforce and in translating experience and skills from military service to the job market;

(5) whether the Transition Assistance Program effectively addresses the challenges faced by the families of veterans making the transition to civilian life;

(6) appropriate metrics regarding outcomes of the Transition Assistance Program for members of the Armed Forces one year after separation, retirement, or discharge from the Armed Forces;

(7) what the Secretary, in consultation with the covered officials and veterans service organizations, determine to be successful outcomes for the Transition Assistance Program;

(8) whether members of the Armed Forces achieve successful outcomes for the Transition Assistance Program, as determined under paragraph (7);

(9) how the Secretary and the covered officials provide feedback to each other regarding such outcomes;

(10) recommendations for the Secretaries of the military departments regarding how to improve outcomes for members of the Armed Forces after separation, retirement, and discharge; and

(11) other topics the Secretary and the covered officials determine would aid members of the Armed Forces as they transition to civilian life.

(b) REPORT.—Not later than 90 days after the completion of the independent assessment under subsection (a), the Secretary and the covered officials shall jointly submit to the appropriate committees of Congress—

(1) the findings and recommendations (including recommended legislation) of the independent assessment prepared by the entity described in subsection (a); and

(2) responses of the Secretary and the covered officials to the findings and recommendations described in paragraph (1).

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term "appropriate committees of Congress" means—

(A) the Committee on Veterans' Affairs and the Committee on Armed Services of the Senate; and

(B) the Committee on Veterans' Affairs and the Committee on Armed Services of the House of Representatives.

(2) COVERED OFFICIALS.—The term "covered officials" means—

(A) the Secretary of Defense;

(B) the Secretary of Labor;

(C) the Administrator of the Small Business Administration; and

(D) the Secretaries of the military departments.

(3) MILITARY DEPARTMENT.—The term "military department" has the meaning given that term in section 101 of title 10, United States Code.

SEC. 4306. LONGITUDINAL STUDY ON CHANGES TO TRANSITION ASSISTANCE PROGRAM.

(a) STUDY.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, the Secretary of Labor, and the Administrator of the Small Business Administration, shall conduct a five-year longitudinal study regarding the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code (TAP), on three separate cohorts of members of the Armed Forces who have separated from the Armed Forces, including—

(1) a cohort that has attended counseling under the Transition Assistance Program as implemented on the date of the enactment of this Act;

(2) a cohort that attends counseling under the Transition Assistance Program after the Secretary of Defense and the Secretary of Labor implement changes recommended in the report under section 136(b); and

(3) a cohort that has not attended counseling under the Transition Assistance Program.

(b) PROGRESS REPORTS.—Not later than 90 days after the date that is one year after the date of the initiation of the study under subsection (a), and annually thereafter for the three subsequent years, the Secretary of Veterans Affairs, the Secretary of Defense, the Secretary of Labor, and the Administrator of the Small Business Administration shall jointly submit to the appropriate committees of Congress a progress report of activities under the study during the immediately preceding year.

(c) FINAL REPORT.—

(1) IN GENERAL.—Not later than 180 days after the completion of the study under subsection (a), the Secretary of Veterans Affairs, the Secretary of Defense, the Secretary of Labor, and the Administrator of the Small Business Administration shall jointly submit to the appropriate committees of Congress a report of final findings and recommendations based on the study.

(2) ELEMENTS.—The final report under paragraph (1) shall include information regarding the following:

(A) The percentage of each cohort that received unemployment benefits during the study under subsection (a).

(B) The numbers of months members of each cohort were employed during the study.

(C) Annual starting and ending salaries of members of each cohort who were employed during the study.

(D) How many members of each cohort enrolled in an institution of higher learning, as that term is defined in section 3452(f) of title 38, United States Code.

(E) The academic credit hours, degrees, and certificates obtained by members of each cohort during the study.

(F) The annual income of members of each cohort.

(G) The total household income of members of each cohort.

(H) How many members of each cohort own their principal residences.

(I) How many dependents members of each cohort have.

(J) The percentage of each cohort that achieves a successful outcome for the Transition Assistance Program, as determined under section 136(a)(7).

(K) Other criteria the Secretaries and the Administrator of the Small Business Administration determine appropriate.

(d) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term "appropriate committees of Congress" means—

(1) the Committee on Veterans' Affairs and the Committee on Armed Services of the Senate; and

(2) the Committee on Veterans' Affairs and the Committee on Armed Services of the House of Representatives.

TITLE V—DEBORAH SAMPSON

SEC. 5001. SHORT TITLE.

This title may be cited as the "Deborah Sampson Act of 2020".

Subtitle A—Improving Access for Women Veterans to the Department of Veterans Affairs

SEC. 5101. OFFICE OF WOMEN'S HEALTH IN DEPARTMENT OF VETERANS AFFAIRS.

(a) CHIEF OFFICER OF WOMEN'S HEALTH.—Subsection (a) of section 7306 of title 38, United States Code, is amended—

(1) by redesignating paragraph (10) as paragraph (11); and

(2) by inserting after paragraph (9) the following new paragraph (10):

"(10) The Chief Officer of Women's Health.".

(b) ORGANIZATION OF OFFICE AND ANNUAL REPORTS.—

(1) IN GENERAL.—Subchapter I of chapter 73 of title 38, United States Code, is amended by adding at the end of the following new sections:

"§ 7310. Office of Women's Health

"(a) ESTABLISHMENT.—(1) The Under Secretary for Health shall establish and operate in the Veterans Health Administration the Office of Women's Health (in this section referred to as the 'Office').

"(2) The Office shall be located at the Central Office of the Department of Veterans Affairs.

"(3)(A) The head of the Office is the Chief Officer of Women's Health (in this section referred to as the 'Chief Officer').

"(B) The Chief Officer shall report to the Under Secretary for Health.

"(4) The Under Secretary for Health shall provide the Office with such staff and other support as may be necessary for the Office to carry out effectively the functions of the Office under this section.

"(5) The Under Secretary for Health may reorganize existing offices within the Veterans Health Administration as of the date of the enactment of this section in order to avoid duplication with the functions of the Office.

"(b) FUNCTIONS.—The functions of the Office include the following:

"(1) To provide a central office for monitoring and encouraging the activities of the Veterans Health Administration with respect to the provision, evaluation, and improvement of health care services provided to women veterans by the Department.

"(2) To develop and implement standards of care for the provision of health care for women veterans by the Department.

"(3) To monitor and identify deficiencies in standards of care for the provision of health care for women veterans by the Department, to provide technical assistance to medical facilities of the Department to address and remedy deficiencies, and to perform oversight of implementation of such standards of care.

"(4) To monitor and identify deficiencies in standards of care for the provision of health care for women veterans provided through the community pursuant to this title and to provide recommendations to the appropriate office to address and remedy any deficiencies.

"(5) To oversee distribution of resources and information related to health programming for women veterans under this title.

"(6) To promote the expansion and improvement of clinical, research, and educational activities of the Veterans Health Administration with respect to the health care of women veterans.

"(7) To provide, as part of the annual budgeting process, recommendations with respect to the amounts to be requested for furnishing hospital care and medical services to women veterans pursuant to chapter 17 of this title, including, at a minimum, recommendations that ensure that such amounts either reflect or exceed the proportion of veterans enrolled in the system of patient enrollment of the Department established and operated under section 1705(a) of this title who are women.

"(8) To provide recommendations to the Under Secretary for Health with respect to modifying the Veterans Equitable Resource Allocation system, or successor system, to ensure that resource allocations under such system, or successor system, reflect the health care needs of women veterans.

"(9) To carry out such other duties as the Under Secretary for Health may require.

"(c) RECOMMENDATIONS.—(1) If the Under Secretary for Health determines not to implement any recommendation made by the Chief Officer with respect to the allocation of resources to address the health care needs of women veterans, the Secretary shall notify the appropriate congressional committees of such determination by not later than 30 days after the date on which the Under Secretary for Health receives the recommendation.

"(2) Each notification under paragraph (1) relating to a determination with respect to a recommendation shall include the following:

"(A) The reasoning of the Under Secretary for Health in making the determination.

"(B) An alternative, if one is selected, to the recommendation that the Under Secretary for Health will carry out to fulfill the health care needs of women veterans.

"(d) STANDARDS OF CARE.—For purposes of carrying out the functions of the Office under this section, the standards of care for the provision of health care for women veterans from the Department shall include, at a minimum, the following:

"(1) A requirement for—

"(A) at least one designated women's health primary care provider at each medical center of the Department whose duties include, to the extent practicable, providing training to other health care providers of the Department with respect to the needs of women veterans; and

"(B) at least one designated women's health primary care provider at each community-based outpatient clinic of the Department who may serve women patients as a percentage of the total duties of the provider.

"(2) Other requirements as determined by the Under Secretary for Health.

"(e) OUTREACH.—The Chief Officer shall ensure that—

"(1) not less frequently than biannually, each medical facility of the Department holds a public forum for women veterans that occurs outside of regular business hours; and

"(2) not less frequently than quarterly, each medical facility of the Department convenes a focus group of women veterans that includes a discussion of harassment occurring at such facility.

"(f) DEFINITIONS.—In this section:

"(1) The term 'appropriate congressional committees' has the meaning given that term in section 7310A(h) of this title.

"(2) The term 'facility of the Department' has the meaning given the term 'facilities of the Department' in section 1701(3) of this title.

"(3) The term 'Veterans Equitable Resource Allocation system' means the resource allocation system established pursuant to section 429 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 (Public Law 104–204; 110 Stat. 2929).

"§ 7310A. Annual reports on women's health

"(a) ANNUAL REPORTS.—Not later than December 1 of each year, the Chief Officer of Women's Health shall submit to the appropriate congressional committees a report containing the matters under subsections (b) through (g).

"(b) OFFICE OF WOMEN'S HEALTH.—Each report under subsection (a) shall include a description of—

"(1) actions taken by the Office of Women's Health established under section 7310 of this title in the preceding fiscal year to improve the provision of health care by the Department to women veterans;

"(2) any identified deficiencies related to the provision of health care by the Department to women veterans and the standards of care established in such section and the plan of the Department to address such deficiencies;

"(3) the funding and personnel provided to the Office and whether additional funding or personnel are needed to meet the requirements of such section; and

"(4) other information that would be of interest to the appropriate congressional committees with respect to oversight of the provision of health care by the Department to women veterans.

"(c) ACCESS TO GENDER-SPECIFIC SERVICES.—(1) Each report under subsection (a) shall include an analysis of the access of women veterans to gender-specific services under contracts, agreements, or other arrangements with non-Department medical providers entered into by the Secretary for the provision of hospital care or medical services to veterans.

"(2) The analysis under paragraph (1) shall include data and performance measures for the availability of gender-specific services described in such paragraph, including—

"(A) the average wait time between the preferred appointment date of the veteran and the date on which the appointment is completed;

"(B) the average driving time required for veterans to attend appointments; and

"(C) reasons why appointments could not be scheduled with non-Department medical providers.

"(d) MODELS OF CARE.—(1) Each report under subsection (a) shall include an analysis of the use by the Department of general primary care clinics, separate but shared spaces, and women's health centers as delivery of care models for women veterans.

"(2) The analysis under paragraph (1) shall include the following:

"(A) The number of facilities of the Department that fall into each delivery of care model described in such paragraph, disaggregated by Veterans Integrated Service Network and State.

"(B) A description of the criteria used by the Department to determine which such model is most appropriate for each facility of the Department.

"(C) An assessment of how the Department decides to make investments to modify facilities to a different model.

"(D) A description of what, if any, plans the Department has to modify facilities from general primary care clinics to another model.

"(E) An assessment of whether any facilities could be modified to a separate but shared space for a women's health center within planned investments under the strategic capital investment planning process of the Department.

"(F) An assessment of whether any facilities could be modified to a separate or shared space or a women's health center with minor modifications to existing plans under the strategic capital investment planning process of the Department.

"(G) An assessment of whether the Department has a goal for how many facilities should fall into each such model.

"(e) STAFFING.—Each report under subsection (a) shall include an analysis of the staffing of the Department relating to the treatment of women, including the following, disaggregated by Veterans Integrated Service Network and State (except with respect to paragraph (4)):

"(1) The number of women's health centers.

"(2) The number of patient aligned care teams of the Department relating to women's health.

"(3) The number of full- and part-time gynecologists of the Department.

"(4) The number of designated women's health care providers of the Department, disaggregated by facility of the Department.

"(5) The number of health care providers of the Department who have completed a mini-residency for women's health care through the Women Veterans Health Care Mini-Residency Program of the Department during the one-year period preceding the submittal of the report and the number of mini-residency training slots for such program that are available during the one-year period following such date.

"(6) The number of designated women's health care providers of the Department who have sufficient women patient loads or case complexities to retain their competencies and proficiencies.

"(f) ACCESSIBILITY AND TREATMENT OPTIONS.—Each report under subsection (a) shall include an analysis of the accessibility and treatment options for women veterans, including the following:

"(1) An assessment of wheelchair accessibility of women's health centers of the Department, including, with respect to each such center, an assessment of accessibility for each kind of treatment provided at the center, including with respect to radiology and mammography, that addresses all relevant factors, including door sizes, hoists, and equipment.

"(2) The options for women veterans to access mental health providers and primary care providers who are women.

"(3) The options for women veterans at medical facilities of the Department with respect to clothing sizes, including for gowns, drawstring pants, and pajamas.

"(g) DEFINITIONS.—In this section:

"(1) The term 'appropriate congressional committees' means—

"(A) the Committee on Appropriations and the Committee on Veterans' Affairs of the Senate; and

"(B) the Committee on Appropriations and the Committee on Veterans' Affairs of the House of Representatives.

"(2) The term 'gender-specific services' means mammography, obstetric care, gynecological care, and such other services as the Secretary determines appropriate.".

(2) REFERENCES TO HEALTH CARE AND SERVICES.—The references to health care and the references to services in sections 7310 and 7310A of title 38, United States Code, as added by paragraph (1), are references to the health care and services included in the medical benefits package provided by the Department as in effect on the day before the date of the enactment of this Act.

(3) CLERICAL AMENDMENT.—The table of sections for such chapter is amended by inserting after the item relating to section 7309A the following new items:

"7310. Office of Women's Health.
"7310A. Annual reports on women's health.".

(c) INITIAL REPORT.—The Chief Officer of Women's Health of the Department of Veterans Affairs shall submit the initial report under section 7310A of title 38, United States Code, as added by subsection (b), by not later than one year after the date of the enactment of this Act.

SEC. 5102. WOMEN VETERANS RETROFIT INITIATIVE.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall prioritize the retrofitting of existing medical facilities of the Department of Veterans Affairs with fixtures, materials, and other outfitting measures to support the provision of care to women veterans at such facilities.

(b) PLAN.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to Congress, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a plan to address deficiencies in environment of care for women veterans at medical facilities of the Department.

(2) ELEMENTS.—The plan required by paragraph (1) shall include the following:

(A) An explanation of the specific environment of care deficiencies that need correcting.

(B) An assessment of how the Secretary prioritizes retrofitting existing medical facilities to support provision of care to women veterans in comparison to other requirements.

(C) A five-year strategic plan and cost projection for retrofitting medical facilities of the Department to support the provision of care to women veterans as required under subsection (a).

(c) AUTHORIZATION OF APPROPRIATIONS.—Subject to appropriations and the plan under (b), there is authorized to be appropriated to the Secretary $20,000,000 to carry out subsection (a) in addition to amounts otherwise made available to the Secretary for the purposes set forth in such subsection.

SEC. 5103. ESTABLISHMENT OF ENVIRONMENT OF CARE STANDARDS AND INSPECTIONS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a policy under which the environment of care standards and inspections at medical centers of the Department of Veterans Affairs include—

(1) an alignment of the requirements for such standards and inspections with the women's health handbook of the Veterans Health Administration;

(2) a requirement for the frequency of such inspections;

(3) delineation of the roles and responsibilities of staff at each medical center who are responsible for compliance;

(4) the requirement that each medical center submit to the Secretary and make publicly available a report on the compliance of the medical center with the standards; and

(5) a remediation plan.

(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report certifying in writing that the policy required by subsection (a) has been finalized and disseminated to all medical centers of the Department.

SEC. 5104. PROVISION OF REINTEGRATION AND READJUSTMENT SERVICES TO VETERANS AND FAMILY MEMBERS IN GROUP RETREAT SETTINGS.

(a) IN GENERAL.—Section 1712A of title 38, United States Code, is amended—

(1) in subsection (a)(1)(B)—

(A) in clause (ii), by redesignating subclauses (I) and (II) as items (aa) and (bb);

(B) by redesignating clauses (i) and (ii) as subclauses (I) and (II);

(C) in the matter preceding subclause (I), as redesignated by subparagraph (B), by striking "Counseling" and inserting "(i) Counseling"; and

(D) by adding at the end the following new clause:

"(ii)(I) Except as provided in subclauses (IV) and (V), counseling furnished to an individual under subparagraph (A) may include reintegration and readjustment services described in subclause (II) furnished in group retreat settings.

"(II) Reintegration and readjustment services described in this subclause are the following:

"(aa) Information on reintegration of the individual into family, employment, and community.

"(bb) Financial counseling.

"(cc) Occupational counseling.

"(dd) Information and counseling on stress reduction.

"(ee) Information and counseling on conflict resolution.

"(ff) Such other information and counseling as the Secretary considers appropriate to assist the individual in reintegration into family, employment, and community.

"(III) In furnishing reintegration and readjustment services under subclause (I), the Secretary shall offer women the opportunity to receive such services in group retreat settings in which the only participants are women.

"(IV) An individual described in subparagraph (C)(v) may receive reintegration and readjustment services under subclause (I) of this clause only if the individual receives such services with a family member described in subclause (I) or (II) of such subparagraph.

"(V) In each of fiscal years 2021 through 2025, the maximum number of individuals to whom integration and readjustment services may be furnished in group retreat settings under this subclause (I) shall not exceed 1,200 individuals.".

(b) REQUEST FOR SERVICES.—Subsection (a)(2) of such section is amended—

(1) by striking "Upon" and inserting "(A) Upon";

(2) by striking "paragraph (1)(B)" and inserting "paragraph (1)(B)(i)"; and

(3) by adding at the end the following new subparagraph:

"(B) Upon the request of an individual described in paragraph (1)(C), the Secretary shall furnish the individual reintegration and readjustment services in group retreat settings under paragraph (1)(B)(ii) if the Secretary determines the experience will be therapeutically appropriate.".

SEC. 5105. PROVISION OF LEGAL SERVICES FOR WOMEN VETERANS.

(a) AGREEMENT REQUIRED.—The Secretary of Veterans Affairs shall enter into one or more agreements with public or private entities to provide legal services to women veterans.

(b) FOCUS.—The focus of an agreement entered into under subsection (a) shall be to address the following unmet needs of women veterans as set forth in the most recently completed Community Homelessness Assessment, Local Education and Networking Groups for Veterans (CHALENG for Veterans) survey:

(1) Child support.

(2) Prevention of eviction and foreclosure.

(3) Discharge upgrades.

(4) Financial guardianship.

(5) Credit counseling.

(6) Family reconciliation assistance.

SEC. 5106. COMPTROLLER GENERAL SURVEYS AND REPORT ON SUPPORTIVE SERVICES PROVIDED FOR VERY LOW-INCOME WOMEN VETERANS.

(a) SURVEYS.—

(1) SURVEY OF WOMEN VETERANS.—The Comptroller General of the United States shall survey women veterans who have received or are receiving supportive services provided under section 2044 of title 38, United States Code, to determine

satisfaction with the ability of such services to meet the specific needs of such veterans.

(2) SURVEY OF ELIGIBLE ENTITIES.—The Comptroller General shall survey eligible entities receiving financial assistance under such section and other partners of the Department of Veterans Affairs, including veterans service organizations and the National Coalition of Homeless Veterans, on the view of such entities and partners regarding—

(A) whether the Department is meeting the needs of women veterans through the provision of supportive services under such section; and

(B) any additional supportive services that may be required to meet such needs.

(b) REPORT.—

(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the efforts of the Department of Veterans Affairs to provide supportive services to women veterans under section 2044 of title 38, United States.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) A review of how the Department determines which categories of supportive services would be beneficial to women veterans who receive services under such section.

(B) A description of the challenges women veterans who have children face in accessing supportive services under such section, including with respect to accessing—

(i) homeless shelters with their children;

(ii) homeless shelters that have restrictions on male children; and

(iii) affordable child care.

(C) A description of how the Department identifies eligible entities under such section that can provide supportive services to meet the needs of women veterans, including eligible entities with experience in—

(i) intimate partner violence;

(ii) legal matters pertaining especially to women veterans, including temporary restraining orders and child care orders;

(iii) supportive services for children; and

(iv) the evaluation of which categories of services would be beneficial to women veterans who receive such services under such section.

(D) A description of how much the Department spends, from funds appropriated to carry out such section and funds provided under the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136), on supportive services specifically for women veterans, and in particular, on the services described in subparagraph (A).

(E) The results of the surveys conducted under subsection (a).

(F) A review of the resources and programming offered to woman veterans under such section.

(G) An assessment of such other areas as the Comptroller General considers appropriate.

SEC. 5107. PROGRAMS ON ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS.

(a) ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING HEALTH CARE.—

(1) IN GENERAL.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 1709C. Assistance for child care for certain veterans receiving health care

"(a) PROGRAM REQUIRED.—The Secretary shall carry out a program to provide, subject to subsection (b), assistance to qualified veterans described in subsection (c) to obtain child care so that such veterans can receive health care services described in subsection (c)(2).

"(b) LIMITATION ON PERIOD OF PAYMENTS.—Assistance may be provided to a qualified veteran under this section for receipt of child care only during the period that the qualified veteran—

"(1) receives the types of health care services described in subsection (c)(2) at a facility of the Department; and

"(2) requires travel to and return from such facility for the receipt of such health care services.

"(c) QUALIFIED VETERANS.—For purposes of this section, a qualified veteran is a veteran who—

"(1) is the primary caretaker of a child or children; and

"(2)(A) receives from the Department—

"(i) regular mental health care services;

"(ii) intensive mental health care services; or

"(iii) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran; or

"(B) is in need of regular or intensive mental health care services from the Department, and but for lack of child care services, would receive such health care services from the Department.

"(d) LOCATIONS.—Not later than five years after the date of the enactment of the Deborah Sampson Act of 2020, the Secretary shall carry out the program at each medical center of the Department.

"(e) FORMS OF CHILD CARE ASSISTANCE.—(1) Child care assistance under this section may include the following:

"(A) Stipends for the payment of child care offered by a licensed child care center (either directly or through a voucher program) that shall be, to the extent practicable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107–67; 115 Stat. 552).

"(B) Direct provision of child care at an on-site facility of the Department.

"(C) Payments to private child care agencies.

"(D) Collaboration with facilities or programs of other Federal agencies.

"(E) Such other forms of assistance as the Secretary considers appropriate.

"(2) In providing child care assistance under this section, the child care needs of the local area shall be considered and the head of each medical center may select the type of care that is most appropriate or feasible for such medical center.

"(3) In the case that child care assistance under this section is provided as a stipend under paragraph (1)(A), such stipend shall cover the full cost of such child care.".

(2) CONFORMING AMENDMENT.—Section 205(e) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163; 38 U.S.C. 1710 note) is amended by striking "September 30, 2020" and inserting "the date of the enactment of the Deborah Sampson Act of 2020".

(3) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1709B the following new item:

"1709C. Assistance for child care for certain veterans receiving health care,".

(b) PILOT PROGRAM ON ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING READJUSTMENT COUNSELING AND RELATED MENTAL HEALTH SERVICES.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing, subject to paragraph (2), assistance to qualified veterans described in paragraph (3) to obtain child care so that such veterans can receive readjustment counseling and related mental health services.

(2) LIMITATION ON PERIOD OF PAYMENTS.—Assistance may be provided to a qualified veteran under the pilot program for receipt of child care only during the period that the qualified veteran receives readjustment counseling and related health care services at a Vet Center.

(3) QUALIFIED VETERANS.—For purposes of this subsection, a qualified veteran is a veteran who—

(A) is the primary caretaker of a child or children; and

(B)(i) receives from the Department regular readjustment counseling and related mental health services; or

(ii) is in need of regular readjustment counseling and related mental health services from the Department, and but for lack of child care services, would receive such counseling and services from the Department.

(4) LOCATIONS.—The Secretary shall carry out the pilot program in not fewer than three Readjustment Counseling Service Regions selected by the Secretary for purposes of the pilot program.

(5) FORMS OF CHILD CARE ASSISTANCE.—

(A) IN GENERAL.—Child care assistance under the pilot program may include the following:

(i) Stipends for the payment of child care offered by a licensed child care center (either directly or through a voucher program) that shall be, to the extent practicable, modeled after the Department of Veterans

Affairs Child Care Subsidy Program established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107–67; 115 Stat. 552).

(ii) Payments to private child care agencies.

(iii) Collaboration with facilities or programs of other Federal agencies.

(iv) Such other forms of assistance as the Secretary considers appropriate.

(B) LOCAL AREA.—In providing child care assistance under the pilot program, the child care needs of the local area shall be considered and the head of each Vet Center may select the type of care that is most appropriate or feasible for such Vet Center.

(C) USE OF STIPEND.—In the case that child care assistance under the pilot program is provided as a stipend under subparagraph (A)(i), such stipend shall cover the full cost of such child care.

(6) DURATION.—The pilot program shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

(7) REPORT.—

(A) IN GENERAL.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program.

(B) ELEMENTS.—The report required by subparagraph (A) shall include the findings and conclusions of the Secretary regarding the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

(8) VET CENTER DEFINED.—In this subsection, the term "Vet Center" has the meaning given that term in section 1712A(h) of title 38, United States Code.

SEC. 5108. AVAILABILITY OF PROSTHETICS FOR WOMEN VETERANS FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) ACCESS AT EACH MEDICAL FACILITY.—Section 1714(a) of title 38, United States Code, is amended—

(1) by striking "(a) Any veteran" and inserting "(a)(1) Any veteran"; and

(2) by adding at the end the following new paragraph:

"(2) In furnishing prosthetic appliances under paragraph (1), the Secretary shall ensure women veterans are able to access clinically appropriate prosthetic appliances through each medical facility of the Department.".

(b) REPORT.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the availability from the Department of Veterans Affairs of prosthetics made for women veterans, including an assessment of the availability of such prosthetics at medical facilities of the Department.

(2) ELEMENTS.—The report required by paragraph (1) shall include—

(A) a list of all devices classified by the Department as prosthetic devices, including a breakdown of whether a device is considered gender-neutral or gender-specific;

(B) for gender-neutral devices, a breakdown of sizing;

(C) the average time it takes for a woman veteran to receive a prosthetic device after it is prescribed, disaggregated by Veterans Integrated Service Network and medical center of the Department;

(D) the total number of women veterans utilizing the Department for prosthetic services, disaggregated by facility of the Department;

(E) an assessment of efforts by the Department on research, development, and employment of additive manufacture technology (commonly referred to as 3D printing) to provide prosthetic items for women veterans;

(F) the results of a survey with a representative sample of not fewer than 50,000 veterans (of which women shall be overrepresented) in an amputee care program on satisfaction with prosthetics furnished or procured by the Department that replace appendages or their function; and

(G) such other information as the Secretary considers appropriate.

SEC. 5109. REQUIREMENT TO IMPROVE DEPARTMENT OF VETERANS AFFAIRS WOMEN VETERANS CALL CENTER.

The Secretary of Veterans Affairs shall enhance the capabilities of the women veterans call center of the Department of Veterans Affairs to respond to requests by women veterans for assistance with accessing health care and benefits furnished under the laws administered by the Secretary.

SEC. 5110. STUDY ON INFERTILITY SERVICES FURNISHED AT DEPARTMENT OF VETERANS AFFAIRS.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a study on the infertility services offerings at the Department of Veterans Affairs.

(b) ELEMENTS.—The study conducted under subsection (a) shall include the following:

(1) An assessment of the following:

(A) The availability of infertility services at facilities of the Department and through laws administered by the Secretary for the provision of non-Department care.

(B) The demand for such services from eligible individuals.

(2) Identification of potential challenges in accessing infertility services for eligible individuals.

(3) An analysis of Department resources for the furnishing of infertility services, including analysis of Department workforce and non-Department providers.

(4) Development of recommendations for the improvement of infertility services under laws administered by the Secretary to improve eligible individuals' access, delivery of services, and health outcomes.

(c) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the study conducted under subsection (a).

(d) ELIGIBLE INDIVIDUAL DEFINED.—In this section, the term "eligible individual" means an individual who is a veteran who is eligible for and enrolled in the health care system of the Department under section 1705(a) of title 38, United States Code.

SEC. 5111. SENSE OF CONGRESS ON ACCESS TO FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS BY RESERVISTS FOR COUNSELING AND TREATMENT RELATING TO MILITARY SEXUAL TRAUMA.

(a) IN GENERAL.—It is the sense of Congress that members of the reserve components of the Armed Forces, including members of the National Guard, should be able to access all health care facilities of the Department of Veterans Affairs, not just Vet Centers, to receive counseling and treatment relating to military sexual trauma.

(b) DEFINITIONS.—In this section:

(1) MILITARY SEXUAL TRAUMA.—The term "military sexual trauma" has the meaning given such term in section 1164(c) of title 38, United States Code, as added by section 5501(a) of this title.

(2) VET CENTER.—The term "Vet Center" has the meaning given that term in section 1712A(h) of such title.

Subtitle B—Increasing Staff Cultural Competency

SEC. 5201. STAFFING OF WOMEN'S HEALTH PRIMARY CARE PROVIDERS AT MEDICAL FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS.

The Secretary of Veterans Affairs shall ensure that each medical facility of the Department of Veterans Affairs has not fewer than one full-time or part-time women's health primary care provider whose duties include, to the extent possible, providing training to other health care providers of the Department on the needs of women veterans.

SEC. 5202. ADDITIONAL FUNDING FOR PRIMARY CARE AND EMERGENCY CARE CLINICIANS IN WOMEN VETERANS HEALTH CARE MINI-RESIDENCY PROGRAM.

(a) IN GENERAL.—There is authorized to be appropriated to the Secretary of Veterans Affairs $1,000,000 for each fiscal years 2021 through 2025 to provide opportunities for participation in the Women Veterans Health Care Mini-Residency Program of the Department of Veterans Affairs for primary care and emergency care clinicians.

(b) TREATMENT OF AMOUNTS.—The amounts authorized to be appropriated under subsection (a) shall be in addition to amounts otherwise made available to the Secretary for the purposes set forth in such subsection.

SEC. 5203. ESTABLISHMENT OF WOMEN VETERAN TRAINING MODULE FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall

establish and make available to community providers a training module that is specific to women veterans.

(b) TRAINING MATERIALS PROVIDED.—Under the training module established and made available to community providers under subsection (a), the Secretary shall provide to community providers the same training materials relating to treatment of women veterans that is provided to health care providers of the Department of Veterans Affairs to ensure that all health care providers treating women veterans have access to the same materials to support competency throughout the community.

(c) ADMINISTRATION OF TRAINING MODULE.—The Secretary shall administer the training module established under subsection (a) to community providers through an internet website of the Department.

(d) ANNUAL REPORT.—Not later than one year after the establishment of the training module under subsection (a), and annually thereafter, the Secretary shall submit to Congress a report on—

(1) the utilization by community providers of the training module; and

(2) the effectiveness of the training module.

(e) DEFINITIONS.—In this section:

(1) COMMUNITY PROVIDER.—The term "community provider" means a non-Department of Veterans Affairs health care provider who provides preauthorized health care to veterans under the laws administered by the Secretary of Veterans Affairs.

(2) PREAUTHORIZED HEALTH CARE.—The term "preauthorized health care" means health care provided to a veteran that is authorized by the Secretary before being provided.

SEC. 5204. STUDY ON STAFFING OF WOMEN VETERAN PROGRAM MANAGER PROGRAM AT MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS AND TRAINING OF STAFF.

(a) STUDY.—The Secretary of Veterans Affairs shall conduct a study on the use of the Women Veteran Program Manager program of the Department of Veterans Affairs to determine—

(1) if the program is appropriately staffed at each medical center of the Department;

(2) whether each medical center of the Department is staffed with a Women Veteran Program Manager; and

(3) whether it would be feasible and advisable to have a Women Veteran Program Ombudsman at each medical center of the Department.

(b) REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the study conducted under subsection (a).

(c) TRAINING.—The Secretary shall ensure that all Women Veteran Program Managers and Women Veteran Program Ombudsmen receive the proper training to carry out their duties.

SEC. 5205. STUDY ON WOMEN VETERAN COORDINATOR PROGRAM.

(a) STUDY AND REPORT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(1) complete a study on the Women Veteran Coordinator program of the Veterans Benefits Administration of the Department of Veterans Affairs; and

(2) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the findings of the Secretary with respect to the study completed under paragraph (1).

(b) ELEMENTS.—The study required by subsection (a)(1) shall identify the following:

(1) If the program described in such subsection is appropriately staffed at each regional benefits office of the Department.

(2) Whether each regional benefits office of the Department is staffed with a Women Veteran Coordinator.

(3) The position description of the Women Veteran Coordinator.

(4) Whether an individual serving in the Women Veteran Coordinator position concurrently serves in any other position, and if so, the allocation of time the individual spends in each such position.

(5) A description of the metrics the Secretary uses to determine the job performance and effectiveness of the Women Veteran Coordinator.

SEC. 5206. STAFFING IMPROVEMENT PLAN FOR PEER SPECIALISTS OF DEPARTMENT OF VETERANS AFFAIRS WHO ARE WOMEN.

(a) ASSESSMENT OF CAPACITY.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Inspector General of the Department of Veterans Affairs, shall commence an assessment of the capacity of peer specialists of the Department of Veterans Affairs who are women.

(2) ELEMENTS.—The assessment required by paragraph (1) shall include an assessment of the following:

(A) The geographical distribution of peer specialists of the Department who are women.

(B) The geographical distribution of women veterans.

(C) The number and proportion of women peer specialists who specialize in peer counseling on mental health or suicide prevention.

(D) The number and proportion of women peer specialists who specialize in peer counseling on non-mental health related matters.

(b) REPORT.—Not later than one year after the assessment required by subsection (a) has commenced, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report detailing the findings of the assessment.

(c) STAFFING IMPROVEMENT PLAN.—

(1) IN GENERAL.—Not later than 180 days after submitting the report under subsection (b), the Secretary, in consultation with the Inspector General, shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan, based on the results of the assessment required by subsection (a),

to hire additional qualified peer specialists who are women, with special consideration for areas that lack peer specialists who are women.

(2) ELEMENTS.—The peer specialist positions included in the plan required by paragraph (1)—

(A) shall be non-volunteer, paid positions; and

(B) may be part-time positions.

Subtitle C—Eliminating Harassment and Assault

SEC. 5301. EXPANSION OF COVERAGE BY DEPARTMENT OF VETERANS AFFAIRS OF COUNSELING AND TREATMENT FOR SEXUAL TRAUMA.

(a) EXPANSION OF ELIGIBILITY FOR COUNSELING AND TREATMENT.—Section 1720D of title 38, United States Code, is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking "active duty, active duty for training, or inactive duty training" and inserting "duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10)"; and

(B) in paragraph (2)(A), by striking "active duty, active duty for training, or inactive duty training" and inserting "duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10)";

(2) by striking "veteran" each place it appears and inserting "former member of the Armed Forces";

(3) by striking "veterans" each place it appears and inserting "former members of the Armed Forces"; and

(4) by adding at the end the following new subsection:

"(g) In this section, the term 'former member of the Armed Forces' includes the following:

"(1) A veteran.

"(2) An individual described in section 1720I(b) of this title.".

(b) INCLUSION OF TREATMENT FOR PHYSICAL HEALTH CONDITIONS.—Such section is further amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by inserting ", to include care for physical health conditions, as appropriate," after "counseling and appropriate care and services";

(ii) by striking "overcome psychological trauma" and inserting "treat a condition"; and

(iii) by striking "mental health professional" and inserting "health care professional"; and

(B) in paragraph (2)(A), by striking "overcome psychological trauma" and inserting "treat a condition"; and

(2) in subsection (d)—

(A) in paragraph (1), by inserting "and other health care professionals" after "mental health professionals"; and

(B) in paragraph (2)(A), by inserting "and other health care professionals" after "mental health professionals".

SEC. 5302. ASSESSMENT OF EFFECTS OF INTIMATE PARTNER VIOLENCE ON WOMEN VETERANS BY ADVISORY COMMITTEE ON WOMEN VETERANS.

Section 542(c)(1) of title 38, United States Code, is amended—

(1) in subparagraph (B), by striking "and" at the end;

(2) by redesignating subparagraph (C) as subparagraph (D); and

(3) by inserting after subparagraph (B) the following new subparagraph (C):

"(C) an assessment of the effects of intimate partner violence on women veterans; and".

SEC. 5303. ANTI-HARASSMENT AND ANTI-SEXUAL ASSAULT POLICY OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter II of chapter 5 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 533. Anti-harassment and anti-sexual assault policy

"(a) ESTABLISHMENT.—(1) The Secretary, acting through the Office of Assault and Prevention of the Veterans Health Administration, shall establish a comprehensive policy to end harassment and sexual assault, including sexual harassment and gender-based harassment, throughout the Department.

"(2) The policy required by paragraph (1) shall include the following:

"(A) A process for employees and contractors of the Department to respond to reported incidents of harassment and sexual assault committed by any non-Department individual within a facility of the Department, including with respect to accountability or disciplinary measures.

"(B) A process for employees and contractors of the Department to respond to reported incidents of harassment and sexual assault of any non-Department individual within a facility of the Department.

"(C) A process for any non-Department individual to report harassment and sexual assault described in subparagraph (A), including an option for confidential reporting, and for the Secretary to respond to and address such reports.

"(D) Clear mechanisms for non-Department individuals to readily identify to whom and how to report incidents of harassment and sexual assault committed by another non-Department individual.

"(E) Clear mechanisms for employees and contractors of the Department to readily identify to whom and how to report incidents of harassment and sexual assault and how to refer non-Department individuals with respect to reporting an incident of harassment or sexual assault.

"(F) A process for, and mandatory reporting requirement applicable to, any employee or contractor of the Department who witnesses harassment or sexual assault described in subparagraph (A) or (B) within a facility of the Department, regardless of whether the individual affected by such harassment or sexual assault wants to report such harassment or sexual assault.

"(G) The actions possible, including disciplinary actions, for employees or contractors of the Department who fail to

report incidents of harassment and sexual assault described in subparagraph (A) or (B) that the employees or contractors witness.

"(H) On an annual or more frequent basis, mandatory training for employees and contractors of the Department regarding how to report and address harassment and sexual assault described in subparagraphs (A) and (B), including bystander intervention training.

"(I) On an annual or more frequent basis, the distribution of the policy under this subsection and anti-harassment and anti-sexual assault educational materials by mail or email to each individual receiving a benefit under a law administered by the Secretary.

"(J) The prominent display of anti-harassment and anti-sexual assault messages in each facility of the Department, including how non-Department individuals may report harassment and sexual assault described in subparagraphs (A) and (B) at such facility and the points of contact under subsection (b).

"(K) The posting on internet websites of the Department, including the main internet website regarding benefits of the Department and the main internet website regarding health care of the Department, of anti-harassment and anti-sexual assault banners specifically addressing harassment and sexual assault described in subparagraphs (A) and (B).

"(b) POINTS OF CONTACT.—The Secretary shall designate, as a point of contact to receive reports of harassment and sexual assault described in subparagraphs (A) and (B) of subsection (a)(2)—

"(1) at least one individual, in addition to law enforcement, at each facility of the Department (including Vet Centers under section 1712A of this title), with regard to that facility;

"(2) at least one individual employed in each Veterans Integrated Service Network, with regard to facilities in that Veterans Integrated Service Network;

"(3) at least one individual employed in each regional benefits office;

"(4) at least one individual employed at each location of the National Cemetery Administration; and

"(5) at least one individual employed at the Central Office of the Department to track reports of such harassment and sexual assault across the Department, disaggregated by facility.

"(c) ACCOUNTABILITY.—(1) The Secretary shall establish a policy to ensure that each facility of the Department and each director of a Veterans Integrated Service Network is responsible for addressing harassment and sexual assault at the facility and the Network.

"(2) The policy required by paragraph (1) shall include—

"(A) a remediation plan for facilities that experience five or more incidents of sexual harassment, sexual assault, or combination thereof, during any single fiscal year; and

"(B) taking appropriate actions under chapter 7 or subchapter V of chapter 74 of this title.

"(d) DATA.—The Secretary shall ensure that the in-take process for veterans at medical facilities of the Department includes a survey to collect the following information:

"(1) Whether the veteran feels safe at the facility and whether any events occurred at the facility that affect such feeling.

"(2) Whether the veteran wants to be contacted later by the Department with respect to such safety issues.

"(e) WORKING GROUP.—(1) The Secretary shall establish a working group to assist the Secretary in implementing policies to carry out this section.

"(2) The working group established under paragraph (1) shall consist of representatives from—

"(A) veterans service organizations;

"(B) State, local, and Tribal veterans agencies; and

"(C) other persons the Secretary determines appropriate.

"(3) The working group established under paragraph (1) shall develop, and the Secretary shall carry out—

"(A) an action plan for addressing changes at the local level to reduce instances of harassment and sexual assault;

"(B) standardized media for veterans service organizations and other persons to use in print and on the internet with respect to reducing harassment and sexual assault; and

"(C) bystander intervention training for veterans.

"(4) The working group established under paragraph (1) shall not be subject to the requirements of the Federal Advisory Committee Act (5 U.S.C. App.).

"(f) ANNUAL REPORTS.—(1) The Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an annual report on harassment and sexual assault described in subparagraphs (A) and (B) of subsection (a)(2) in facilities of the Department.

"(2) Each report submitted under paragraph (1) shall include the following:

"(A) Results of harassment and sexual assault programming, including the End Harassment program.

"(B) Results of studies from the Women's Health Practice-Based Research Network of the Department relating to harassment and sexual assault.

"(C) Data collected on incidents of sexual harassment and sexual assault.

"(D) A description of any actions taken by the Secretary during the year preceding the date of the report to stop harassment and sexual assault at facilities of the Department.

"(E) An assessment of the implementation of the training required in subsection (a)(2)(H).

"(F) A list of resources the Secretary determines necessary to prevent harassment and sexual assault at facilities of the Department.

"(g) DEFINITIONS.—In this section:

"(1) The term 'non-Department individual' means any individual present at a facility of the Department who is not an employee or contractor of the Department.

"(2) The term 'sexual harassment' means unsolicited verbal or physical contact of a sexual nature which is threatening in character.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 532 the following new item:

"533. Anti-harassment and anti-sexual assault policy.".

(c) DEFINITION OF SEXUAL HARASSMENT.—Section 1720D(f) of such title is amended by striking "repeated,".

(d) DEADLINE.—The Secretary shall commence carrying out section 533 of such title, as added by subsection (a), not later than 180 days after the date of enactment of this Act.

SEC. 5304. PILOT PROGRAM ON ASSISTING VETERANS WHO EXPERIENCE INTIMATE PARTNER VIOLENCE OR SEXUAL ASSAULT.

(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of assisting former members of the Armed Forces who have experienced or are experiencing intimate partner violence or sexual assault in accessing benefits from the Department of Veterans Affairs, including coordinating access to medical treatment centers, housing assistance, and other benefits from the Department.

(b) DURATION.—The Secretary shall carry out the pilot program under subsection (a) during the two-year period beginning on the date of the commencement of the pilot program.

(c) COLLABORATION.—The Secretary shall carry out the pilot program under subsection (a) in collaboration with—

(1) intimate partner violence shelters and programs;

(2) rape crisis centers;

(3) State intimate partner violence and sexual assault coalitions; and

(4) such other health care or other service providers that serve intimate partner violence or sexual assault victims as determined by the Secretary, particularly those providing emergency services or housing assistance.

(d) AUTHORIZED ACTIVITIES.—In carrying out the pilot program under subsection (a), the Secretary may conduct the following activities:

(1) Training for community-based intimate partner violence or sexual assault service providers on—

(A) identifying former members of the Armed Forces who have been victims of, or are currently experiencing, intimate partner violence or sexual assault;

(B) coordinating with local service providers of the Department; and

(C) connecting former members of the Armed Forces with appropriate housing, mental health, medical, and other financial assistance or benefits from the Department.

(2) Assistance to service providers to ensure access of veterans to intimate partner violence and sexual assault emergency services, particularly in underserved areas, including services for Native American veterans (as defined in section 3765 of title 38, United States Code).

(3) Such other outreach and assistance as the Secretary determines necessary for the provision of assistance under subsection (a).

(e) INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT OUTREACH COORDINATORS.—

(1) IN GENERAL.—In order to effectively assist veterans who have experienced intimate partner violence or sexual assault, the Secretary may establish local coordinators to provide outreach under the pilot program required by subsection (a).

(2) LOCAL COORDINATOR KNOWLEDGE.—The Secretary shall ensure that each coordinator established under paragraph (1) is knowledgeable about—

(A) the dynamics of intimate partner violence and sexual assault, including safety concerns, legal protections, and the need for the provision of confidential services;

(B) the eligibility of veterans for services and benefits from the Department that are relevant to recovery from intimate partner violence and sexual assault, particularly emergency housing assistance, mental health care, other health care, and disability benefits; and

(C) local community resources addressing intimate partner violence and sexual assault.

(3) LOCAL COORDINATOR ASSISTANCE.—Each coordinator established under paragraph (1) shall assist intimate partner violence shelters and rape crisis centers in providing services to veterans.

(f) REPORT.—

(1) IN GENERAL.—Not later than 180 days after the completion of the pilot program under subsection (a), the Secretary shall submit to Congress a report on the pilot program.

(2) CONTENTS.—The report required by paragraph (1) shall include the following:

(A) The findings and conclusions of the Secretary with respect to the pilot program.

(B) Such recommendations for continuing or expanding the pilot program as the Secretary considers appropriate.

(g) DEFINITIONS.—In this section:

(1) INTIMATE PARTNER.—

(A) IN GENERAL.—The term "intimate partner" means a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives.

(B) CLOSE PERSONAL RELATIONSHIPS.—In this paragraph, the term "close personal relationships" includes the following:

(i) A relationship between married spouses.

(ii) A relationship between common-law spouses.

(iii) A relationship between civil union spouses.

(iv) A relationship between domestic partners.

(v) A relationship between dating partners.

(vi) A relationship between ongoing sexual partners.

(2) INTIMATE PARTNER VIOLENCE.—The term "intimate partner violence" includes physical violence, sexual violence, stalking, and psychological aggression, including coercive tactics by a current or former intimate partner.

SEC. 5305. STUDY AND TASK FORCE ON VETERANS EXPERIENCING INTIMATE PARTNER VIOLENCE OR SEXUAL ASSAULT.

(a) NATIONAL BASELINE STUDY.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Attorney General, shall conduct a national baseline study to examine the scope of the problem of intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans.

(2) MATTERS INCLUDED.—The study under paragraph (1) shall—

(A) include a literature review of all relevant research on intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans;

(B) examine the prevalence of the experience of intimate partner violence among—

(i) women veterans;

(ii) veterans who are minority group members (as defined in section 544 of title 38, United States Code, and including other minority populations as the Secretary determines appropriate);

(iii) urban and rural veterans;

(iv) veterans who are enrolled in a program under section 1720G of title 38, United States Code;

(v) veterans who are in intimate relationships with other veterans; and

(vi) veterans who are described in more than one clause of this subparagraph;

(C) examine the prevalence of the perpetration of intimate partner violence by veterans; and

(D) include recommendations to address the findings of the study.

(3) REPORT.—Not later than 30 days after the date on which the Secretary completes the study under paragraph (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on such study.

(b) TASK FORCE.—

(1) IN GENERAL.—Not later than 90 days after the date on which the Secretary completes the study under subsection (a), the Secretary, in consultation with the Attorney General and the Secretary of Health and Human Services, shall establish a national task force (in this section referred to as the "Task Force") to develop a comprehensive national program, including by integrating facilities, services, and benefits of the Department of Veterans Affairs into existing networks of community-based intimate partner violence and sexual assault services, to address intimate partner violence and sexual assault among veterans.

(2) LEADERSHIP.—The Secretary of Veterans Affairs shall lead the Task Force in collaboration with the Attorney General and the Secretary of Health and Human Services.

(c) CONSULTATION WITH STAKEHOLDERS.—In carrying out this section, the Task Force shall consult with—

(1) representatives from veteran service organizations and military service organizations;

(2) representatives from not fewer than three national organizations or State coalitions with demonstrated expertise in intimate partner violence prevention, response, or advocacy; and

(3) representatives from not fewer than three national organizations or State coalitions, particularly those representing underserved and ethnic minority communities, with demonstrated expertise in sexual assault prevention, response, or advocacy.

(d) DUTIES.—The duties of the Task Force shall include the following:

(1) To review existing services and policies of the Department and develop a comprehensive national program to be carried out by the Secretary of Veterans Affairs, in collaboration with the heads of relevant Federal agencies, to address intimate partner violence and sexual assault prevention, response, and treatment.

(2) To review the feasibility and advisability of establishing an expedited process to secure emergency, temporary benefits, including housing or other benefits, for veterans who are experiencing intimate partner violence or sexual assault.

(3) To review and make recommendations regarding the feasibility and advisability of establishing dedicated, temporary housing assistance for veterans experiencing intimate partner violence or sexual assault.

(4) To identify any requirements regarding intimate partner violence assistance or sexual assault response and services that are not being met by the Department and make recommendations on how the Department can meet such requirements.

(5) To review and make recommendations regarding the feasibility and advisability of providing direct services or contracting for community-based services for veterans in response to a sexual assault, including through the use of sexual assault nurse examiners, particularly in underserved or remote areas, including services for Native American veterans.

(6) To review the availability of counseling services provided by the Department and through peer network support, and to provide recommendations for the enhancement of such services, to address—

(A) the perpetration of intimate partner violence and sexual assault; and

(B) the recovery of veterans, particularly women veterans, from intimate partner violence and sexual assault.

(7) To review and make recommendations to expand services available for veterans at risk of perpetrating intimate partner violence.

(e) REPORT.—Not later than one year after the date of the enactment of this Act, and not less frequently than annually thereafter by October 1 of each year, the Task Force shall submit to the Secretary of Veterans Affairs and Congress a report on the activities of the Task Force, including any recommendations for legislative or administrative action.

(f) NONAPPLICABILITY OF FACA.—The Task Force shall not be subject to the requirements of the Federal Advisory Committee Act (5 U.S.C. App.).

(g) DEFINITIONS.—In this section:

(1) NATIVE AMERICAN VETERAN.—The term "Native American veteran" has the meaning given that term in section 3765 of title 38, United States Code.

(2) STATE.—The term "State" has the meaning given that term in section 101 of title 38, United States Code.

Subtitle D—Data Collection and Reporting

SEC. 5401. REQUIREMENT FOR COLLECTION AND ANALYSIS OF DATA ON DEPARTMENT OF VETERANS AFFAIRS BENEFITS AND SERVICES AND DISAGGREGATION OF SUCH DATA BY GENDER, RACE, AND ETHNICITY.

The Secretary of Veterans Affairs shall—

(1) collect and analyze data on each program of the Department of Veterans Affairs that provides a service or benefit to a veteran, including the program carried out under section 1144 of title 10, United States Code;

(2) disaggregate such data by gender, race, and ethnicity, when the data lends itself to such disaggregation; and

(3) publish the data collected and analyzed under paragraph (1), except for such cases in which the Secretary determines that some portions of the data would undermine the anonymity of a veteran.

SEC. 5402. STUDY ON BARRIERS FOR WOMEN VETERANS TO RECEIPT OF HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a comprehensive study of the barriers to the provision of health care by the Department of Veterans Affairs encountered by women who are veterans.

(b) SURVEY.—In conducting the study required by subsection (a), the Secretary shall—

(1) survey women veterans who seek or receive hospital care or medical services provided by the Department as well as women veterans who do not seek or receive such care or services;

(2) administer the survey to a representative sample of women veterans from each Veterans Integrated Service Network; and

(3) ensure that the sample of women veterans surveyed is of sufficient size for the study results to be statistically significant and is a larger sample than that of the study specified in subsection (c)(1).

(c) USE OF PREVIOUS STUDIES.—In conducting the study required by subsection (a), the Secretary shall build on the work of the studies of the Department titled—

(1) "National Survey of Women Veterans in Fiscal Year 2007–2008"; and

(2) "Study of Barriers for Women Veterans to VA Health Care 2015".

(d) ELEMENTS OF STUDY.—In conducting the study required by subsection (a), the Secretary shall conduct research on the effects of the following on the women veterans surveyed in the study:

(1) The barriers associated with seeking mental health care services, including with respect to provider availability, telehealth access, and family, work, and school obligations.

(2) The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.

(3) The effect of access to care from non-Department providers.

(4) The availability of child care.

(5) The satisfaction of such veterans with the provision by the Department of integrated primary care, women's health clinics, or both, including perceptions of quality of care, safety, and comfort.

(6) The understanding and perceived accessibility among such veterans of eligibility requirements for, and the scope of services available under, hospital care and medical services.

(7) The perception of such veterans of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.

(8) The gender sensitivity of health care providers and staff to issues that particularly affect women.

(9) The effectiveness of outreach for health care services available to women veterans.

(10) The location and operating hours of health care facilities that provide services to women veterans.

(11) The perception of such veterans of the motto of the Department.

(12) Such other significant barriers as the Secretary considers appropriate.

(e) DISCHARGE BY CONTRACT.—The Secretary shall enter into a contract with a qualified independent entity or organization to carry out the study and research required under this section.

(f) MANDATORY REVIEW OF DATA BY CERTAIN DEPARTMENT DIVISIONS.—

(1) REVIEW.—

(A) IN GENERAL.—The Secretary shall ensure that the head of each division of the Department of Veterans Affairs specified in paragraph (2) reviews the results of the study conducted under this section.

(B) SUBMITTAL OF FINDINGS.—The head of each division specified in paragraph (2) shall submit findings with respect to the study under this section to the Under Secretary of the Department with responsibilities relating to health care services for women veterans.

(2) SPECIFIED DIVISIONS.—The divisions of the Department of Veterans Affairs specified in this paragraph are the following:

(A) The Office of the Under Secretary for Health.

(B) The Office of Women's Health established under section 7310 of title 38, United States Code.

(C) The Center for Women Veterans under section 318 of such title.

(D) The Advisory Committee on Women Veterans established under section 542 of such title.

(g) REPORT.—

(1) IN GENERAL.—Not later than 30 months after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study required under this section.

(2) ELEMENTS.—The report under paragraph (1) shall include—

(A) the findings of the head of each division of the Department specified under subsection (f)(2); and

(B) recommendations for such administrative and legislative action as the Secretary considers appropriate.

SEC. 5403. STUDY ON FEASIBILITY AND ADVISABILITY OF OFFERING PARENTING STAIR PROGRAM AT ALL MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study on the feasibility and advisability of expanding the Parenting STAIR program to all medical centers of the Department of Veterans Affairs and including such program as part of care for military sexual trauma for affected members and former members of the Armed Forces.

(b) ELEMENTS.—In conducting the study under subsection (a), the Secretary shall assess—

(1) staffing needed to offer the Parenting STAIR program at all medical centers of the Department;

(2) any additional infrastructure or resources (such as child care during the program) needed for the expansion of the program; and

(3) such other factors relevant to the expansion of the program as the Secretary considers appropriate.

(c) REPORTS TO CONGRESS.—

(1) INTERIM REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report detailing—

(A) the current number and locations of all facilities of the Department offering the Parenting STAIR program; and

(B) the number of veterans served by such program in the most recent fiscal year or calendar year for which data is available.

(2) FINAL REPORT.—Not later than three years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report detailing—

(A) the results of the study conducted under subsection (a);

(B) an update on how many veterans have used the Parenting STAIR program since its development in fiscal year 2017, disaggregated by year, including the locations in which veterans have used such program; and

(C) a determination on the feasibility and advisability of expanding the Parenting STAIR program to all medical facilities of the Department offering care for military sexual trauma.

(d) DEFINITIONS.—In this section:

(1) AFFECTED MEMBERS AND FORMER MEMBERS OF THE ARMED FORCES.—The term "affected members and former members of the Armed Forces" means members and former members

of the Armed Forces who are parents and have experienced military sexual trauma.

(2) MILITARY SEXUAL TRAUMA.—The term "military sexual trauma" has the meaning given such term in section 1164(c) of title 38, United States Code, as added by section 5501(a) of this title.

(3) PARENTING STAIR PROGRAM.—The term "Parenting STAIR program" means the program of the Department of Veterans Affairs that consists of a five-session, parenting-specific treatment protocol based on skills training in affective and interpersonal regulation (commonly referred to as "STAIR"), which is a cognitive behavioral therapy that has been identified as a promising practice for treating post-traumatic stress disorder, including chronic and complicated forms, among individuals with co-occurring disorders.

Subtitle E—Benefits Matters

SEC. 5501. EVALUATION OF SERVICE-CONNECTION OF MENTAL HEALTH CONDITIONS RELATING TO MILITARY SEXUAL TRAUMA.

(a) SPECIALIZED TEAMS TO EVALUATE CLAIMS INVOLVING MILITARY SEXUAL TRAUMA.—

(1) IN GENERAL.—subchapter VI of chapter 11 of such title is amended by adding at the end the following new section:

"§ 1164. Specialized teams to evaluate claims involving military sexual trauma

"(a) IN GENERAL.—The Secretary shall establish specialized teams to process claims for compensation for a covered mental health condition based on military sexual trauma experienced by a veteran during active military, naval, or air service.

"(b) TRAINING.—The Secretary shall ensure that members of teams established under subsection (a) are trained to identify markers indicating military sexual trauma.

"(c) DEFINITIONS.—In this section:

"(1) The term 'covered mental health condition' means post-traumatic stress disorder, anxiety, depression, or other mental health diagnosis described in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association that the Secretary determines to be related to military sexual trauma.

"(2) The term 'military sexual trauma' means, with respect to a veteran, a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment during active military, naval, or air service.".

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

"1164. Specialized teams to evaluate claims involving military sexual trauma.".

(b) ANNUAL REPORTS ON CLAIMS FOR DISABILITIES INCURRED OR AGGRAVATED BY MILITARY SEXUAL TRAUMA.—

(1) REPORTS REQUIRED.—Not later than March 1, 2021, and not less frequently than once each year thereafter through 2027, the Secretary of Veterans Affairs shall submit to Congress

a report on covered claims submitted during the previous fiscal year to identify and track the consistency of decisions across regional offices of the Department of Veterans Affairs.

(2) ELEMENTS.—Each report under paragraph (1) shall include the following:

(A) The number of covered claims submitted to or considered by the Secretary during the fiscal year covered by the report.

(B) Of the covered claims listed under subparagraph (A), the number and percentage of such claims—

(i) submitted by each sex;

(ii) that were approved, including the number and percentage of such approved claims submitted by each sex;

(iii) that were denied, including the number and percentage of such denied claims submitted by each sex; and

(iv) that were developed and reviewed by a specialized team established under section 1164(a) of title 38, United States Code, as added by subsection (a).

(C) Of the covered claims listed under subparagraph (A) that were approved, the number and percentage, disaggregated by sex, of claims assigned to each rating percentage.

(D) Of the covered claims listed under subparagraph (A) that were denied—

(i) the three most common reasons given by the Secretary under section 5104(b)(1) of title 38, United States Code, for such denials; and

(ii) the number of denials that were based on the failure of a veteran to report for a medical examination.

(E) The number of covered claims that, as of the end of the fiscal year covered by the report, are pending and, separately, the number of such claims on appeal.

(F) For the fiscal year covered by the report, the average number of days that covered claims take to complete, beginning on the date on which the claim is submitted.

(G) A description of the training that the Secretary provides to employees of the Veterans Benefits Administration, or such contractors or other individuals as the Secretary considers appropriate, specifically with respect to covered claims, including the frequency, length, and content of such training.

(H) Whether all covered claims are subject to second level review until the individual rater of the Veterans Benefits Administration adjudicating such covered claims achieves an accuracy rate of 90 percent on decisions of such covered claims.

(3) DEFINITIONS.—In this subsection:

(A) COVERED CLAIMS.—The term "covered claims" means claims for disability compensation submitted to the Secretary based on a covered mental health condition alleged to have been incurred or aggravated by military sexual trauma.

(B) COVERED MENTAL HEALTH CONDITION.—The term "covered mental health condition" has the meaning given

such term in section 1164(c) of title 38, United States Code.

(C) MILITARY SEXUAL TRAUMA.—The term "military sexual trauma" has the meaning given such term in such section.

SEC. 5502. CHOICE OF SEX OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL EXAMINER FOR ASSESSMENT OF CLAIMS FOR COMPENSATION RELATING TO DISABILITY RESULTING FROM PHYSICAL ASSAULT OF A SEXUAL NATURE, BATTERY OF A SEXUAL NATURE, OR SEXUAL HARASSMENT.

(a) IN GENERAL.—Subchapter VI of chapter 11 of title 38, United States Code, as amended by section 5501 of this title, is further amended by inserting after section 1164, as added by section 5501, the following new section:

"§ 1165. Choice of sex of medical examiner for certain disabilities

"(a) IN GENERAL.—The Secretary shall ensure that a veteran who requires a medical examination from a covered medical provider in support of a claim for compensation under this chapter for a mental or physical health condition that resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment may designate the sex of the medical provider who provides such medical examination.

"(b) COVERED MEDICAL PROVIDERS.—For purposes of this section, a covered medical provider is any medical provider who is employed by the Department or is under any contract with the Department to provide a medical examination or a medical opinion when such an examination or opinion is necessary to make a decision on a claim.

"(c) NOTICE.—Before providing any medical examination for a veteran in support for a claim described in subsection (a), the Secretary shall notify the veteran of the veteran's rights under subsection (a).".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 11 of such title, as amended by section 5501 of this title, is further amended by inserting after the item relating to section 1164 the following new item:

"1165. Choice of sex of medical examiner for certain disabilities.".

SEC. 5503. SECRETARY OF VETERANS AFFAIRS REPORT ON IMPLEMENTING RECOMMENDATIONS OF INSPECTOR GENERAL OF DEPARTMENT OF VETERANS AFFAIRS IN CERTAIN REPORT ON DENIED POSTTRAUMATIC STRESS DISORDER CLAIMS RELATED TO MILITARY SEXUAL TRAUMA.

Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House a report on the progress of the Secretary in implementing the recommendations from the report of the Inspector General of the Department of Veterans Affairs entitled "Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma" (17–05248–241).

TITLE VI—REPRESENTATION AND FINANCIAL EXPLOITATION MATTERS

SEC. 6001. SHORT TITLE.

This title may be cited as the "Financial Refuge for Every Elderly Veteran Act of 2020" or the "FREE Veteran Act of 2020".

SEC. 6002. PLAN TO ADDRESS THE FINANCIAL EXPLOITATION OF VETERANS RECEIVING PENSION FROM THE DEPARTMENT OF VETERANS AFFAIRS.

(a) DEVELOPMENT OF METHOD FOR SOLICITATION AND COLLECTION OF INFORMATION.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop a method for systematically soliciting and collecting information on complaints received, referrals made, and actions taken by the pension management centers of the Department of Veterans Affairs and any other relevant components of the Department, in cases of potential financial exploitation of individuals receiving pension under chapter 15 of title 38, United States Code.

(b) PLAN TO ASSESS AND ADDRESS FINANCIAL EXPLOITATION OF VETERANS.—

(1) IN GENERAL.—The Secretary shall develop and periodically update a plan—

(A) to regularly assess the information solicited and collected under subsection (a) to identify trends of potential financial exploitation of the individuals described in subsection (a) across the Department; and

(B) to outline actions that the Department can take to improve education and training to address those trends.

(2) SUBMISSION OF PLAN.—Not later than one year after the date of the enactment of this Act and not less frequently than once every two years thereafter until the date that is six years after the date of the enactment of this Act, the Secretary shall submit the plan most recently developed or updated under paragraph (1) to—

(A) the Comptroller General of the United States; and

(B) the Committee on Veterans' Affairs and the Special Committee on Aging of the Senate and the Committee on Veterans' Affairs of the House of Representatives.

SEC. 6003. OVERPAYMENTS OF PENSION TO VETERANS RECEIVING PENSION FROM THE DEPARTMENT OF VETERANS AFFAIRS.

(a) GUIDANCE AND TRAINING FOR CLAIMS PROCESSORS.—As the Secretary of Veterans Affairs considers necessary, but not less frequently than once every three years until the date that is 10 years after the date of the enactment of this Act, the Under Secretary for Benefits of the Department of Veterans Affairs shall update guidance and training curriculum for the processors of claims for pension under chapter 15 of title 38, United States Code, regarding the evaluation of questionable medical expenses on applications for pension, including by updating such guidance with respect to what constitutes a questionable medical expense and by including examples of such expenses.

(b) IDENTIFICATION AND TRACKING.—The Under Secretary shall develop a method for identifying and tracking the number of individuals who have received overpayments of pension under chapter 15 of title 38, United States Code.

(c) ANNUAL REPORT.—Not later than one year after the date of the enactment of this Act and not later than October 31 of each fiscal year beginning thereafter until the date that is four years after the date of the enactment of this Act, the Under Secretary shall submit to Congress a report that includes, for the period covered by the report, the following:

(1) The number of individuals who received overpayments of pension under chapter 15 of title 38, United States Code.

(2) The five most common reasons for overpayments described in paragraph (1).

(3) The number of veterans who had to repay overpayments described in paragraph (1).

(4) The number of veterans for whom the Secretary waived a requirement to repay an overpayment described in paragraph (1).

(5) The total dollar amount of overpayments described in paragraph (1).

(6) The total dollar amount of repayments of veterans for overpayments described in paragraph (1).

(7) The average dollar amount of repayments described in paragraph (6).

SEC. 6004. EVALUATION OF ADDITIONAL ACTIONS FOR VERIFYING DIRECT DEPOSIT INFORMATION PROVIDED BY VETERANS ON APPLICATIONS FOR VETERANS PENSION.

(a) IN GENERAL.—The Under Secretary for Benefits of the Department of Veterans Affairs shall—

(1) conduct an evaluation of the feasibility and advisability of requiring the processors of claims for pension under chapter 15 of title 38, United States Code, to take additional actions to verify that the direct deposit information provided by an individual on an application for pension is for the appropriate recipient; and

(2) identify such legislative or administrative actions as the Under Secretary considers appropriate to ensure that payments of pension are provided to the correct recipients.

(b) SUBMISSION TO CONGRESS.—

(1) IN GENERAL.—Not later than 240 days after the date of the enactment of this Act, the Under Secretary shall submit to Congress a report on the evaluation and identification under subsection (a).

(2) CONTENTS.—The report required by paragraph (1) shall include the following:

(A) The findings of the Under Secretary with respect to the evaluation conducted under subsection (a)(1).

(B) The actions identified under subsection (a)(2).

(C) A plan for implementing any administrative actions identified under subsection (a)(2).

(D) A rationale for not implementing any actions evaluated under paragraph (1) of subsection (a) but not identified under paragraph (2) of such subsection.

SEC. 6005. ANNUAL REPORT ON EFFORTS OF DEPARTMENT OF VETERANS AFFAIRS TO ADDRESS THE FINANCIAL EXPLOITATION OF VETERANS RECEIVING PENSION.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act and not less frequently than once each year thereafter until the date that is four years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on efforts to address the financial exploitation of individuals receiving pension under chapter 15 of title 38, United States Code.

(b) CONTENTS.—Each report required by subsection (a) shall include, for the period covered by the report, the following:

(1) The number of individuals who received pension under chapter 15 of title 38, United States Code, who have been referred by any component of the Department of Veterans Affairs to the Office of Inspector General of the Department as likely or proven victims of financial exploitation.

(2) The number of referrals and reports relating to the financial exploitation of such individuals made by the Department of Veterans Affairs to—

(A) the Consumer Sentinel Network of the Federal Trade Commission; and

(B) the Department of Justice.

(3) A description of the actions taken as a result of such referrals and reports against—

(A) individuals recognized by the Secretary as agents or attorneys under section 5904 of title 38, United States Code; and

(B) individuals not so recognized.

SEC. 6006. NOTICE REGARDING FEES CHARGED IN CONNECTION WITH FILING AN APPLICATION FOR VETERANS PENSION.

The Under Secretary for Benefits of the Department of Veterans Affairs shall ensure that every paper or electronic document relating to the receipt of pension under chapter 15 of title 38, United States Code, that is available to individuals who apply for such pension, including educational forms about or applications for such pension, includes a notice that the Department does not charge any fee in connection with the filing of an application for such pension.

SEC. 6007. OUTREACH PLAN FOR EDUCATING VULNERABLE VETERANS ABOUT POTENTIAL FINANCIAL EXPLOITATION RELATING TO THE RECEIPT OF PENSION.

(a) DEVELOPMENT OF PLAN.—The Under Secretary for Benefits of the Department of Veterans Affairs shall develop, in collaboration with veterans service organizations, an outreach plan for educating vulnerable individuals about potential financial exploitation relating to the receipt of pension under chapter 15 of title 38, United States Code.

(b) SUBMISSION TO CONGRESS.—Not later than 180 days after the date of the enactment of this Act, the Under Secretary shall submit to the Committee on Veterans' Affairs and the Special Committee on Aging of the Senate and the Committee on Veterans'

Affairs of the House of Representatives the plan developed under subsection (a).

(c) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term "veterans service organization" means an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

TITLE VII—OTHER MATTERS

Subtitle A—Administrative and Other Matters

SEC. 7001. MEDICAL EXAMINATION PROTOCOL FOR VOLUNTEER DRIVERS PARTICIPATING IN PROGRAM OF TRANSPORTATION SERVICES FOR VETERANS.

Section 111A(b) of title 38, United States Code, is amended—

(1) by inserting "(1)" before "The Secretary"; and

(2) by adding at the end the following new paragraph:

"(2)(A) Not later than 90 days after the date of the enactment of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, the Secretary shall develop and establish a national protocol for the administration of medical examinations for volunteer drivers to participate in the program described in paragraph (1).

"(B) In developing the protocol required by subparagraph (A), the Secretary shall consult with such persons as the Secretary determines have an interest in the program described in paragraph (1).

"(C)(i) The Secretary shall implement the protocol by first conducting a one-year pilot program using the protocol.

"(ii) After conducting the pilot program required by clause (i), the Secretary shall assess the pilot program and make such changes to the protocol as the Secretary considers appropriate.

"(iii) After making changes to the protocol under clause (ii), the Secretary shall implement the protocol in phases during the course of one year.".

SEC. 7002. DEPARTMENT OF VETERANS AFFAIRS ADVISORY COMMITTEE ON TRIBAL AND INDIAN AFFAIRS.

(a) ESTABLISHMENT OF ADVISORY COMMITTEE.—

(1) IN GENERAL.—Subchapter III of chapter 5 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 547. Advisory Committee on Tribal and Indian Affairs

"(a) ESTABLISHMENT.—(1) The Secretary shall establish an advisory committee to provide advice and guidance to the Secretary on matters relating to Indian tribes, tribal organizations, and Native American veterans.

"(2) The advisory committee established under paragraph (1) shall be known as the 'Advisory Committee on Tribal and Indian Affairs' (in this section referred to as the 'Committee').

"(3) The Committee shall facilitate, but not supplant, government-to-government consultation between the Department and Indian tribes or tribal organizations.

"(4) The Secretary shall consult with Indian tribes or tribal organizations in developing a charter for the Committee.

"(b) MEMBERSHIP.—(1) The Committee shall be comprised of 15 voting members selected by the Secretary from among individuals nominated as specified under this subsection.

"(2) In selecting members under paragraph (1), the Secretary shall ensure that—

"(A) at least one member of each of the 12 service areas of the Indian Health Service is represented in the membership of the Committee nominated by Indian tribes or tribal organizations;

"(B) at least one member of the Committee represents the Native Hawaiian veteran community nominated by a Native Hawaiian Organization;

"(C) at least one member of the Committee represents urban Indian organizations nominated by a national urban Indian organization; and

"(D) not fewer than half of the members are veterans, unless the Secretary determines that an insufficient number of qualified veterans were nominated under paragraph (1).

"(3) No member of the Committee may be an employee of the Federal Government.

"(c) TERMS; VACANCIES.—(1) A member of the Committee shall be appointed for a term of two years.

"(2) The Secretary shall fill a vacancy in the Committee in the same manner as the original appointment within 180 days.

"(d) MEETINGS.—(1)(A) Except as provided in subparagraph (B), the Committee shall meet in-person with the Secretary, or the Secretary's designee, not less frequently than twice each year and hold monthly conference calls as necessary.

"(B) During a public health emergency (as defined in section 20003 of the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136)), meetings under subparagraph (A) may be conducted virtually.

"(2)(A) Representatives of relevant Federal agencies may attend meetings of the Committee and provide information to the Committee.

"(B) One representative of the Office of Tribal Government Relations of the Department shall attend at each meeting of the Committee.

"(C) Representatives attending meetings under this paragraph shall not be considered voting members of the Committee.

"(D) A representative attending a meeting or providing information under this paragraph may not receive additional compensation for services performed with respect to the Committee.

"(e) SUBCOMMITTEES.—(1) The Committee may establish subcommittees.

"(2) The Secretary may, in consultation with the Committee, appoint a member to a subcommittee established under paragraph (1) who is not a member of the Committee.

"(3) Such subcommittees may enhance the function of the Committee, but may not supersede the authority of the Committee or provide direct advice or work products to the Department.

"(f) DUTIES.—The duties of the Committee are as follows:

"(1) To advise the Secretary on ways the Department can improve the programs and services of the Department to better serve Native American veterans.

"(2) To identify for the Department evolving issues of relevance to Indian tribes, tribal organizations, and Native American veterans relating to programs and services of the Department.

"(3) To propose clarifications, recommendations, and solutions to address issues raised at tribal, regional, and national levels, especially regarding any tribal consultation reports.

"(4) To provide a forum for Indian tribes, tribal organizations, urban Indian organizations, Native Hawaiian organizations, and the Department to discuss issues and proposals for changes to Department regulations, policies, and procedures.

"(5) To identify priorities and provide advice on appropriate strategies for tribal consultation and urban Indian organizations conferring on issues at the tribal, regional, or national levels.

"(6) To ensure that pertinent issues are brought to the attention of Indian tribes, tribal organizations, urban Indian organizations, and Native Hawaiian organizations in a timely manner, so that feedback can be obtained.

"(7) To encourage the Secretary to work with other Federal agencies and Congress so that Native American veterans are not denied the full benefit of their status as both Native Americans and veterans.

"(8) To highlight contributions of Native American veterans in the Armed Forces.

"(9) To make recommendations on the consultation policy of the Department on tribal matters.

"(10) To support a process to develop an urban Indian organization confer policy to ensure the Secretary confers, to the maximum extent practicable, with urban Indian organizations.

"(11) To conduct other duties as recommended by the Committee.

"(g) REPORTS.—(1) Not less frequently than once each year, the Committee shall submit to the Secretary and the appropriate committees of Congress such recommendations as the Committee may have for legislative or administrative action for the upcoming year.

"(2) Not later than 90 days after the date on which the Secretary receives a recommendation under paragraph (1), the Secretary shall submit to the appropriate committees of Congress a written response to the recommendation.

"(3) Not less frequently than once every two years, the Committee shall submit to the Secretary and the appropriate committees of Congress a report describing the activities of the Committee during the previous two years.

"(4) The Secretary shall make publicly available on an Internet website of the Department—

"(A) each recommendation the Secretary receives under paragraph (1);

"(B) each response the Secretary submits under paragraph (2); and

"(C) each report the Secretary receives under paragraph (3).

"(h) COMMITTEE PERSONNEL MATTERS.—A member of the Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for an employee of an agency

under subchapter I of chapter 57 of title 5 while away from the home or regular place of business of the member in the performance of the duties of the Committee.

"(i) FEDERAL ADVISORY COMMITTEE ACT EXEMPTION.—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Committee.

"(j) DEFINITIONS.—In this section:

"(1) The term 'appropriate committees of Congress' means—

"(A) the Committee on Veterans' Affairs and the Committee on Indian Affairs of the Senate; and

"(B) the Committee on Veterans' Affairs and the Committee on Natural Resources of the House of Representatives.

"(2) The term 'Indian tribe' has the meaning given such term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

"(3) The term 'Native Hawaiian organization' means any organization that—

"(A) serves the interests of Native Hawaiians;

"(B) has Native Hawaiians in substantive and policy-making positions within the organization;

"(C) has demonstrated experience working with Native Hawaiian veterans; and

"(D) shall include the Office of Hawaiian Affairs.

"(4) The term 'Native American veteran' has the meaning given such term in section 3765 of this title.

"(5) The term 'Office of Hawaiian Affairs' means the Office of Hawaiian Affairs established by the constitution of the State of Hawaii.".

"(6) The term 'tribal organization' has the meaning given such term in section 3765 of this title.

"(7) The term 'urban Indian organization' has the meaning given such term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).".

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 5 of such title is amended by inserting after the item relating to section 546 the following new item:

"547. Advisory Committee on Tribal and Indian Affairs.".

(b) DEADLINE FOR ESTABLISHMENT.—The Secretary of Veterans Affairs shall establish the advisory committee required by section 547 of title 38, United States Code, as added by subsection (a)(1), not later than 180 days after the date of the enactment of this Act.

(c) DEADLINE FOR INITIAL APPOINTMENTS.—Not later than 90 days after the date on which the Secretary establishes the advisory committee required by such section, the Secretary shall appoint members under subsection (b)(1) of such section.

(d) INITIAL MEETING.—Not later than 90 days after the date on which the Secretary establishes the advisory committee required by such section, such advisory committee shall hold its first meeting.

(e) REPORT ON RELATION TO OFFICE OF TRIBAL AND GOVERNMENT RELATIONS.—

(1) IN GENERAL.—Not later than two years after the date of the first meeting held by the advisory committee required by such section, the Secretary shall submit to Congress a report on whether and to what extent the activities of the advisory

committee improve the function of the Office of Tribal and Government Relations of the Department of Veterans Affairs, aid the decisions of the Secretary, and whether and to what extent the activities of the advisory committee duplicate function of the Department performed before the enactment of this Act.

(2) REVIEW BY ADVISORY COMMITTEE.—The Secretary shall—

(A) give the advisory committee an opportunity to review the report required by paragraph (1) before submitting the report under such paragraph; and

(B) include in the report submitted under such paragraph such comments as the advisory committee considers appropriate regarding the views of the advisory committee with respect to the report.

SEC. 7003. PREFERENCE FOR OFFERORS EMPLOYING VETERANS.

(a) IN GENERAL.—Subchapter II of chapter 81 of title 38, United States Code, is amended by adding after section 8128 the following new section:

"§ 8129. Preference for offerors employing veterans

"(a) PREFERENCE.—(1) In awarding a contract for the procurement of goods or services, the Secretary may give a preference to offerors that employ veterans on a full-time basis.

"(2) The Secretary shall determine such preference based on the percentage of the full-time employees of the offeror who are veterans.

"(b) ENFORCEMENT PENALTIES FOR MISREPRESENTATION.—(1) Any offeror that is determined by the Secretary to have willfully and intentionally misrepresented the veteran status of the employees of the offeror for purposes of subsection (a) may be debarred from contracting with the Department for a period of not less than five years.

"(2) If the Secretary carries out a debarment under paragraph (1), the Secretary shall—

"(A) commence debarment action against the offeror by not later than 30 days after determining that the offeror willfully and intentionally misrepresented the veteran status of the employees of the offeror as described in paragraph (1); and

"(B) complete debarment actions against such offeror by not later than 90 days after such determination.

"(3) The debarment of an offeror under paragraph (1) includes the debarment of all principals in the offeror for a period of not less than five years.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 81 of such title is amended by inserting after the item relating to section 8128 the following new item:

"8129. Preference for offerors employing veterans.".

SEC. 7004. EXTENSION OF CERTAIN EMPLOYMENT AND REEMPLOYMENT RIGHTS TO MEMBERS OF THE NATIONAL GUARD WHO PERFORM STATE ACTIVE DUTY.

Section 4303 of title 38, United States Code, is amended—

(1) in paragraph (13), by inserting "State active duty for a period of 14 days or more, State active duty in response

to a national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.), State active duty in response to a major disaster declared by the President under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170)," after "full-time National Guard duty,";

(2) by redesignating paragraph (15) as paragraph (16); and

(3) by inserting after paragraph (14) the following new paragraph (15):

"(15) The term 'State active duty' means training or other duty, other than inactive duty, performed by a member of the National Guard of a State—

"(A) not under section 502 of title 32 or under title 10;

"(B) in service to the Governor of a State; and

"(C) for which the member is not entitled to pay from the Federal Government.".

SEC. 7005. REPAYMENT OF MISUSED BENEFITS.

(a) IN GENERAL.—Section 6107(b) of title 38, United States Code, is amended—

(1) in paragraph (1), by striking "In any case in which a fiduciary described in paragraph (2)" and inserting "In any case not covered by subsection (a) in which a fiduciary";

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

(b) APPLICATION.—The amendments made by subsection (a) shall apply with respect to any determination by the Secretary of Veterans Affairs made on or after the date of the enactment of this Act regarding the misuse of benefits by a fiduciary.

SEC. 7006. EXEMPTION OF CERTAIN TRANSFERS.

Section 7364(b)(1) of title 38, United States Code, is amended by adding at the end the following new sentence: "Any amounts so transferred after September 30, 2016, shall be available without regard to fiscal year limitations, notwithstanding section 1535(d) of title 31.".

SEC. 7007. REPORT AND PLANNED ACTIONS OF THE SECRETARY OF VETERANS AFFAIRS TO ADDRESS CERTAIN HIGH-RISK AREAS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) REPORT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Comptroller General of the United States, shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report outlining the plan the Secretary has developed and the actions the Secretary has taken to address the areas of concern identified by the Comptroller General for the Department of Veterans Affairs in the 2019 High-Risk List of the Government Accountability Office (GAO–19–157SP) regarding—

(1) acquisition management; and

(2) managing risks and improving health care.

(b) ELEMENTS.—The report under subsection (a) shall include each of the following:

(1) Root causes of the areas of concern described in paragraphs (1) and (2) of subsection (a).

(2) Corrective actions and specific steps to address each root cause, including—

(A) the progress of the Secretary in implementing those actions and steps; and

(B) timelines and milestones the Secretary determines feasible to complete each corrective action.

(3) Resources the Secretary determines are necessary to implement corrective actions, including—

(A) funding;

(B) stakeholders;

(C) technology; and

(D) senior officials responsible for implementing the corrective actions and reporting results.

(4) Metrics for assessing progress in addressing the areas of concern described in paragraphs (1) and (2) of subsection (a).

(5) Key outcomes that demonstrate progress in addressing the areas of concern described in paragraphs (1) and (2) of subsection (a).

(6) Obstacles to implementation of the plan that the Secretary identifies.

(7) Recommendations of the Secretary regarding legislation or funding the Secretary determines necessary to implement the plan.

(8) Any other information the Secretary determines is relevant to understanding the progress of the Department toward the removal of the areas of concern from the High Risk List.

(c) ANNUAL UPDATES.—

(1) UPDATE REQUIRED.—Not less than once each year during the implementation period under paragraph (2), the Secretary shall submit to Congress an update regarding implementation of each element of the plan under subsection (b).

(2) IMPLEMENTATION PERIOD.—The implementation period described in this paragraph begins on the date on which the Secretary submits the report required under subsection (a) and ends on the earlier of the following dates:

(A) The date on which the Comptroller General removes the last area of concern for the Department from the most recent High-Risk List of the Government Accountability Office.

(B) The date that is 8 years after the date on which the Secretary submits the plan required under subsection (a).

SEC. 7008. ANNUAL REPORT BY SECRETARY OF VETERANS AFFAIRS ON IMPLEMENTATION OF PRIORITY RECOMMENDATIONS OF COMPTROLLER GENERAL OF THE UNITED STATES PERTAINING TO DEPARTMENT OF VETERANS AFFAIRS.

(a) ANNUAL REPORT REQUIRED.—Not later than 270 days after the date of the enactment of this Act, and not less than once during each of the subsequent 3 years, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives and to the Comptroller General of the United States a report on the implementation of priority recommendations of the Comptroller General that pertain to the Department of Veterans Affairs.

(b) CONTENTS.—Each report submitted under subsection (a) shall include, for the period covered by the report, the following:

(1) The progress of the Secretary in implementing all open priority recommendations of the Comptroller General for the Department of Veterans Affairs.

(2) An explanation for each instance where the Secretary has decided not to implement, or has not fully implemented, an open priority recommendation of the Comptroller General for the Department.

(3) A summary of the corrective actions taken and remaining steps the Secretary plans to take to implement open priority recommendations of the Comptroller General.

(c) SUPPLEMENT NOT SUPPLANT CERTAIN REQUIRED REPORTS OR WRITTEN STATEMENTS.—The report under this section shall not be construed to supplant any report or written statement required under section 720 of title 31, United States Code.

SEC. 7009. CLARIFICATION OF METHODS USED TO MONITOR COMPLIANCE WITH CERTAIN LIMITATIONS ON SUBCONTRACTING.

Section 8127(k)(3)(A) of title 38, United States Code, is amended by striking "and any other" and inserting "or any other".

SEC. 7010. DEPARTMENT OF VETERANS AFFAIRS REQUIREMENT TO PROVIDE CERTAIN NOTICE TO PERSONS FILING CLAIMS FOR DAMAGE, INJURY, OR DEATH ON STANDARD FORM 95.

Not later than 90 days after the date on which a person submits to the Secretary of Veterans Affairs a claim for damage, injury, or death on Standard Form 95, or any successor form, the Secretary shall provide to such person notice of each of the following:

(1) The benefit of obtaining legal advice concerning such claim.

(2) The employment status of any individual listed on the form.

(3) If the claim involves a contractor that entered into an agreement with the Secretary, the importance of obtaining legal advice as to the statute of limitations regarding the claim in the State in which the claim arose.

Subtitle B—Matters Relating to the Chief Financial Officer of Department of Veterans Affairs

SEC. 7101. DEFINITIONS.

In this subtitle:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term "appropriate congressional committees" means the Committees on Veterans' Affairs of the Senate and the House of Representatives and the Committees on Appropriations of the Senate and the House of Representatives.

(2) SUBORDINATE CHIEF FINANCIAL OFFICER.—The term "subordinate chief financial officer"—

(A) includes—

(i) the chief financial officer of the Veterans Health Administration, the chief financial officer of the Office of Community Care within the Veterans Health Administration, and all chief financial officers of Veterans Integrated Service Networks within the Veterans Health Administration;

(ii) the chief financial officer of the Veterans Benefits Administration and all chief financial officers of organizational subdivisions representing business lines within the Veterans Benefits Administration;

(iii) the chief financial officer of the National Cemetery Administration; and

(iv) the chief financial officer of the Office of Information and Technology; and

(B) does not include the Inspector General.

SEC. 7102. PLANS FOR ADDRESSING MATERIAL WEAKNESSES AND PROVIDING SUFFICIENT AUTHORITY TO CHIEF FINANCIAL OFFICER OF DEPARTMENT OF VETERANS AFFAIRS.

Not later than 180 days after the date of the enactment of this Act, and annually thereafter for each of the three subsequent years, the Secretary of Veterans Affairs, acting through the Chief Financial Officer of the Department of Veterans Affairs, shall submit to the appropriate congressional committees—

(1) an action plan, including steps, related timelines, costs, progress, status of implementation, and any updates for fully addressing the material weaknesses of the Department discussed in the Management's Discussion and Analysis section of the financial statements of the Department submitted to Congress under section 3515 of title 31, United States Code for the year preceding the year during which the report is submitted; and

(2) a plan outlining the steps the Secretary plans to take to address the recommendations of auditors related to entity-level internal controls and to provide sufficient authority to the Chief Financial Officer of the Department to carry out the requirements of section 902 of title 31, United States Code.

SEC. 7103. CHIEF FINANCIAL OFFICER ATTESTATION.

Concurrent with the submittal to Congress of the President's budget request under section 1105 of title 31, United States Code, for fiscal year 2022 and each of the next three subsequent fiscal years, the Chief Financial Officer of the Department of Veterans affairs shall submit to the appropriate congressional committees each of the following:

(1) A certification of the responsibility of the Chief Financial Officer for internal financial controls of the Department.

(2) An attestation that the Chief Financial Officer has collaborated sufficiently with the subordinate chief financial officers of the Department to be confident in the financial projections included the budget request and supporting materials.

SEC. 7104. CHIEF FINANCIAL OFFICER RESPONSIBILITY FOR SUBORDINATE CHIEF FINANCIAL OFFICERS.

(a) IN GENERAL.—In accordance with the responsibilities of the Chief Financial Officer of the Department of Veterans Affairs for the recruitment, selection, and training of personnel to carry

out agency financial management functions pursuant to section 902(a)(5)(C) of title 31, United States Code, the Chief Financial Officer or the designee of the Chief Financial Officer within the Office of Management of the Department shall—

(1) participate in the interview and selection panels of all subordinate chief financial officers; and

(2) give input into the performance plans and performance evaluations of all subordinate chief financial officers.

(b) TERMINATION.—The requirements under subsection (a) shall terminate on the date that is five years after the date of the enactment of this Act.

Subtitle C—Servicemembers Civil Relief

SEC. 7201. CLARIFICATION OF DELIVERY OF NOTICE OF TERMINATION OF LEASES OF PREMISES AND MOTOR VEHICLES FOR PURPOSES OF RELIEF UNDER SERVICEMEMBERS CIVIL RELIEF ACT.

(a) IN GENERAL.—Section 305(c)(2) of the Servicemembers Civil Relief Act (50 U.S.C. 3955(c)(2)) is amended—

(1) in subparagraph (B), by striking "or" at the end;

(2) in subparagraph (C), by striking the period and inserting "; or"; and

(3) by adding at the end the following new subparagraph:

"(D) by electronic means, including—

"(i) the direct delivery of material to an electronic address designated by the lessor (or the lessor's grantee) or the lessor's agent (or the agent's grantee);

"(ii) the posting of material to a website or other internet or electronic-based information repository to which access has been granted to the lessee, the lessor (or the lessor's grantee), or the lessor's agent (or the agent's grantee); and

"(iii) other electronic means reasonably calculated to ensure actual receipt of the material by the lessor (or the lessor's grantee) or the lessor's agent (or the agent's grantee).".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to delivery of notice of lease terminations on or after the date the enactment of this Act.

SEC. 7202. TECHNICAL CORRECTION REGARDING EXTENSION OF LEASE PROTECTIONS FOR SERVICEMEMBERS UNDER STOP MOVEMENT ORDERS IN RESPONSE TO LOCAL, NATIONAL, OR GLOBAL EMERGENCY.

(a) IN GENERAL.—Section 305(b) of the Servicemembers Civil Relief Act (50 U.S.C. 3955(b)), as amended by Public Law 116–158, is further amended—

(1) in paragraph (1)(C)(ii), by striking "Secretary of Defense" and inserting "Secretary concerned"; and

(2) in paragraph (2)(C)(ii), by striking "Secretary of Defense" and inserting "Secretary concerned".

(b) RETROACTIVE APPLICATION.—The amendments made by this section shall apply to stop movement orders issued on or after March 1, 2020.

Speaker of the House of Representatives.

Vice President of the United States and
President of the Senate.

VA MISSION ACT OF 2018
(VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act)

Title I - Caring For Our Veterans Act of 2018

Subtitle A - Developing an Integrated High-Performing Network

Chapter 1 - Establishing Community Care Programs

Sec. 101. Establishment of Veterans Community Care Program.

Section 101 would establish the Veterans Community Care Program to provide care in the community to veterans who are enrolled in the VA healthcare system or otherwise entitled to VA care.

Under this section, VA would be required to coordinate veterans' care and would be required to:

- Ensure the scheduling of medical appointments in a timely manner.
- Ensure continuity of care and services.
- Coordinate coverage for veterans who utilize care outside of a region from where they reside.
- Ensure veterans do not experience a lapse in health care services.

This section *requires* access to community care if VA does not offer the care or services the veteran requires, VA does not operate a full-service medical facility in the state a veteran resides, the veteran was eligible for care in the community under the 40-mile rule in the Veterans Choice Program and meets certain other criteria, VA is not able to furnish care within the designated access standards established by VA, or a veteran and the veteran's referring clinician agree that furnishing care or services in the community would be in the best medical interest of the veteran after considering criteria, including:

- The distance between the veteran and the facility that provides the care or services the veteran needs.
- The nature of the care or services required.
- The frequency that care or services needs to be furnished.
- The timeliness of available appointments for the care or services the veteran needs.
- Whether the covered veteran faces an unusual or excessive burden to accessing care or services from the VA medical facility where the covered veteran seeks care or services, which would include consideration of the following:
    - Whether the covered veteran faces an excessive driving distance, geographical challenge, or environmental factor that impedes access.
    - Whether the care or services sought by the veteran is provided by a VA medical facility that is reasonably accessible.
    - Whether a medical condition of the covered veteran affects his/her ability to travel.
    - Whether there is a compelling reason that the covered veteran needs to receive care or services from a medical facility other than a VA medical facility.
    - Any other considerations VA considers appropriate.

This section would also *authorize* VA to furnish care to veterans in the community when quality measures are deficient.

- Deficient timeliness would be determined when compared with the same medical service line at different VA facilities.
- Deficient quality would be measured when compared with two or more distinct and appropriate quality measures at non-VA medical service lines.

VA would be limited in exercising this authority at no more than 36 service lines nationally and 3 service lines per facility.

This section requires that any decision review shall be subject to the Department's clinical appeal process and may not be appealed via the Board of Veterans Appeals.

This section would authorize tiered networks so long as VA does not prioritize providers in one tier over another in a manner that limits a veteran's choice of providers.

This section would require VA to enter into contracts establishing health care provider networks and would assign VA specific requirements and authorizations related to this process. For example, to the extent practicable, VA would be responsible for scheduling appointments for hospital care, medical services, or extended care services.

This section would establish payment rates for community care as, to the extent practicable, the Medicare rate. It would authorize VA to pay higher rates in highly rural areas. For Alaska, the Alaskan Fee Schedule would be followed. For states with All-Payer Model Agreements, the Medicare rate would be calculated based on the payment rates of those Agreements. VA would be allowed to incorporate, to the extent practicable, value-based reimbursement models to promote high-quality care. This section would require that a veteran not pay more for utilizing non-VA care than the veteran would pay for comparable care or services at VA.

This section would require that in a case in which a veteran is eligible for and requires an organ or bone marrow transplant, and the veteran has, in the opinion of the primary care provider of the veteran, a medically compelling reason to travel outside the region of the Organ Procurement and Transplantation Network, established under section 372 of the National Organ Transplantation Act (Public Law 98–507; 42 U.S.C. 274), the Secretary shall consider authorization of such transplant at a non-Department facility.

This section would also require VA to monitor network care and report to Congress on the care provided to veterans.

This section would also allow for the continuity of existing memorandums of understanding and memorandums of agreement that were in effect on the day before enactment of this bill between VA and the American Indian and Alaska Native health care systems as established under the terms of the Department of Veterans Affairs and Indian Health Service Memorandum of Understanding, signed October 1, 2010, the National Reimbursement Agreement, signed December 5, 2012, arrangements under section 405 of the Indian Health Care Improvement Act,

and agreements entered into under sections 102 and 103 of the 2014 Choice law to enhance the collaboration between VA and the Native Hawaiian health care system.

Sec. 102. Authorization of agreements between Department of Veterans Affairs and non-Department providers.

Section 102 would authorize VA to enter into Veterans Care Agreements (VCAs) that are not subject to competition or other requirements associated with federal contracts, so that they can more easily meet veterans' demands for care in the community.

Eligibility for care would be subject to the same terms as VA care itself and the rates paid under VCAs, to the extent practicable, would be in accordance with rates paid under the Veterans Community Care Program established in section 101 of this bill. VA would be responsible for development of a certification process for VCAs and a system for monitoring the quality of care.

This section would also establish the terms VCAs must agree to in order to become a provider in the Community Care program.

Sec. 103. Conforming amendments for State Veterans Homes.

Section 103 would authorize VA to enter into VCAs with State Veterans Homes and eliminate competitive contracting actions and other requirements associated with federal contracts. State Veterans Homes, while not considered federal contractors for the purposes of this section, would still be required to follow federal laws related to fraud, waste, and abuse as well as employment law.

Sec. 104. Access standards and standards for quality.

Section 104 would require VA to establish access standards, after consulting with pertinent federal entities, the private sector, and nongovernmental entities, so that veterans can make informed decisions about their health care. This section would allow a covered veteran to request a determination regarding whether the veteran is eligible to receive care or services from a community provider due to VA being unable to meet certain designated access standards as established by VA. This section would direct VA to publish the designated access standards in both the Federal Register and VA's website and to review the access standards every three years at a minimum.

This section would also require VA to establish quality standards, after consulting with pertinent federal entities, the private sector, and nongovernmental entities, and would direct VA to collect measures on the following:

- Veterans' satisfaction with service and the quality of care at VA medical facilities within the past two years.
- Timely care.
- Effective care.
- Safety – including at a minimum: complications, readmissions, and death.
- Efficiency.

This section would require VA to publish data on these quality measures on the Hospital Compare website through the Centers for Medicare and Medicaid to give veterans the information necessary to compare performance measures between VA and community health care providers.

This section would also require VA to consider any potential changes to the quality measures within two years of enactment and open this process to public comment to ensure the measures are up-to-date and rely on applicable industry measures.

Sec. 105. Access to Walk-In Care.

Section 105 would authorize access to walk-in care for enrolled veterans who have used VA health care services in the 24-month period before seeking walk-in services. Community providers that have entered into a contract or agreement to provide services under this section and Federally-qualified health centers (FQHC) would provide these services.

Veterans who are not required to make a copayment at VA would be entitled to two visits without a copayment and then VA would be authorized to charge an adjustable copayment determined in regulations by VA. Veterans who are required to make a copayment at VA could pay that copayment for the first two visits and then VA would be authorized to charge an adjusted copayment after those two visits.

VA would be required to ensure continuity of care under this section, including through the establishment of a mechanism to receive medical records from walk-in care providers and to share pertinent patient medical records with walk-in care providers.

Sec. 106. Strategy regarding the Department of Veterans Affairs High-Performing Integrated Health Care Network.

Section 106 would require VA to perform market area assessments at least once every four years and would prescribe the elements that need to be included in the assessments, to include:

- Demand, disaggregated by geographic market areas determined by VA, including requests for VA services.
- An inventory of VA's health care capacity across all medical facilities.
- An assessment of the capacity provided by contracted private providers, including the number of providers, the geographic location of the providers, and the categories or types of health care services provided by the providers.
- An assessment obtained from other Federal direct delivery systems of their capacity to provide health care to veterans.
- An assessment of the health care capacity of non-contracted providers where there is insufficient network supply.
- An assessment of the health care capacity of academic affiliates and other VA collaborations as it relates to providing health care to veterans.
- An assessment of the effects on VA health care capacity by the access and quality standards established under this bill.

- The number of appointments for health care services, disaggregated by VA medical facilities and non-Department health care providers.

This section would require VA to submit the market area assessments to Congress and use the market area assessments to determine the capacity of the health care provider networks established in section 101 of this bill, to inform VA's budget, to assess the appropriateness of the access and quality standards established under this bill, and to develop recommendations for changes to those standards as needed.

This section would also require VA to submit a strategic plan to Congress, no later than one year after the date of enactment and at least every four years thereafter and to specify:

- Demand, disaggregated by geographic market areas determined by VA.
- The health care capacity to be provided at each VA medical center.
- The health care capacity to be provided through community care providers.

This section would direct VA to take a number of elements into consideration in the strategic plan, including veterans' satisfaction, the access and quality standards established under this bill, and conditions and needs of veterans with service-connected disabilities. In preparing the strategic plan, it would also direct VA to identify emerging issues, challenges, and opportunities; develop long-term and short-term recommendations to address them; conduct a comprehensive examination of VA programs and policies; and assess the remediation of medical services lines described in section 1706A.

This section would require VA to be responsible for overseeing the transformation and organizational change to achieve a high performing integrated health care network, developing the capital infrastructure planning and procurement processes required, and developing a multi-year budget process that is capable of forecasting future budget year requirements.

Sec. 107. Applicability of Directive of Office of Federal Contract Compliance Programs.

Section 107 would apply the same affirmative action moratorium on VCA contractors and subcontractors as is applied to TRICARE contractors and subcontractors in Directive 2014–01 of the Office of Federal Contract Compliance Programs of the Department of Labor.

Sec. 108. Prevention of certain health care providers from providing non-Department health care services to veterans.

Section 108 would allow VA to deny, suspend, or revoke the eligibility of a non-Department health care provider to participate in the community care program if that the provider was previously removed from VA employment or had their medical license revoked. GAO would be required to report on the implementation of this section two years after enactment.

Sec. 109. Remediation of medical services lines.

Section 109 would require VA to submit to Congress a plan to remediate medical service lines with specific actions, including but not limited to:

- Increasing personnel or temporary personnel assistance, including mobile deployment teams.
- Utilizing special hiring incentives, including the Education Debt Reduction Program (EDRP) and recruitment, relocation, and retention incentives.
- Utilizing direct hiring authority.
- Providing improved training opportunities for staff.
- Acquiring improved equipment.
- Making structural modifications to the facility used by the medical service line.
- Such other actions as VA considers appropriate.

Individuals at the facility, Veterans Integrated Service Network (VISN), and central office levels would be identified as being responsible for overseeing the progress of that medical service line in complying with the quality standards established by VA.

This section would require interim and annual reports with an analysis of the remediation actions and the costs of such actions.

Chapter 2 - Paying Providers and Improving Collections

Sec. 111. Prompt payment to providers.

Section 111 would establish a prompt payment process that requires VA to pay for, or deny payment for, services within 30 calendar days of receipt of a clean electronic claim or within 45 calendar days of receipt of a clean paper claim. In the case of a denial, VA would have to notify the provider of the reason for denying the claim and what, if any, additional information would be required to process the claim. Upon the receipt of the additional information, VA would have to pay, deny, or otherwise adjudicate the claim within 30 calendar days. These requirements would only apply to payments made on an invoice basis and would not apply to capitation or other forms of periodic payments to entities or providers. Non-Department entities or providers would be required to submit a claim to VA within 180 days of providing care or services.

Any claim that has not been denied, made pending, or paid within the specified time periods would be considered overdue and subject to interest payment penalties. VA would also be directed to report annually on the number of and the amount paid in overdue claims. VA would be authorized to deduct the amount of any overpayment from payments due to an entity or provider under certain conditions. The Secretary would also be required to publish regulations for the administration of this section.

Claims processing may be performed by either a contracted third party administrator or other entity to conduct these administrative functions. This section would require an independent review of claims that includes the capacity of VA to process such claims in a timely manner and a cost benefit analysis comparing the capacity of VA to a third party entity capable of processing

such claims. This section would also require that VA conduct a study on whether to establish a funding mechanism for a Department contractor to act as a fiscal intermediary for the Federal Government to pay claims.

Sec. 112. Authority to pay for authorized care not subject to an agreement.

Section 112 would authorize VA to pay for services not subject to a contract or agreement. It would also give VA the flexibility to pay for services deemed necessary and would direct VA to take reasonable efforts to enter into a formal agreement, contract, or other legal arrangement to ensure that future care and services are covered.

Sec. 113. Improvement of authority to recover the cost of services furnished for non-service-connected disabilities.

Section 113 would authorize VA to collect from a third party for care provided to non-veterans by amending statute to refer to "individuals" instead of "veterans." It would also authorize VA to seek collections when VA pays for care, rather than furnishes it, and remove duplicative language regarding VA's authority to collect from other health insurance for treatment of a non-service-connected disability.

Sec. 114. Processing of claims for reimbursement through electronic interface.

Section 114 would allow VA to enter into an agreement with a third party entity to electronically process health care claims from community providers.

Chapter 3 - Education and Training Programs

Sec. 121. Education program on health care options.

Section 121 would require VA to develop and administer an education program to inform veterans about their VA health care options, the interaction between health insurance and VA health care, and how to utilize the access and quality standards established in section 104. It would also require VA to evaluate and report on the program annually.

Sec. 122. Training program for administration of non-Department of Veterans Affairs health care.

Section 122 would require VA to develop and administer a training program for VA employees and contractors on how to administer non-Department health care programs and the management of prescriptions for opioids as established under section 131. It also would require VA to evaluate and report on the program annually.

Sec. 123. Continuing medical education for non-Department medical professionals.

Section 123 would establish a program to provide continuing medical education material to non-Department medical professionals at no cost to them. The program would focus on educating

these non-Department medical professionals on identifying and treating common mental and physical conditions of veterans and their family members. It would also require VA to evaluate and report on the program annually.

Chapter 4 - Other Matters Relating to Non-Department of Veterans Affairs Providers

Sec. 131. Establishment of processes to ensure safe opioid prescribing practices by non-Department of Veterans Affairs health care providers.

Section 131 would ensure that contracted providers have reviewed the evidence-based guidelines for prescribing opioids set forth in the Opioid Safety Initiative. This section would also require VA to implement a process to make certain that community care providers have access to available and relevant medical history of the patient, including a list of all medication prescribed to the veteran as known by VA.

This section would require that contracted providers submit medical records of any care or services furnished, including records of any prescriptions for opioids, to VA in a timeframe and format specified by VA. VA would be responsible for recording those prescriptions in the electronic health record and for enabling other monitoring of the prescriptions as outlined in the Opioid Safety Initiative.

This section would require a report each year evaluating the compliance of contracted providers with the requirements of this subsection. If VA determines that a community provider is not complying with the Opioid Safety Initiative, VA is authorized to refuse authorization of care by such provider and direct their removal from the community care network.

Sec. 132. Improving information sharing with community providers.

Section 132 would clarify that VA could share medical record information with non-Department entities for the purpose of providing health care to patients or performing other health care related activities and remove certain restrictions on VA's ability to recover funds from third parties for the cost of non-service-connected care.

Sec. 133. Competency standards for non-Department of Veterans Affairs health care providers.

Section 133 would require VA to establish competency standards for non-Department providers in treating veterans for injuries and illnesses that VA has a special expertise in, such as post-traumatic stress disorder, traumatic brain injury, and military sexual trauma. This section would also direct that all non-Department providers, to the extent practicable as determined by VA, meet these standards before furnishing care.

Sec. 134. Department of Veterans Affairs participation in national network of State-based prescription drug monitoring program.

Section 134 would allow any licensed health care provider or delegate to be considered an authorized recipient and user for the purposes of querying and receiving data from the national network of State-based prescription drug monitoring programs. Under this authority, licensed health care providers or delegates would be required to query the network in accordance with applicable VA regulations and policies and no State would be authorized to restrict the access of licensed health care providers or delegates from accessing that State's prescription drug monitoring programs.

Chapter 5 - Other Non-Department Health Care Matters

Sec. 141. Plans for Use of Supplemental Appropriations Required.

Section 141 would require VA to submit to Congress a justification for any new supplemental appropriations request submitted outside of the standard budget process no later than 45 days before the date on which a budgetary issue would start affecting a program or service. It would also require a detailed strategic plan on how VA intends to use the requested appropriation and for how long the requested funds are expected to meet the need.

Sec. 142. Veterans Choice Fund flexibility.

Section 142 would amend section 802 of the Choice Act to authorize VA, beginning March 1, 2019, to use the remaining Veterans Choice Fund to pay for any health care services under Chapter 17 of Title 38 at non-Department facilities or through non-Department providers furnishing care in VA facilities.

Sec. 143. Sunset of Veterans Choice Program.

Section 143 would provide a sunset date for the Veterans Choice Program one year after the date of enactment of this Act.

Sec. 144. Conforming amendments.

Section 144 would repeal and replace existing authorities to account for changes made by section 101 of the bill to consolidate and create the Veterans Community Care program.

Subtitle B - Improving Department of Veterans Affairs Health Care Delivery

Sec. 151. Licensure of health care professionals of the Department of Veterans Affairs providing treatment via telemedicine.

Section 151 would create a new authority to allow VA health care professionals to practice telemedicine regardless of the location of the provider or patient during the treatment. The

section would also make clear that telemedicine does not need to be delivered in a Federal facility.

The section would also invoke Federal supremacy regarding state telemedicine delivery laws and regulations to ensure uniform care delivery nationally. It would define a "covered health care professional" as a VA employee who is authorized to furnish health care and is required to adhere to all quality standards relating to the provision of medicine in accordance with VA policies. It would require VA to submit a report to Congress within 1 year of enactment, providing data on provider and patient satisfaction, the effect of telemedicine on patient wait-times, health care utilization, and other measures.

Sec. 152. Authority for Department of Veterans Affairs Center for Innovation for Care and Payment.

Section 152 would establish a VA Center for Innovation for Care and Payment. VA, acting through the Center, would be authorized to carry out such pilot programs as appropriate to develop new, innovative approaches to testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of and access to care furnished by VA. VA, acting through the Center, would be required to test payment and service delivery models to determine whether such models improve the quality of, access to, or patient satisfaction of such care and services, as well as the cost savings associated with such models. VA would be required to test models where VA determines that there is evidence that the model addresses a defined population for which there are deficits in care leading to poor clinical outcomes or potentially avoidable expenditures. VA would be required to focus on models expected to reduce program costs while preserving or enhancing the quality of or access to care VA provides. VA would be authorized to consider a number of different factors in selecting models to test. The models tested under this program could not be designed in such a way as to allow the United States to recover or collect reasonable charges from a Federal health care program (including Medicare, Medicaid, and TRICARE) for care or services furnished by VA to veterans.

Pilot programs would be authorized to last no longer than 5 years and VA would be prohibited from carrying out more than 10 programs concurrently.

VA would be required to ensure that pilot programs are carried out in different areas that are appropriate for the purposes of the pilot program and must include both urban and rural areas and both large and small VA medical centers.

Funding for the pilot programs would be derived from appropriations provided in advance in appropriations acts for VHA and from appropriations provided for information technology systems. VA would be prohibited from expending more than $50 million per fiscal year. This could be increased with written consent from HVAC/SVAC Chairmen.

VA would be required to publish information about such pilot programs in the Federal Register and take reasonable actions to provide direct notice to veterans eligible to participate in a pilot program and advocates for veterans, to ensure veterans have information about such pilot programs.

In implementing the pilot programs under this section, VA would be authorized to waive such requirements in subchapters I, II, and III of chapter 17 of title 38, U.S.C., as may be necessary solely for the purpose of carrying out this section with respect to testing models under this program. Before VA could waive any of these authorities, VA would have to submit a report to Congress explaining the authorities to be waived and the reasons for such waivers, along with other information. Upon receipt of a report from VA, Congress would be required to submit the report to each standing committee with jurisdiction to report a bill to amend the provision or provisions of law that would be waived. If Congress enacted a bill or joint resolution approving the requested waiver in its entirety, VA would be allowed to act upon that waiver.

The waiver provisions would not be available unless VA submits the first proposal for a waiver for a pilot program within 18 months of the date of the enactment.

If VA determines that a pilot program is not improving the quality of or access to care or producing cost savings, VA would have authority to propose a modification to the pilot program or terminate the program within 30 days of submitting an interim report to Congress.

VA would be required to conduct an evaluation of each model tested, to include, at a minimum, an analysis of the quality of and access to care furnished and the changes in spending by reason of that model. VA would be required to make each evaluation available to the public in a timely fashion.

VA would be required to obtain advice from the Special Medical Advisory Group in the development and implementation of any pilot program operated under this section.

VA would be authorized to expand, through rulemaking, the duration and scope of successful pilot programs to the extent VA determines that such expansion is expected to reduce spending without reducing the quality of or access to care or improve the quality of or access to care without increasing spending; VA would also have to determine that such expansion would not deny or limit the coverage or provision of benefits for applicable individuals.

Sec. 153. Authorization to provide for operations on live donors for purposes of conducting transplant procedures for veterans.

Section 153 would authorize VA to support the cost of a donor transplant operation (including perioperative care) for a live donor who is not a veteran but who is donating an organ for a veteran in a VA facility or community facility.

Subtitle C - Family Caregivers

Sec. 161. Expansion of Family Caregiver Program of Department of Veterans Affairs.

Section 161 would expand eligibility for VA's Program of Comprehensive Assistance for Family Caregivers to veterans with a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service on or before May 7, 1975, during the 2-year period following

the date on which the VA Secretary submits to Congress a certification that VA has fully implemented the information technology system required by section 162(a) of the bill. After the date that is 2 years after the date on which the certification is submitted, eligibility would be expanded to also include veterans with a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service after May 7, 1975, and before September 11, 2001.

Sec. 162. Implementation of information technology system of Department of Veterans Affairs to assess and improve the family caregiver program.

Section 162 would require VA to implement an information technology system that fully supports the Family Caregiver Program and allows for data assessment and comprehensive monitoring by not later than October 1, 2018.

Sec. 163. Modifications to annual evaluation report on caregiver program of Department of Veterans Affairs.

Section 163 would amend requirements in Public Law 111-163 for VA's annual evaluation report on the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support to include a description of any barriers to accessing and receiving care and services. The report on the Program of Comprehensive Assistance for Family Caregivers would also include an evaluation of the sufficiency and consistency of the training provided to family caregivers.

Title II - VA Asset and Infrastructure (AIR) Review Act

Subtitle A - Asset and Infrastructure Review

Sec. 202. The Commission

Section 202 would establish a nine member Asset and Infrastructure Review (AIR) Commission. The President would be required to appoint AIR commissioners with the advice and consent of the Senate and transmit nominations to the Senate by May 31, 2021. The President would be required to consult with Congressional leaders and congressionally chartered, membership-based veterans service organizations (VSOs) in selecting individuals for Commission nomination.

The Commission would meet during calendar years 2022 and 2023 and be terminated on December 31, 2023. Each meeting of the Commission would be required to be open and all proceedings, information, and deliberations of the Commission would be available for review by the public.

Sec. 203. Procedure for Making Recommendations.

Section 203 would require VA, not later than February 1, 2021, and after consulting with VSOs, to publish in the Federal Register and transmit to the Committees on Veterans' Affairs of the House of Representatives and the Senate (HVAC/SVAC) the criteria proposed by VA to be used

in assessing and making recommendations regarding the modernization or realignment of VHA facilities. There would be a 90-day public comment period for VA's proposed criteria.

Not later than May 31, 2021, VA would be required to publish in the Federal Register and transmit to HVAC/SVAC, the final criteria to be used in making recommendations regarding the modernization or realignment of VHA facilities.

Not later than January 31, 2022, and after consulting with VSOs, VA would be required to publish in the Federal Register and transmit to HVAC/SVAC a report detailing recommendations regarding the modernization or realignment of VHA facilities. VA would be required to consider the following factors in making recommendations regarding the modernization or realignment of VHA facilities:

- The degree to which any health care delivery or other site for providing services to veterans reflect VA's metrics regarding market area health system planning;
- The provision of effective and efficient access to high-quality health care and services to veterans;
- The extent to which real property that no longer meets the needs of the Federal Government could be reconfigured, repurposed, consolidated, realigned, exchanged, outleased, replaced, sold, or disposed;
- VHA's need to acquire infrastructure or facilities that will be used for the provision of health care and services to veterans;
- The extent to which operation and maintenance costs are reduced through consolidating, collocating, and reconfiguring space and through realizing other operational efficiencies;
- The extent and timing of potential costs and savings, including the number of years such costs and savings will be incurred, beginning with the date of completion of the proposed recommendation;
- The extent to which the real property aligns with VA's mission;
- The extent to which any action would impact other VA missions including education, research, or emergency preparedness;
- Local stakeholder inputs and any factors identified through public field hearings;
- Capacity and commercial market assessments;
- The extent to which VHA has appropriately staffed the medical facility, including determinations whether there has been insufficient resource allocation or deliberate understaffing; and
- Any other factors VA determines appropriate.

VA would be further required to assess the capacity of each VISN and VA medical facility to furnish hospital care or medical services to veterans and each assessment would be required to:

- Identify existing deficiencies in the furnishing of care and services to veterans and how such deficiencies may be filled by entering into contracts or agreements with community health care providers or other entities under other provisions of law and changing the way care and services are furnished at such VISNs or VA medical facilities (including through extending hours of operation, adding personnel, and expanding treatment space through construction, leasing, or sharing of health care facilities);

- Forecast both the short-term and long-term demand in furnishing care and services at such VISN or VA medical facility;
- Consider how demand affects the need to enter into contracts or agreements;
- Consider the commercial health care market of designated catchment areas conducted by a non-governmental entity; and
- Consider the unique ability of the Federal government to retain a presence in a rural area otherwise devoid of commercial health care providers or from which such providers are at risk of leaving.

In carrying out the assessments, VA would be required to consult with VSOs and veterans served by each VISN and medical facility affected by the assessment. VA would also be required to:

- Submit the local capacity and commercial market assessments to HVAC/SVAC with the recommendations regarding the modernization or realignment of VHA facilities and to make the assessments publicly available;
- Include with the recommendations regarding the modernization or realignment of VHA facilities a summary of the selection process that resulted in the recommendation for each VHA facility and a justification for each recommendation and to transmit the summaries and justifications not later than 7 days after the date of transmittal to HVAC/SVAC;
- Consider all facilities equally without regard to whether the facility has been previously considered or proposed for reuse, modernization, or realignment; and
- Make all information used by VA to prepare a recommendation available to the Commission and the Comptroller General.

The Commission would be required to conduct public hearings on the Secretary's recommendations regarding the modernization or realignment of VHA facilities, to include required public hearings in regions affected by a VA recommendation for the closure of a facility and, to the greatest extent practicable, public hearings in regions affected by a recommendation for another (non-closure) action by VA. Each public hearing would be required to include, at a minimum, a local veteran who is enrolled in the VA health care system and identified by a local VSO and a local elected official.

The Commission, not later than January 31, 2023, would be required to transmit to the President a report and analysis of the recommendations made by VA together with the Commission's recommendations for the modernization or realignment of VHA facilities.

The Commission would be authorized to change a recommendation made by VA for the modernization or realignment of a VHA facility only if the Commission:

- Determines that VA deviated substantially from VA's final criteria in making such recommendation;
- Determines that the change is consistent with the final criteria;
- Publishes a notice of the proposed change in the Federal Register not less than 45 days before transmitting the Commission's recommendations to the President; and
- Conducts public hearings on the proposed change.

The Commission would be required to explain and justify any recommendation made by the Commission that is different from the recommendations made by VA in the Commission's report that is transmitted to the President and to transmit the copy of such report to HVAC/SVAC on the same day that it is transmitted to the President. The Commission would be required to promptly provide information used by the Commission in making its recommendations to any Member of Congress upon request.

Not later than February 15, 2023, the President would be required to transmit to the Commission and to Congress a report containing the President's approval or disapproval of the Commission's recommendations. If the President approves of the Commission's recommendations, the President would be required to transmit a copy of the Commission's recommendations together with a certification of approval. If the President disapproves of the Commission's recommendations in whole or in part, the President would be required to transmit to the Commission and Congress the reasons for that disapproval. Not later than March 15, 2023, the Commission must transmit to the President a report containing a review and analysis of the reasons for disapproval provided by the President and recommendations for modernizations and realignments. If the President approves all of the Commission's recommendations, the President would be required to transmit a copy of the recommendations to Congress together with a certification of such approval. The process for modernization or realignment of VHA facilities would terminate if the President does not transmit a certification of approval to Congress by March 30, 2023.

Section 204. Actions regarding Infrastructure and Facilities of the Veterans Health Administration.

Section 204 would require VA to initiate or begin the planning of all actions recommended by the Commission in the report transmitted to Congress by the President no later than three years after the date on which the President transmits such report. VA would be prohibited from carrying out any action recommended by the Commission in the report transmitted to Congress by the President if a joint resolution is enacted in accordance with section 207.

Section 205. Implementation.

Section 205 would authorize VA to take such action as may be necessary to modernize or realign any VHA facility (including the acquisition of such land, construction of replacement facilities, and the conduct of such advance planning and design as may be required to transfer functions from a VHA facility to another facility) and carry out such activities for the purposes of environmental restoration and mitigation at any VHA facilities.

VA would be required to carry out environmental abatement, mitigation, and restoration and compliance with historical preservation requirements with regard to any property made excess to VA's needs as a result of modernization or realignment; consult with the Governor of a State and the heads of local governments concerned for purposes of considering any plan for the use of such property by the local community concerned before any action is taken with respect to disposal or any surplus real property or infrastructure; and consult with the Governor of a State and the heads of local government for the purpose of considering the continued availability of a

road for public access through, into, or around a VHA facility that is to be modernized or realigned.

Section 206. Department of Veterans Affairs Asset and Infrastructure Review Account.

Section 206 would establish a VA AIR Account to be administered by VA. VA would be authorized to use the Account to carry out the AIR Act; to cover property management and disposal costs incurred at VHA facilities; to cover costs associated with construction projects undertaken under the AIR Act; and other purposes the VA determines support the mission and operations of VA.

VA would be required to establish and include in the budget submission a consolidated budget justification display in support of the Account for each fiscal year that details the amount and nature of credits to and expenditures from the Account during the preceding fiscal year. VA would also be required to transmit to Congress a report containing an accounting of all the funds credited to and expended from the Account and any funds remaining in the Account. The Account would be required to be closed at the time and in the manner provided under section 1555 of title 31 U.S.C. and unobligated funds to be held by the Treasury until transferred to VA.

Section 207. Congressional consideration of Commission Report.

Section 207 would define certain expedited procedures for the Congressional consideration of the AIR Commission report.

Section 208. Other Matters.

Section 208 would require VA to publish any information transmitted or received by VA, the Commission, or the President regarding the AIR Act online within 24 hours. VA would be prohibited from pausing major or minor construction activities as a result of the AIR Act. VA would be authorized, after consulting with VSOs, to include a recommendation for a future AIR Commission or other capital asset realignment and management process in a budget submission.

Subtitle B - Other Infrastructure Matters

Sec. 211. Improvement to training of construction personnel.

Section 211 would require VA to implement a training and certification program for construction and facilities management personnel. VA would be required to create the training and certification program within one year of enactment, to ensure a majority of covered employees are certified within two years of enactment, and to ensure that all covered employees are certified as quickly as possible thereafter. VA would be required to model the training and certification program on existing curricula and certification programs in title 10 U.S.C. (namely, the existing Defense Acquisition Workforce Improvement Act program). VA would be authorized to provide the training in-person, online, provided by another Federal department or agency, or a combination of the above. VA would be authorized to offer one or more than one level of certification and to enter into a contract with an appropriate entity to provide the training

curriculum and certification. All VA employees who are members of occupational series relating to construction or facilities management or VA employees who award or administer contracts for major construction, minor construction, or non-recurring maintenance (including contract specialists or contracting officers' representatives) would be included.

Sec. 212. Review of enhanced use leases.

Section 212 would require the Office of Management and Budget to review each enhanced-use lease (EUL) before it goes into effect to determine whether it is in compliance with relevant statutes.

Section 213. Assessment of health care furnished by the Department to veterans who live in the Pacific territories.

Section 213 would require VA to submit a report to Congress on the care provided to veterans in Pacific territories, to include whether it would be feasible for VA to establish a medical facility in any Pacific territory that does not contain such a facility.

Title III - Improvements to Recruitment of Health Care Professionals

Sec. 301. Designated scholarships for physicians and dentists under Department of Veterans Affairs Health Professional Scholarship Program.

Section 301 would provide scholarships to medical students in exchange for service to VA. A minimum of 50 two to four year scholarships for medical and dental students would be required so long as the shortage of those positions exceed 500. Once the number falls below 500, the minimum number of scholarships provided annually would be at least ten percent of the number of positions deemed in shortage. The obligation requirement for the scholarship is successful completion of residency training leading to board eligibility in a specialty and 18 months of clinical service at a VA facility for each year of scholarship support. This section would also authorize VA to provide preference to veterans and require VA to conduct annual advertising to educational institutions.

Sec. 302. Increase in maximum amount of debt that may be reduced under Education Debt Reduction Program of Department of Veterans Affairs.

Section 302 would increase the amount of education debt reduction available through the Education Debt Reduction Program from $120,000 to $200,000 over five years and $24,000 to $40,000 annually.

Sec. 303. Establishing the Department of Veterans Affairs Specialty Education Loan Repayment Program.

Section 303 would establish a new loan repayment program for medical or osteopathic student educational loans for newly graduated medical students, or residents with at least 2 years of training remaining, who are training in specialties deemed by VA to be experiencing a shortage.

The loan repayment would be $40,000 per year for a maximum of $160,000. In exchange for the loan repayment, the recipient would agree to obtain a license to practice medicine, complete training leading to board eligibility in a specialty, and to serve in clinical practice at a VA facility for a period of 12 months for each $40,000 of loan repayment with a minimum of 24 months of obligated service.

Sec. 304. Veterans healing veterans medical access and scholarship program.

Section 304 would establish a pilot program for supporting four years of medical school education costs for two veterans at each of the five Teague-Cranston Schools and the four traditional black medical schools. The covered medical schools would include Texas A&M College of Medicine, Quillen College of Medicine at East Tennessee State University, Boonshoft School of Medicine at Wright State University, Edwards School Medicine at Marshall University, the University of South Carolina School of Medicine, Drew University of Medicine and Science, Howard University of Medicine, Meharry Medical College, and Morehouse School of Medicine.

The medical schools that opt to participate in the program would be required to reserve two seats each in the class of 2019. Eligible veteran scholarship recipients would be those within ten years of military discharge who are not eligible for GI Bill benefits but who meet the minimum admission requirement for medical school and apply for the entering class of 2019. The scholarship recipients would agree to successfully complete medical school, obtain a license to practice medicine, complete post-graduate training leading to board eligibility in a specialty applicable to VA, and after training, serve in clinical practice at a VA facility for four years.

Sec.305. Bonuses for recruitment, relocation, and retention.

Section 305 would repeal the recruitment, retention, and relocation bonus offset from the Comprehensive Addiction and Recovery Act (P.L. 114-198).

Sec. 306. Inclusion of Vet Center employees in Education Debt Reduction Program of Department of Veterans Affairs.

Section 306 would require VA to ensure that clinical staff working at Vet Centers are eligible to participate in the Education Debt Reduction Program.

Title IV - Health Care in Underserved Areas

Sec. 401. Development of criteria for designation of certain medical facilities of the Department of Veterans Affairs as underserved facilities and plan to address problem of underserved facilities.

Section 401 would require VA to: (1) develop criteria to designate VA medical facilities as underserved facilities; (2) consider a number of factors with respect to such facilities, including the ratio of veterans to providers; the range of specialties covered; whether the local community

is medically underserved; the type, number, and age of open consults; and whether the facility is meeting VA's wait time goals; (3) perform an analysis not less than annually to determine which facilities qualify as underserved; and (4) submit a plan to Congress, within one year of enactment and not less frequently than annually, to address underserved facilities.

Sec. 402. Pilot program to furnish medical deployment teams to underserved facilities.

Section 402 would require VA to carry out a three year pilot program to furnish mobile deployment teams of medical personnel to underserved facilities and to consider the medical positons of greatest need at such facilities and the size and composition of teams to be deployed. VA would be required to use the analysis required under section 401 to form the mobile deployment teams and required to report to Congress on VA's progress with implementing the pilot program and recommendations with respect to extending or expanding the pilot and making it permanent.

Sec. 403. Pilot program on graduate medical education and residency.

Section 403 would require VA to establish a pilot program to establish medical residency programs at covered facilities, including VA facilities, a facility operated by an Indian tribe or tribal organization, an Indian Health Service facility, a FQHC, or a DOD facility. It would also require VA to consider a number of factors with respect to clinical need for providers when determining facilities to place residents and to report regularly to Congress on the implementation of the pilot.

Title V - Other Matters

Sec. 501. Annual report on performance awards and bonuses awarded to certain high-level employees of the department.

Section 501 would require VA to submit an annual report to Congress on performance awards and bonuses presented to Regional Office Directors, VAMC Directors, VISN Directors, and SES positions, including the amount of each award or bonus, the job title of the individual receiving the award or bonus, and the location where each individual works.

Sec. 502. Role of podiatrists in Department of Veterans Affairs.

Section 502 of the bill would stipulate that a VA podiatrist is eligible to be appointed to a supervisory position to the same degree that a VA physician is eligible to be appointed to such a position. To ensure appropriate supervision of specialty providers within the VA healthcare system, section 502 of the bill would also require VA to work with appropriate stakeholders to establish standards to ensure that specialists appointed to supervisory positions do not provide direct clinical oversight for purposes of peer review or practice evaluation for providers of other clinical specialties. Further, section 502 of the bill would make Doctors of Podiatric Medicine (DPMs) equal to Doctors of Osteopathy (DOs) and VA Medical Doctors (MDs) in terms of pay within the VA healthcare system.

Sec. 503. Definition of major medical facility project.

Section 503 would modify the definition of a VA major medical facility project as a project for the construction, alteration, or acquisition of a medical facility involving a total expenditure of $20 million (was previously $10 million).

Sec. 504. Authorization of certain major medical facility projects of the Department of Veterans Affairs.

Section 504 would authorize a VA major medical facility projects in Livermore, California, in an amount not to exceed $117.3 million.

Sec. 505. Department of Veterans Affairs personnel transparency.

Section 505 would require VA to make information regarding vacancies, accessions and separation actions, new hires, and personnel encumbering positions publically available on a VA website; require an Inspector General review of the website on a semi-annual basis; and require VA to report to Congress annually on the steps VA is taking to achieve full staffing capacity, including the amount of additional funds necessary to enable VA to reach full staffing capacity.

Sec. 506. Program on establishment of peer specialists in patient aligned care team settings within medical centers of Department of Veterans Affairs.

Section 506 would require VA to carry out a program to place at least 2 peer specialists within patient aligned care teams in certain VAMCs to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting.

Sec. 507. Department of Veterans Affairs medical scribe pilot program.

Section 507 of the bill would create a two-year pilot program under which VA will increase the use of medical scribes in emergency department and specialty care settings at 10 VA medical centers. To provide transparency on staffing methodology for medical scribes at the Department, this pilot would have half of the participating scribes be employed by the Department, with half employed under contract with a private-sector provider of medical scribes. Under this legislation, VA would be required to report to Congress every 180 days regarding the effects the pilot program has had on provider efficiency, patient satisfaction, average wait time, the number of patients seen per day and the amount of time required to train an employee to perform medical scribe functions under the pilot program. A report from the Comptroller General is also required not more than 90 days after the conclusion of the pilot.

Sec. 508. Loans guaranteed under home loan program of Department of Veterans Affairs.

Section 508 would extend VA's authority to collect certain funding fees for housing loans guaranteed by the VA through September 30, 2028.

Sec. 509. Extension of reduction in amount of pension furnished by Department of Veterans Affairs for certain veterans covered by Medicaid plans for serviced furnished by nursing facilities.

Section 509 would extend current eligibility restrictions for recipients of a VA pension who receive Medicaid-covered nursing home care through September 30, 2028.

Sec. 510. Appropriation of amounts.

Section 510 would authorize and appropriate $5.2 billion to the Veterans Choice Fund.

Sec. 511. Technical correction.

Section 511 would redesignate section 1712I of title 38 U.S.C. as section 1720I of title 38 U.S.C.

2020

FORWARD MARCH

REPORT

FDVA

FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

www.FloridaVets.org

EXECUTIVE DIRECTOR'S MESSAGE

The Florida Department of Veterans' Affairs has completed the regional assessment phase of the *Forward March* veterans' advocacy campaign. The initiative was announced by Gov. Ron DeSantis in early 2019 and aimed to unite the combined energy and resources of Florida's state agencies, veteran service organizations, private partners and local communities. The initiative kicked off in Tampa on March 29, 2019, at the University of South Florida, with regional meetings during the summer in Pensacola, Jacksonville, West Palm Beach, Ocala, Miami, Port Canaveral and Sarasota.

Veterans, elected officials, community leaders, and members of veteran service organizations were invited to attend each event where we shared our vision for the state's standard of service and support for Florida's 1.5 million veterans and their families. Participants engaged in a series of breakout sessions focusing on topics such as Community Services, Mental Health and Wellness, Benefits and Assistance, Transition and Legal Services and Veterans' Treatment Courts.

With the feedback gathered from the regional meetings, we are issuing this report of our findings and recommendations. The report will identify where Florida needs to reinforce best practices, reduce redundancies and implement solutions to fill gaps.

As an Army Reserve Captain and former state legislator, I am extremely grateful to all who participated in this monumental initiative. We value your time, dedication and input. Now let's turn your ideas into action and ensure Florida sets the national standard in veteran service and support.

Danny Burgess
Executive Director
Florida Department of Veterans' Affairs

GOVERNOR'S MESSAGE

As a veteran myself, I am proud to be Governor of the most veteran-friendly state in the country. I look forward to working with Director Burgess, the Florida Department of Veterans' Affairs and partners across our state to ensure those who have served our country are receiving the care they need and deserve.

Ron DeSantis
Governor
State of Florida

TABLE OF CONTENTS

BENEFITS

While in Miami, FDVA Executive Director Danny Burgess caught up with Lt. Gov. Jeanette Nuñez and State Sen. Manny Diaz Jr.

WHERE ARE THE GAPS?

The *Forward March* Benefits Group discussions provided insight into present gaps in benefits-related system and program procedures that commonly serve as barriers to veterans. While other *Forward March* breakout groups attended to need-specific topics, the purpose of the Benefits group was to discuss areas of strength, best practices, present challenges and areas of need in order to address Florida's population of veterans who are currently unengaged or under-engaged in accessing their earned benefits. Overall, the feedback from veterans, veteran service providers and advocates who participated in the discussions indicated there is a need for better outreach and education regarding eligibility for benefits, present benefits offerings and how to access earned benefits.

There is a need to actively address and decrease two common misconceptions that are presently serving as barriers to benefits engagement for veterans: 1) The misconception that the benefits system is designed to deny veterans their benefits, and 2) The misconception that veterans will be accessing the VA hospitals of their grandfather's era.

Enabling veterans to take full advantage of their VA educational opportunities, disability claims, eligibility to VA health care, housing, transition, transportation and a plethora of other benefits and assistance is foremost on the minds of veterans' advocates from many different agencies within the state of Florida. We know that better outcomes, including suicide prevention, physical health and achievable income, are directly linked to an individual's access to resources.

For that reason, our ultimate goal is to reach and counsel all wartime and peacetime veterans in the state of Florida regarding their earned benefits, and forge a clear path for them to access the benefits they need. Throughout the group discussions, community organizations and veterans' advocates repeatedly voiced that many veterans are unaware of their current eligibility for benefits.

Some former members of the Armed Forces are not aware they are veterans. Women in particular were identified as a veteran sub-population that is sometimes unaware of their benefits as a veteran, by virtue of their

Some former members of the Armed Forces are not aware they are veterans. Women in particular were identified as a veteran sub-population that is sometimes unaware of their benefits as a veteran, by virtue of their military service.

military service. Women in Native American communities are often explicitly told by their male counterparts that they are not veterans and cannot join any veterans' clubs, associations, etc. Of veterans who are aware of their veteran status, many have no knowledge of their potential eligibility for various benefits offerings.

Further, group discussion members reported there is a widespread lack of awareness of available benefits and little to no knowledge regarding where and how to access those benefits. Rural veterans were cited as having a particularly difficult time accessing benefits, occasionally due to the lack of a full-time veteran service officer in their community. Veterans repeatedly voice that they do not have a full understanding of the benefits process, where to file for benefits, or even how to get started. Discussions indicated that across Florida's military installations, the Transition Assistance Program designed to assist active duty service members with transitioning out of the military is not standardized, and service members often do not receive sufficient benefits-related guidance, or receive it too late.

Regarding current programs, the VA's present eBenefits system was identified as a tool for electronic benefits, which has several drawbacks. Veterans and veteran advocates reported the program is not user friendly, unreliable, results in a duplication of efforts, makes the benefits process difficult to understand, results in veterans failing to claim all benefits due to a lack of knowledge of available benefits, and is difficult to the point of warranting a Veterans' Service Officer's assistance in conjunction with eBenefits.

Stigma surrounding the quality and timeliness of VA health care offerings was also discussed as a barrier to benefits utilization for veterans. Some veterans are still under the unfortunate impression that today's VA health care is that of their grandfathers, and in order to receive timely, cutting-edge services they often conclude they need to seek non-VA care.

Finally, and perhaps one of the most pervasive benefits-related gaps is the present veteran perception that the Veterans Benefits Administration, as well as individual VA Hospitals, are designed to deny veterans their potential benefits and provide the fewest possible benefits offerings necessary. Compounding this perception is the collective lack of information, misinformation and administrative complexities related to the veterans' benefits process as a whole.

EXISTING RESOURCES TO FILL THE GAPS

Current resources exist that have the potential to fill the gaps highlighted during the *Forward March* Benefits Group discussions, several of which are highlighted below.

- Manatee and Sarasota counties regularly conduct veterans' case conferences
- Mission United, which is a program that originated with the United Way of Broward County and has expanded to other counties and states, serves as a coordinated system for the care of veterans and their families and provides a wide array of benefits
- American Legion, Disabled American Veterans, Veterans of Foreign Wars, American Veterans (AMVETS), Military Order of the Purple Heart, Paralyzed Veterans of America, Wounded Warriors Project and other congressionally chartered National Service Organizations are available as resources

OPPORTUNITIES FOR FDVA

Given the various entities involved in the veterans' benefits process, FDVA is uniquely positioned

to serve as a unifying body of information and assist in identifying barriers to veterans' benefits access, establishing collective goals and disseminating up-to-date information to the veteran community. The FDVA can serve as the conduit between the Federal VA, community groups and veterans where communication and coordination is presently lacking.

BEST PRACTICES

Homeless Stand Downs are events in which homeless and at-risk veterans are provided with an array of services in one location in the span of several days. The veterans receive assistance with entering the VA benefits system, and on-site services are provided including health care, legal services, chiropractic services, financial services, transportation services, wellness services, meals, etc.

The 2-1-1 Coordinated Call Center operated by the Crisis Center of Tampa Bay was again identified as an example of a best practice because the hotline not only provides peer-to-peer veteran counseling for suicide intervention and crisis management, but also offers resources and referrals that are local to the caller's location.

In addition, Manatee and Sarasota Counties currently conduct veterans case conferences to collaboratively discuss specific veterans' struggles and brainstorm resources and solutions.

Several counties are also planning to establish Post Transition Assistance Program Classes, which would take place 2-3 months after the service member has departed from the military to enhance the information they received during the Transition Assistance Program (TAP).

RECOMMENDATIONS

Several recommendations aimed at improving the present state of veterans' access to and use of earned benefits resulted from the *Forward March* Benefits Group discussions. A review of gaps in access to care and present understanding of existing federal, state and local resources led to the creation of specific steps pertaining to veterans' benefits, which are listed below.

1) To address the lack of knowledge and awareness regarding veterans' benefits: FDVA should lead in finding and promoting additional, varied outreach methods for veterans who are currently unengaged or under-engaged in utilizing benefits.

Veterans' outreach is key to connecting Florida's 1.5 million veterans and their families with earned services, benefits and support. FDVA veterans' claims examiners and county veteran service officers provide their services at no charge.

- FDVA should enhance its focus on reaching veteran sub-populations via methods that are compatible with their current resources. These groups might include, but are not limited to, the following:
  - o Veterans in rural communities that lack a full-time veteran service officer
  - o Veterans who, for various age, ability, or socio-economic reasons either cannot or will not engage in technology-based contact
  - o Homeless veterans who are transient and do not receive regular VA or FDVA contact nor have consistent internet and phone access

FDVA can champion for the incorporation of benefits-related education into existing transition programs

FDVA can create an easy point of entry into the service provider system and provide a one-stop shop for veterans, their families and veteran advocates to find information and resources.

- FDVA can develop and utilize a statewide, comprehensive resource directory that serves as a database of resources available to veterans based on location. On the FDVA website, veterans could access a list of regional and county services in one location. This might include creation of a tab on the FDVA website that would allow veteran groups to add information about their organization and programs.
- Specifically, this resource needs to clearly direct new veterans to the proper first-time veteran benefits enrollment process.
- The resource should also highlight the advocacy and paperwork assistance resources available to veterans having difficulty either enrolling in benefits or navigating the administrative process.

FDVA can champion for the incorporation of benefits-related education into existing transition programs,

- The lack of an adequate transition process from active duty to veteran status has repeatedly been presented as a gap in veteran care throughout the *Forward March* group discussions. FDVA can serve as a unifying body to disseminate benefits-related resources that should be included in transition programs for service members transitioning from active duty to veteran status.

FDVA can enhance its role as a liaison to the legislature and advocate for funding dedicated to benefits-based veteran outreach and benefits education programs.

- Potential targets of funding could include, but are not limited to:
  - o Hiring additional Veteran Service Officers to meet current demands
  - o Enhancing training and support for veteran service officers
  - o Investing in new technologies to reach veterans in rural and remote locations
  - o Enhancing the Transition Assistance Program by dedicating resources to standardizing the benefits education portion and initiating Transition Assistance Program offerings up to one year prior to separation from active duty

2) To address the misconceptions that serve as barriers to accessing earned benefits:

- FDVA needs to champion efforts to increase veterans' understanding of the benefits process and cutting-edge VA health care offerings
- FDVA should explore opportunities for peer-to-peer veteran mentoring throughout the benefits education and enrollment process.
- Through the creation of a statewide comprehensive resource directory, FDVA can disseminate advocacy and paperwork assistance resources to veterans wary of the benefits process and in need of someone "on their team" to help them understand and navigate the process.
- FDVA can use social media outlets to highlight a VA Medical Center each month which offers innovative care.

FDVA should encourage VA and other outside veteran services providers to meet on a regular basis to coordinate services, identify community-specific gaps in care and work collaboratively to address benefits access barriers.

- FDVA should continue to conduct meetings such as *Forward March* so veteran advocates can share resources, connect with one another and voice community needs.
- By maintaining a comprehensive list of veteran service providers by location, FDVA will indirectly facilitate communication between the included organizations.

HOMELESSNESS AND COMMUNITY SERVICES

Gov. Ron DeSantis and First Lady Casey DeSantis met with FDVA senior leaders to discuss the need for expanded outreach for Florida's veteran community.

WHERE ARE THE GAPS?

The *Forward March* Veteran Homelessness and Community Services breakout groups discussed the challenges, gaps, best practices and areas of need regarding veteran homelessness and community services available to veterans. Overall, group discussions across the state identified that veterans and providers alike are largely unaware of the community resources and services available, particularly those that relate to mental health. Those who participated in the *Forward March* Homelessness and Community Services group discussions reported many community services are restrictive based on gender, family structure, classification of discharge from military service, income and varying definitions of "homeless." There is the need for additional, innovative housing and transportation resources to meet veterans' basic needs. Finally, group discussions identified the absence of a unified effort to identify veterans in the state of Florida, specifically homeless veterans.

There is no doubt regarding the passion and compassion that the group attendees have when it comes to assisting veterans and their family members. Leadership from state, federal, city and county municipalities, civic and church groups, veteran service

In defining homeless status, many veterans in need of community services are not "homeless" in the traditional sense of having no roof over one's head. More commonly, homeless veterans will temporarily shelter on people's couches.

organizations, and local charities detailed a host of veteran-focused local services that augment the Federal VA benefits system. However, these community resources are fragmented, forming a patchwork that is disparately distributed across the public and private sector. As a result, there is a widespread lack of knowledge regarding what veteran services exist in the community, and veterans expressed receiving misinformation pertaining to VA service offerings and enrollment. Of those available in both the public and private sector, services are often extremely limited based on various demographic, family, income and discharge factors, and as a result many veterans in need do not qualify for a majority of the services offered. Specifically, breakout groups noted veteran resource restrictions are most prohibitive for single-parent veterans with children, particularly females, veterans with a military discharge status other than "honorable," veterans transitioning out of the incarceration system, and family members of veterans. Resources for veterans in these groups who also find themselves to be homeless are even more scarce if not nonexistent.

State Sen. Aaron Bean addresses the crowd at the *Forward March* regional meeting in Jacksonville, June 6.

The results of our discussions across the state demonstrated the historical definition of "homeless" needs to be updated and standardized to better address the present day homeless veteran. In defining homeless status, many veterans in need of community services are not "homeless" in the traditional sense of having no roof over one's head. More commonly, homeless veterans will temporarily shelter on people's couches (commonly termed "couch surfing") or sleep in cars. Regarding gaps specific to homeless veteran needs, there is a distinct lack of safe, affordable housing even for veterans who do meet criteria for housing services. Breakout groups identified that already limited shelter and lodging options are most scarce for female veterans with children, single male veterans with children and veterans with service animals. *Forward March* Veteran Homelessness and Community Services breakout groups highlighted a shortage of participating landlords, reporting that often landlords whose property may have been damaged in the past no longer rent to housing program veterans, noting there is no funding mechanism in place to repair damages. Compounding the difficulties faced by homeless veterans is the fact that supportive housing voucher programs have been unable to keep pace with fluctuating housing prices.

The *Forward March* discussions also revealed at present, there is no unified system or effort to track veterans in Florida, whether they be veterans transitioning out of the military or veterans who have newly moved to the state. Information on homeless veterans in Florida is even scarcer. As a result, it is difficult to identify and evaluate community wide and state-wide metrics of success.

EXISTING RESOURCES TO FILL THE GAPS

There is an array of existing resources that have the potential to fill the gaps highlighted during the *Forward March* Homelessness and Community Services group discussions, several of which are highlighted below.

- The 2-1-1 Coordinated Call Center, operated by the Crisis Center of Tampa Bay, is a state-wide call line that provides supportive

While in Ocala, there were further sidebar conversations on key veterans' issues with London Rotundo, aide to Sen. Marco Rubio, former FDVA Executive Director Rocky McPherson, FDVA Chief of Staff Al Carter and FDVA Executive Director Danny Burgess.

services information and local referrals to callers, along with crisis counseling and suicide intervention support. This resource presently has veteran-specific resources available to veterans in all regions of Florida, and veterans have the ability to speak to a fellow veteran for counseling.

- Mission United is a program that developed out of the United Way of Broward and has expanded to other counties and states.
- The "100 vets off the street in 111 days" initiative, which is a joint VA/ Palm Beach County/HUD/Stand Down collaborative effort aimed at decreasing veteran homelessness
- Stand Down events in which homeless and at-risk veterans are provided with an array of services all in one location in the span of several days. Services include health care, legal services, chiropractic services, financial services, transportation services, wellness services, meals, etc.

OPPORTUNITIES FOR FDVA

While many veteran-focused services are available in local communities, there is no central registry of resource offerings. FDVA is positioned to serve as the central agency for maintaining up-to-date information regarding the veteran community, available resources and collective goals. FDVA can serve as the conduit between the Federal VA, community groups and veterans where communication and coordination is presently lacking. See specific recommendations below.

BEST PRACTICES

As a result of speaking with community leaders and local content experts during the *Forward March* Homelessness and Community Services group discussions, several best practices were noted.

Mission United (identified as a Best Practice by other *Forward March* topic-specific groups) was highlighted as a program that effectively assists veterans and their families with case management so they can navigate community and VA resources with the goal of achieving self-sufficiency.

Secondly, the Volunteers of America, Florida Chapter, repurposed a former resort hotel in Ocala into affordable, transitional housing for veterans.

The 2-1-1 Coordinated Call Center, operated by the Crisis Center of Tampa Bay, was again identified as an example of a best practice because the hotline not only provides peer-

Five Florida jurisdictions have announced an end to veteran homelessness as of Sept. 13, 2019: Flagler County, Miami-Dade County, Myers/Lee, Punta Gorda/Charlotte County and Volusia County/Daytona Beach.

to-peer veteran counseling for suicide intervention and crisis management, but also offers resources and referrals that are local to the caller's whereabouts.

Finally, the sharing of community resources and maintaining open, regular communication

State Rep. Delores Johnson was a participant in the Forward March initiative.

between organizational leaders and VA providers was identified as a best practice in the interest of facilitating better referrals to local services.

RECOMMENDATIONS

1. In regard to the lack of knowledge of local community resources and services available to veterans:

FDVA can create an easy point of entry into the service provider system and provide a one-stop shop for veterans, their families, and veteran advocates to find information and resources.

- FDVA can develop and utilize a statewide database of resources available to veterans based on location. On the FDVA website, veterans could access a list of regional and county services in one location. This might include creation of a tab on the FDVA website that would allow veteran groups to add information about their organization and programs.
- This would allow both veterans and veteran providers to access an up-to-date list of referral resources. Further, this would allow for communication and collaboration between similar community organizations in the same region or across regions.
- Further, this allows VA providers to access a list of local referral resources that may benefit their patients.

FDVA can lead in spreading the word to veterans about services available.

- In addition to maintaining a comprehensive list of local veteran support organizations, FDVA can send a Welcome Letter to transitioning troops as well as a quarterly newsletter as a form of outreach to veterans.
- Through the use of social media, FDVA can disseminate information to a wider veteran audience including younger veterans, as well as promote VA enrollment.
- Given that a lack of knowledge regarding mental health resources was specifically highlighted during *Forward March* Homelessness and Community Services group discussions, FDVA could rotate highlighting a state-wide veteran mental health resource each month either via social media or regular newsletters.

FDVA should support the VA in new case management and referral efforts to connect veterans to this new web of resources

- By maintaining a comprehensive list of veteran service providers by location, FDVA will indirectly facilitate communication between the VA and local organizations.
- In order to ensure warm handoffs during referrals to local community services, FDVA should encourage the VA to identify and address potential barriers and sources of provider burnout.
- Addressing potential barriers may include supporting the VA in making changes

The Department of Financial Services helps veterans and their families with extensive financial literacy initiatives and helps combat scams, identity theft and predatory lending.

necessary to allow VA providers dedicated, protected periods of time to familiarize themselves with local community services and facilitate patient referrals.

2. Regarding the restrictive nature of many veteran services and an absence of services available to specific groups:

FDVA should lead in finding and promoting additional, innovative resources to meet veterans' basic needs

- These additional services may include promoting the expansion of peer-to-peer veteran resources and development of additional services specifically tailored to the needs of women veterans, single-parent veterans, recently incarcerated veterans, etc.

FDVA should promote discussions surrounding updating the current conceptualization of 'the homeless veteran'

- FDVA can advocate for expanding the present definition of the homeless veteran to include the many veterans who manage to secure temporary shelter with friends or family members, but lack the resources necessary for sustainable housing.
- In addition, FDVA should continue to promote permanent home ownership as the ultimate goal in addressing veteran homelessness as opposed to temporary renting arrangements.

3. To address a lack of affordable, safe housing options:

FDVA should support the allocation of funding to new housing-specific initiatives

- This is not limited to but may include supporting the creation of additional housing vouchers or subsidies available to veterans, repurposing existing buildings into veteran-specific housing, and working to keep the housing trust fund in the State budget.
- Additional funding efforts will help account for rising housing prices and bridge the gap between current service offerings and present housing costs.
- New housing initiatives should be centrally-located near metropolitan areas and public transportation to better ensure employment opportunities and transportation to and from that employment.

FDVA should encourage VA and community organizations to meet on a regular basis to coordinate services, identify community-specific gaps in care and work collaboratively to address veteran housing needs.

- FDVA should continue to conduct meetings such as *Forward March* so veteran advocates can share resources, connect with one another and voice community needs.
- Community meetings should include local landlords so that barriers associated with renting to veterans can be directly addressed.

4. To address the lack of unified effort to identify veterans in the state of Florida, specifically homeless veterans:

FDVA should serve as the central body that unifies efforts to identify veterans in Florida

- Present veteran data in Florida is largely aggregate and based on population trends and projections. "Head count" estimations of veterans in Florida are limited to past census information, car registration data, and a patchwork of additional sources that serve as an inexact science.
- Investing in a program that more accurately identifies new and existing Florida veterans will enable for a better allocation of resources and improved individual, regular contact with Florida's many veterans.
- More accurate information regarding Florida's individual veterans and Florida's veteran population as a whole will allow for better identify and evaluate community-wide and state-wide metrics of success.

LEGAL AID & VETERANS TREATMENT COURTS

The Governor's Initiative on Lawyers Assisting Warriors (GI LAW) is a new initiative to leverage the talent of Florida's leading law firms to provide pro bono services to military members. There are future plans to expand this service to veterans.

Florida is the most veteran-friendly state in the nation, with legal and court programs including providers of free or low-cost veterans legal services, established veterans treatment courts, and mentor and volunteer networks that directly support veterans with their legal and court-related needs.

Florida's large veterans' population presents us with great opportunities to increase support and services for veterans in the legal arena.

WHERE ARE THE GAPS?

When discussing gaps in veterans' services, the group discussions focused on programmatic, overall problems in services. These included:

- Lack of general urban transportation
- Rural transportation distance challenges that may require overnight travel and lodging for treatment
- No uniform and model standards for Veterans Treatment Courts (VTCs)
- No recurring, stable VTC funding for all circuits/counties
- No state funding for VTC Mentors
- Too few male and female mentors
- No recurring funding for veterans' civil legal services

There was consensus among group members regarding gaps in transportation services and their impacts on elderly and disabled veterans. The gaps impact not only access to health care appointments, but activities of daily living such as grocery shopping, personal appointments and other necessary trips. The group members also were concerned about rural veterans having little transportation services for trips that may require overnight travel and lodging.

We had judges, prosecutors, public defenders, and mentors with experience in Veteran Treatment Courts (VTCs) in our group. Our groups consistently described gaps and inconsistencies in VTC policies and procedures. The large gap in recurring state funding for VTCs (there is none) was also a main topic.

The lack of funding to create a pool of mentors comprising former and retired senior military leaders was noteworthy and impacted all 31 existing veterans treatment courts. There was also a substantial gap in the number of available female veteran mentors.

Our group also discussed the gap in funding for veterans' legal services. Veterans can receive free, pro bono legal services in larger Florida cities and urban areas, but the state has large gaps in these types of services for veterans in other areas. There is also no recurring state funding for veterans' civil legal services, although there are grant-funded programs in certain areas.

EXISTING RESOURCES TO FILL THE GAPS

Resources for Florida veterans in the legal and VTC areas grew out of a patchwork of local efforts. These local programs are now starting to expand, covering more areas of the state, and helping more veterans. State funding is beginning to make a positive difference for veterans' services, but state funds are non-recurring and must be sought anew every year. This single year non-recurring funding cycle creates uncertainty for established programs like VTCs.

Several veterans' resources stood out as fulfilling veterans' needs from the time they transition from active duty military service, to when they need help with civil legal issues, to being charged with a criminal act.

- 2-1-1 Coordinated Call Center operated by the Crisis Center of Tampa Bay
- Bay Area Legal Services expansion (Jacksonville Area Legal Aid and Legal Services of North Florida)
- Active duty to Veteran Assistance Program transition course
- Military ID to Veteran ID issue
- Detection (Department of Corrections, Jail, Licenses)
- Attorney General's Military and Veterans Assistance Program
- Mission United

The 2-1-1 Coordinated Call Center is a central entry point for veterans seeking services, including legal services. The Crisis Center of Tampa Bay now refers calls about veterans' civil legal services to Bay Area Legal Services. Both agencies recently received state government funding, with the Crisis Center receiving direct federal grant funding for veterans' suicide prevention programs. This additional funding allowed Bay Area Legal Services to expand its veterans' legal services network to include the Jacksonville Area Legal Assistance program and Legal Services of North Florida. The expansion now provides low-income Florida veterans with access to free or low-cost legal services throughout the upper half of the state.

The Orlando-based team of Corrine Cardona, Christopher Bethune and David Dixon participated in *Forward March* as part of Attorney General Ashley Moody's Military and Veterans Assistance Program.

Another resource that group members brought up was a formal program for military members during their leaving active duty is to issue the service member a new Florida driver license (or state ID card) and a U.S. Department of Veterans Affairs ID card at one time. Several local organizations had worked with the Florida Department of Highway Safety and Motor Vehicles and VA to hold these licensing events and reported good turnout and feedback.

A central issue for all veterans' service organizations is locating veterans in their service area, and then tracking the veteran through the process of obtaining the services to which the veteran is entitled. The group members described various locations or programs through which they gather information about veterans. These included state programs such as veterans asking for services information during the driver license issue or renewal process, and local programs such as checking if an arrested person is a veteran during the booking procedure at the county jail.

After detection, though, a veteran's progress must be tracked, often for grant reporting purposes. Most local veterans' services providers had in-house, grant-driven service tracking systems. The issue quickly grows more complicated when several service providers and other local veterans groups are helping a veteran. Tracking a single veteran across multiple programs and services calls for close cooperation and data-sharing arrangements between stakeholder groups. This occurs more frequently in some areas and programs.

The state of Florida has several programs devoted to protecting veterans from becoming victims of financial crimes and scams. The Florida Attorney General's Office created its Military and Veterans' Assistance Program to educate military members and veterans about financial crimes and scams that target their communities. The MVAP teaches military and veterans how to protect themselves from these financial crimes and how to report scams.

In South Florida, Mission United is a central point for coordinated care and veterans' services. Mission United provides multidisciplinary services for veterans transitioning to civilian life and their families. These services include assistance with employment, education, financial stability, housing, legal services and health care.

OPPORTUNITIES

FDVA can be the leader in the state of Florida to seek out and take advantage of the opportunities for advancing veterans' services in our state. Stakeholder coordination, legislative efforts and continued emphasis on improving veterans' services can set the state on a path to a coordinated care system for veterans that covers and extends beyond their legal and VTC needs. With early and appropriate services, our veterans' needs for legal services and VTC programs can be reduced.
Two main types of service opportunities emerged; 1) direct legal services, and 2) educational/awareness/connection services.
In general, the groups described the following as these types of opportunities:

Direct Legal Services

- Florida Bar outreach/Pro Bono private firms/Government Initiatives on veterans' civil legal services
- Civil legal services assistance may reduce need for VTC/VTC diversion programs
- Veterans' Preference (VP) in government hiring/promotions
- FDVA Veterans' Preference staff receives complaint, reviews Public Employees Relations Commission testimony

Educational/Awareness/Connection

- Private employer awareness of service members' Uniformed Services Employment and Reemployment Rights Act, Servicemembers Civil Relief Act, and Veterans' Preference rights
- Property taxes and tax exemptions for veterans; officials education
- Create Legal Service Help Line
- Free Legal Clinic at VA facilities
- Work with family, spouse, children, and employers

The Governor's Initiative on Lawyers Assisting Warriors (GI LAW) is a new initiative to leverage the talent of Florida's leading law firms to provide pro bono services to military members. There are future plans to expand this service to veterans. Availability of such civil legal services may reduce the number of veterans entering Veterans Treatment Courts or VTC diversion programs.

Another opportunity was for state, city and local governments to increase their use of veterans' preference in hiring and promotion beyond the existing statutory requirements found in Chapter 295, Florida Statutes. At present FDVA staff receive complaints about veterans' preference issues, review the complaint and issue a report with findings. The FDVA veterans' preference staff then may testify at PERC about the findings.

The groups also discussed opportunities to educate veterans, to increase their awareness of the services available to them. The groups felt that more private employers should be educated on military transition issues concerning active duty members' and veterans' rights. In particular, USERRA, SCRA and Veterans' Preference rights in hiring and promotion were areas group members brought forward for educational efforts in the private sector.

The groups also discussed opportunities for government to increase its educational/awareness and connection services to veterans. Funding and conducting annual training for property tax appraisers and tax collectors on veterans' tax exemptions was a repeated suggestion across the groups.

In direct legal services, our groups suggested a statewide expansion of the existing 2-1-1 service connecting veterans with legal services through Bay Area Legal Services and their affiliates. BALS now covers Central and North Florida. The groups also suggested expanding the existing legal clinic programs held at VA clinics around Florida to bring in more pro bono attorneys and provide more access.

Finally, the groups continued to emphasize the need to take a holistic, multidisciplinary approach to veterans' services that not only considers the veteran, but also includes the veterans' spouse, family, children and employer. This multi-faceted approach creates broad ranging support for a needy veteran, and leads to success in services. It avoids veterans falling through program cracks and helps a community helps its veterans.

BEST PRACTICES

The best practices our Legal/VTC groups advanced are grouped into two general areas; 1) communication about legal issues to veterans, and 2) processes to follow up, track and continue to support veterans after VTC or another diversion program.

Best practices in the communication area

- Legal information gates – Florida Driver Licenses, Hunting and Fishing Licenses, Eviction process documents, Arrest/booking documents, Government Licenses/Contracts/Certificates
- 2-1-1 Coordinated Call Center, operated by the Crisis Center of Tampa Bay
- Get Help Now App/Florida Veterans Foundation
- Family needs outreach/contact/services

Legal information gates are points where an inquiry of whether a person is a veteran or has served in the military can be made as part of normal governmental procedures. At present, when applying for a Florida driver license or renewal, the applicant can receive a "Veteran" imprint on the license after submitting appropriate supporting documentation. FDVA subsequently emails a Florida Veterans Benefits Guide to the license holder, including legal services information. Florida hunting and fishing licenses are popular with veterans, and are a similar potential communication channel.

Several legal service attorneys brought up the idea of including a question asking whether a person being evicted is a veteran or served in the military. If so, the eviction process documents could contain contact information for local veterans' legal services to assist a person being evicted with their legal rights as a veteran. The attorneys expressed concern over time lapsing between eviction notice service and legal deadlines, and offered the veteran question and contact as a potential solution. A county jail could implement the same veteran inquiry and criminal defense contact information as a part of any arrest booking procedure.

The groups also addressed technology best practices. Our group discussion found a best practice for direct veterans communication would be the statewide expansion of the 2-1-1 system as entry point and coordination provider

The Governor's Initiative on Lawyers Assisting Warriors (GI LAW) is a new initiative to leverage the talent of Florida's leading law firms to provide pro bono services to military members. There are future plans to expand this service to veterans.

The Florida Veterans Foundation is presently overseeing the creation and marketing of a free smart phone application called Get Help Now. The app will directly connect veterans with peer counselors at the Crisis Center of Tampa Bay with one touch of a screen button.

for all veterans' services, including legal services. The recent agreement between the 2-1-1 Crisis Center of Tampa Bay and Bay Area Legal Services is an excellent model of best practice for this type of communication channel and service coordination. The model expansion is statewide, with peer-to-peer, veteran-to-veteran, telephone communication. This includes veteran peer counselors trained in suicide prevention and available 24/7 for veterans' suicide counseling.

The Florida Veterans Foundation (FDVA's direct support charity organization) is presently overseeing the creation and marketing of a free smart phone application called Get Help Now. The app will directly connect veterans with peer counselors at the Crisis Center of Tampa Bay with one touch of a screen button. The app will also offer connections to a array of veterans' services, including legal services, health care and behavioral health services. The app will be available for iPhone and Android smart phones.

Any veterans' service must consider the family's role in the veteran's legal and other issues. Those family members also need support and services. A best practice would be to plan outreach to the families and provide them with contact information about available services that may help their veteran family member or themselves. This practice should be consistent across all veterans' service programs.

Best practices in the follow up/track/ support continuity area

- Create a cross-program information system to follow up and track veterans receiving services, including legal services
- Increased state and federal funding for veterans civil legal services (e.g., USERRA/SCRA, VA claims, etc.)

There was consensus on the need for a cross-program information system to track and follow up on veterans' services; legal, health care, behavioral health, etc.

No such formal statewide system exists, although large-area care coordination providers such as Mission United in south Florida fill the role in that area. A statewide care and communication tracking solution allowing local veterans services providers to join would be of great use for all veterans and their service providers, increasing effectiveness and holding down costs.

Our Legal/VTC groups were unanimous in recommending increased state and federal funding for veterans' civil legal services as a best practice. While VA claims legal services were part of the legal needs discussed, most groups expressed the greater needs of veterans to deal with "civilian life" legal issues such as health care issues, landlord/ tenant disputes, divorces and immigration. The groups also thought FDVA veterans' preference services should be expanded and receive increased state funding.

RECOMMENDATIONS

Five main areas of recommendations are central to increasing the quality and quantity of services to Florida's 1.5 million veterans.

a) Create VTCs in all circuits; currently only in half of Florida counties
- Funding - create recurring stable state funding
- Training tracks for all Judges, Public Defenders, State Attorneys
- Need more mentors; funded VTC mentor coordinators
- Standard procedures and processes for all VTCs
- More focus on VTC services for domestic violence victims

b) Veterans' Preference in Employment, Private Employer Awareness, and Taxes
- Veterans' Preference in government hiring/promotions
- FDVA VP funding and staff increases; additional reports/ reviews/PERC hearings

The groups' central recommendation for veterans' treatment courts is to expand courts to every judicial circuit.

c). Private employer education and awareness of USERRA, SCRA, and veterans' rights
d). Property taxes, veterans' exemptions, and education
e). Find better solutions for obtaining DD-214s

The groups' central recommendation for veterans' treatment courts is to expand courts to every judicial circuit. Currently VTCs only cover about half the counties in Florida, and many rural counties have no VTC. Florida VTCs need stable, recurring state funding to continue to provide diversion programs focused on veterans. VTC court personnel need specific VTC training. There should be VTC training tracks for judges, public defenders and state attorneys to increase usage and effectiveness. And always, VTCs need more mentors. We recommend VTC funding include salaried VTC mentor coordinators to increase the number of VTC mentors, and to train more mentors. Mentors are often the most effective part of a veteran's VTC success.

The Legal/VTC groups also strongly suggested that the judicial system create standard processes and procedures for VTCs statewide. This standardization is important to insure equal protection and due process rights of veterans. It also serves to create VTCs that can be properly measured, tracked and managed as government agencies, creating a framework for stable funding.

Domestic violence charges are unfortunately often one of the legal issue that brings a veteran to VTC. The groups recommended that domestic violence victims of the veteran be part of the decision to permit the veteran to enter VTC as court diversion, and should be part of any coordinated VTC goals and reporting plan. Domestic violence victims should be contacted, counseled and provided with service contacts and providers as part of VTC processes.

The Legal/VTC groups also recommended increasing veterans' preference requirements in state and local government hiring and promotion. In order to insure these increases are effective, the groups recommended increased funding for FDVA's Veterans Preference (VP) program, with additional employees. This would permit FDVA staff to increase the number of VP reports, reviews and appearances before PERC in VP cases.

The groups further recommend the creation of an education program to increase Florida's private employers' awareness of veterans' civil legal rights under USERRA, SCRA, and state laws. FDVA and other state agencies should coordinate an outreach effort directed at private employers with posters, brochures, emails, etc., similar to other employee rights notice requirements.

The Legal/VTC groups recommended a similar education/awareness effort directed at increasing the knowledge of veterans' tax issues, exemptions and required veterans' exemption documentation among property tax appraisers and tax collectors. The veterans' tax education effort could be provided through the associations of property appraisers and tax collectors as part of their annual training. FDVA already provides training and consultation on veterans' tax issues to local and state government agencies and associations and this effort should be increased.

The Legal/VTC groups' final recommendation is to find a better solution for obtaining DD-214 forms, the discharge document for U.S. military service. This is more complicated than it sounds, since DD-214s are a federal Department of Defense form. At present, there is no central, online database of DD-214 forms. A veteran or their legal representative must request a DD-214 from the National Personnel Records Center, a federal agency. The request form is online, but the time delay in receiving a form may be substantial. Since a DD-214 form is the basic document substantiating military service, we recommend Florida seek federal funding to increase veterans' access to their records by developing an online central database of DD-214s.

HEALTH CARE AND MENTAL HEALTH

Gov. Ron DeSantis and key advocates attended the bill signing of HB 501 and HB 427 on June 26 in Tampa.

WHERE ARE THE GAPS?

The *Forward March* Health Care and Mental Health group discussion provided insight into areas of strength and areas of need regarding veteran health and mental health care. Overall, the feedback indicated a major need for additional, innovative resources to help veterans suffering from Post-Traumatic Stress, Traumatic Brain Injury, Military Sexual Trauma and service-related injuries and conditions. There is also a need for better communication and coordination within the service provider and local veteran service organization community. Further, the needs of Florida's veterans are not homogenous. While local organizations largely tailor services to the demographics of the veterans in their area, both veterans and providers highlighted the necessity of improved transitions of care, especially for veterans with mental health issues.

Florida is blessed to have a strong foundation of services for veterans of all wars and service eras, and we can do more for Florida's veterans by building on those foundations. We have a strong Federal VA presence that provides our veterans with basic and complex medical services as well as a breadth of other psychosocial services via hospitals, clinics, long-term care facilities, and Vet Centers across Florida. However, the size of the VA makes it bureaucratic and veterans report it can seem cold and uninviting, citing the impression that care comes across as generic

Bob Asztalos, chairman of the Florida Veterans Foundation, leads a group discussion during one of the *Forward March* regional meetings.

and their individuality is checked at the door. This is especially true for Vietnam-era veterans who mistrust the government because of their service experience and lack of support upon their return home, as well as many Southwest Asia conflict veterans who do not feel the VA fills their needs. Veterans voiced that when joining the military, they underwent both basic and job-specific training, but they received little to no training on how to "rewire" and transition back to the civilian world. This is especially true for veterans with mental health issues who are often reticent to seek help. As a result, some veterans suffer from homelessness, self-medication with alcohol and/or drugs, challenging emotions and behaviors that lead to crime and incarceration, and suicide.

Regarding community services, the results of our discussions demonstrate that Florida has a patchwork of veteran services that augment the Federal VA health care system and seek to fill gaps in Federal VA resources. The patchwork is locally focused, community oriented and largely tailored to the local veteran population. Because these organizations are local and inwardly focused, these groups face issues of adequate funding, lack of proper information, inadequate resources for outreach and duplication of services. They are often insular and thus miss out on the benefits of coordination, mutual assistance and resource sharing. While a variety local services exist, group discussions revealed there is a need for increased opportunities for peer support and/or mentorship, as well as services specifically tailored to the needs of women veterans.

EXISTING RESOURCES TO FILL THE GAPS

There is an array of existing resources that have the potential to fill the gaps highlighted during the *Forward March* Health and Mental Health group discussions, several of which are highlighted below.

The first is the 2-1-1 Coordinated Call Center operated by the Crisis Center of Tampa Bay, which is a statewide call line that provides suicide intervention support, crisis counseling and supportive services information to callers. This resource has veteran-specific resources available to veterans in all regions of Florida,

A disturbing number of veterans take their own lives. In Florida alone, nearly 600 veterans die from suicide each year at a rate slightly higher than the national average. Finding a solution to this public health crisis requires an aspirational, innovative, all-hands-on-deck approach.

Florida is blessed to have a strong foundation of services for veterans of all wars and service eras, and we can do more for Florida's veterans by building on those foundations.

and veterans have the ability to speak to a fellow veteran for crisis intervention support.

Mission United is a program that developed out of the United Way of Broward and has expanded to other counties and states. They assist veterans and their families with transitioning to civilian life. Mission United provides resources including housing support, employment services and legal assistance among others, and serves as a system navigation and case management entity.

An additional resource is the Florida Association of Managing Entities (FAME) system-wide behavioral health network that is made up of seven districts. The model helps to target community specific issues and respond to and fund behavioral health initiatives properly. Additionally, FAME has the ability to track data regarding users of the behavioral health system of care.

Further, developers are currently working to create a "Get Help Now" phone app that will allow veterans to connect with suicide prevention counselors instantaneously by clicking a button on their phone. The app is still in the development stages, but has the potential to link veterans directly with fellow veteran crisis counselors as part of the 2-1-1 Coordinated Call Center.

OPPORTUNITIES FOR FDVA

It is evident that many veteran-focused resources are available in local communities, but there is a lack of system coordination. FDVA is uniquely poised to serve as the lead agency for providing accurate, up-to-date information to the veteran community, encouraging the partnering of local resources, identifying and addressing veteran issues and providing a collective goal. FDVA can serve as the conduit between the Federal VA, community groups and veterans where communication and coordination is presently lacking.

BEST PRACTICES

As a result of speaking with community leaders and local content experts during the *Forward March* Health and Mental Health group discussions, several best practices were noted.

Mission United was highlighted as a program that effectively helps veterans and their families navigate community and VA resources with the goal of achieving self-sufficiency.

The Crisis Center of Tampa Bay also provides suicide intervention and crisis management services to the surrounding counties via the 24-hour 2-1-1 Coordinated Call Center.

In addition, research has shown that a protective factor against suicide is the feeling that one is connected to those around them. For this reason, resources that offer peer-to-peer veteran counseling like the Crisis Center's 2-1-1 Coordinated Call Center are effectively using shared past military experience as a means to help veterans feel connected in times of crisis.

Regular meetings between local care providers were also noted as a best practice in the interest of discussing the needs of local veterans and reviewing existing and needed resources.

RECOMMENDATIONS

As a result of a systematic review of topics discussed during the *Forward March* Health and Mental Health group discussions, review of gaps in care, and present understanding of existing resources, we have developed several recommendations aimed at improving the present state of veteran health and mental health resources in Florida. Specific steps are enumerated below:

1. In regard to the duplication of services, siloing of local resources and lack of dissemination of resources:

FDVA can create an easy point of entry into the service provider system and provide a one-stop shop for veterans, their families and veteran

advocates to find information and resources.

- FDVA can develop and utilize a statewide database of resources available to veterans based on location. On the FDVA website, veterans could access a list of regional and county services in one location. This might include creation of a tab on the FDVA website that would allow veteran groups to add information about their organization and programs.
- This would allow both veterans and veteran providers to access an up-to-date list of referral resources. Further, this would allow for communication and collaboration between similar community organizations in the same region or across regions.
- Further, this allows VA providers to access a list of local referral resources that may benefit their patients.

FDVA can lead in spreading the word to veterans about services available.

- In addition to maintaining a comprehensive list of local veteran support organizations, FDVA can send a Welcome Letter to transitioning troops as well as a Quarterly Newsletter as a form of outreach to veterans.
- Through the use of social media, FDVA can disseminate information to a wider veteran audience including younger veterans, as well as promote VA enrollment.

2. To address the gaps in care specific to the Federal VA system:

FDVA should encourage the Federal VA to improve its present practices and support the VA in those efforts.

- While the gaps at VA hospitals and clinics will vary by location, there is an overall need to increase patient-centered, individually-tailored care in the VA. FDVA should support the VA in securing the resources necessary to train incoming VA providers on A) the unique needs and experiences of the veteran community B) effective ways of communicating with veteran patients to ensure they feel heard, and C) how to serve as an active listener.
- To allow VA providers to spend more individualized time and efforts meeting with and understanding their veteran patients, FDVA needs to support the VA in making changes necessary to eliminate undue barriers and burden on providers so they have the bandwidth to more fully serve each veteran patient and their unique needs.
- The promotion of a greater use of telehealth resources will allow for an alternative to in-person mental health treatment and may circumvent the perceived stigma surrounding seeking mental health resources that some veterans experience.

Great to have Florida Veterans Foundation Chairman Bob Asztalos, Sen. Vic Torres, Sen. Tom Wright and Executive Director Danny Burgess participate at the Port Canaveral *Forward March*.

HB 501 created a pilot program focused on treating post-traumatic stress and traumatic brain injuries in veterans using alternative therapies, to include accelerated resolution therapy, equine therapy, music therapy, service animal training therapy and hyperbaric oxygen therapy.

FDVA can lead in finding new and innovative ways to assist veterans and their families with their health care needs.

- FDVA should maintain open lines of communication with VA hospitals and clinics so that barriers to care can be identified and addressed in a timely manner.

3. To meet the unique health and mental health care needs of veterans:

FDVA should be an advocate to the Legislature and other government entities to fill gaps in the health care delivery system.

- FDVA should advocate for the continuation of 2-1-1 Coordinated Call Center veteran peer counselors so that veterans have continued access to this essential resource.
- FDVA should work with agencies at the state and federal levels to identify and address barriers that veterans and their families experience when seeking care that may include factors like transportation difficulties, program enrollment challenges and stigma surrounding veterans seeking care.

FDVA should serve as a champion for suicide prevention efforts among veterans.

- FDVA should support the Federal VA in training non-mental health VA providers to identify risk factors for veteran suicide and refer patients to relevant resources when necessary.
- As mentioned above, FDVA should advocate for the continuation and expansion of 2-1-1 Coordinated Call Center veteran peer counselors.
- FDVA should provide veteran-specific suicide prevention educational resources to community providers and organizations working with veterans, as well as referral information for instances when they identify a veteran who needs additional support.

FDVA can lead in finding new and innovative ways to assist veterans and their families with their health care needs.

- This may include promoting alternative therapies and recreational therapies for veterans, supporting new telehealth efforts, etc.
- FDVA should promote the expansion of peer-to-peer veteran resources and the development of additional services specifically tailored to the needs of women veterans.

To address coordination of care issues and promote community support:

FDVA should promote the utilization of the behavioral health systems of care that have been established by FAME.

- This allows for the use of an existing framework to help link veterans to behavioral health resources.

FDVA can lead in educating general medicine and the public about the unique health care needs of veterans.

- In addition to providing veteran-specific suicide prevention educational resources to community providers, FDVA can disseminate information on veterans' issues to general practitioners and train and educate providers to be active listeners to veterans.
- FDVA can advocate for the training of law enforcement on how to recognize and best address veterans in the community.
- FDVA should work with the Governor's office to decrease the stigma surrounding seeking mental health treatment.

FDVA should encourage VA and other outside veteran service providers to meet on a regular basis to coordinate services, identify community-specific gaps in care and work collaboratively to address veteran needs.

- FDVA should continue to conduct meetings such as *Forward March* so veteran advocates can share resources, connect with one another and voice community needs.
- By maintaining a comprehensive list of veteran service providers by location, FDVA will indirectly facilitate communication between the included organizations.

TRANSITION SERVICES

Retired Army First Sgt. Matt Eversmann of Black Hawk Down fame joined the *Forward March* initiative in West Palm Beach, adding his signature to the ubiquitous *Forward March* poster.

Each transitioning service member retiring or separating from the military has individual goals for their post-military life. Although each veteran [1] and their transition process is different, common themes run through the feedback we gained from the *Forward March* Transition working groups. Themes that run through the Transition Topics listed in this report are:

- Successful transition begins and is maintained with an individual approach of tailored goals and support for each veteran. This is best achieved through peer-to-peer, veteran-to-veteran assistance. Goals of successful transition for most veterans are: access to earned benefits, fulfilling employment, entrepreneurship opportunity, and smooth family movement to their post-transition home of choice.
- Veterans desire a single or simpler point(s) of entry to access the many resources available to them. In some cases they suffer information overload, and other times they feel they don't know where to start or know if certain resources are available to meet their goals.
- Some gaps identified through this initiative are addressed in whole or in part by existing state or local resources, but are not being communicated about extensively perpetuating a perception of a gap where one may not exist.

Successful transition is ultimately about connections for veterans. Connecting with benefits, connecting with employers, connecting with business opportunities, and connecting with other veterans who can help navigate resources. It is in the best interest of the state to undertake promoting and facilitating the building of connections that meet the individual needs of veterans. Local transition assistance solutions work best and can be facilitated and supported by state entities like the Florida Department of

1 Veteran in this report means service members who are separating or retiring from the military, veterans who have separated or retired from active military service, and members of the National Guard or Reserves, and in some cases spouses.

Successful transition is ultimately about connections for veterans. Connecting with benefits, connecting with employers, connecting with business opportunities, and connecting with other veterans who can help navigate resources.

Veterans' Affairs and Veterans Florida. DOD TAP programs can only go so far assisting separating service members and veterans. State and local solutions and resources are best to follow through with guiding their transition process.

TRANSITION ASSISTANCE PROGRAMS

Several issues were identified with the DOD's Transition Assistance Programs. While many of these changes would need to occur at the DOD, the state could expand some best practices in other locations as well as look at ways to better utilize resources to fill gaps where possible.

What are the gaps?

- Across the state, access to transitioning service members in DOD TAP is limited, the transition assistance program managers generally do not allow state and local resources to have contact with the service members, nor do they provide contact information to create awareness of resources available to them.
- Generally, there is a lack of cultural awareness by service members as to what to expect from civilians in employment situations. They do not understand that often civilians have limited exposure to the military and most of the things they think they know are from stereotypes, media and entertainment. Even an understanding that some things that are normal in the military are in some cases frowned upon or unacceptable in a civilian setting is limited among many service members.
- It is estimated that service members should start planning for their transition at least a year before separation. DOD TAP usually targets separating service members as early as six months meaning the timelines are too close to separation to be effective.
- Transition assistance programs do not allow for resource referrals from either paid or non-profit resources that could ease their transition.
- National Guard and Reservists usually do not participate in transition assistance programs. National Guard and Reservists also have different needs than their active duty counterparts. Many do not simply return to their civilian jobs after activation both by their own choice, possibly wanting a career change, or by no fault of their own, when an employer fails to follow the laws regarding employment. There is no well-defined resource to help National Guard and Reservists with their transition, and they can be difficult to contact after separation.

What resources exist to fill the gaps?

- Veterans Florida, a state-created nonprofit and initiative to help fill the gap, provides career services, entrepreneurship and agricultural training to veterans and transitioning service members in or moving to Florida. Career services include military skills translation, resume assistance, interview preparation and job placement.
- Regional CareerSource Offices that have Disabled Veteran Outreach Program specialists to assist certain veterans in economic hardship.
- County Veteran Service Officers (VSOs) point veterans towards local, state and federal benefits and assistance.
- Installation commanders - to support programs and encourage DOD and local collaboration with local and state resource providers.

Opportunities:

- Resources are available, but limited access to transitioning service members prevents awareness and participation. Gaining access to transitioning service members would help connect them to state and local

resources and enable a smoother transition.
- State and local resources are better equipped to educate transitioning service members on trends and opportunities in the area.
- National Guard and Reservists typically do not have the opportunity to participate in DOD TAP.

Best Practices:
- Tri-county Partnership Initiative - Partnership and collaboration between regional CareerSource, local economic development council and DOD Installation Commanders at Eglin Air Force Base.
- DOD Skillbridge [2]
- Veterans Florida, described previously.

Recommendations:
- Expand partnerships between DOD TAP courses at statewide DOD installations and regional career source, economic development councils, and local resource providers to enhance training for eligible service members.
- Expand DOD Skillbridge and similar civilian training programs, encourage DOD participation during transition activities.
- Require or Enhance DOD TAP programs for eligible National Guard members and Reservists at the federal level.
- Ensure Veterans Florida funding continues. Additional resources can assist with establishing an "outside the gate TAP" administered by Veterans Florida.

STATE LICENSING RECIPROCITY AND RECOGNITION

State licensing reciprocity and recognition exists to a large degree already in Florida, most of which is provided at state and local levels with regard to reduced fees or free licensing for veterans. This is also an important factor as it pertains to family members relocating to Florida who wish to transfer a license or professional certification from another state. It would alleviate many concerns if legislation was expanded to ease the requirements for transferring a license or certification from another state for veterans and their immediate family members. Professional licensing boards also need to be open to reciprocity even as standards for licensure may be different from state to state.

What are the gaps?
- Although the state provides several license fee waivers, several state created professional boards are slow to adopt or make considerations for veterans entering a profession or attempting to seek reciprocity for a license gained in another state or through commensurate military experience. Additionally, the state's business regulatory website does not make it clear where a veteran should go on the website to find information on available waivers and exemptions.
- Recognition of accumulated experience hours or time for trades, professional services, and apprenticeships from other states or military service for veterans and their immediate family members.

Ed Rodriguez, Director of Veterans Affairs for Agriculture Commissioner Nikki Fried, was a frequent participant in the regional *Forward March* meetings.

What resources exist to fill the gaps?
- Professional licensing fees relaxed or eliminated for veterans in limited cases at the local level.
- Veterans Florida's successful Entrepreneurship Program can provide training and resources to veterans seeking employment in licensed trades, most of which are self-employment opportunities.

Opportunities:
- Legislation is needed to recognize and accept veterans' and family members'

2 The DoD SkillBridge program is an opportunity for service members to gain valuable civilian work experience through specific industry training, apprenticeships or internships during the last 180 days of service.

Outside the VA the overwhelming majority of veterans are unable to navigate through the "sea of goodwill" unless they are connected or are networked into the cause.

licenses, experience requirements and accumulated experience obtained during military service or from another state.
- Create a statewide awareness campaign of all waivers and exemptions available for veterans and spouses.

Best Practices:
- Onward to Opportunity - Career Skills Program
- DOD Skillbridge
- Veterans Florida Entrepreneurship Program

Recommendations:
- Allow for expanded reciprocity of state license or certifications obtained by veterans or their family members in other states or during military service.
- Develop a waiver process or exception for veterans and their family members for certain professional licenses when they can prove that they satisfied an equivalent accumulation of experience or hours in military service or in another state.
- Reduce or eliminate fees or offer scholarships to relocating veterans and their family members who are transferring licenses from other states or military service.
- Expand training programs and employer incentives for initially training and certifying or licensing veterans.
- Ensure Veterans Florida funding continues. Additional resources can allow entrepreneurship training and training grants across more areas of the state as well as marketing the program to veterans and their families. Marketing efforts can also include promoting the state's existing efforts regarding waivers, exemptions and reciprocity.

CENTRAL CONTACT OR REFERRAL SYSTEM FOR RESOURCES

It was almost universally noted that although resources exist to address many of the issues that transitioning veterans face, it is difficult to navigate through all the resources available to them. Many veterans turn to the VA to find help or referrals to resources and service providers; however, the majority of resources are not referred out through the VA. Outside the VA the overwhelming majority of veterans are unable to navigate through the "sea of goodwill" unless they are connected or are networked into the cause. Even when service providers are aware of resources and are able to refer veterans, they usually do not know the specifics on the requirements or qualification criteria for the resource providers. It is even less likely that a follow-up would occur to determine whether or not the veteran received the assistance they were seeking.

What are the gaps?
- Resource providers typically do not know where to look for other service and resource providers available outside their scope. As a result, referrals to other providers are rare because resource providers are unaware of other resources or programs and unfamiliar with their requirements.
- Follow ups after referrals are not conducted to verify the veteran connected with the referred provider or was effectively served.
- Menus of resources are not comprehensive or complete, not validated or vetted, or, in some cases, they are presented in inaccessible manners which only serve to overload a veteran with information.

What resources exist to fill the Gaps?
- Many local communities across the state have varying levels of formalized community collaborations between nonprofits, colleges and universities, veteran service organizations, county veteran service officers, VA representatives, etc.
- Mission United, a coordinated system of care for veterans and their families, which uses software to track referrals between various service providers, is a local initiative in certain areas of the state under the United Way banner.

Opportunities:

- Resources are available, but there is a lack of system coordination or statewide database to track all available resources and frequency of use.
- Create awareness of networks that exist to help match resources with veterans in need including resource providers.
- Market resources to veterans where they are likely to see them i.e. veteran groups, VA, social media, DMV, FDVA, Mission United, etc.

Best Practices:

- Mission United—Scalable, replicable model for coordinated veteran services
- 2-1-1 Coordinated Call Center operated by the Crisis Center of Tampa Bay provides veterans with easy to remember phone number for seeking local assistance

Recommendations:

- Develop/utilize a statewide provider and resource database specific to veteran population and their families.
- Establish a call center with VSOs or counselors trained on resource referrals, who are able to determine which resources may apply to veterans using a database of resources. These counselors should also follow up with the veteran to ensure their needs were met.
- Veterans Florida and FDVA share providers discovered through their normal activities so as veterans come to Veterans Florida for career assistance, they can be referred out to services they may need in addition to employment.

CULTURAL AWARENESS FOR EMPLOYERS AND VETERANS

One of the most, if not the most, important goals of a service member's transition is gainful and meaningful post military employment as a veteran. A steady income and mission driven employment provides veterans and their families a sense of security, hope and purpose. Veterans who attain this goal are more likely to assist other transitioning service members and are less likely to rely solely on the social safety net.

There is a wide cultural gap between veterans and civilians, even more so between veterans and their potential civilian employers. Most veterans rely on either trial and error or rumors to navigate the employment process when they transition from military culture back into their civilian lives.[3] This puts the veteran at a severe disadvantage compared to civilian applicants that understand culture outside the military. Transition assistance programs do little to address or educate transitioning service members on what to expect or how to act in the current civilian climate. Additionally, the importance of their network, especially within their desired industry, is not stressed and little if any training is done on how to become better at networking and leveraging your network for career opportunities.

Florida Veteran Support Line Staff are always happy and ready to help.

Civilian employers are often confused as to what to expect from a military employee, and, even more, what skills they have acquired in the military that could apply to their future roles within a company. There are also stereotypes and misconceptions, such as "the broken vet," that deter some employers from considering military members for employment.

The gap needs to be bridged or narrowed between service members and employers. Many initiatives such as Veterans Florida, Hiring Our Heroes, and DOD Skillbridge do this naturally by the nature of their work, but the issue is large, and with more than 200,000 service members retiring or separating nationally each year, more resources are needed for an organized campaign to dispel myths and tie the two cultures together.

3 This is evidence of the other DOD TAP gap. Transitioning service members have dozens of out-processing activities demanding their attention, and most do not give the federally provided DOD TAP classes the necessary attention, hurting their post military employment search.

Sponsored by the Department of Agriculture and Consumer Services, Operation Outdoor Freedom provides wounded veterans with outdoor activities at no cost as one of many transition services.

What are the gaps?

- Helping employers understand skills and mindset of veterans and overcome stereotypes and myths associated with veterans.
- Creating veteran awareness of cultural differences between military and civilian employers.

What resources exist to fill the gaps?

- Local Colleges and Universities, who train and teach students hired by industry, can effectively promote student veterans to employers. Additionally, most, if not all, Florida higher education institutions have Student Veteran Associations which can assist with promoting veterans and their talent to employers as they near graduation.
- Veterans Florida - Career services, entrepreneurship and agricultural training
- CareerSource
- Veteran Service Officers (VSOs) - Can often help find resources to point veterans in the right direction
- DOD TAP
- Mission United - Coordinated system of care for veterans and their families.
- Veteratti [4] , Eversmann Advisory [5] , Hiring Our Heroes [6] , and other veterans employment and/or recruiting nonprofits
- Jacksonville Military Veteran Coalition [7] - dedicated local employers seeking veteran talent and assisting them with transition efforts

Opportunities:

- Expand state employment programs that incentivize employers to hire veterans
- Create a cultural awareness campaign for employers and commerce groups on the value of veterans
- Create more veteran peer-to-peer networking and mentoring opportunities. Culturally, veterans trust each other but can be suspect of civilians who offer help.

Best Practices:

- Veteratti, Eversmann Advisory, Hiring Our Heroes, and other veteran employment and/or recruiting nonprofits help educate employers and veterans and dispel myths and stereotypes as well as conduct veteran peer to peer mentoring.
- Veterans Florida - Works with and trains employers to understand how to hire and work with veterans, prepares veterans for civilian employer interviews and cultural differences. Provides workforce training grants for employers which train new or existing veteran employees.

Recommendations:

- Task Veterans Florida with and provide additional resources for administering a statewide network of local veteran-friendly employer networks. Discovered through *Forward March* events, local employer networks demonstrated a commitment to successfully assisting transitioning service members and veterans through shared experiences and best practices coordinated typically through monthly or quarterly formal or informal gatherings. Veterans Florida can identify where such local employers already exist and support them, and where such networks do not exist, Veterans Florida can assist establishing and coordinating them.
- Provide additional resources to programs that assist veterans with employment.
- Market and provide formal employer veteran skill translator and cultural awareness training. Provide financial incentives to companies that complete training and hire veterans.
- Create formal peer-to-peer mentoring groups within the Transition Assistance Programs, Vet Centers and CareerSource Veterans Resource Centers. Veterans Florida can also establish a statewide network of career and entrepreneurship mentors.

4 Veterati is a digital mentorship platform which helps the military community pursue the careers of their dreams at every point in their career journey.
5 Eversmann Advisory trains, coaches and mentors individuals on how to build their career transition strategies, and offers military consulting services to U.S. military members and veterans.
6 Hiring Our Heroes, an initiative of the U.S. Chamber of Commerce Foundation, provides free job search assistance to U.S. military members, veterans and military spouses, and we help companies connect with opportunities to hire them.
7 The Jacksonville Military Veterans Coalition works with military organizations, veteran groups, industry associations, governmental entities, and Jacksonville businesses to build awareness and understanding of how these skills and cultural attributes make military veterans outstanding employees.

RECOMMENDATIONS

Below is a summary of recommendations coming from the five breakout sessions of the *Forward March* initiative.

Benefits:

1. FDVA needs to increase its presence in the military services' Transition Assistance Programs.
2. Funding is required for FDVA, national service organizations and county veterans service officers to adequately identify and contact veterans.
3. FDVA should collaborate with the National Association of State Directors of Veterans Affairs and the seven nationally chartered service organizations such as American Legion, DAV, VFW, etc. to lobby Congress to fix the flaws in the eBenefits system.
4. FDVA should seek funding from the state legislature for a veterans' information system that can link veterans with all services provided in their communities.
5. FDVA should seek additional state funding for its outreach budget to connect hard-to-reach veterans in Florida with earned services, benefits and support.
6. FDVA should seek state funding to continue supporting the 2-1-1 Coordinated Call Center through the establishment of the Veteran Care Coordinator Program.
7. FDVA should encourage to establish county engagement boards like in Pinellas and Hillsborough.
8. FDVA should work with other state agencies and service provider organizations to produce a comprehensive resource directory for veterans and establish a Finding Florida Veterans database.
9. FDVA should seek state funding to produce a virtual welcome packet for new veterans arriving in the state. Work with the Department of Highway Safety and Motor Vehicles to identify recent arrivals as they apply for a new registration or tag. The landing platform for this welcome packet could be the Veterans Florida website as they are already welcoming veterans to Florida and encouraging them to stay.

Homelessness and Community Services:

1. FDVA should create an easy point of entry into the service provider system and provide a one-stop shop for veterans, their families and veteran advocates to find information and resources available on the FDVA Website.
2. FDVA should lead the way in spreading the word to veterans about services available by expanding FDVA's external affairs/outreach.
3. FDVA should lead in finding and promoting additional innovative resources to meet veterans' basic needs.
4. FDVA should support the allocation of state funding to new housing specific initiatives.
5. FDVA should encourage the U.S. Department of Veterans Affairs and

community organizations to meet on a regular basis to coordinate services, identify community specific gaps in care and work collaboratively address veteran housing needs.

6. FDVA should serve as the central body that unifies efforts to identify veterans in Florida.

Legal Aid and Veterans Treatment Courts:

1. FDVA should work with the legislature to pass legislation that standardizes veterans' treatment courts in every judicial court and advocate for Federal funding to support VTCs.
2. FDVA works with state courts administrators and other stakeholders to create training tracks for all judges, public defenders and state attorneys.
3. FDVA should ensure that any Veterans Treatment Court funding includes money for mentors.
4. FDVA should work with the Governor's office and other state agencies to coordinate the creation of an education program to increase Florida's private employer's awareness of veterans' civil legal rights under USERRA, SCRA and state laws.
5. FDVA should advocate for the expansion of the GI LAW program from active duty members to Florida's veteran community.
6. FDVA should work with county property appraisers and tax collectors to increase their knowledge of veterans tax issues, exemptions and documents needed to support their entitled exemption. This can be accomplished through annual training that property appraisers and tax collectors associations provide for their membership.
7. FDVA should work with the VA to provide a more readily available depository of DD-214 forms. The current system is too slow.

Health Care/Mental Health:

1. FDVA should create an easy entry point into the service provider system and provide a one-stop shop for veterans, their families and veteran advocates to find information and resources.
2. FDVA should be a legislative advocate to continue funding the Crisis Center of Tampa Bay's 2-1-1 Coordinated Call Center. Assist the legislature in passing the Veteran Family Care Act.
3. FDVA should serve as a champion for suicide prevention efforts among veterans.
4. FDVA should continue to advocate for the expansion of alternative treatment therapies for veterans and ensure adequate state funding for therapies.
5. FDVA should advocate for and support the VA and other outside veteran services providers to meet on a regular basis to coordinate services, identify community specific gaps in care and work collaboratively to address veteran needs.

Transition Services:

1. Continue to fund Veterans Florida. Additional resources can be used to establish an in-state Transition Assistance Program administered by Veterans Florida to establish and coordinate a veteran-friendly network of employers.
2. Continue to pass legislation that allows for expanded reciprocity of state license or certifications obtained by veterans or family members in other states or military service.
3. Expand the law that allows waivers for veterans and their family members for certain professional licenses when they can prove the necessary hours of experience or military service.
4. Expand training programs and employer incentives for initial training and certifying or licensing veterans.
5. Fund the operation by the Florida Department of Veterans' Affairs of a database that will provide a list of all service providers in the state – a one-stop shop for services.

Forward March is the start of an ongoing effort to determine best practices and ensure the state of Florida sets the national standard for veteran services and support. We are extremely grateful to all who participated in this monumental initiative. We value your time, dedication and input. Now let's turn your ideas into action and ensure Florida sets the national standard in veteran service and support.

FORWARD MARCH

FDVA
FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

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

September 2020

Table of Contents

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 exposure 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

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

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,

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.

- 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. **<u>Recommendation</u>: 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 Act[2] and H.R. 2230 BREAK PAY for Veterans Act[3]--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.

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

			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. <u>Recommendation</u>: 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 Procedures[5] 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. <u>a. Recommendation</u>: 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.

[5]M27-1 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:

> 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. 1925[6] 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 Shirtliffe."

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. **<u>Recommendation</u>: 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 cancer[8] 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

[7]Cancer 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.

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. **<u>a. Recommendation</u>: 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.**

   <u>b. Recommendation</u>: 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)

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.
[11] Women's Health Services, Comprehensive Primary Care. Retrieved from: https://www.womenshealth.va.gov/WOMENSHEALTH/outreachmaterials/generalhealthandwellness/comprehensive_health2014.asp, on March 9, 2020.

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

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. **<u>a. Recommendation</u>: 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.**

   <u>b. Recommendation</u>: 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. HSR&D.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.

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 Mental Health	WHS	Incorporate issues of relevance to pain and substance use in women into national	SCOUTT: 9/20	Planning
				VIP POST: 9/20 (and annually thereafter)	Planning

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 disproportionally 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.

- 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 NIHis 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. <u>Recommendation</u>: 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. <u>Recommendation</u>: 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

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.

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.

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-CSPP. 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

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 Ill 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 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.

- 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

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.

- 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,

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.

- 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

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.

1

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: _____ Date: _____
Robert L. Wilkie
Secretary of Veterans Affairs

2

Appendix F
Center for Women Veterans Mission and Goals

Center for Women Veterans

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/

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

- **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 HealtheVet 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.

References

Driscoll MA, et al. (A) Trauma, social support, family conflict, and chronic pain in recent service Veterans: Does gender matter? *Pain Med* 2015;16(6):1101-11.

Driscoll MA, et al. Patient experiences navigating chronic pain management in an integrated health care system: A qualitative investigation of women and men. *Pain Med* 2018;19:S19-S29.

Gellad, W. F., Good, C.B., & Shulkin, D.J**.** (2017). Addressing the opioid epidemic in the United States: lessons learned from the Department of Veterans Affairs. *JAMA, 177*, 611–2.

Haskell SG, Heapy A, Reid MC, Papas RK, Kerns RD. The prevalence and age-related characteristics of pain in a sample of women Veterans receiving primary care. Journal of Women's Health. 2006 Sep 1;15(7):862-9.

Haskell, S. G., Ning, Y., Krebs, E., Goulet, J., Mattocks, K., Kerns, R., Brandt, & C. (2012). Prevalence of Painful Musculoskeletal Conditions in Female and Male Veterans in 7 Years After Return From Deployment in Operation Enduring Freedom/Operation Iraqi Freedom, *The Clinical Journal of Pain, 28* (2), 163-167 doi: 10.1097/AJP.0b013e318223d951

Higgins DM, et al. Gender differences in demographic and clinical correlates among Veterans with musculoskeletal disorders. *Women's Health Issues* 2017; 27(4):463-470.

Hoggatt, K. J., Lehavot, K., Krenek, M., Schweizer, A., & Simpson, T. L. (2017). Prevalence of substance misuse among US Veterans in the general population. *The American Journal on Addictions, 26*(4):357-365. doi: 10.1111/ajad.12534*.*

LaChappelle K, et al. Satisfaction with pain treatment in OEF/OIF Veterans. *Journal of Pain*. 2013;4(14): S13.

Murphy JL, Phillips KM, Rafie S. Sex differences between Veterans participating in interdisciplinary chronic pain rehabilitation. *Journal of Rehabilitation Research and Development*. 2016;53(1):83-94.

Oliva EM, Midboe AM, Lewis ET, Henderson PT, Dalton AL, Im JJ, Seal K, Paik MC, Trafton JA. Sex differences in chronic pain management practices for patients receiving opioids from the Veterans Health Administration. *Pain Med* 2015;16(1):112-8.

Weimer MB, Macey TA, Nicolaidis C, Dobscha SK, Duckart JP, Morasco BJ. Sex differences in the medical care of VA patients with chronic non-cancer pain. *Pain Med* 2013;14(12): 1839-47.

DAV®

FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

WOMEN VETERANS: THE LONG JOURNEY HOME

Disclaimer: Photos, unless otherwise noted, are DoD images released to the public. Quotations throughout the report may not be directly related to people in the photographs.

Foreword

DAV (Disabled American Veterans) is pleased to present this unprecedented report: *Women Veterans: The Long Journey Home*, a comprehensive study of the many challenges women face when they leave military service.

DAV commissioned and produced this report to highlight the role of women in the military, particularly over the past decade of war; to explore the issues facing women as they transition from military to civilian life; and to chronicle the unique challenges they face and sacrifices they make, which are little understood and rarely recognized. Our overarching goal is to document existing gaps in federal programs and services and spur policy changes to fill them.

The number of women in the military today and their evolving role in our national defense continue to rise. Although women in uniform have long served with honor and courage in combat environments, changes in Department of Defense (DoD) policy have now opened military occupational specialties previously closed to them, presenting a new series of challenges for women veterans.

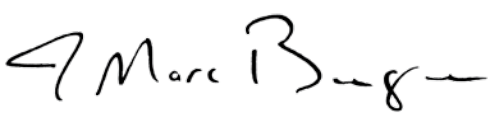
As women complete their military service and begin their transitions home, they embark on a journey. As vividly depicted in this report, the Departments of Defense, Veterans Affairs (VA) and Labor (DoL) are also on an unfinished journey themselves in terms of fostering and adapting programs and policies to support women service members returning to civilian life. These and other federal agencies must work collaboratively if women are to have timely and seamless access to high quality medical care, mental health programs and a full array of readjustment benefits. This report details programs throughout the federal government that desperately need adaptation to better assist women veterans achieve educational goals, secure employment, and achieve successful careers. We believe the recommendations in this report can help women who served make a smoother transition home to reestablish their relationships with children, spouses, extended families, friends, employers and communities.

The stories and statistics that support this report make clear that women veterans face a homecoming that is remarkably different than their male counterparts. As a nation we need to fully recognize their contributions and sacrifices—we owe them this respect and opportunity to heal and successfully transition home.

Our nation must address and change the culture that ignores or minimizes women's service and their contribution to our military mission, so that they too can fully benefit from the array of services that have been established for veterans, including for those who served in combat theaters and other hardship deployments.

Today, women represent the fastest growing group of veterans who are enrolling in VA health care. More women serving, and many more serving in the future, mean that DoD and VA programs historically focused almost exclusively toward the needs of men must change and adapt; that change must begin now and it must be pursued with urgency.

DAV pledges to be an agent for this change, and to travel the road home alongside all women who proudly volunteer and serve our nation with honor and distinction. Please join us in this journey.



J. MARC BURGESS

National Adjutant and
Chief Executive Officer, DAV

GARRY J. AUGUSTINE

Washington Executive Director
National Service and Legislative Headquarters, DAV

Executive Summary

Women have patrolled the streets of Fallujah and Kandahar, they have driven in convoys on desert roads and mountain passes, they have deployed with Special Forces in Afghanistan on cultural support teams, they have climbed into the cockpits of fighter jets and out of the bloody rubble after IED explosions. Many have begun their long journey home. The question we ask in this report is –

"Will they walk alone?"

Women have volunteered to serve in the U.S. military since the American Revolution. Today they constitute approximately 20 percent of new recruits, 14.5 percent of the 1.4 million active duty component and 18 percent of the 850,000 reserve component. Almost 280,000 women have served Post-9/11 in Afghanistan and Iraq. While the number of male veterans is expected to decline by 2020, the number of women veterans is expected to grow dramatically, to 11 percent of the veteran population.

Because of their role in the military and society, women have unique transition challenges. They experience deployment and reintegration differently than men. Women focus more on disruption of interpersonal relationships, feeling less social support once they return home, and do not find services or commanders prepared to support a woman and her family after deployment. When compared to men, women are less likely overall to be married, more likely to be married to a fellow service member, more likely to be a single parent, more likely to be divorced, and more likely to be unemployed after their service. Women veterans tend to be younger than men and are less likely to use VA benefits.

Women who served our country in the military are strong and heroic but their contributions have been underrecognized, even by the women themselves. The challenges of readjustment to post-military life affect women differently than men and should receive attention from their local communities and the federal government that is at least comparable to that received by men. The unique needs of women veterans are varied and complex, spanning the areas of health care, eradication of sexual assault, employment, finance, housing, and social issues. One of the most persistent problems is a military and veterans' culture that is not perceived as welcoming to women and does not afford them equal consideration. VA's Women Veterans' Task Force noted the "need for culture change across VA to reverse the enduring perception that a woman who comes to VA for services is not a veteran herself, but a male veteran's wife, mother, or daughter." Our nation does not yet adequately recognize and celebrate the contributions of women in military service, treat them with dignity and respect, or promote their successful transition to civilian life. This is a foundational issue and will be one of the most critical but difficult to address.

We identified serious gaps in every aspect of the programs that serve women, including health care, employment, finance, housing, social issues and the eradication of sexual assault. The vast majority of these deficiencies result from a disregard for the differing needs of women veterans and a focusing on the 80 percent solution for men who dominate in both numbers and public consciousness. The recent dramatic increase in reporting of military sexual trauma is an illustration of problems and solutions that require radical change in the culture of the Armed Forces.

Many women who return from deployment are made stronger by their experiences but a significant number have difficulty with transition and need support for health care, employment, finance, housing and social issues. With the withdrawal of ground forces from Iraq and the drawdown in Afghanistan, government and the public are already turning to new issues. There is a misperception that these problems associated with war will disappear when there are no more boots on the ground. History and research tell us that this is a false hope. Women who have deployed suffer from a complex array of medical conditions that will grow over time and present long-term challenges.

Research conducted by VA shows that almost one in five women veterans has delayed or gone without needed care in the prior 12 months. VA needs to expand its delivery of gender-sensitive health care services to meet the needs of the rapidly growing number of women they serve. How can an integrated health system that serves women purport to provide comprehensive health care when a third of their medical centers do not have a gynecologist on staff? Yet that is the case in VA today. Holistic, evidence-based programs for women's health, mental health and rehabilitation must be expanded to address the full continuum of care needed by all veterans. VA should have the authority to provide lifetime eligibility for health care to every veteran who served in a combat theater; the current five-year special eligibility provided by Public Law 110-181 is not adequate.

Women have difficulty translating their military experience into civilian employment. This is clearly evident in the stubbornly high unemployment rates for some groups of women veterans. One result of our inability to reverse these unemployment trends is the disturbingly high rate of homelessness among women veterans—at least twice as high as women non-veterans. These issues must be addressed with solutions that target the special needs of women since it is clear that the traditional programs are falling short for them. Safe housing solutions for women veterans, especially women with minor children, are scarce in virtually every community.

This report provides a roadmap for urgent action to support women veterans on their long journey home. Women veterans have remained invisible for far too long to the federal, state and local programs that have a mission to support them. The need will become even more pressing as the Department of Defense (DoD) executes its downsizing plan and those who expected full military careers are suddenly thrust, with little warning, into the ill-prepared civilian community. The time has come to push for change in reintegration and readjustment support for women as they transition to post-military life. This report and the ongoing advocacy of DAV aims to trigger urgent actions from VA, DoD and other stakeholders, for an integrated approach to address the transition needs of women veterans, and an overhaul of the culture, values, and services of the federal system.

The report findings and recommendations cover the broad range of transition needs of women veterans in culture change, health care, military sexual trauma, disability compensation, justice, family and community, education, transition assistance, employment, and housing. In this executive summary we provide the 27 key recommendations in these areas to drive immediate action and change.

CROSS-CUTTING RECOMMENDATIONS

Federal and state governments and community organizations provide a wide range of programs to assist veterans with transition and readjustment. The information about these services is scattered across many federal Departments, dispersed programs, websites and print materials. The information is difficult to access and it is difficult for women to understand their eligibility.

Key Recommendation 1:

DoD, VA and other federal partners should collaborate to develop and maintain an up-to-date central directory and mobile apps for federal programs and services that are available to women service members and veterans who are transitioning from military to non-military life.

Women are a rapidly increasing and important component of U.S. military services. In order to understand the experience of women in the military and veterans, data needs to be routinely collected, analyzed and reported by gender and minority status. In this report, we have recommended improved data collection on women and minorities for health care, disability compensation, justice, education, transition assistance, sexual trauma, employment and housing programs. Congress, policy makers, program directors and researchers need this information in order to monitor and enhance services for women.

Key Recommendation 2:

The federal government should collect, analyze and publish data by gender and minority status for every program that serves veterans to improve understanding, the monitoring and oversight of programs that serve women veterans.

Historically, women have not been afforded the same status as men in military service. Even today, women in the military and veterans face cultural barriers to full integration into military service, recognition as veterans and barriers to VA services and benefits. This is manifest by lack of attention to adequate protective equipment designed for women, disparities in promotion, and sexual harassment and assault within DoD. Despite recent improvement efforts at VA and DoD, women still encounter a male-dominated system that is designed to address the needs of men. Women lack consistent access to a full range of gender-sensitive benefits and services, and the federal government has not ensured that the staff in each agency are exemplifying and promoting a culture that embraces its women veterans' mission. Resources for implementation and evaluation of programs that address culture and climate are needed.

Key Recommendation 3:

VA and DoD should aggressively pursue culture and organizational change to ensure that women are respected and valued.

DoD, VA and other federal Departments and agencies have developed programs focused on assisting women with transition to post-military life and readjustment of women veterans and families after combat deployment. However, the federal government cannot provide all the health care, education, employment and housing support needed by women and their families. More community wide assessments, local coordination and collaboration are needed to enhance the effectiveness of health care, social supports and transition services for both men and women.

Key Recommendation 4:

DoD, VA and local communities should work together to establish peer support networks for women veterans to ease transition, isolation and assist with readjustment problems.

Key Recommendation 5:

VA should establish child care services as a permanent program to support health care, vocational rehabilitation, education and supported employment services.

Key Recommendation 6:

VA should build upon the local community partnerships and outreach established for other programs, such as homeless veterans, to establish support networks for women veterans in accessing health care, employment, financial counseling and housing.

HEALTH CARE SERVICES

A large body of historical and scientific evidence demonstrates that veterans experience a broad range of long-term health consequences after combat service. Veterans returning from combat operations are eligible to enroll in VA health care for five years from the date of their most recent discharge without having to demonstrate a service-connected disability or satisfy an income requirement. This special period of enrollment eligibility for VA health care was first established in 1998 and was expanded in 2007 by Public Law 110-181. Congress should acknowledge the health consequences of combat service and extend lifetime health benefits to all men and women who serve in a combat theater of operations.

Key Recommendation 7:

Congress should pass legislation to make all individuals who served in a combat theater of operations eligible for VA health care, for life.

Women veterans need and want more involvement of family members in their treatment in order to improve medical, psychological and social outcomes. VA should use its current authority to improve family member involvement and request additional authority where gaps are identified.

Key Recommendation 8:

DoD and VA should increase engagement and treatment of family members in post-deployment health care and the transition programs for service members and veterans.

VA should be praised for its efforts to establish women's health programs and comprehensive primary care for women veterans. However, gaps still exist in some clinics and specialty services—an example is that one third of VA Medical Centers (VAMC) do not have a gynecologist on staff. VA must require VAMCs to staff and design their programs to provide a full range of primary and specialty care to women.

Key Recommendation 9:

VA needs to improve access to gender-specific health care for women veterans by requiring every VAMC to hire a part-time or full-time gynecologist.

Numerous reports have indicated that women veterans suffer from a high burden of Post Traumatic Stress Disorder (PTSD), depression and other comorbid conditions. VA has had difficulty in establishing gender-specific group counseling, residential treatment and specialty inpatient programs to serve women veterans. We recognize the difficulty in having a critical volume of women to maintain these specialized programs in every location and therefore recommend that VA and DoD work collaboratively on pilot programs to address these issues such as tele-group therapy, VA-DoD joint programs, increasing regional centers of excellence and other promising practices.

Key Recommendation 10:

VA and DoD should remove existing barriers and improve access to mental health programs for women. They should explore innovative programs for providing gender-sensitive mental health programs for women. An Interagency Work Group should be tasked to review options, develop a plan, fund pilots and track outcomes. VA and DoD might consider collaborations on joint group therapy, peer support networks and inpatient programs for women who served Post-9/11.

VETERANS JUSTICE INITIATIVES

Deployment has been associated with the development of behavioral issues than can contribute to veterans becoming involved with the legal system. Because Veterans Treatment Courts are supported by a multidisciplinary team, they can respond effectively to veterans who may be struggling with mental health problems, including PTSD, substance use disorders or traumatic brain injury, ensuring they receive supervised treatment rather than being incarcerated. Research and monitoring is needed to understand the key success factors and outcomes for women veterans.

Key Recommendation 11:

VA and the Department of Justice should track and report on the experience of women in Veterans Treatment Courts. VA and DoD should sponsor research to determine the key success factors for the Veterans Treatment Court model including the need for fidelity to the full model and the optimal training, staffing, structure and processes needed to maximize their outcomes and effectiveness. Outcomes such as re-arrest, reconviction, employment, family relations, quality of life and health outcomes should be studied.

MILITARY SEXUAL TRAUMA (MST)

Military sexual trauma is a crime. In order to successfully eliminate rape, sexual assault and harassment, DoD must address organizational, culture and prevention solutions.

Key Recommendation 12:

DoD should eliminate rape, sexual assault and sexual harassment in every part of its organization and take action to establish a culture that does not tolerate sexual assault and sexual harassment.

Key Recommendation 13:

DoD should allocate the resources needed to fully implement its Sexual Assault Prevention and Response Office's (SAPRO) Strategic Plan. DoD should conduct program evaluations and prospective scientific studies to monitor the success of its plan to prevent MST, change the military culture, assess program progress and outcomes and adjust actions as needed.

FAMILY AND COMMUNITY

DoD has not adequately supported or adjusted its programs to meet the needs of deployed women and their families. Husbands of deployed women service members do not receive the same level of family support services available to female spouses because programs are not designed to meet their concerns, needs and schedules or are not welcoming to men's participation. Current transition programs and treatments for relationship building, family reintegration, prevention of intimate partner violence and support for family functioning are based on civilian programs and lack evidence of effectiveness in military and veteran populations. Transition support programs that are designed for prevention, treatment and support for women and their families are needed.

Key Recommendation 14:

DoD should improve policies and programs that provide family support to the spouses and children of women veterans.

Key Recommendations 15:

VA and DoD should develop a pilot program for structured women transition support groups to addresses issues with marriage, deployment, changing roles, child care and living as a dual military family. VA should evaluate effectiveness of transition support groups and determine whether these efforts help achieve more successful outcomes for women.

VA's women veterans' retreat program has been a resounding success—reducing stress, improving coping skills and improving women's sense of psychological well-being. In its report to Congress, VA noted that 85 percent of participants showed improvements in psychological well-being, 81 percent also showed significant decreases in stress symptoms and 82 percent showed an improvement in positive coping skills. These are outcomes that warrant reauthorization of the program by Congress and a study of long-term outcomes in women participants.

Key Recommendation 16:

Congress should reauthorize the VA Readjustment Counseling Service's women veterans retreat program. VA researchers should study the program to determine its key success factor(s) and whether it can be replicated in other settings.

EDUCATION

The Post-9/11 GI Bill represents the largest expansion of educational support to military and veterans in our nation's history and provides excellent educational benefits. There is a paucity of information available on the education subsidies and support received by women veterans or the outcomes of the use of the Post-9/11 GI Bill benefits and services. More information is needed for program planning, policy-makers and researchers. Veteran students need targeted information to help them choose a school that works for them.

Key Recommendation 17:

VA should address the needs of women veterans in education by piloting programs such as education and career counseling, virtual peer support for women students and child care services. VA should establish comprehensive guidelines that schools can use to assess and improve their services and programs for student veterans. Special attention should be given to the needs of women veterans on campus. Schools who adopt these guidelines should be rated as such on the GI Bill Comparison Tool. VA should market its Education Counseling services on the Veterans Benefits Administration (VBA) website and emphasize them during the Transition Assistance Program (TAP). Alternative options such as live chat and email should also be made available and marketed.

Key Recommendation 18:

VA should enhance its monitoring and reporting on educational institutions to include consistent standards for granting credit for military training and education credit transfer, support for veteran students with identified disabilities, educational outcomes and barriers, availability of career counseling and job placement success.

> "Transition does not end when you first get out of the military. Veterans must have opportunities for later support as needs arise."
>
> *Participant from the DAV Women Veterans Focus Group August 11, 2014 (4)*

TRANSITION ASSISTANCE PROGRAM (TAP)

There are no comprehensive studies that evaluate the effectiveness of the TAP program. The hallmark of adult learning is that adults seek out and absorb information when they perceive that they need it, not necessarily when it is presented. Some transitioning service members may not be primed to absorb TAP training pre-separation but would be more receptive once they are actively seeking help and assistance 6-12 months later.

Key Recommendation 19:

TAP partners should conduct an assessment to determine needs of women veterans and incorporate specific breakout sessions during the employment workshop or add a specific track for women in the three-day session to address those needs.

Key Recommendation 20:

DoD should transfer contact information and data on all TAP participants to VA and DoL who should be responsible to provide gender sensitive follow up with all service members 6-12 months after separation to offer additional support and services, if needed.

Key Recommendation 21:

Data on participation, satisfaction, effectiveness and outcomes for TAP should be collected and analyzed by gender and race and returned in real time to commanders for their assessment and corrective actions. To judge the success of TAP, employment outcomes and educational attainment should be tracked and reported on a rolling basis, analyzed by gender and race, for all separated service members.

EMPLOYMENT

Department of Labor (DoL) has provided women veterans with many customized programs, communications and supports. Despite these efforts the unemployment and underemployment rates for some women are higher than men. The planned military downsizing is likely to exacerbate this problem. Additional efforts are needed to reverse these trends.

Key Recommendation 22 :

DoL and VA should develop structured pilot programs that build on the promising practices from DoL Career One Stop service centers, but that target unemployed women veterans, to assist them with job placement and retention.

Key Recommendation 23:

DoL should work more closely with state certification organizations to translate military training and certification to private sector equivalents. VA and DoD should establish a grant program to accelerate these efforts.

HOUSING

VA's efforts to eliminate veterans' homelessness have been impressive and are showing measurable success. However, women veterans still have higher rates of homelessness than their non-veteran counterparts and housing support needs to be enhanced, particularly for women with dependent children.

Key Recommendation 24:

Congress should reauthorize and fully fund the Supportive Services for Veteran Families (SSVF) program to promote positive transitions for women veterans during the anticipated downsizing of the U.S. Armed Forces.

Key Recommendation 25:

VA and HUD should invest in additional safe transitional and supportive beds designated for women veterans.

Key Recommendation 26:

VA should work with community partners to provide housing programs to accommodate women veterans with families.

DISABILITY COMPENSATION

The burden of illness and injury in Post-9/11 veterans is high and nearly half have applied to VA for disability compensation. VA needs to do more to assure that women are receiving fair and equitable adjudication of their disability compensation claims.

Key Recommendation 27:

The VBA should continue to track, analyze and report of all its rating decisions by gender to ensure accurate, timely, and equitable decisions by its rating specialists.

Introduction

Women have stepped forward to serve in the military with pride and valor since the American Revolution. Despite this reality, women were not officially recognized as permanent members of the U.S. Armed Forces until 1948. Dr. Mary Walker, a volunteer surgeon in the Civil War, is the only woman to ever be awarded the Medal of Honor.

NUMBER OF WOMEN WHO SERVED DURING WAR TIME ERAS

Military Conflict Era	# of Women in Service
Spanish-American War	1,500
World War I	10,000+
World War II	400,000
Korean War	120,000
Vietnam War	7,000
Gulf War I	41,000
Post-9/11	280,000+

National Center for Veterans Analysis and Statistics. America's Women Veterans. Department of Veterans Affairs, Washington DC, November 2011 (1)

Until 1973, women remained a very small minority of the Armed Forces population due to legislation that imposed a two percent cap on women's participation in the military. When those gender caps were lifted, women entered military service at unprecedented rates. Today women constitute approximately 20 percent of new recruits, 14.5 percent of the 1.4 million active duty component and 18 percent of the 850,000 reserve component. Almost 280,000 women served Post-9/11 during the Global War on Terrorism (GWOT) in Operations Enduring Freedom (OEF), Iraqi Freedom (OIF) and New Dawn (OND) in Afghanistan and Iraq.

These conflicts are the longest period of continuous war in American history. This period has heralded many "firsts" for women in the military. In July 2014, Admiral Michelle Howard became the first woman in the 238-year history of the U.S. Navy to be promoted to four-star rank; Admiral Howard is also the highest ranking African American woman ever in any military service branch. Admiral Howard is a member of a group so elite that she joins just two other women who hold four-star rank, U.S. Army General Anne Dunwoody and U.S. Air Force General Janet Wolfenbarger. These outstanding women represent how very far our nation's military has come in upholding its core principles that success is judged by ability rather than gender or race.

In this war more than any other, women serving in Afghanistan and Iraq were directly exposed to combat and other violence. While women were still officially excluded from assignment to many combat roles and units, there was a critical need for their skills and therefore they were "attached" to these units to serve as combat medics, military police, explosive ordinance clearance personnel, convoy truck drivers and other dangerous occupations. These assignments, and the nature of asymmetric warfare with no front lines, put women service members into the direct line of fire and exposed them to daily threat. Even those who never traveled outside the security perimeter of a military base were constantly threatened by mortar attacks and rockets. As a result of these assignments, women were subject to visible and invisible wounds of war, including the so-called signature wounds, traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). In recognition of their irreplaceable contributions, the Pentagon announced in January of 2013 that it would open up 237,000 military occupations that were previously off-limits to women. Those previously "men-only" jobs include being assigned to roles in infantry and armor divisions and special operations. While the process is not scheduled to be completed until 2016, each Service is now developing gender-neutral standards that both men and women must pass to qualify for combat roles.

> "Today, women are rising through our ranks and expanding their influence at an ever increasing rate, serving magnificently all over the world in all sorts of ways… I'd be hard pressed to say that any woman who serves in Afghanistan today or served in Iraq over the last few years did so without facing the same risks of their male counterparts."
>
> *Admiral Mike Mullen*
> *Chairman, Joint Chiefs of Staff*
> *November 6, 2010*

"Everyone assumes that my husband is the veteran and he never served in the military."

"I feel invisible."

Participant from the DAV Women Veterans Focus Group August 11, 2014 (4)

Despite the DoD leadership's game-changing decision and public recognition of the sacrifices, heroism and critical contributions of women to the previous and current war efforts, women still question their military and veteran identity. When women talk about their military service, a large number will report that they feel invisible, that their "non-combat" role was less valued than those of the men who served and that they do not identify themselves as veterans. There remains a misperception on the part of the American public and women who serve that they are not eligible for full veterans' benefits. VA's Women Veterans Task Force noted the "need for culture change across VA to reverse the enduring perception that a woman who comes to VA for services is not a veteran herself, but a male veteran's wife, mother, or daughter."

Women have gaps in their knowledge about transition services provided by DoD, gaps in knowledge about VA eligibility, as well as false assumptions that VA does not provide the unique gender-specific health care services required by women (2). VA reports that only one in six women (15.7 percent) understand the health care benefits they earned through their service (3).

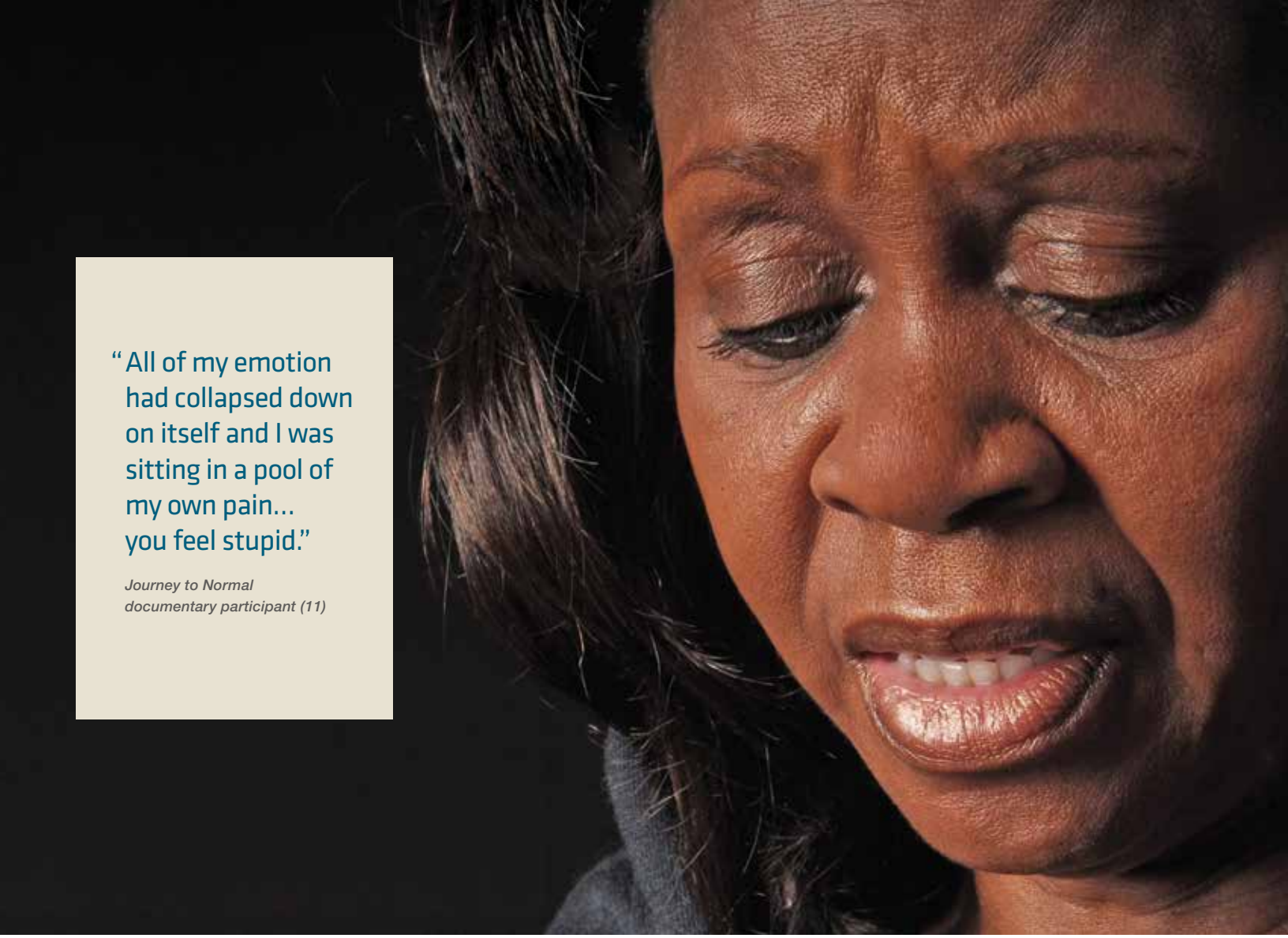
Ultimately, every woman will transition from service member to veteran. The goal of this report is to raise public awareness of the crucial role women play in the U.S. military, to gain an understanding of who women veterans are and how that affects their needs as they transition from military to civilian life, and how these needs can be better met. As the era of the long wars in Iraq and Afghanistan draws to a close, the DoD has already announced its plans to downsize its active duty force in 2015. The first "pink slips" have already been sent. This action creates an urgent imperative to address the unmet needs and gaps in transition and reintegration services for military women and veterans. DoD and VA must enhance programs that assist women on this important journey to post-military life. Unless concerted actions change the historical path to reintegration and readjustment, women face a potentially decades-long journey home.

Who are the Women Who Served in the Post-9/11 Military?

Since September 2001, approximately 2.6 million members of the active duty Army, Navy, Marines, Air Force, Coast Guard, as well as Reserve and National Guard units have been deployed to Afghanistan and Iraq. As of March 31, 2014, 1.79 million military service members, who served in the Post-9/11 era and deployed primarily in Iraq and Afghanistan, have left the military and transitioned to veteran status. Of those, 210,675 were women and 86,563 of those women served in the National Guard or Reserves (for more information go online to dav.org/women-veterans-study) (5). According to VA, in fiscal year (FY) 2012, women comprised 6.5 percent of VA's veteran patients and in FY 2013 the proportion of women increased to 6.8 percent. The number of women veterans has been growing faster than the number of men. Compared to men, women were, on average, substantially younger: 42 percent of women and 13 percent of men were less than 45 years old. In addition, women veteran patients were much more diverse with over one-third (39 percent) of women veteran patients representing a racial/ethnic minority group compared to 23 percent of men. In FY 2012, 29 percent of women veteran patients were Black/African American, six percent were Hispanic, one percent were American Indian/Alaska Native, and one percent were Asian (6).

Combat deployments impacted the physical, psychological, and social health of the men and women who served. They worked in harsh environments with possible toxic exposures (e.g., burn pits) and few amenities. In this era of all volunteer military service, a smaller number of members carried the burdens of war for this conflict, requiring longer and more frequent deployments, involuntary enlistment extensions, extended deployment rotations and reduced time at home between deployments. For example, over one-third were deployed more than once and over 400,000 service members have completed three or more deployments. The length and frequency of deployments over more than a decade have left insufficient time for reintegration and recovery (7,8). This is especially true for military women who are spouses, parents and caregivers. The stresses of war and home have often bled together in an unhealthy mix.

Many women return from wartime deployments stronger and without significant health problems, but many others suffer from unique post-war health care needs such as multi-organ systemic injuries associated with blast exposures (including mild-to-moderate TBI), as well as other physical health concerns such as chronic musculoskeletal pain, headache, dizziness, trouble concentrating, respiratory conditions, gastrointestinal conditions, chronic multi-symptom illness and other unexplained symptoms (7). Among the most prominent health care needs reported are a variety of mental health conditions, including PTSD, generalized anxiety disorders, depression, suicide, substance abuse and sleep disorders (6). Difficulty with readjustment, combined with poor health, contributes to functional impairments and difficulty in educational and occupational performance, and in family and social relationships. Deployment may result not only in injury and immediate post-deployment symptoms and illnesses but can also have long-term impacts on health and well-being that can increase the risk for chronic diseases. Much attention has been given to the impacts of direct injuries such as burns, polytrauma, TBI and amputations of the combat wounded. However, given the complex interconnections between physical, psychological and social health, the nation must be prepared to take a more holistic, interdisciplinary bio/psycho/social/spiritual approach to providing coordinated, continuous care for veterans. We know from experience with Vietnam and the first Gulf War that veterans may not experience the consequences of their deployment immediately; illness onset may be delayed for months or years, and the prevalence of problems can be expected to increase over time. The direct and indirect injuries and illnesses that are the result of this war will be a growing veterans' health and public health burden for decades to come.



> "All of my emotion had collapsed down on itself and I was sitting in a pool of my own pain… you feel stupid."
>
> *Journey to Normal documentary participant (11)*

Women veterans have unique health needs compared to the larger population of men who receive care at VA. While women in general underutilize VA health care, those who served Post-9/11 have been using VA health care in large numbers. Since October 2011, VA statistics show that more than 61 percent, or over 128,000, of Post-9/11 women veterans compared to 59 percent of men have had at least one visit to a VA health facility. The most frequent conditions diagnosed in women who seek care at VA include musculoskeletal conditions, mental health disorders, nervous system conditions, genitourinary, digestive system, endocrine and metabolic disorders and respiratory conditions. More than 8,880 Post-9/11 women veterans have been hospitalized at a VA medical center (5).

WOUNDED IN ACTION

The survival of those wounded Post-9/11 is the highest reported in modern conflicts. This is likely the result of advances in buddy care and mobile forward surgical units that bring care close to the combat, rapid medical evacuations and improved protective gear. Early on in these conflicts, the protective gear provided to women was not appropriately configured to their body habitus and anatomy, which potentially impacted its effectiveness. To date, over 52,000 U.S. service members have been wounded in combat, with approximately one-third of those injuries so serious that they would not have previously survived (9).

The nature of the current conflicts and the changing role of women in the military put them at increased risk for traumatic injury and amputations. Life and limb saving procedures for massively injured individuals is now the standard of practice. We have come to recognize the usual constellation of visible war wounds, but Post-9/11 combat with its improvised explosive devices (IEDs) has become known for a different pattern of blast injury with penetrating fragment wounds, blast overpressure injury, burns and toxic inhalation. The Post-9/11 wounds often result in multiple organ damage with head, eye, ear, spinal, torso and open amputation injuries (10).

For more details visit
www.dav.org/women-veterans-study

LIMB LOSS AND AMPUTATION

While the number of women who have been wounded in action and lost a limb is small (less than 1.5 percent), women have unique needs when they lose an arm or leg. As of August 1, 2014, 23 women suffered an amputation in Iraq or Afghanistan as compared to 1,626 men. Fifteen women lost a lower extremity, three lost upper extremities, four lost both lower extremities and one woman lost both upper extremities (12).

In the Veterans Health Administration (VHA), women amputees use more health care, rehabilitation services and are seen more frequently when compared to men. Women are also more likely to be unsuccessful in fitting of their prosthesis, to experience skin problems after lower extremity amputation (13), and to have greater intensity of pain. Women with upper extremity amputation are more likely to reject their prosthesis (14,15). Women with lower extremity amputations have higher rates of hip and knee osteoarthritis (16,17). VA should support additional rehabilitation research and prosthetics development. VA, the Defense Advanced Research Projects Agency (DARPA) and the Dean Kamen organization partnered in advance prostheses and developed the DEKA Arm, a robotic arm intended to restore functionality for individuals with upper extremity amputations. Similar collaborative efforts should be applied to study women's prosthetic needs.

Special prosthetics needs occur in women, especially during pregnancy. Pregnant women with limb loss experience increased wear on prosthetic components, need for realignment and frequent modifications depending on socket and suspension. In addition, for women with above-the-knee amputations who need a caesarian section, a higher abdominal incision should be planned to avoid irritation by the socket brim (18).

Several additional clinical factors affect the care of women with amputations. Women, especially those with high lower extremity amputations, express a strong preference for privacy, modesty and a woman prosthetist during the sensitive evaluation and fitting process (18). Clinicians should discuss a personalized, patient centered rehabilitation plan to incorporate the woman's rehabilitation goals. Goals are not the same for every individual and are affected by age, gender, family, employment and recreation needs.

> "Only another veteran amputee can understand…so I try to help others"
>
> *Participants from the DAV Women Veterans Focus Group August 11, 2014 (4)*

During rehabilitation it is important to have women peers visit to provide a source of experience and support. It is clear that women veterans with amputation use all VA services, not just prosthetics. VA should coordinate a treatment plan for each individual that provides all the integrated, interdisciplinary services that women need (18).

MILITARY SERVICE MEMBERS WHO SUFFERED AMPUTATIONS IN IRAQ AND AFGHANISTAN

Limb Loss	Single LE	Single UE	Double LE	Double UE	Double UE & LE	Triple UE & LE	Quad UE & LE	Total
Women	15	3	4	1	—	—	—	23
Men	933	186	410	9	32	51	5	1626
Total	948	189	414	9	32	51	5	1649

Data Source: DoD-VA Extremity Trauma and Amputation Center of Excellence Registry (EACER), 01 Aug 2014, excludes finger(s), thumb(s), toe(s), LE - Lower Extremity, UE - Upper Extremity includes partial foot and hand amputations (10)

TRAUMATIC BRAIN INJURY (TBI)

Bullet wounds, IEDs and other projectiles can cause moderate to severe penetrating head injury. However, of the 300,707 individuals that DoD reports have been diagnosed with TBI, the vast majority (82.4 percent) have sustained a mild TBI or concussion (19). These invisible injuries can be subtle and difficult to diagnose but cause significant functional impairment and disability. Mild TBI symptoms can include difficulties with judgment, concentration, attention, memory, headache, dizziness and irritability.

Mild TBI or concussion is characterized by: a confused or disoriented state, which lasts less than 24 hours; loss of consciousness for up to 30 minutes; memory loss lasting less than 24 hours; and structural brain imaging (MRI or CT scan) yielding normal results (19). Patients with symptoms that persist longer than 3 months may have a triad of TBI, chronic pain and PTSD. Emerging research shows that repeated concussion can be associated with a chronic encephalopathy characterized by early dementia and Parkinsonism.

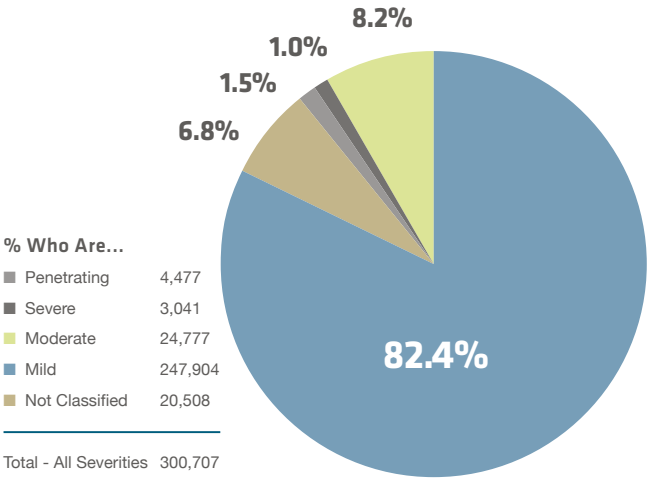
A survey of 2,348 randomly selected veterans (51 percent women) found that 10.7 percent of women and 19.7 percent of men had probable deployment-related TBI. While women respondents reported significantly lower rates of TBI, a higher percentage of women reported symptoms of physical health conditions (40.7 percent vs. 30.7 percent) and a combination of at least one probable mental health condition with symptoms of physical health conditions (34.7 percent vs. 29.2 percent) These findings are consistent with other research and underscore the importance of doing a comprehensive clinical evaluation for women with probable TBI, to include assessing and treating concurrent mental health and physical health condition (20).

MENTAL HEALTH OF WOMEN VETERANS

The other invisible wound of any combat era, and the signature injury of the Post-9/11 conflicts, is PTSD. VA health care utilization statistics show that through March 2014, over 70,300 (54.8 percent) women who served Post-9/11 have accessed mental health services in VA (6). They commonly present with adjustment disorders, depression, anxiety disorders and PTSD. Numerous early studies found that 5–15 percent of veterans experienced PTSD following deployment to combat. The review also suggested that the prevalence of depression and PTSD continues to increase with time after deployment. These studies and our historical experience after the Vietnam War indicate that in the future, women veterans will be seeking mental health services in ever increasing numbers.

DoD Numbers for Traumatic Brain Injury

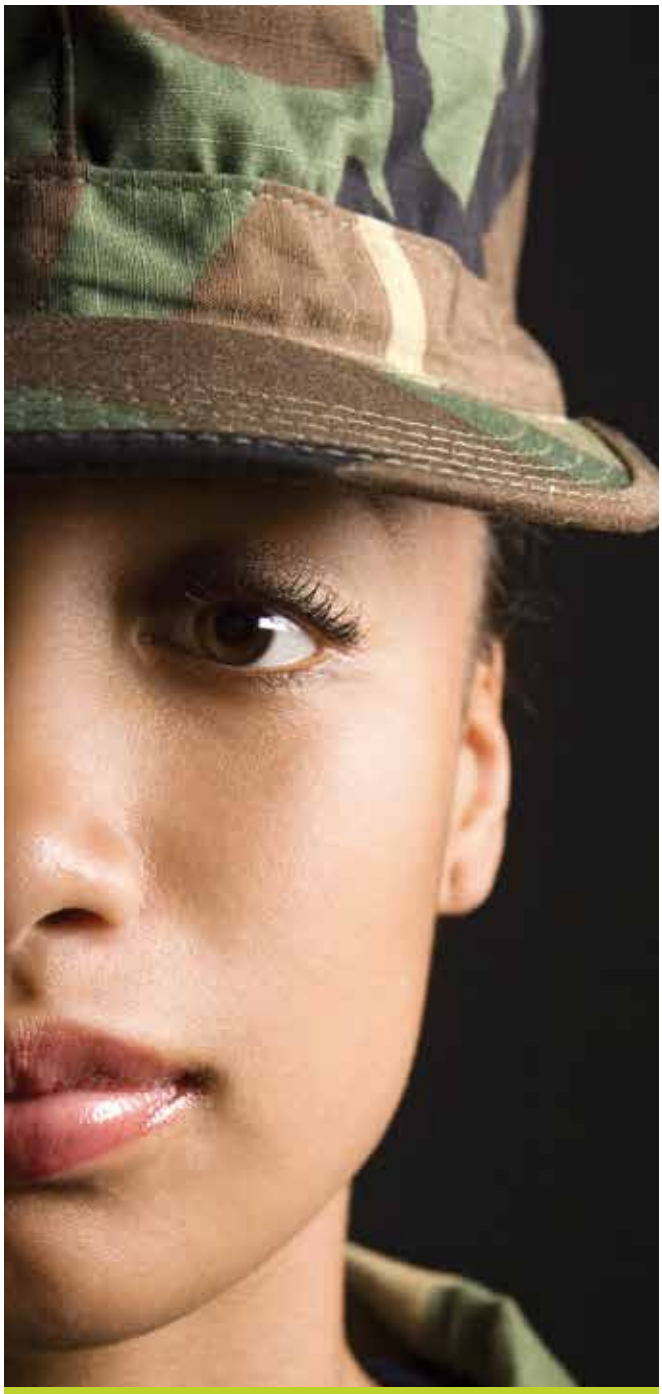
Worldwide - Totals 2000-2014 Q1



Source: Defense Medical Surveillance Systems (DMSS). Theater Medical Data Store (TMDS) provided by the Armed Forces Health Surveillance Center (AFHSC). Prepared by the Defense and Veterans Brain Injury Center (DVBIC). 2000-2014 Q1, as of May 7, 2014 (19)

A VA study of almost 290,000 Post-9/11 veterans who were new users of VA health care services, found that the two-year cumulative prevalence of mental health diagnoses increased from 6.4 percent in 2002 to 36.9 percent in 2008; PTSD diagnoses showed the greatest change, increasing from 0.2 percent to 21.8 percent (21). While these statistics are alarming, they are insignificant when weighed against the devastating impact these conditions can have on veterans' lives and those of their families and children.

PTSD can be acute or become a chronic, lifelong condition. It is often accompanied by other health problems, such as depression, TBI, chronic pain, substance use disorder and intimate partner violence. A review of medical records of 4,416 Post-9/11 veterans found that veterans who had a diagnosis of PTSD had significantly increased risk and prevalence of several diseases, including circulatory and hypertensive diseases, compared with veterans who did not have PTSD (22). Although predictors for development of PTSD were similar in men and women veterans (e.g., combat and sexual trauma), women experience higher rates of mental health disorders and medical comorbidities (7,23). Many studies find that women who served in Afghanistan and Iraq had higher rates of positive screens for PTSD symptoms than men (24). These studies demonstrate the importance of mental health screening and integration of mental health services with VA comprehensive primary care for women veterans.



To address this epidemic and prevent suicide, DoD and VA provide a number of 24/7 services to assist those in crisis and provide support.

www.veteranscrisisline.net
(800) 273-8255 Press 1
Text to 838255

Between its inception in July 2007 and August 2014, the Veterans Crisis Line received over 1.25 million calls, over 128,000 chats, as well as over 15,000 texts, and have saved more than 39,000 veterans in imminent danger (29).

DoD has been working to develop and implement programs that can increase resilience and prevent mental health conditions resulting from wartime exposures. Most of these programs are focused on individual-level interventions that address various aspects of resilience and psychological health. Despite DoD's heavy investments in prevention and resilience programs, most interventions are not evidence-based and have not been sufficiently evaluated (25). No service-specific or gender-specific information is available on whether existing programs successfully minimize PTSD after trauma or prevent the re-emergence of previous symptoms.

SUICIDE AND SUICIDE PREVENTION

Suicidal behavior is often associated with mental health problems including depression, PTSD and substance abuse. Suicidal behavior includes suicidal ideation (thoughts of harming one's self), suicide attempts or completed suicide. Historically, suicide rates in the military have been lower than in the general population; however, suicide in U.S. military personnel rose dramatically since 2005 and is of increasing concern. According to the Armed Forces Health Surveillance Center (AFHSC), suicide is now the second-leading cause of death in U.S. service members.

The number of suicides in U.S. military deployed to Iraq and Afghanistan has increased, and the estimated suicide rate in the Army almost doubled from 2004 to 2008 (from 10.8 to 20.2 per 100,000) and is now higher than in the civilian population (26). Between 1998 and 2011, there were 2,990 suicides in active-duty members. Suicide death rates were higher in men (95 percent), active duty (89 percent) who were in their 20s. Being divorced or separated was associated with a 24 percent higher risk of suicide (27). The most common method of suicide in both men and women was the use of firearms (27). Data is less accurate for veterans who are no longer on active duty but VA estimates that 22 veterans commit suicide every day. A recent study that examined suicides in veteran populations found that having served in Post-9/11 on active-duty and having a select mental health condition conveyed a higher risk of suicide than the general population (28).

Health Care

VA HEALTH CARE SYSTEM

In addressing the needs of yesterday's, today's and tomorrow's veterans, VA offers a continuum of health care services, including health promotion and disease prevention services, primary and specialized ambulatory medical, surgical and mental health care, hospital care, residential specialized mental health and substance abuse treatment programs, home care, institutional long-term care and hospice and palliative care programs. VA operates 151 medical centers, 820 community-based outpatient clinics (CBOCs), and 70 mobile clinics that serve 6.5 million veterans each year, including 1.9 million outpatient visits each week and 695,000 hospital admissions in FY 2013 (29).

VA has set improving health care for the rapidly growing population of women as a high strategic priority for its health care system. To accomplish this, VA is increasing the women's health treatment capabilities in all VA medical centers and clinics. Every VA medical center is required to have a Women Veterans Program Manager who serves as an advocate, navigator and coordinator to assist women veterans in organizing their health care services. Recent advancements include implementation of comprehensive primary care and patient centered medical home programs (Patient Aligned Care Teams/PACTs) for women. Women's PACT teams have integrated mental health services, clinical, pharmacist and social work support. The VHA has established a hotline for women veterans (1-855-VA-WOMEN or 1-855-829-6636). In 2013, 11 rural health grants were awarded to VHA facilities that enhance telehealth programs by offering care to women in rural areas (29).

Women veterans, who are a small minority of the larger predominantly male patient population, have created significant challenges for VA in assuring that it has an adequate number of women's health providers at every location. To address this need, every VAMC and CBOC is required to have a designated women's health provider on staff who completed training in women's health competencies; 92 percent of VAMCs and 82 percent of clinics meet this standard (27). Among designated women's health providers only 38 percent have panels with at least 10 percent women; this raises the question of whether there is sufficient volume to maintain clinical proficiency. Using the technique of "Scan-ECHO"—video-teleconferencing sessions for primary care providers to receive specialist consultation and patient-based education—is a promising practice to assist designated women's health providers in maintaining their skills and increasing knowledge.

GENDER-SPECIFIC CARE

On average, women are younger than men who use the VA health care system and many new veterans are of child-bearing age. As more women transition out of the military, VA is experiencing rapidly changing demographics of the women veteran population cared for in its health care facilities. This has meant that the demand for gender-specific preventative screening, breast care, gynecology specialty care, prenatal and obstetrical care, neonatal care and infertility services is increasing rapidly and will continue to grow for the foreseeable future. This changing demographic has also meant that there has been increasing demand for on-site drop-in child care for veteran parents using VA medical and social support services.

> "VA needs to provide child care or at least child friendly spaces…it's taking too long and VA is not prepared for women."
>
> *Participant from the DAV Women Veterans Focus Group August 11, 2014 (4)*

These new demands for gender-specific care have required VA to restructure its clinical programs, staffing, referral network, care coordination and monitoring programs to ensure that high quality care is delivered. Despite the increase in women needing these services, a third of VA medical centers do not have a gynecologist on staff and refer all women to other VA facilities or community providers. In addition, studies have shown that primary care providers do not routinely counsel women on the potential risk of birth defects associated with their prescribed medication.

All VA facilities are required to have a health care environment that accommodates women with safety, privacy, and respect. Inpatient and residential-care facilities must provide separate and secured sleeping accommodations for women (30). The aging infrastructure in many VA facilities has made this mandate difficult to achieve and increased attention should be given to requesting and appropriating the needed minor and major construction funds to correct these identified environment-of-care deficiencies that directly impact women veterans.

VA MENTAL HEALTH CARE

The VA system offers a comprehensive array of mental health and PTSD treatment programs, including face-to-face mental health screening and assessment, counseling and psychotherapy (individual and group), pharmacotherapy, and adjunct services, such as employment counseling. Specialized outpatient, inpatient, residential treatment and women's trauma recovery programs are available at a smaller number of sites. VA has issued a number of policies, directives, guidelines, and handbooks on mental health services and programs. VA's Uniform Mental Health Services (MHS) in VA Medical Centers and Clinics Handbook defines the minimum mental health clinical services that must be provided at each VA medical center and CBOC (30). These policies state that MHS "must be provided as needed to female veterans at a level equivalent to their male counterparts at each facility"… and mental health clinicians must possess the capability and competencies to meet the unique needs of women veterans (30). Numerous reports have suggested that VA is not fully meeting this policy mandate.

VHA provides screening to every new primary care patient for depression, PTSD, MST and problem drinking. Screenings for depression and problem drinking are repeated annually, but PTSD screening is only required annually for the first five years and repeated once every five years thereafter. VA also requires that all veterans who screen positive and are referred to mental health be contacted within 24 hours for an immediate medical needs evaluation, and then receive follow-up care within 14 days of referral if no urgent condition exists (31).

VA has integrated mental health services into primary care and many veterans receive treatment for depression, PTSD and other behavioral health needs from their PACT teams. Mental health care providers embedded in primary care teams provide general mental health services, prescribe medications and manage less complicated mental health conditions. Veterans with moderate or severe illness are referred to specialty mental health care when warranted.

In addition to mental health care in hospitals, VA provides Residential Rehabilitation and Treatment Programs (RRTPs). Mental Health RRTPs include specialized programs in Psychosocial Residential Rehabilitation Treatment Programs, PTSD Residential Rehabilitation Treatment Programs, Substance Abuse Residential Rehabilitation Treatment Programs, Domiciliary Residential Rehabilitation Treatment Programs and Domiciliary Care for Homeless Veterans. According to policy, each (Veterans Integrated Service Network (VISN) must have residential care programs designed to meet the needs of women veterans and veterans with a serious mental illness

(PTSD, MST, substance use disorder, homelessness and dual diagnoses) either through special programs or specific tracks in general residential care programs.

VA provides specialized PTSD care in outpatient, residential and inpatient settings. While 10 percent of all patients in VA's specialized outpatient PTSD treatment programs are women, VA has only three women's stress disorder treatment teams for the entire country. They are similar in structure to specialized PTSD clinical teams and provide individual and group treatment to women veterans. VA also has two women's trauma recovery programs; these are 60-day live-in rehabilitation programs that include PTSD treatment and coping skills for re-entering the community. In 2012, these two programs served only 73 women (31). Given the high rates of mental health conditions and PTSD in women, the current number of specialized programs that serve them is inadequate.

MST screening and related services are mandated to be available at every VA medical center for both women and men. One in five women enrolled in VA screen positive for MST. Each VA medical center is required to have a dedicated MST coordinator. All VA programs are strongly encouraged to assess patient preferences and to give veterans (women and men) being treated for MST the option of choosing the gender of their mental health provider (30). In 2013, VHA reported that 31 percent of VAMCs and CBOCs have problems providing adequate care for MST, often because of staffing shortages (31).

There are limited opportunities for families to be involved in veterans' mental health treatment. VA has narrow legal authority to provide support services for families of veterans who have chronic illnesses, injuries and mental health problems after deployment. Women often express an interest in having more programs available for their family members, and some also stated that they would like family members, usually a spouse or partner, to be more engaged in their treatment.

Some veterans may seek readjustment counseling in VA Readjustment Counseling Service (RCS) Vet Centers. RCS has broader authority than VAMCs to provide services to family members of combat veterans and about 36 percent of their clients don't seek care at any VAMC. For example, in 2012 and the first quarter of 2013, a total of 261,998 Post-9/11 veterans who had PTSD were seen in a VAMC, and 70,044 veterans received service for PTSD in Vet Centers. Of these, 216,090 were seen only in a VAMC, 24,136 only in a Vet Center, and 45,908 in both types of facilities (31). (RCS readjustment services are discussed further on page 24 of this report.)

PEER SUPPORT PROGRAMS

VA has recently hired over 800 peer support specialists and peer support apprentices to work at VAMCs and large CBOCs (32). The use of peer specialists and apprentices can help reduce stigma and increase the acceptability of mental health care for veterans (33,34) and improve recovery (34). These peer staff are veterans who provide experiential, non-medical advice and insights based on their own journey to readjustment and treatment. Their ability to relate to other veterans because of their shared military experiences and mental health recovery is a key element of the program. The RCS Vet Centers have recruited a significant number of women combat veterans as peer counselors; no information was available on how many of the 800 new peer support specialists in other VA facilities are women.

POLYTRAUMA SYSTEM OF CARE

In response to the health care needs of Post-9/11 veterans, VA established the Polytrauma System of Care, consisting of five Polytrauma Rehabilitation Centers (PRCs), 22 Polytrauma Network Sites, 80 Polytrauma Support Clinical Teams, and about 50 Polytrauma Points of Contact. This "hub and spoke" system of TBI care is designed to provide the right care, at the right time, in the right place for veterans. The PRCs are component centers in the Defense and Veterans Brain Injury Consortium (DVBIC) to ensure coordination of clinical, education and research in brain injury between VA and DoD (19).

NON-HEALTH CARE SUPPORT SERVICES

In addition to its health care programs, VHA provides adjunct services that help veterans with supported employment, housing and homelessness, and caregiver support. As an example, VA provides a broad range of supports to caregivers of eligible Post-9/11 veterans including a stipend, CHAMPVA and other special services. This integrated approach to health and support services is fundamentally different from the care available in the private sector. If properly managed, this approach could deliver substantial health benefits for women veterans in terms of better care access, continuity, coordination, effectiveness, safety and satisfaction. Combat veterans who served Post-9/11 are legally entitled to free VA health care for five years after discharge from the military, as long as their discharge was other than dishonorable.

DoD HEALTH CARE

The Department of Defense provides a comprehensive array of services to approximately 9.6 million beneficiaries (active duty military, families and retirees) through its direct care system and the Tricare Management Activity's purchased care program. The primary mission of the MHS is unique and different from VA's in that it is focused on ensuring military force readiness rather than being focused solely on the well-being of the individual patient. The MHS' direct care system is composed of 65 hospitals, 412 clinics, and 414 dental clinics at facilities across the U.S. and around the world. For TBI care, DoD has DVBIC centers and also manages the National Intrepid Centers of Excellence nationwide.

Studies consistently show that the number of service members who have mental health conditions has increased dramatically since the beginning of the Post-9/11 conflicts and the need for mental health providers and services has outstripped supply. Military service members report limited access to PTSD treatments in military treatment facilities (MTFs), in mental health clinics, and from TRICARE purchased-care providers. The Government Accountability Office (GAO) recently reported in a congressionally mandated, four-year access-to-care survey of DoD health care beneficiaries, that 28 percent of the 24,000 surveyed TRICARE beneficiaries had problems in accessing mental health care. The survey showed that only 39 percent of civilian mental health care providers were accepting new TRICARE patients and 24 percent of beneficiaries reported that the "wait for an appointment [in mental health] was too long" (35). Stigma and concerns about effects on one's career negatively impacts the willingness of a service member to seek such care. To address stigma and increase access to care, DoD has established online and telephone non-medical resources for mental health issues for service members and their families; for example, Military OneSource is available online and by telephone 24 hours a day, seven days a week. Public service announcements and websites, such as After Deployment (afterdeployment.org), are also being used to reduce the stigma related to mental health symptoms and seeking care.

As noted previously, many women would prefer their family members be involved in their care. Some counseling and support services are available to family members on military installations, but these services are typically not integrated with mental health services, PTSD education programs or family support programs. Ironically, male spouses of women veterans are often excluded from Family Support Programs.

TRANSITION CHALLENGES AND COORDINATION OF VA AND DoD SERVICES

VA and DoD have a number of programs designed to provide seamless transition of care between their two Executive Branch Departments. Case managers in each VA medical center and benefits office coordinate with DoD discharge staff for seriously wounded veterans. For the majority of individuals; however, these systems fall far short of the goal to provide coordinated, continuous care and services as members of the military leave active duty service and transition to post-military life. In most cases, there is no warm hand-off from DoD to VA for health care, electronic records or disability benefits (31). Transitioning between systems may affect access and quality of care, for example, because of treatment interruption, the need to form new relationships with providers who are not familiar with one's history or progress, and handoff errors (7). New approaches to transitioning care from DoD to VA should be explored in order to increase access for transitioning women veterans.

Post-9/11 care management teams have been assigned to every VA medical facility to assist veterans of Iraq and Afghanistan in accessing and coordinating care. These teams maintain lists of service members who are separating from the military who reside in their catchment areas and can actively reach out to them. While VA sends letters to discharged service members, these are not customized for women and do not provide information on gender-specific benefits and services.

After more than 20 years' work and expenditure of billions of public dollars, the DoD and VA electronic health records are not interoperable and have limited communication capapbility. Creating a single, integrated electronic health records system, or at a minimum, systems that possess the technical ability to communicate with each other, is a requirement for seamless transition. Two successive Administrations have committed the government to implement interoperable health information systems (36,37). The two biggest federal health care systems in DoD and VA must meet this standard now and ensure that critical health care information about veterans and military members can be easily exchanged and used by both electronic health record systems.

HEALTH CARE FINDINGS AND RECOMMENDATIONS

Finding:

DoD and VA provide a wide range of health promotion, disease prevention and health care services for women who have served in Post-9/11. The information is scattered across many programs, websites and print materials. The information is difficult to access, eligibility for programs is difficult to understand, and it is difficult to determine whether the programs will deliver the promised outcomes.

Recommendation:

DoD, VA and other federal partners should collaborate to develop and maintain an up-to-date central directory and mobile apps for federal programs and services that are available to women service members and veterans who are transitioning from military to non-military life.

Recommendation:

The federal government should collect, analyze and publish data by gender and minority status for every program that serves veterans.

Finding:

Women veterans would benefit from having more programs available to their family members, and would like family members to be more engaged in their care and treatment plan.

Recommendation:

DoD and VA should increase engagement and treatment of family members in the post-deployment health care and the transition programs for service members and veterans.

Finding:

Comprehensive care for women requires availability of gender-specific health treatment options, including gynecologic care.

Recommendation:

Every VA Medical Center must be staffed by a part-time or full-time gynecologist.

Recommendation:

During FY 2013, approximately one in five women veteran patients had at least one VHA emergency department (ED) visit. With the dramatic increases in the number of women veterans using VA health services, it is imperative that VA ensure that EDs have the necessary trained staff, supplies and equipment to provide high quality, round-the-clock gender-specific care. VA should ensure that EDs have specific resources for diagnosis of gynecologic and obstetrical emergencies.

Finding:

VA and DoD have a paucity of specialized mental health services for women. Given the high prevalence of mental health conditions, there is a need for gender-sensitive programs and environments for care delivery. Women, especially those who were sexually assaulted in the military, may be uncomfortable and avoid receiving treatment in outpatient and inpatient settings that serve virtually all men.

Recommendation:

VA should support innovative rehabilitation research and collaborate with DoD and the private sector to develop prosthetics that better meet women's unique needs.

Recommendation:

VA and DoD should remove existing barriers and improve access to mental health programs for women. They should explore innovative programs for providing gender-sensitive mental health programs for women. An Interagency Work Group should be tasked to review options, develop a plan, fund pilots and track outcomes. VA and DoD might consider collaborations on joint group therapy, peer support networks and inpatient programs for women who served Post-9/11.

Recommendation:

DoD, VA and local communities should work together to establish peer support networks for women veterans to ease transition, isolation and assist with readjustment problems.

Finding:

Under current law, veterans who served Post-9/11 are legally entitled to free VA health care for five years after discharge from the military, as long as their discharge was other than dishonorable. Veterans who served in these conflicts are coming home with complex comorbid medical and psychological illnesses and injuries that are expected to worsen and increase in prevalence over the next several decades.

Recommendation:

Congress should pass legislation to make every veteran who serves in a combat theater of operations eligible for VA health care, for life.

Women veterans need and want more involvement of family members in their treatment in order to improve medical, psychological and social outcomes. VA should use its current authority to improve family member involvement and request additional authority where gaps are identified.

VA Disability Compensation

At the end of September 2013, a total of 714,380 Post-9/11 veterans were receiving VA disability compensation– that is some 614,348 men and 97,186 women. The average claim in this population is very complex, claiming an average 6.6 disabling conditions. For those women, the rank order of the top five disabilities (by body system) affected were the musculoskeletal, skin, neurologic, mental disorders and respiratory; whereas in men the top five were musculoskeletal, skin, audiology, neurologic and mental disorders, respectively. Women veterans were receiving, on average, an individual annual payment amount of $12,516.56 as compared to men who received an average of $12,841.28 (38).

During a congressionally mandated study, the VA Office of Inspector General conducted a review of VA's ability to assess combat stress in women and examined whether VBA had appropriately adjudicated women's disability claims for TBI, PTSD and other mental health conditions. The study found that a higher proportion of women generally were receiving disability benefits, but a lower proportion of women were awarded disability compensation for PTSD or TBI. The review did not identify gender-bias in VBA's adjudication of the disability claims for TBI, PTSD or other mental health conditions; the claim decision was consistent with the medical evidence on record. However, there was evidence for higher denial rates in women who claimed disability due to PTSD; while in men there were higher denial rates for mental health conditions other than PTSD. Because VBA does not retain historical data on its denial decisions, it was not possible to determine if VBA reversed its denial decisions on appeal for men more often than for women (39).

Women have perceived that the level of evidence being required by rating specialists for PTSD related to military sexual trauma is higher than when it is related to combat trauma. In December 2011, VBA issued a national training letter that provided detailed and comprehensive guidance regarding MST-related claims, including an instruction that the current regulations do not require actual documentation of the claimed stressor (e.g., sexual assault) and that a medical opinion can be considered credible evidence that the claimed stressor occurred. VBA should give special attention to ensure that these claims receive appropriate attention by raters, and that VBA follow the guidelines set forth in its training letter to ensure consistent adjudication decisions of these types of claims.

Finding:

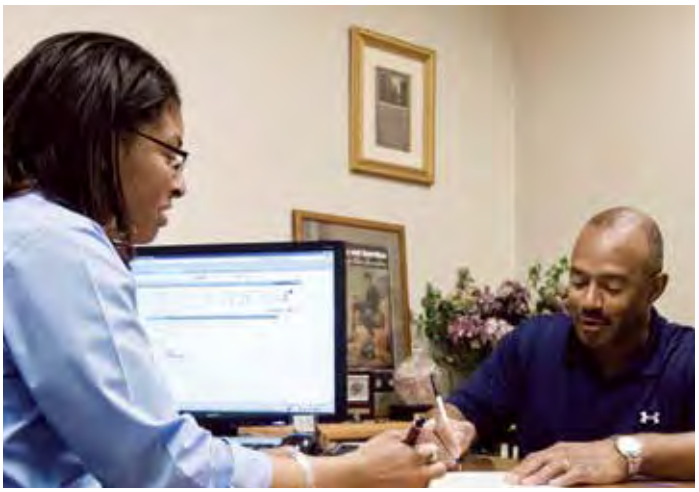
VBA has the electronic capability to segregate and account for MST-related cases from other types of PTSD claims.

Recommendation:

VBA should continue to track and analyze all of its rating decisions by gender to ensure accurate, timely, and equitable decisions by its rating specialists.

Recommendation:

VBA must provide routine and comprehensive training relative to MST-related claims processing and perform routine reviews of rating decisions to ensure rule and policy compliance is being followed throughout VBA.



DAV's professional team of advocates, all veterans themselves, help veterans and their families access the full range of benefits available to them. DAV helps veterans and their families successfully file claims for VA disability compensation, rehabilitation and education programs, pensions, death benefits, employment and training programs.

Legal Problems

Veterans may require legal assistance and support for disability law, family law, employment law, housing law and criminal law during reintegration and transition. Studies of PTSD have demonstrated an association with anger, hostility, and aggression as well as behavior problems. A study of 77,998 Marines deployed to Iraq, Afghanistan or Kuwait (war-deployed Marines) with 13,944 Marines deployed elsewhere outside the United States (non-war-deployed Marines) found that war-deployed Marines who had PTSD were more likely to receive demotions, punitive discharges and drug related discharges than non-war-deployed Marines who had no psychiatric diagnosis. In addition, they were over 11 times more likely than their peers who had no psychiatric diagnosis to commit serious offenses that resulted in punitive discharges (40). An early study of Vietnam era veterans found an association between PTSD, arrest and incarceration: 45.7 percent of Vietnam veterans who had current PTSD had been arrested or jailed more than once in their lives compared with 11.6 percent of the veterans who did not exhibit PTSD, and 11.5 percent of veterans who had PTSD had been convicted of a felony (41).

In order to assist justice-involved veterans and potentially avoid unnecessary criminalization of their mental health problems, VA initiated the Veterans Justice Outreach (VJO) Program. The program ensures that eligible veterans receive access to direct outreach, assessment, and case management and access to VA health care services, as required. While VA does not provide legal services, VJO works with local courts and jails, and provides coordination and liaison with justice system partners who have set up Veterans Treatment Courts (69). Because Veterans Treatment Court judges handle numerous veterans' cases and are supported by a multidisciplinary team, they can respond more effectively by getting veterans who may be struggling with mental health problems, including PTSD, substance use disorders or TBI into a supervised treatment program rather than being incarcerated. The multidisciplinary team can link veterans with benefits and services provided by the Veterans Health Administration, Veterans Benefit Administration, State Department of Veterans Affairs, Veterans Service Organizations, and community organizations.

> "Veterans Treatment Courts seek to do justice by acknowledging veterans' service to our Nation and by empowering them to address the mental health and substance abuse issues that resulted in their entry into the criminal justice system."
>
> *Amalea Smirniotopoulos, JD, MPP*

Finding:

Deployment has been associated with the development of behavioral issues that can contribute to veterans becoming involved with the legal system. For criminal justice involved veterans, Veterans Treatment Courts are an alternative to incarceration that focus on getting veterans the treatments they need.

Recommendation:

VA and the Department of Justice should track and report on the experience of women in Veterans Treatment Courts. VA and DoD should sponsor research to determine the key success factors for the Veterans Treatment Court model including the need for fidelity to the full model and the optimal training, staffing, structure and processes needed to maximize their outcomes and effectiveness. Outcomes such as re-arrest, reconviction, employment, family relations, quality of life and health outcomes should be studied.

> "Both veterans and the community are better served by treating the veteran's mental illness rather than incarcerating him or her."
>
> *www.va.gov*

Military Sexual Trauma

Most reports of MST are so full of polite language and euphemisms that one can be left with the impression that MST is primarily a health condition. While the aftermath of MST often involves a decades long battle with depression, PTSD, and a complex array of comorbid medical conditions, we must call MST what it is—a crime. DoD recently elevated its efforts against rape, sexual assault and sexual harassment in the military and called it one of the more serious threats to military discipline. While the proportion of service women affected by MST is higher, men are affected in large numbers as well.

Despite years of effort, sexual assault in the military remains a persistent and serious problem. Over six percent of women and one percent of men report unwanted sexual contact on DoD surveys (43). From October 1, 2012 to September 30, 2013 (FY 2013), reports of sexual assault increased in not one but in all four military services. DoD received a total of 5,061 reports of alleged sexual assault involving one or more service members as either the victim or alleged subject (suspect)—a 50 percent increase over reports received in FY12. Approximately 54 percent of the total involved service member on service member crime (44). This was a record high number of individuals who indicated that they had been sexually assaulted and asked for assistance by making a formal DoD report. DoD believes that this unprecedented increase in reporting is due to growing confidence among service members that they will be treated with dignity and that the DoD system will take appropriate action. Between 2006 and 2013, the average annual increase in sexual assault reports was about five percent. DoD has stated that they believe it is unlikely that the increase in reports in FY 2013 is due to such a dramatic increase in crime. DoD indicated it will try to confirm this impression using the 2014 Workplace and Gender Relations Survey of Active Duty Members that will study the past-year prevalence of unwanted sexual conduct. This report will be released in April 2015.

We have previously reported on the treatment and services available to military service members who are survivors of MST—while important, these are too little and too late. DoD must prevent MST by eliminating rape, assault, intimate partner violence and sexual harassment in the military. DoD must deliver on its promise to service members to take harassing sexual conduct and assault seriously, hold offenders accountable and provide dignity and care for those who are assaulted. The DoD Sexual Assault Prevention and Response Office's (SAPRO) Sexual Assault Prevention Strategy (45) presents a five pronged, multidisciplinary approach to this problem involving prevention, investigation, accountability, advocacy/victim assistance, and assessment. In developing its approach to prevention of sexual assault, DoD and SAPRO sought the advice of federal public health agencies, universities and private sector experts. During FY 2014, DoD will carry out organization-wide, coordinated efforts to intensify its culture change and crime prevention efforts. Its new message will be that sexual assault is a crime that is not tolerated or ignored. We applaud these efforts and believe that they must be accompanied by robust evaluations to determine effectiveness (45).

Finding:

Military sexual assault reporting increased by 50 percent between FY 2012 and FY 2013. DoD has implemented an organization-wide, comprehensive strategic plan and prevention program to eliminate sexual harassment, sexual assault and rape.

Recommendation:

DoD should eliminate rape, sexual assault and sexual harassment in every part of its organization and take action to establish a culture that does not tolerate sexual assault and sexual harassment.

Recommendation:

DoD should aggressively pursue culture change to ensure that women are respected and valued service members.

Recommendation:

DoD should allocate the resources and staff needed to fully implement its SAPRO strategic plan.

Recommendation:

DoD should conduct program evaluations and prospective scientific studies to monitor the success of its plan to prevent MST, change the military culture, assess program progress and outcomes and adjust actions as needed.

Community & Family Relationships

READJUSTMENT COUNSELING

The struggle to adjust to life back home following war is nothing new. While deployed in a combat zone, service members live with physical deprivation and the daily threat of bodily harm and death. They witness horrendous injuries and experience the deaths of civilians, colleagues and friends. And on the nation's behalf, service members are asked to kill our enemies and sometimes cause the deaths of civilians.

As common as these traumatic experiences are in a war zone, they are extremely rare events here at home. The coping mechanisms developed during a combat deployment may interfere with life post-deployment, and require an adjustment. Some service members are able to make this change on their own with the support of family or friends. Others may need more formal support through peer group counseling or the help of a mental health professional.

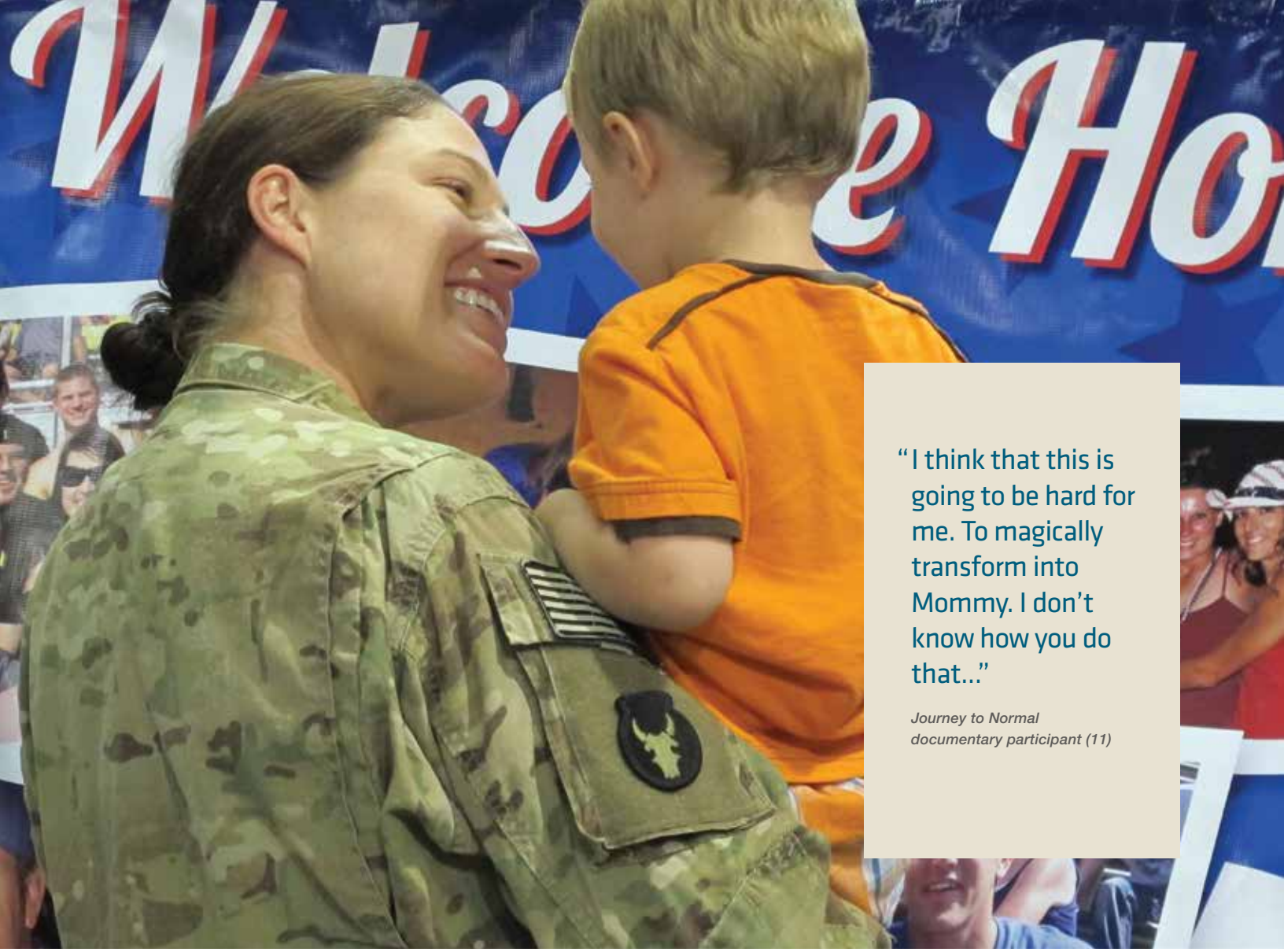
Reintegration or adjustment to life following a combat deployment doesn't end when a service member leaves the military. In recognition that Vietnam era veterans needed formal support to successfully readjust to civilian life after exposure to combat, Congress established the Vet Centers at the VA in 1979 as reported in the Forgotten Warrior Project (46).

> "You are supposed to behave as if nothing ever happened… [being deployed] is like being put into a food processor turned on 'high'… that is the hardest… trying to fit in again… because you are changed forever."
>
> *Journey to Normal documentary participant (11)*

Vet Centers provide counseling to veterans who served in combat theaters of operation, and their families, to assist veterans in readjusting to civilian life. Through 70 mobile vans and 300 permanent clinics, Vet Centers provided over 1.3 million visits to more than 190,000 veterans and their families (39). Services provided by the RCS include psychosocial assessment, individual counseling, group counseling, marital and family counseling related to readjustment issues, substance abuse assessment, medical referrals, employment assessment and referrals, VA benefit referrals, MST counseling and community outreach (47).

Vet Centers are based on a model of peer support with combat veterans helping one another to understand and cope with their combat experience. In line with this model, the Vet Centers are staffed predominantly with veterans (80 pecent), one third of whom served Post-9/11. Sixty percent of the employees are qualified mental health professionals and 42 percent of the staff overall are women (48).

Vet Centers appear to be growing as an important place for women veterans to receive the support they need, which is no surprise as they are organized in ways consistent with the needs of women veterans. For instance, many women veterans are working mothers (49,50). This limits their ability to attend counseling appointments during the workday, an issue that is relieved somewhat by the Vet Centers' 24/7 availability by phone and expanded clinic hours that include nights and weekends. Vet Centers also have a low barrier to entry—a frequently cited reason that women veterans defer seeking mental health treatment through the traditional VA medical center (51). A request for an appointment is sufficient in the Vet Centers to get the process moving and under statute the veteran must be seen within 30 days (52). If the Vet Center can't accommodate a request under the statuary time requirement, then contracted community services must be used to meet the needs of the veteran. To establish eligibility, a veteran need only present a combat ribbon, a pay stub showing combat pay, or their discharge notice (DD214) demonstrating duty in a combat theater of operation. The requirement doesn't apply to access MST counseling (52).



> "I think that this is going to be hard for me. To magically transform into Mommy. I don't know how you do that..."
>
> *Journey to Normal documentary participant (11)*

Photo courtesy of Journey to Normal

VA Vet Centers have also taken a proactive approach to meet the needs of women veterans. First, Vet Center leadership established an explicit goal to have counselors trained in MST at all 300 permanent sites, they aggressively hired Post-9/11 women veterans as counselors, and offered MST sensitivity training to all Vet Center staff across the country (53). They also established a series of national calls for RCS staff to discuss women's needs and how to best serve them.

In one very successful pilot program, championed legislatively by DAV, 134 Post-9/11 women veterans participated in six wilderness retreats. In its report to Congress on the pilot, Vet Center leaders noted such outcomes in participants as reduced stress, improved coping skills and improvement in psychological well-being. Indeed, 85 percent of participants showed improvements in psychological well-being and 75 percent maintained that improvement two months post-retreat. Eighty-one percent also showed significant decreases in stress symptoms after two months, and 82 percent showed an improvement in positive coping skills, with average scores improving in eight of nine skills measured (54). These are remarkable outcomes that warrant reauthorization of the program by Congress. Researchers should also examine the program to determine why it succeeds and if the program's critical success factor(s) can be replicated in other settings.

The Vet Center program has more than three decades of success in serving and treating combat veterans. The leadership of the program has taken positive thoughtful steps over the last decade to accommodate the needs of women veterans. And while we would like to see customer satisfaction data broken down by sex, we would be surprised to hear that women veterans were significantly less satisfied than the 95 percent of Vet Center clients who report satisfaction with the service and are willing to recommend it to a friend (55).

However, women veterans can only appreciate (and benefit) from RCS services if they are aware of the availability of this resource and use it. In at least one study (56) only a minority of women veterans in the population surveyed were aware of RCS.

Finding:

Women veterans are well served by Vet Centers but not all women veterans who need them may be aware of the services they offer and that they may be eligible for services. Vet Centers also need authority and funding to be able to continue their successful retreat pilot as an ongoing program.

Recommendation:

Vet Center services should be included in an up-to-date central directory for federal programs and services that are available to women service members and veterans who are transitioning from military to non-military life.

Recommendation:

Vet Centers should collect, analyze and publish user satisfaction data by sex.

Recommendation:

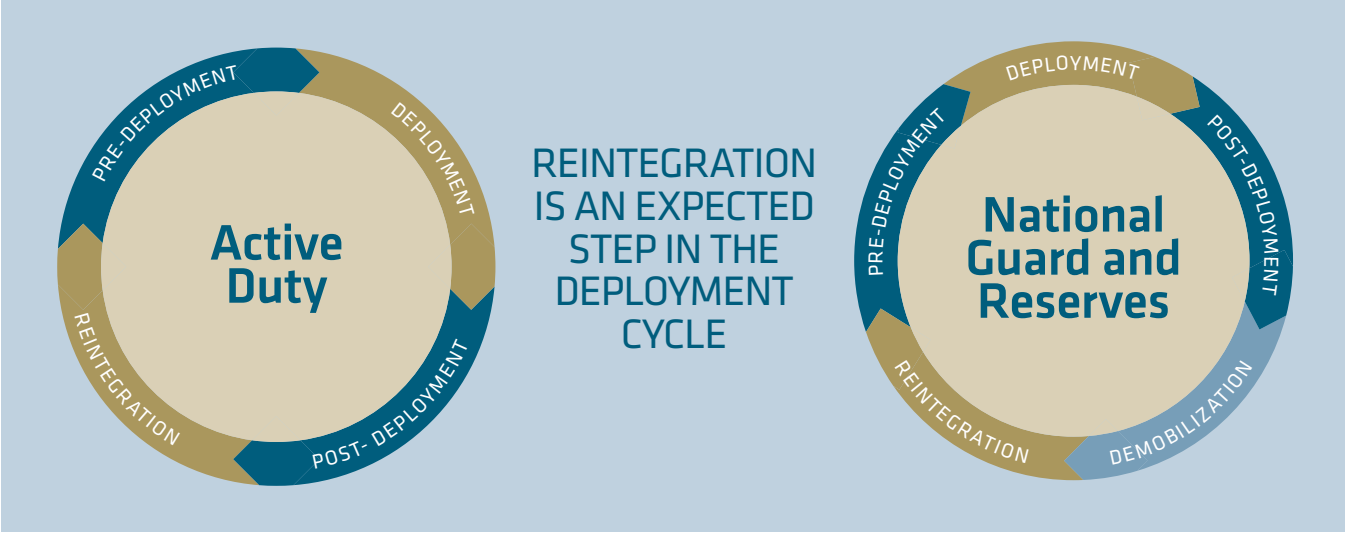
Congress should reauthorize the VA Readjustment Counseling Service's women veterans retreat program. VA researchers should study the program to determine its key success factor(s) and whether it can be replicated in other settings.

REINTEGRATION SUPPORT

Today's military clearly understands that returning from a combat zone to a home installation is a significant emotional adjustment. Unlike the experience of prior generations when troops may have had time to unwind and process their war experiences during a lengthy journey home, modern transitions can be very quick. Service members today may feel that they are in a war zone one day, ready to fight in the company of their fellow personnel, and home the next day, expected to fulfill the duties and obligations of a spouse or parent.

The military has focused attention on the topic of reintegration to ensure that soldiers, airmen, Marines, and seamen return home successfully. Indeed, the return home is seen as one of the many steps in the deployment life cycle. Across the military, the focus of transition services and resources is on the whole family. Because deployment impacts both the deployed service member and their families left behind, reintegration resources address both sides of this relationship. In addition, these guides and resources also give advice to family members about what to expect during reintegration and how to best help their service member, acknowledging that most healthy adjustments require support and help from family and friends. An example of the resources available is the Military Deployment Guide (57) which is intended to be used across all services. In the guide, reintegration is described as follows:

> After service members return from deployment and complete their post-deployment recovery and administrative requirements they will begin the reintegration phase of the deployment cycle. This includes reintegration into family life and the community as well as reintegration into regular military duties. Units may require service members to complete follow-up briefings, training, counseling and medical evaluations during this phase. Service members and their families may experience some stress during this phase as everyone readjusts to life together. Many support services are available for service members and their families to make this readjustment easier either through the branches of Service or through the community.



The guide enumerates and describes the myriad of counseling and support services available such as chaplains, family centers, MilitaryOneSource, Military Family Life Counselors, and more (58) and provides practical, if brief, advice to service members and families on what issues to look for and how to approach one another regarding deployment experiences.

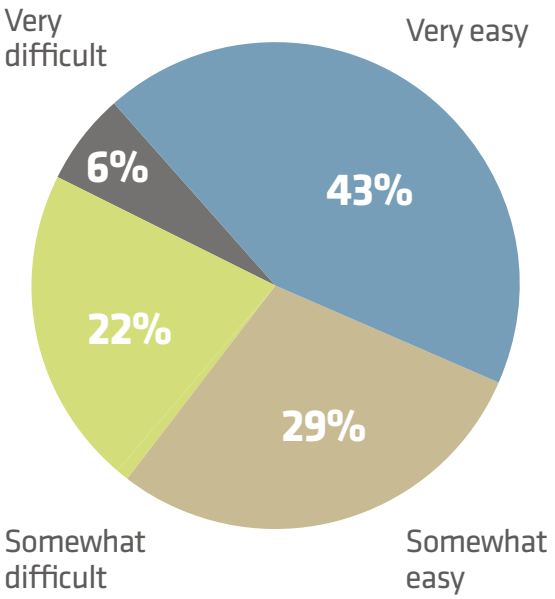
Although such national guidance and programs exist, accountability for ensuring the healthy functioning of the unit is vested in the local command structure. Guides are provided to commanders by DoD to help identify early problems and support service members through reintegration; however, within this broad mandate each local unit command or installation has latitude on what action to take, what to require, and what kind of services and programs to offer. Thus, local leaders can match resources to local needs and promote innovative services. Despite this flexibility, it is striking how few resource guides and services appear to either acknowledge the specific needs of women service members or, more specifically, to target them with supportive activities and guides. For example, see guides for the Air Force Space Command (59) and the Navy (60).

What specific support might women veterans who served in a combat theater require? To start, commanders should understand that women having a difficult reintegration experience may manifest different warning signs or symptoms than those in men. While both men and women may develop PTSD as a response to combat exposure and related events, women are more likely to manifest depression as a co-occurring condition and are less likely to display anger and resort to substance-use disorders (61). Women are also more likely than men to experience depression, an eating disorder or an anxiety disorder without a diagnosis of PTSD (62,63,64,65); yet guides for commanders don't routinely call out these conditions unique to women as red flags that require follow up (50, 51), and when these symptoms are listed in the guides, the different prevalence seen in men and women is not noted. Similarly, none of the guides reviewed in this analysis noted the different ways in which women might experience stress during and after deployment.

Studies indicate that women are much more likely to identify interpersonal issues as a significant locus of stress in this period (66) and at the same time perceive less social support than their male counterparts during the reintegration process (67). This is a particularly important finding since it is also known that social support is a key immunizing factor against the development of PTSD over the long term (68,69).

Coming Home

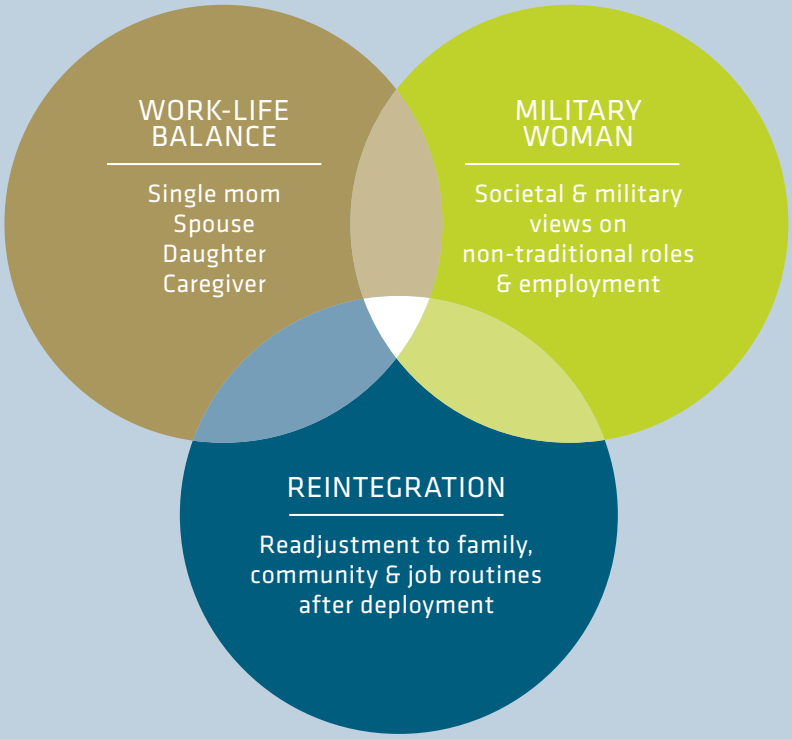
Share of all veterans who say their re-entry into civilian life was...



Notes: Based on survey of 1,853 veterans. "Don't know/Refused" responses are shown but not labeled. PEW RESEARCH CENTER

It is not at all surprising that women veterans who served in war zones feel less social support than their male peers (61,70). As noted in a 2013 study by the Institute of Medicine (IOM) (7), services and programs at military installations are geared toward supporting traditional military families where the husband is deployed and the wife remains behind. Current reintegration services fail to embrace alternative family structures. This impacts women service members preferentially because they are more likely to live as part of a nontraditional family, either as a single parent, part of a blended or step family or be part of a dual military family (49,71). Indeed, the failure of the military to adjust to the needs of deployed female service members and their families may contribute to the creation of these non-traditional households. Data from DoD show that the marriages of female service members are more vulnerable to divorce than those of male service members (72). Qualitative interviews with husbands of deployed service members report that the family support services available on base either don't serve their needs or are not welcoming because there are too few men in similar circumstances (49).

The Balancing Act of Women Veterans



When women combat veterans return to base, the camaraderie and support they experience during deployment with their male peers is often curtailed. Studies show that peer support and unit cohesion are important to successful readjustment (68,69). The men return to a support network of other male service members who can relate to their experiences. In contrast, as less than 15% of the active duty population, women have a more difficult time finding a similar network of women who can relate to their combat experience.

While there are numerous support groups for women on military bases, these programs are designed to meet the needs of, and are populated predominantly by, the civilian wives of male service members; they do not provide a peer group for women service members. Some military women may be able to maintain their relationships with their male peers, but such relationships back home can be more fraught with ambivalence and can raise suspicions of impropriety or infidelity in both wives and husbands that same-gender friendships generally avoid.

Post-9/11 women veterans not only express different concerns and stressors than their male counterparts, they desire a different way in which to process those emotions and thoughts (57). In a white paper prepared by the Army, authors note that "female service members consistently voiced that they felt that their experience of deployment was inherently different from those of their male peers… [Women] require different pre-deployment preparation and reintegration strategies to ensure positive mental health and family outcomes… [and] communication with other women during deployment is helpful because males 'work their issues out differently' from the women" (73).

Transitions can be complex for women because not only are they processing what they experienced while deployed to a combat theater, they must also process societal assumptions that women are not warriors. Whenever women break traditional gender roles, they must work to create a narrative that explains their life in opposition to societal gender norms. Studies and programs on women in science, technology, engineering and mathematics (STEM) are instructive because similar to the military, women still make up less than 30 percent of all practitioners in engineering and computer science, less than 33 percent of those with advanced degrees in math and the physical sciences (74), and only 27 percent of the civilian science and technological workforce (75). In these roles women must cope with gender stereotypes and professional discrimination in these fields (76). One approach to supporting women in STEM fields is through formal mentoring and peer networking (77,78). Similarly, as a small minority in a field dominated by men, women veterans and those in the military would benefit from structured opportunities to meet with other women returning from deployments. In such a group whether

"My greatest success has been being able to give back to veterans [as a Transition Service Officer]. They don't realize in order to work for DAV, you have to be a disabled veteran."

DAV Transition Service Officer (TSO)

it is face-to-face or virtual, these women can help each other create a narrative about their experiences that encompasses their many roles as a wartime veteran, a woman and perhaps that of wife and mother.

One command in Fort Drum, New York has met this special need by establishing a Women Soldiers Group (79), a structured, eight-week support group that addresses issues with marriage, deployment, changing roles, child care and living as a dual military family.

Finding:

Some women in the military are actively involved in combat and must make the difficult transition home. But women have concerns that differ from those of men and process those concerns in ways that are different from them. Few programs are currently constructed to address these differences. Husbands of military women can feel isolated within the military community and feel that family support services are not intended or suitable for them.

Recommendation:

VA and DoD should develop a pilot program for structured women transition support groups to address issues with marriage, deployment, changing roles, child care and living as a dual military family.

Recommendation:

VA should evaluate the effectiveness of such transition support group pilot programs and determine whether these efforts help achieve more successful outcomes for women veterans.

Recommendation:

VA, DoD and local communities should work together to establish peer-to-peer support networks for women veterans and military members to ease transition, isolation and assist with readjustment.

Recommendation:

To ensure that women's experiences are given value, guidance on reintegration should explicitly discuss the different ways in which men and women experience and manifest stress during and after a deployment.

Recommendation:

DoD should improve policies and programs that provide family support to the spouses and children of women veterans.

Education

Educational benefits are a major draw for recruiting military service members, and a college degree or advanced training is the key to financial independence of veterans over the long term. Educational benefits help achieve that goal, either in a college or other approved training program. Once veterans are on campus or in active training; however, education and training programs need to provide appropriate support that can help them succeed.

The original GI Bill is credited with remaking post World War II America by sending 51 percent of veterans to college (80,81). Women who served in World War II also took advantage of the GI Bill, with more than 64,000 attending college among the 2.2 million total veterans who used their education benefit (81). The original GI Bill helped soldiers who would never have been able to afford college, and promoted civic participation (81). By the early 1960s, U.S. Congress had used their GI Bill benefit (82).

THE POST-9/11 GI BILL

In more recent times, veterans continued to attain higher education with more than 30 percent obtaining some college experience compared to a little more than 25 percent of all U.S. citizens (83), but completion rates for veterans from 2000 to 2009 were surprisingly low. Among male veterans, only 16.3 percent attained a college degree compared to 18.1 percent of non-veteran males. However, women did better: in the same time period, 21 percent of women veterans had obtained a college degree, a higher rate than men overall or non-veteran women (18.2 percent) (83).

The Post-9/11 GI Bill has been extremely popular and provides for 36 months of tuition and fees equal to the most expensive in-state tuition at a public college in the state where the veteran chooses to enroll. Benefits also include a yearly $1,000 stipend for books and supplies, and a monthly living allowance. Unlike the Montgomery GI Bill, no contribution from the service member is necessary. By 2013, the Post-9/11 GI Bill had benefited 754,529 veterans, at a cost of $10.2 billion dollars (84).

Women often say that educational benefits were among their top motivators for joining the service. Research on women's employment outcomes suggests that a college education is strongly correlated with long-term success. When women leaving the military have a college degree, they have a greater likelihood of finding a job sooner, finding the right job and perceiving their service as giving an advantage in civilian work (98).

However, veterans can experience barriers and encounter difficulties in every step of the education process: selecting the right school and program for their needs, navigating the benefits process, adjusting to campus life and learning how to study again. Selecting an education program or college isn't simple. Potential students need to identify a school that fits their needs and provides good educational value. Aggressive marketing to veterans by schools and, until recently, a paucity of independent information for veterans may have led to some poor choices when selecting an academic institution (86).

A recent study by Government Accountability Office (GAO) noted that information from schools does not adequately cover issues of cost, other benefits or the availability of veterans' services, and veterans reported that some information from the schools was "generally inaccurate." This prompted Congress to require that the VA itself provide this information, which has been accomplished to some degree by posting the VA GI Bill Comparison Tool (http://department-of-veterans-affairs.github.io/gi-bill-comparson-tool/). This tool provides estimates of the GI Bill contributions to tuition and housing for each school, rates each school on veteran indicators (Principles of Excellence, Yellow Ribbon and how many GI Bill beneficiaries already attend). The tool also lists graduation rates, loan default rates, and median borrowing for all students at the school. Each school entry also links to the National Center for Education Statistics (http://nces.ed.gov/collegenavigator/?id=110635) which offers comprehensive information on all schools. On August 28, 2014, VA launched the new enhanced version of the GI Bill Comparison Tool.

Most schools allow veterans to obtain credit for military training but this information is not yet incorporated into the GI Bill Comparison Tool. VA also augments the GI Bill Comparison Tool with counseling services to veterans. VA has been criticized for not providing adequate marketing of this service for use during the college selection process or appropriate staffing of this service. The process for applying for such counseling is a cumbersome paper application, many veterans are unaware of the service, and it currently takes too long to get an appointment (86).

A survey carried out by the American Council of Education in 2012 found that 62 percent of the 690 colleges and universities that responded were providing programs and services specifically for military service members and veterans, and approximately 71 percent indicated that this is a part of their long-term strategic plan. Approximately 82 percent of all institutions have an established policy regarding tuition refunds for military activations and deployments (87).

Despite this attention to student veterans, schools are unprepared, at present, to address the broad array of challenges that some veterans may bring. Service related disabilities can impact some student veteran transitions since campus disability services are largely unprepared for a rapid increase in students requiring their service (88) and may not have adequate resources to support student veterans. Veterans are often not aware of their entitlement to reasonable accommodations, or may be reluctant to identify themselves as having a problem due to stigma (89,90,91). Given the recent amendment to the Americans with Disabilities Act, which includes difficulty with attention and concentration, and the prevalence of combat stress, PTSD and TBI among veterans, this is an important issue for schools to address (92).

A large survey of veteran students indicated that 51.7 percent of participants had completed their college degrees by 2013. Many GI Bill veterans went on to earn higher degrees: 31 percent who initially earned a vocational certificate, almost 36 percent who initially earned an associate degree, and 21 percent who initially earned a bachelor's degree went on to earn higher degrees (93). While the completion rates may be lower than non-veteran students, this may be due to the non-traditional nature of student veterans who tend to be older, have families, juggle employment and school, and may interrupt their progress in higher education due to military obligations (83,93,94). There are critical research gaps related to the success and supports for student veterans. These issues should be studied and addressed so that every veteran can maximize his or her education and training experience.

Finding

The Post-9/11 GI Bill represents the largest expansion of educational support to military and veterans in our nation's history and provides excellent educational benefits. There is a paucity of information available on the education subsidies and support received by women veterans or the outcomes of the use of the Post-9/11 GI Bill benefits and services. More information is needed for program planning, policy-makers and researchers. Veteran students need targeted information to help them choose a school that works for them.

Recommendation

VA should address the needs of women veterans in education by piloting programs such as education and career counseling, virtual peer support for women students and child care services. VA should establish comprehensive guidelines that schools can use to assess and improve their services and programs for student veterans. Special attention should be given to the needs of women veterans on campus. Schools who adopt these guidelines should be rated as such on the GI Bill Comparison Tool. VA should market its Education Counseling services on the VBA website and emphasize them during the TAP program. Alternative options such as live chat and email should also be made available and marketed.

Recommendation

VA should enhance its monitoring and reporting on educational institutions to include consistent standards for granting credit for military training and education credit transfer, support for veteran students with identified disabilities, educational outcomes and barriers, availability of career counseling and job placement success.

> "It's hard to go from doing something significant to being a nobody."
>
> *Journey to Normal*
> *documentary participant (11)*

Financial Security

EMPLOYMENT / EMPLOYMENT SERVICES

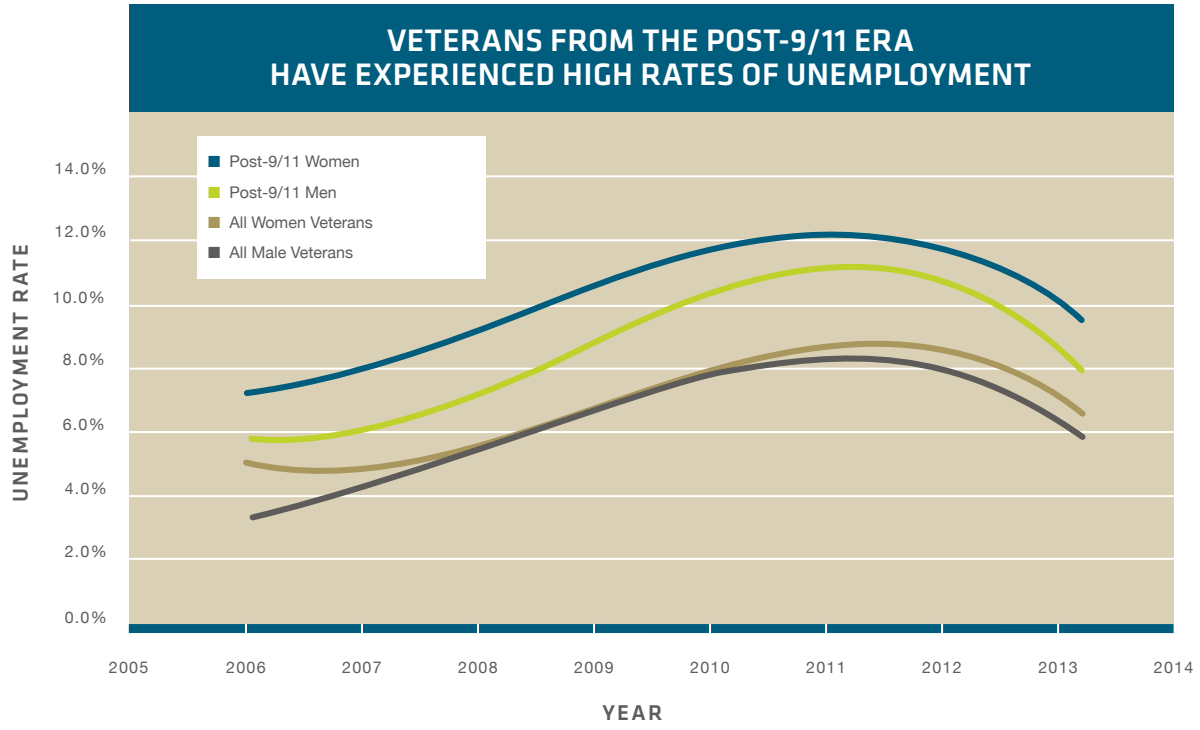
For men and women alike, a key requirement for a successful transition away from military service is the ability to establish satisfying, stable employment as a civilian. Most military members make this transition successfully, but some struggle. With the United States facing a significant draw-down of about a million service members by 2020 (95), it is critically important that employment programs and services are effective at helping men and women in the military make this transition smoothly.

Employment data makes it clear that recent veterans have struggled to make the transition from military to civilian life. While the unemployment rate for all veterans throughout the economic downturn was better than that for the civilian labor force as a whole (96), Post-9/11 veterans had persistently higher rates of unemployment than other veterans and it took longer for that trend to peak at 12.1 percent and start to decline after 2011. This trend was even more pronounced among women veterans, with unemployment among Post-9/11 women climbing to 12.5 percent through 2012 (96). The latest data show gains for Post-9/11 women veterans, with an unemployment rate declining to 9.3 percent in 2013 (97). However, this rate is only slightly below peak unemployment reached by the country overall in the depth of the recession in October 2009 (98). Indeed, as a whole, women veterans have struggled with unemployment following the recent recession, lagging behind all men and non-veteran women (96). With almost 200,000 or so women ready to leave the military over the next four to five years, it is imperative that we improve our support for women veterans' employment.

The reasons underlying this persistently higher rate of unemployment are not definitively known. However, characteristics such as a younger age, being unmarried or divorced, lower educational attainment and having children at home are associated with a higher rate of unemployment and are also prevalent among women veterans.

Age

Younger workers have a higher rate of unemployment than older workers (99) with 18-24 year olds experiencing the highest level of unemployment among adults. Both male and female Post-9/11 veterans in this age cohort have a higher rate of unemployment than their civilian peers and the highest rate among veterans overall (97).



Bureau of Labor Statistics • www.bls.gov/opub/ted/2014/ted_20140325.htm (96)

Marital Status

Marital status correlates with employment. Married women have lower rates of unemployment than divorced, separated, widowed or never-married women (100,101). After age 35, women veterans are less likely to be married than their civilian counterparts due to more separation and divorce in this population. Indeed, in all age cohorts, women veterans are more likely to experience divorce (71).

Educational Attainment

Younger women veterans, 17-24 years old, have a lower level of attainment of a bachelor's degree (5.2 percent) than non-veteran women (9.7 percent) of the same age. This difference persists among 25-34 year olds, with only 29 percent of veteran women attaining a bachelor's degree compared to 36 percent of non-veteran women of the same age (71). Analysis of veteran data show that poverty and educational attainment are linked. Only 3.2 percent of veterans with a bachelor's degree live in poverty compared to the 6.9 percent of veterans without a bachelor's degree who live in poverty (102,103).

Motherhood

Single mothers have higher rates of unemployment than married mothers (12 percent vs 4.8 percent, respectively) (104). Eleven percent of women service members are single parents compared with four percent of men. Women veterans are slightly more likely to have children than non-veteran women (58 percent compared to 52 percent) (103). Among younger veterans this difference is pronounced with 29 percent of women veterans 17-24 years of age having children while only 13 percent of age-matched civilian women have children. Women veterans are more likely to have children under the age of 18 at home which correlates with poorer employment outcomes (105).

Medical and Mental Health Concerns

According to the VA, women veterans have higher rates of medical and mental health concerns than do male veterans, and one in five women veterans who use VA health care have experienced MST (106). Overall, women veterans have a higher rate of trauma exposure than their civilian counterparts when pre-enlistment, during-service and following-service experiences are taken into account (107). One recent survey of veterans (108) indicates a significant difference in women veterans' perception of the impact of war on their emotional and mental health with 43 percent of them stating they are worse now than before serving in Iraq or Afghanistan, which is higher than the 30 percent of men who feel the same way. Mental health needs and diagnosis of PTSD, TBI and the effects of MST as well as physical health concerns have all been noted as risk factors for poor employment outcomes in veterans (85,109,110,111).

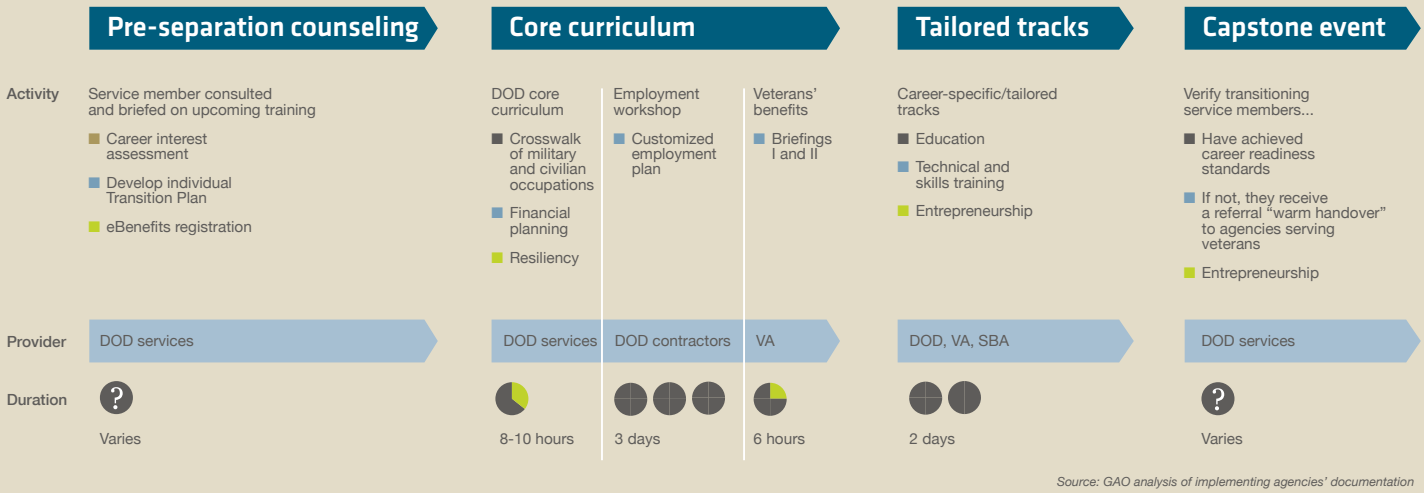
Even when these factors are controlled, Post-9/11 women veterans and National Guard women veterans have higher rates of unemployment than other groups (117). Given this constellation of factors working against employment success for some women veterans and their demonstrated higher rates of unemployment, it is important for all of the partners working on veteran transition challenges to identify the specific needs of women and institute specialized programs and outreach for them.

TRANSITION ASSISTANCE

The challenge of making the transition from military service to civilian employment has been widely discussed (113). For many in the military, seeking civilian employment may be the first time they have developed a resumé or interviewed for a job. For most, it can be a challenge to translate the skills, knowledge, and experience gained in military assignments into language accessible to a civilian hiring audience. In particular, specialized training and certificates gained during service do not generally translate into certification or licensure requirements for an equivalent position in the civilian sector. Finally, military members who move frequently or have been absent on deployments may not have a robust local network of civilian contacts who can help identify employment opportunities where they live.

There is no direct evidence that this transition is any different for women than it is for men. Yet, women veterans' unemployment rate remains stubbornly high and women have voiced frustration with the transition process. For instance, women veterans were less likely than men (32 percent compared to 47 percent) to believe the military was doing enough to ease transitions to civilian life, and more women (18 percent) than men (7 percent) doubt their military skills will be useful in the civilian job market (108). Other studies found that women felt they had been led to believe that military training would be more valuable than it is in their search for employment (114,115).

Employment sector data appears consistent with the idea that women veterans find their military experience to be of less value in the job market. The data indicates that women veterans' employment patterns appear much more like that of civilian women than male veterans. Although women are filling technical positions in the military, they don't appear to be able to capitalize on that experience in the private sector in the same way as men (97,101).



Source: GAO analysis of implementing agencies' documentation

In recognition of the need to help service members to transition effectively to civilian life, Congress established the original Transition Assistance Program (TAP) in 1991 (116). The new DoD program, called Transition GPS (Goals, Plans, Success) covers all service members and incorporates career readiness and transition preparation into the entire span of a military member's career. The revised program covers all departing service members[1]. It is intended to help service members identify their post-separation education, financial and employment goals. After participating in the structured program, service members are expected to have clear goals for employment or education and will know where and how to access the services that can help them achieve those goals.

According to a recent review of the program by GAO (95), comprehensive data on participation rates and information on the effectiveness of the training is not readily available and post-transition outcome data is limited. The data that is gathered has not been publicly released with an analysis of outcomes and satisfaction by gender.

Finally, as noted in the chapter on reintegration, commanders are the lynchpin of the program. They must ensure that transitioning service members attend the various trainings and they are responsible for ensuring an appropriate review of the service member's employment plan and directing any needed follow up as part of the program "capstone." GAO recognized that without uniform data gathering and accountability to ensure all commanders fulfill this responsibility, the impact of the program may be limited.

Finding:

The effectiveness of the TAP program cannot be assessed in the case of women.

Recommendation:

Data on participation, satisfaction, effectiveness and outcomes for TAP should be collected and analyzed by gender and race and returned in real time to commanders for their assessment and corrective actions.

Finding:

TAP does not offer elements targeted at women or their needs.

Recommendation:

TAP partners should conduct an assessment to determine needs of women veterans and incorporate specific break-out sessions during the employment workshop or add a specific track for women in the three-day session to address those needs.

Finding:

While the warm handoff for transitioning service members who have not completed an acceptable transition plan is laudable, the proof of success is whether every plan has been successfully implemented six months to a year out from separation. The hallmark of adult learning is that adults seek out and absorb information when they perceive that they need it, not necessarily when it is presented. Some transitioning service members may not be primed to absorb TAP training pre-separation but would be more receptive once they are actively seeking employment six months later.

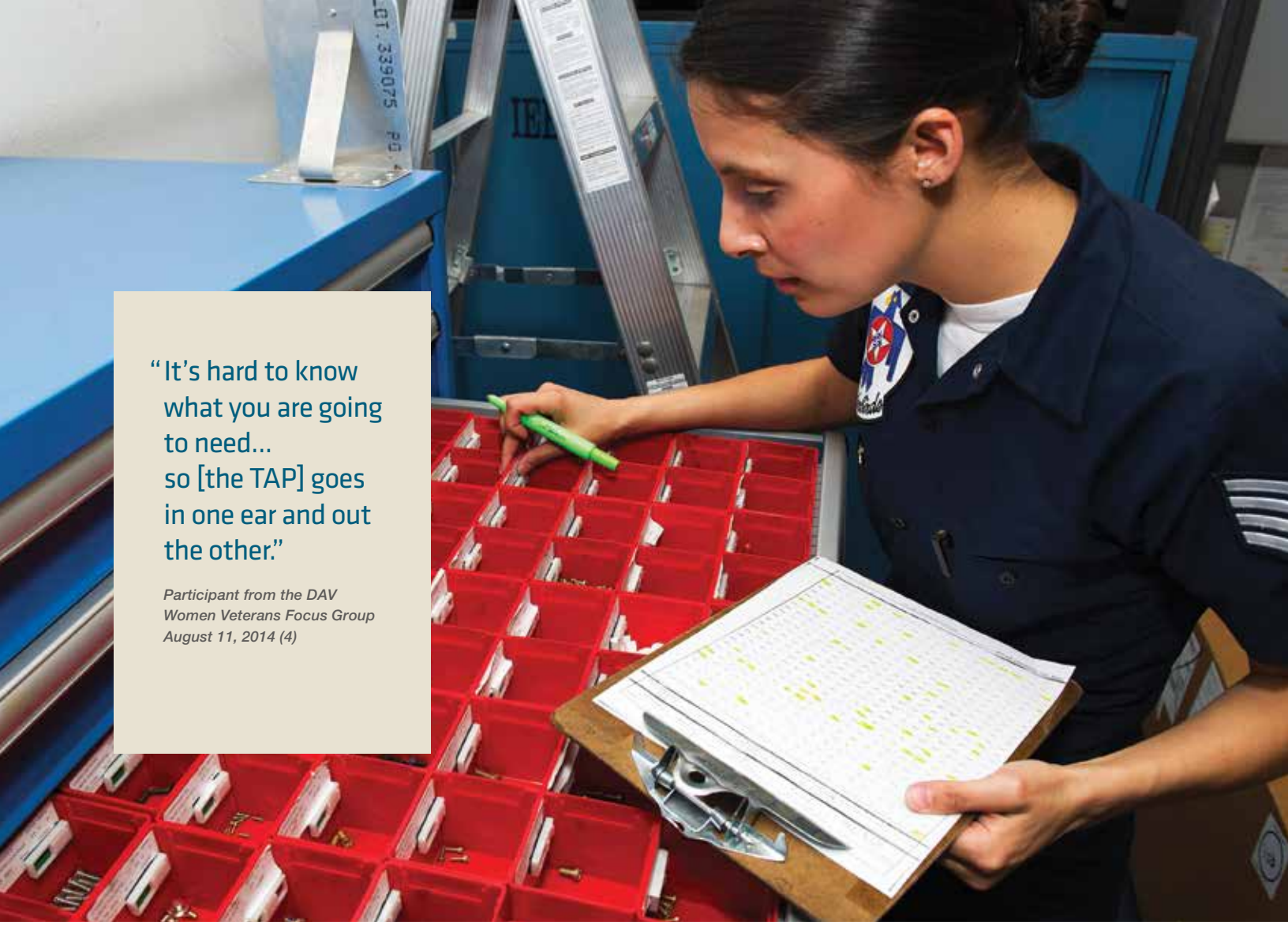
Recommendation:

DoD should transfer contact information and data on all TAP participants to VA and DoL who should be responsible to provide gender sensitive follow up with all service members 6-12 months after separation to offer additional support and services, if needed.

Recommendation:

To judge the success of TAP, employment outcomes and educational attainment should be tracked and reported on a rolling basis, analyzed by gender and race, for all separated service members.

[1]TAP participant requirements are defined as "all service members who have been on active duty for at least 180 days are eligible for TAP services, but those separating because of a disability are eligible regardless of the length of their active duty service. Eligible service members must be provided TAP while they are on active duty, either as soon as possible within the 2 years prior to their anticipated retirement date or in the 1 year prior to their anticipated separation date. In either case, TAP services must generally commence no later than 90 days prior to their discharge or release. The exceptions to this rule occur when retirements or separations are not anticipated until 90 or fewer days of active duty remain, or a member of the reserve is being demobilized under circumstances in which the 90 day requirement is unfeasible. In such cases, TAP services must be provided as soon as possible within the remaining period of service." (2014). Transitioning Veterans: Improved Oversight Needed to Enhance Implementation of Transition Assistance Program. U.S.G.A. Office. Washington, DC.



> "It's hard to know what you are going to need... so [the TAP] goes in one ear and out the other."
>
> *Participant from the DAV Women Veterans Focus Group August 11, 2014 (4)*

DEPARTMENT OF LABOR

Department of Labor (DoL) is responsible for providing the employment workshop during the TAP program and they run a variety of programs and services that help support veterans in their search for employment. This includes the Veterans Employment and Training Service (VETS) that provides employment resources and expertise, and the Gold Card which can be used by unemployed Post-9/11 era veterans to receive enhanced intensive services at DoL American Job Centers and the associated website, Career One Stop (www.careeronestop.org) (118). This support is individualized to the needs of the veteran and includes six months of follow-up with a case manager. In addition, DoL sponsors My Next Move for veterans, a job search portal that allows them to use their military occupation code to browse jobs and career information and to take an assessment to find out about careers compatible with their interests. A similar portal from DoD, Hero 2 Hired (119), targets National Guard and Reserve members.

Importantly, DoL has a visible and strong focus on women veterans and their needs (120) and uses specific messages and images of women veterans that provide an inviting entry portal. However, the employment resources offered are the same for women as for men and one limited study indicates that women are unlikely to use these veteran related services (121).

JOINING FORCES

Launched by the White House in 2011, Joining Forces is a government initiative to promote employment for military members and their families (122). The effort brings together federal agencies, state government, educational institutions and the private sector to promote and support employment and training for military families and veterans. Through the initiative (and supported by tax credits for veteran hiring), private businesses and non-profit organizations have pledged to hire or train more than 800,000 veterans and their spouses.

Working with state licensure and certification processes, the initiative has also made progress in bringing attention to the need to streamline the translation of military training and certification to private sector equivalents (113,123). While all of these efforts are tremendously positive and have raised national awareness of the skills and talent of former military members, the initiative is broad based without specific outreach to women veterans. In some instances, the private sector has done well to appeal to and welcome women veterans, using images and messages that include women veterans, while others have focused only on telling the stories of military men, giving the appearance that these occupations are closed to women. In addition, the Work Opportunity Tax Credit to encourage industry and non-profits to hire veterans expired December 31, 2013. With unemployment among Post-9/11 women veterans still high, and given the anticipated drawdown of strength at DoD, this tax credit should be made permanent.

VA EMPLOYMENT PROGRAMS

VA provides vocational rehabilitation and employment support for service-connected disabled veterans and current military service members who have been injured and are anticipated to receive a service-connected rating upon separation from the military[2]. Participants meet with trained counselors who work with them to create a rehabilitation plan. If the veteran enters a long-term employment services track which includes training, education support and vocational training support, VA reimburses employers for up to 50 percent of a veteran's salary while in training. A Congressionally mandated longitudinal study of program outcomes is being conducted with final outcome data available as early as 2015. An interim assessment from 2007 concluded that women were slightly more likely to successfully complete the program than men (124).

VA recently wound down the Veterans Retraining Assistance Program which had been given temporary authority from Congress. It targeted older veterans (35-60 years of age) who were unemployed and not otherwise eligible for other VA education or training benefits. Training was focused on occupations in high demand by businesses. To date, more than 126,000 applicants have been approved and $866 million in benefit payments have been made (125). After completion of their training, veterans files are transferred to DoL job centers that have responsibility for providing job placement support and tracking employment outcomes. The program closed in March 2014 and no information on the success of women veterans in using the program has been published to date. A report on the program was due to Congress in July 2014.

Finding:

With the exception of those who served in peacetime, women veterans continue to experience significant levels of unemployment. Post-9/11 women veterans transitioning from active service are struggling to find employment quickly.

Recommendation:

DoL and VA should develop structured pilot programs, that build on the promising practices from DoL Career One Stop service centers, but that target unemployed women veterans, to assist them with job placement and retention.

Recommendation:

The DoL should work closely with state certification organizations to translate military training and certification to private sector equivalents. VA and DoD should establish a grant program to accelerate these efforts.

Recommendation:

Congress should make the Work Opportunity Tax Credit, as it applies to veterans, permanent.

"Nobody wanted to hire a vet. It took me 10 months to find the same job I had before military service."

Participant from the DAV Women Veterans Focus Group August 11, 2014 (4)

[2]VA service-connected disability rated at least 20 percent with an employment handicap, or rated 10 percent with a serious employment handicap, and be discharged or released from military service under other than dishonorable conditions.

Shelter

RISK FACTORS FOR HOMELESSNESS IN VETERANS

- Psychiatric Diagnosis
- Substance Use Disorder
- Trauma (including sexual trauma, before, during or after military service)
- Single Parent
- Unmarried
- Unemployed
- Deployment
- Low Levels of Social Support

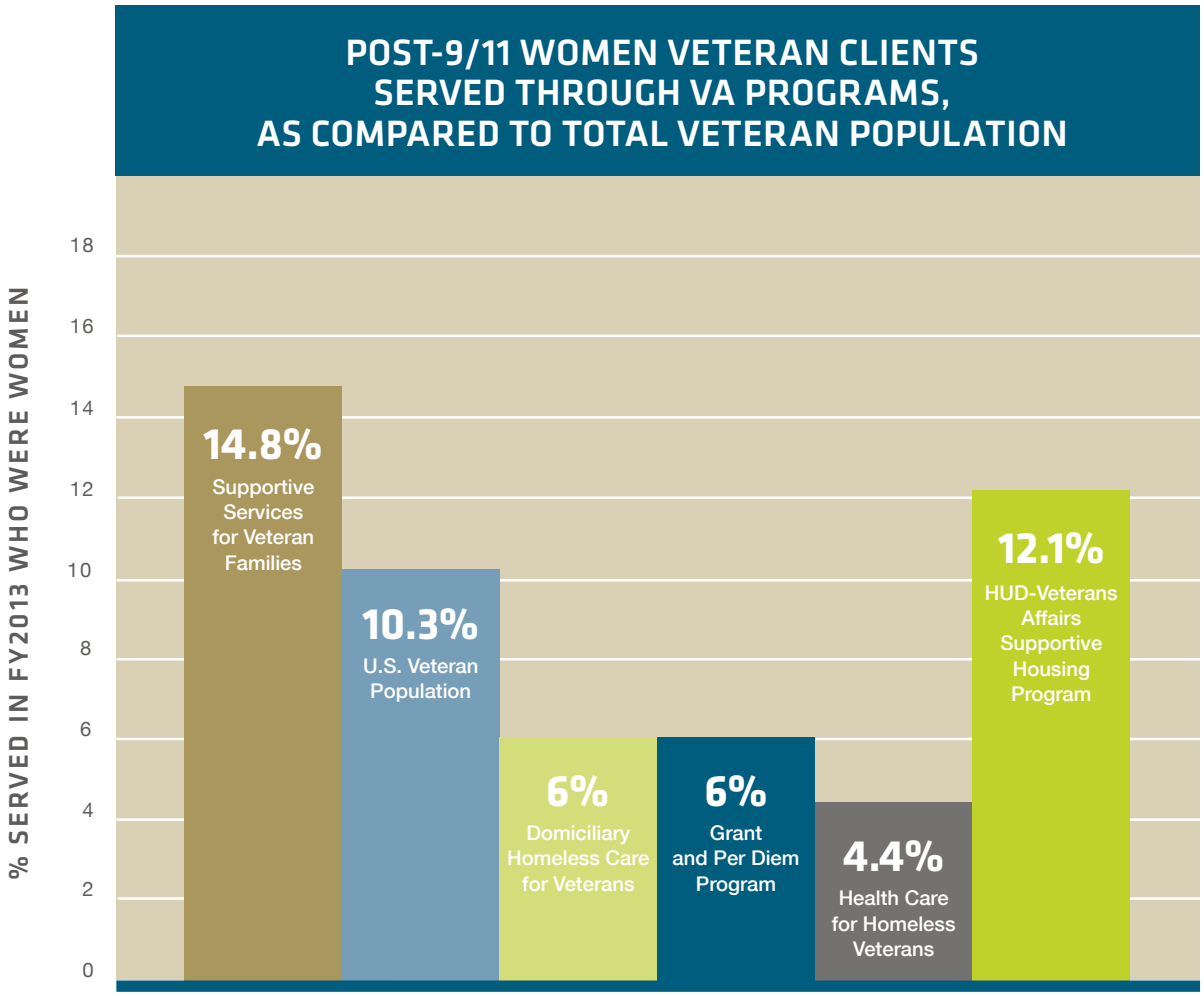
(61, 62, 70, 108, 126, 127)

PREVENTING HOMELESSNESS

The over-representation of veterans in the U.S. homeless population has long been recognized (128). However, the recognition that women veterans are at significant risk for homelessness is a more recent development (133,134). In 2013, there were 4,456 women veterans estimated in the annual point-in-time survey of the homeless (131) representing eight percent of homeless veterans in shelters on survey day. This is a startling number if one considers that women overall only represent 0.9 percent of homeless adults. Women veterans are two to four times more likely to be homeless than non-veteran women (107,127,130,132,133). In one study, African American women veterans, ages 18-29, who live in poverty, were shown to be particularly susceptible to becoming homeless, with 36.3 percent experiencing homelessness compared to 11.9 percent of all other women veterans in poverty. At all ages, poor African American women veterans experience a high degree of homelessness at 29.7 percent (132).

The risk factors for homelessness among men and women veterans are similar, although the distribution of the risks may vary. Of note among the known risk factors, are history of trauma, being a single parent, being unemployed, and having low levels of social support following separation from the military. These may be characteristics that are found more often among today's women veterans. For instance in 2010, nearly 40 percent of women veterans served by HUD-VASH entered the program with their dependent children (133).

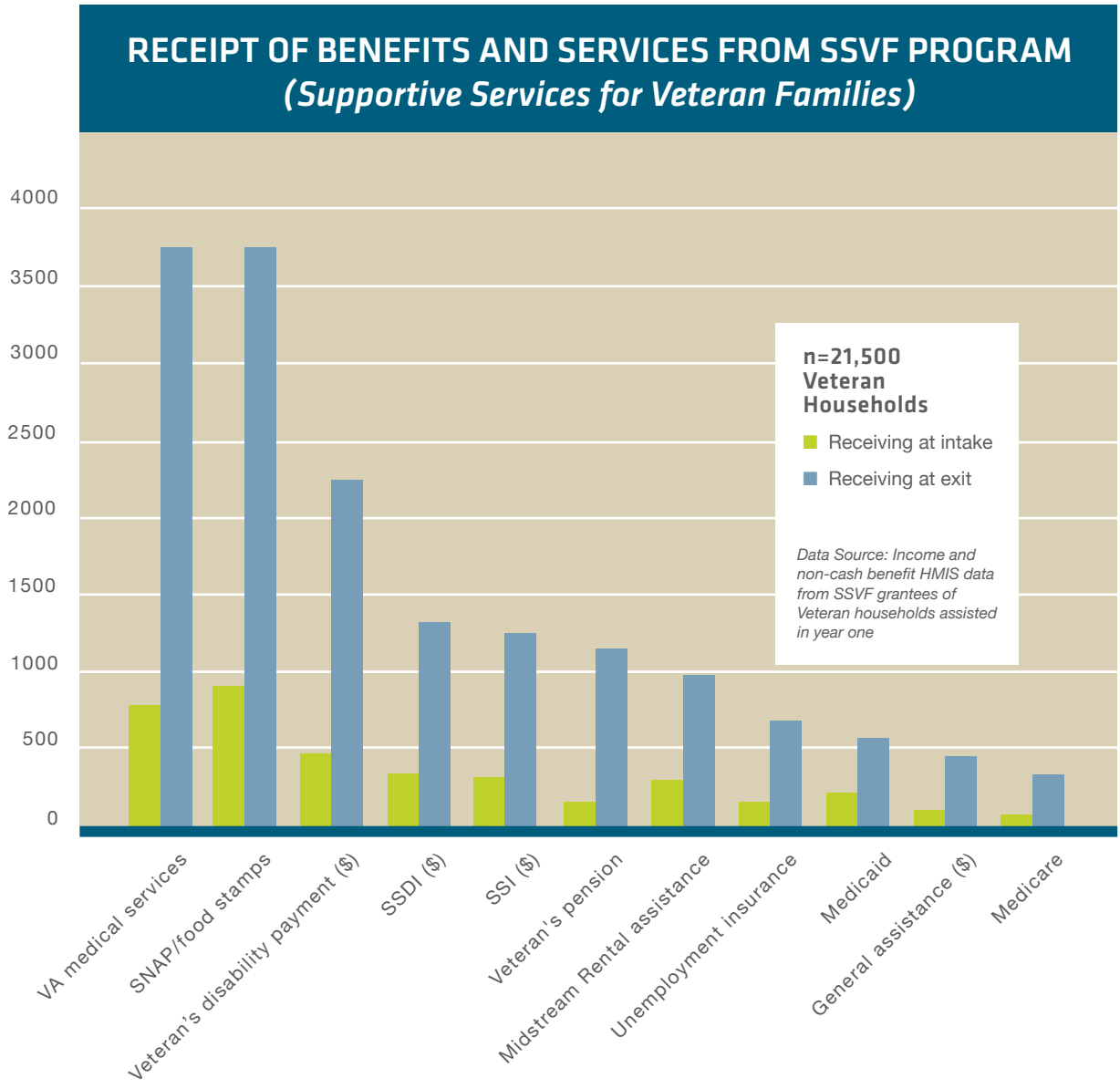
Eliminating veteran homelessness was established as a goal for the Federal Government in 2009 and has had strong support from all of the Federal partners; in particular VA (128). The leadership focus, coordination and additional resources have made a real difference in veteran homelessness and especially for the long-term homeless population. However, this focus on veteran homelessness brought attention to the fact that the programs in place at the beginning of the effort in 2009 did not adequately serve women veterans and indeed could contribute to re-traumatizing them (134,135). For instance, audits found that adequate safety measures were not in place to protect women residents of VA housing—buildings lacked separate sleeping spaces, locks on bathrooms, adequate lighting in stairwells and monitoring by staff. The evaluations also criticized VA for not having enough transitional and supportive beds designated for women veterans. As the factors that contribute to women veterans homelessness became better understood, it was



also recognized that existing programs needed to be able to accommodate families (not just the veteran) and should offer culturally competent intake procedures and ongoing support in recognition of women's experience of trauma, distrust and failure to recognize themselves in the label "veteran" (117). With the support of Congress and with contributions from all the Federal partners, the programs today appear to address some of these earlier criticisms, although outcome data by gender needs to be collected and reported to ensure programs are now meeting the needs of women veterans.

Because existing temporary housing facilities could not be easily modified to address safety concerns, the VA has converted some Grant and Per Diem opportunities to support "transition-in-place" (TIP) housing subsidies. Service providers were allowed to use the per diem toward rental subsidies with the goal to have the veteran take over the lease at the end of the supported period. In 2012, 31 of 38 programs funded applied the TIP model (136). This is an important resource for women veterans because it both provides a safer place for them to reside and also permits children to stay in subsidized housing units. Importantly, TIP also emphasizes an exit to permanent housing further promoting housing stability for the veteran (136,137).

The reinvigoration of HUD-VASH has provided an important housing resource for women veterans. Again, like the TIP model, children are able to live with their parents in the subsidized rental units and women can feel relatively safe and secure in their own housing. HUD-VASH is intended to be longer-term and is packaged with supportive services from VA and thus is intended for veterans who have long-term chronic impediments to stable housing.



Across all of the programs serving significant numbers of women veterans, the federal government through the women's bureau of the DoL has introduced the concept of "trauma informed care" to the provider community. Training and guidance helps service providers understand the experience of women veterans and provides approaches and suggested language to use with these veterans so they may feel safe and more open to accepting support (107). However, one important gap that remains to be filled is to ensure that women veterans escaping domestic violence are eligible for homeless services at VA. While the definition of homelessness under Title 42 was updated by Congress to include flight from domestic violence and abuse as an eligibility criteria for services (42 USC 11302 (b)), the appropriate cross reference has not been made to homeless programs authorized under Title 38 at the VA (38 USC 2002).

As indicated by the rates of women veterans' participation in each program, the newest program for veterans, Supportive Services for Veteran Families (SSVF), initiated in 2012, has been a successful intervention, serving both a large number of veterans and a high percentage of women. Importantly, 45 percent of those served were part of a family unit with children. The program is intended to be short term: the median length of service was 90 days in 2013 and the cost of the interventions is modest, between $2,400 and $2,800 per household. Finally, the outcomes for the program look promising with 60 percent of households exiting to rental or permanent housing that is not subsidized, while most of the remainder went to other subsidized housing (138). One of the key interventions emphasized in SSVF is to stabilize income for these veterans, which often means ensuring they are enrolled for all of the benefits and subsidy programs appropriate for their circumstances.

This combination of housing and income stabilization has been successful. Over the short life of the program, more than 90 percent of households with children continue to be housed and more than 85 percent of households without children avoid homelessness (136,138). This demonstrates that rapid re-housing of those who become homeless and prevention services for those at imminent risk of losing housing is a cost-effective intervention for at-risk veterans. As this program is only authorized through 2015, Congress should be encouraged to make the program permanent and fund it at adequate levels to meet the needs of existing veterans and the many more who will be making the transition from military service in the upcoming DoD draw down. A modest investment over the next five years could do much to prevent long-term chronic homelessness from developing among the Post-9/11 cohort.

HOME LOANS

The VA Home Loan Guaranty program is an important benefit earned through military service. Veterans can use the program to purchase a home, refinance a home or make home improvements. VA home loans have an advantage over conventional loans because no down payment is required, no private mortgage insurance is needed, closing costs are limited and standards for the borrower are generally lower (to allow more veterans into home ownership). Down the road, if the veteran runs into trouble with the loan, VA will intervene with the lender to negotiate a resolution that will hopefully permit the veteran to remain in her home (139,140,141).

Veteran home ownership has historically been higher than that of the general population—at about 80 percent compared to about 68 percent of the general population (142). This advantage in home ownership is attributed at least in part to the VA home loan program. In FY 2012, about 1.4 million veterans used the VA Home Loan Guaranty program. This amounted to $1.588 billion dollars in expenditures. Data on utilization of the program from 2004 indicates that women veterans represent about six percent of home loan beneficiaries (139). More recent comprehensive data is not available, although it was noted that in the first half of FY 2013, VBA witnessed an increase of 28 percent in the number of loans going to women veterans (143).

A survey conducted by VA of veterans and active duty military and Reserves, indicates that women veterans are aware of the Loan Guaranty Program and have a higher knowledge of it than the total veteran sample (74.1 percent of women were knowledgeable vs. 68.2 percent of all veterans who said they were knowledgeable of the program) (144). As a tool in the VA armament to assist women veterans to have a stable, productive life after separation from the military, women's participation and knowledge of the program should continue to be tracked and published. Home loan literature and advertising should be sure to feature women veterans.

Finding:

VA's efforts to eliminate veterans' homelessness have been impressive and are showing measurable success. Women veterans still have higher rates of homelessness than their non-veteran counterparts and housing support needs to be enhanced particularly for women with dependent children.

Recommendation:

VA and HUD should invest in additional safe transitional and supportive beds designated for homeless women veterans, especially those with children.

Recommendation:

Congress should reauthorize and fully fund the SSVF program to promote positive transitions for women veterans during the anticipated downsizing of the U.S. Armed Forces.

Recommendation:

Congress should pass legislation to ensure that veterans escaping domestic violence are eligible for homeless programs under Title 38 of the US Code equivalent to eligibility definitions under Title 42.

Recommendation:

VA should work with community partners to provide housing programs to accommodate women veterans with families.

Recommendation:

VA should track and publish data on women veterans' utilization of home loans and supported housing benefits.

"I needed help and I was unemployed and bouncing from couch to couch for quite some time. And it was really tough for me to look at my best friend and say 'hey dude can I come live with you for six months? I need a place to stay."

NY Veterans History Series: Women Warriors
December 7, 2013 (145)

http://www.nypl.org/events/programs/2013/12/07/new-york-veteran-history-series-women-warriors

Conclusion

The cost of military and combat service is unique to each woman. For some, the greatest sacrifice is leaving home, family and friends; for others it is the barren living conditions and constant stress of war; for others it is the burden of visible and invisible wounds; and some women are asked to pay the ultimate cost. Because of their role in the military and society, women live with unique challenges. They are strong and heroic, but because of the magnitude of the challenges faced, they may well need support during post-military readjustment periods.

Throughout U.S. history, women have volunteered to serve in the military, but their contributions have been under-recognized, even by the women themselves. The challenges of transition to post-military life affect women differently than men and, accordingly, women should receive special attention from the federal government and the communities they live in. These needs are varied and complex, spanning the areas of health care, reduction and ultimately eradicating sexual assault, employment, finance, housing and aid with a variety of social issues. Throughout the report, specific gaps in current resources are highlighted and recommendations are laid out to address these needs. Through our collective efforts, women won't be left to make the long journey home alone.

> "I think when you talk about men in the military, it's easy to deal with it in isolation…men doing men stuff…running around with their guns… it's hard core and cool. When you talk about women in the military you have to look at how the military touches our society…it speaks to us as a culture, a society and a Nation."
>
> *Journey to Normal*
> *documentary participant*


THE
WOMEN'S
MEMORIAL


Welcome Home
MOMMY!!
We've Missed You!


Photo courtesy of Devon Reyes

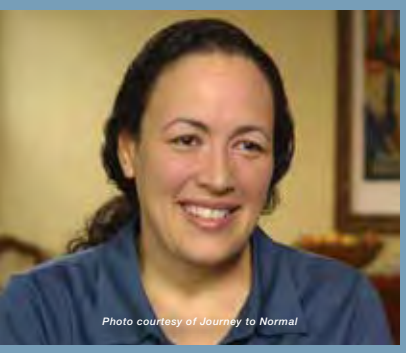


Photo courtesy of Journey to Normal

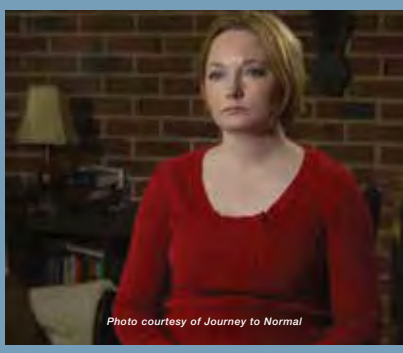


Photo courtesy of Journey to Normal


Photo courtesy of Journey to Normal


CHAPEL

Acknowledgements

DAV is deeply grateful for the outstanding contributions of the many staff, women veteran members and collaborators who contributed to this unprecedented report on women veterans.

Sigma Health Consulting, LLC (Sigma) provided assistance and did extraordinary work to assemble this report highlighting the challenges that confront the women who serve our nation in uniform and the assistance needed for their long journey home. The report summarizes DAV's policy, oversight and legislative recommendations that will ensure that our nation meets its obligation to provide equitable services and support for women veterans. Frances Murphy, M.D, M.P.H. is an Air Force veteran, President and Chief Executive Officer of Sigma and a former VA Deputy Under Secretary for Health in the Department of Veterans Affairs. She was joined by Sherrie L. Hans, Ph.D. and Bradley J. Reina, Ph.D. candidate in carrying out the review.

DAV is also deeply appreciative for the contributions of its women veteran members who participated in DAV Women Veterans Focus Groups on August 11, 2014. Their service, patriotism and heroism enrich and inspire us as an organization. Without their insights, this report would not have been possible.

This DAV report was developed in collaboration with filmmakers JulieHera DeStefano and Andrew Swensen. Their documentary film, Journey to Normal: Women of War Come Home, vividly recounts the experiences of women soldiers who served in Iraq and Afghanistan, and follows their reintegration after they returned home. We give special thanks to Ms. DeStefano and the entire Journey to Normal (JTN) team for allowing us to have access to the many hours of film interviews of women veterans conducted in Afghanistan and here in the United States. The JTN collaboration provided DAV with a very personal view and understanding of the experience of Post 9/11 women service members, the challenges they face at war and at home and helped shape our report. The film documents the compelling stories of these women veterans and their unfinished journeys home.

We would also like to extend our sincere gratitude to the DAV Charitable Service Trust and its Board of Directors for the grant that made this report possible.

Photo courtesy of U.S. Army Alaska

Photo by Staff Sgt. Jason Epperson, 3rd MEB PAO

We honor all of those who have made the ultimate sacrifice while serving our nation; with a special remembrance of Army PFC Amy Bullock Sinkler, who was killed in action in Afghanistan on January 20, 2011 while serving with the Rough Riders from the 17th Combat Sustainment Support Battalion, 3rd Maneuver Enhancement Brigade based out of Fort Richardson, Alaska. Amy's journey is shared in the documentary Journey to Normal: Women of War Come Home.

Bibliography

1. U.S. Department of Veterans Affairs National Center for Veterans Analysis and Statistics (2011). America's Women Veterans: Military Service History and VA Benefits Utilization Statistics. Department of Veterans Affairs, Washington, DC.

2. Washington, D.L., Kleimann, S., Michelini, A.N., Kleimann, K.M., Canning, M. (2007). Women veterans' perceptions and decision-making about Veterans Affairs health care. Military Medicine,172(8): 812-817.

3. U.S. Department of Veterans Affairs (2010). National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses Final Report, Page 85, Department of Veterans Affairs, Washington, DC.

4. Murphy, F.M. (2014). Women Veterans Focus Group. Disabled American Veterans Convention, Las Vegas NV. August 11, 2014.

5. U.S. Department of Veterans Affairs Veterans Health Administration Office of Public Health Post-Deployment Health Group (2014). Analysis of VA Health Care Utilization among 210,675 Female and 1,580,745 Male Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans. Cumulative from October 1, 2001 - March 31, 2014), Department of Veterans Affairs, Washington, DC.

6. Frayne, S.M., Phibbs, C.S., Saechao, F., Maisel, N.C., Friedman, S.A., Finlay, A., Berg, E., Balasubramanian, V., Dally, S.K., Ananth, L., Romodan, Y., Lee, J., Iqbal, S., Hayes, P.M., Zephyrin, L., Whitehead, A., Torgal, A., Katon, J.G., Haskell, S. (2014). Sourcebook: Women Veterans in the Veterans Health Administration. Volume 3. Sociodemographics, Utilization, Costs of Care, and Health Profile. Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration, Department of Veterans Affairs, Washington, DC.

7. Institute of Medicine (2013). Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families. The National Academies Press. Washington, DC.

8. Baiocchi, D. (2013). Measuring Army Deployments to Iraq and Afghanistan. ISBN 978-0-8330-7868-1. RAND Corporation

9. Defense Casualty Analysis System, U.S. Military Casualties—GWOT Casualty Summary by Casualty Type, https://www.dmdc.osd.mil/dcas/. accessed August 10, 2014.

10. Institute of Medicine (2014). Gulf War and Health, Volume 9: Long-Term Effects of Blast Exposures. The National Academies Press. Washington, DC.

11. DeStefano, J. (2014). Journey to Normal: Women of War Come Home. Journey to Normal, Inc., Pittsburgh, PA. Interviews conducted 2011-2013, unreleased and reproduced by permission.

12. DoD-VA Extremity Trauma and Amputation Center of Excellence Registry (EACE-R), excludes finger(s), thumb(s), toe(s), includes partial foot and hand amputations, as of August 1, 2014

13. Meulenbelt, H., Geertzen, J., Jonkman, M., Dijkstra, P. (2009). Determinants of Skin Problems of the Stump in Lower Limb Amputees. Arch Phys Med Rehabil 90:74-81

14. Biddiss, E., Chau, T. (2007). Upper limb prosthetics: critical factors in device abandonment. Am J. Phys Med Rehabil 86:977-987.

15. Ostlie, K., Lesjo, I., Franklin, R., Garfelt, B., Skjeldal, O., Magnus, P. (2012). Prosthesis rejection in acquired major upper limb amputees: a population based survey. Disab and Rehab Assis Tech 7(4):294-303.

16. Smith, E., Comiskey, C., and Carroll, A. (2011). A study of bone mineral density in lower limb amputees and a national prosthetics center. J Prosthet Orthot 23(1):14-20.

17. Struyf, P., Van Heugten, C., Hitters, M., Smeets, R. (2009). The prevalence of osteoarthritis of the intact hip and knee among traumatic leg amputees. Arch Phys Med Rehabil 90:440-446.

18. Randolph, B.J. (2014). Personal Communication. August 14, 2014

19. Defense Veterans Brain Injury Centers, DMSS/TMDA provided by Armed Forces Surveillance Center as of May 7, 2014. Accessed at www.dvbic.dcooe.mil, August 1, 2014.

20. Nillni, Y.I., GradU.S., J.L., Gutner, C.A., Luciano, M.T., Shipherd, J.C., Street, A.E. (2014). Deployment Stressors and Physical Health Among OEF/OIF Veterans: The Role of PTSD. Health Psychol. 2014 Jul 14 [Epub ahead of print].

21. Seal, K.H., Metzler, K.S., Gima, D., et al. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans Using Department of Veterans Affairs health care, 2002-2008. American Journal of Public Health 99(9):714-720.

22. Andersen, J.M., Wade, K., Possemato, K., and Ouimette, P. (2010). Association between post-traumatic stress disorder and primary care provider-diagnosed disease among Iraq and Afghanistan veterans. Psychosomatic Medicine 72(5):498-504.

23. Maguen, S., Cohen, B., Ren, L., et al. (2012). Gender differences in military sexual trauma and mental health diagnoses among Iraq and Afghanistan Veterans with post-traumatic stress disorder. Womens Health Issues 22(1):e61-66.

24. Bean-Mayberry, B., Yano, E.M., Washington, D.L.,et al. (2011). Systematic Review of Women Veterans' Health: Update on Successes and Gaps. Women's Health Issues 21(4): S84-91.

25. Institute of Medicine (2014). Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs. The National Academies Press., Washington, DC.

26. Kuehn, B.M. (2009). Soldier suicide rates continue to rise: military scientist work to stem the tide. JAMA. 301(11):1111-1113

27. Trofimovich, L., Skopp, N.A., Luxton, D., Reger, M.A. Health care experiences prior to suicide and self-inflicted injury, active component, U.S. Armed Forces, 2001-2010. MSMR 19(2):2-6.

28. Kang, H.K., & Bullman, T.A. (2008). Risk of suicide among U.S. veterans after returning from the Iraq or Afghanistan war zones. Journal of the American Medical Association 300, 652–653.

29. Veterans Health Care Overview 2014 PowerPoint (personal communication)

30. U.S. Department of Veterans Affairs Veterans Health Administration (2008). VHA Handbook 1160.01

31. Institute of Medicine (2014). Treatment of Post-traumatic Stress disorder in Military and Veterans Populations: Final Assessment. The National Academies Press Washington, DC.

32. U.S. Department of Veterans Affairs, More than 800 Veterans Hired as Mental Health Peer Specialists and Peer Apprentices, Press Release, November 5, 2013, accessed at http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2487, August 14, 2014.

33. The President's New Freedom Commission on Mental Health (2003). Achieving the Promise: Transforming Mental Health Care in America, Washington DC.

34. Barber, J.A., Rosenheck, R.A., Armstrong, M., Resnick, S.G. (2008). Monitoring the Dissemination of Peer Support in the VA Healthcare System. Community Mental Health J 44:433-441.

35. U.S. Government Accountability Office (2013). TRICARE Multiyear Surveys Indicate Problems with Access to Care for Nonenrolled Beneficiaries. Washington, DC. GAO-13-364

36. Bush, G. W. (2004). Executive Order: Incentives for the Use of health information technology and establishing the position of the national health information technology coordinator. White House. Washington, DC. Executive Order 13335.

37. Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. (PL 110-185 122 Stat 619) 42 U.S.C. §300jj et seq.; §17901 et seq.

38. U.S. Department of Veterans Affairs Veterans Benefits Administration (2014). Annual Benefits Report FY2013. Washington DC. July 17, 2014

39. U.S. Department of Veterans Affairs Office of Inspector General (2010). Review of Combat Stress in women Veterans Receiving VA Health Care and Disability Benefits, Washington, DC. Report 10-01640-45

40. Highfill-McRoy, R., Larson, G.E., Booth-Kewley, S., Garla, C.F. (2010). Psychiatric diagnoses and punishment for misconduct: the effects of PTSD in combat-deployed Marines. BMC Psychiatry 10:88-93.

41. Kulka, R. A. (1990). Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study. New York: Brunner/Mazel

42. Veterans Justice Outreach. www.va.gov/vjo.asp, accessed August 14, 2014

43. U.S. Department of Defense (2013). 2012 Workplace and Gender Relations Survey of Active Duty Members.

44. U.S. Department of Defense (2014). Annual Report on Sexual Assault in the Military Fiscal Year 2013. Washington, DC. May 1, 2014.

45. U.S. Department of Defense Sexual Assault Prevention and Response Office (2014). 2014-2016 Sexual Assault Prevention Strategy. Washington, DC.

46. Veterans Health Care Amendment of 1979. (P.L. 96-22) Title 38 United States Code 17 S 103(a)(1)II612a.

47. U.S. Department of Veterans Affairs Office of the Inspector General (2011). Post-Traumatic Stress Disorder Counseling Services at Vet Centers. Washington, DC. VAOIG-10-00628-17

48. AMVETS, Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars of the United States (2014). The Independent Budget: For the Department of Veterans Affairs: A Comprehensive Budget & Policy Document Created by Veterans for Veterans FY2015. Washington, DC.

49. MacDermid-Wadsworth, S. (2014). Women in Combat. Presented at Psychological & Social Aspects of Health & Wellbeing. (personal communication)

50. Lange, G. (2008). Pilot Study of Reintegration and Service Needs for Women Veteran Mothers. U.S. Department of Veterans Affairs Health Services Research and Development. Washington, DC. SHP 08-186.

51. Owens, G.P., Herrera, C.J., Whitesell, A.A. (2009) A preliminary investigation of mental health needs and barriers to mental health care for female veterans to Iraq and Afghanistan. Traumatology 15(2): 31-37

52. Eligibility for Readjustment Counseling and Related Mental Health Services. Title 38 United States Code Section 1712A.

53. U.S. Department of Veterans Affairs Center for Women Veterans Advisory Committee on Women Veterans (2012). Advisory Committee on Women Veterans Meeting Minutes. Accessed 14-08-22. http://www.va.gov/WOMENVET/ACWVreports.asp

54. U.S. Department of Veterans Affairs Veterans Health Administration Readjustment Counseling Service (2014). Report to the Committee on Veterans Affairs U.S. senate and House of representatives on the pilot program to provide reintegration and readjustment counseling services through a group retreat setting. Washington, DC.

55. Partnership for Public Service Samual J. Heyman Service to America Medals. (2011) 2011 Career Achievement Medal Recipient: Alfonso Batres. Accessed 14-08-22. http://servicetoamericamedals.org/SAM/recipients/profiles/cam11_batres.shtml.

56. California Research Bureau (2012). California's Women Veterans: Responses to the 2011 Survey. Sacramento, CA.

57. U.S. Department of Defense (2011). Military Deployment Guide: Preparing You and Your Family for the Road Ahead

58. U.S. Department of Defense. Accessed 14-08-22. http://www.militaryonesource.mil/

59. U.S. Department of Defense United States Air Force Space Command. Commander's Reintegration Toolkit.

60. U.S. Department of Defense Naval Health Research Center. San Diego, CA. Accessed 14-08-22. http://www.med.navy.mil/sites/nmcsd/nccosc/postdeploymentUserGuide/navy.ht

61. Yano, E. M., Hayes, P., Wright, S., Schnurr, P.P., Lipson, L., Bean-Mayberry, B., Washington, D.L. (2010). Integration of women veterans into VA quality improvement research efforts: what researchers need to know. J Gen Intern Med 25 Suppl 1: 56-61.

62. Street A.E., Vogt, D., Dutra, L. (2009). A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan. Clinical Psychology Review 29: 685-694. Blank

63. Seal KH. Testimony before the House Veterans Affairs Committee. Hearing on "Mental Health: Bridging the Gap Between Care and Compensation for Veterans"; 6/14/2011.

64. Iverson, K.M., Hendricks, A.M., Kimerling, R., Krengel, M., Meterko, M., Stolzmann, K.L., Baker, E., Pogoda, T.K., Vasterling, J. J., Lew, H.L. (2011). Psychiatric diagnosis and neurobehavioral symptom severity among OEF/OIF VA patients with deployment-related Traumatic Brain Injury: A gender comparison. Women's Health Issues 21(4, Supplement): S210-S217.

65. Maguen, S., Luxton, D.D., Skopp, N.A., Madden, E. (2012). Gender differences in traumatic experiences and mental health in active duty soldiers redeployed from Iraq and Afghanistan. J Psychiatr Res, 46(3): 311-6 .

66. Morin, R. (2011). The difficult transition from military to civilian life, Pew Research Center, The Pew Charitable Trusts.

67. Demers, A. (2011). When veterans return: The role of community in reintegration. Journal of Loss and Trauma 16(2): 160-179

68. Boscarino, J. A. (1995). Post-traumatic stress and associated disorders among Vietnam veterans: The significance of combat exposure and social support. Journal of Traumatic Stress 8(2): 317-336.

69. Pietrzak, R. H., Johnson, D.C., Goldstein, M.B., Malley, J.C., Rivers, A.J., Morgan, C.A., Southwick, S.M. (2010). Psychosocial buffers of traumatic stress, depressive symptoms, and psychosocial difficulties in veterans of Operations Enduring Freedom and Iraqi Freedom: The role of resilience, unit support, and post-deployment social support. Journal of Affective Disorders 120(1–3): 188-192.

70. Vogt, D., Vaughn, R., Glickman, M.E., Schultz, M., Drainoni, M., Elwy, R., Eisen, S. (2011). Gender differences in combat-related stressors and their association with post-deployment mental health in a nationally representative sample of U.S. OEF/OIF veterans. Journal of Abnormal Psychology 120: 797-806.

71. U.S. Department of Veterans Affairs National Center for Veterans Analysis and Statistics (2013). Women Veteran Profile. Washington, DC.

72. Negrusa, S., et al. (2014). Gone to war: have deployments increased divorces? Journal of Population Economics 27(2): 473-496.

73. Naclerio, A., et al. (2011). The Concerns of women currently serving in the Afghanistan theater of operations, White Paper. Washington, DC. Health Service Support Assessment Team, ISAF Joint Command. Retrieved from http://dacowits. defense. gov/Reports/2012/Documents

74. National Science Foundation (2014). Low Participation Fields for Women: Computer Science and Engineering, 1991-2010. Washington, DC.

75. National Girls Collaborative Project (2013). The State of Girls and Women in STEM. http://www.ngcproject.org/sites/default/files/documents/ngcpstemstats_web.pdf

76. Marder, J. (2012). Why engineering, science gender gap persists. PBS Newshour. Accessed: 14-08-22. http://www.pbs.org/newshour/rundown/science-engineering-and-the-gender-gap

77. Association for Women in Science. Mentoring. Accessed 14-08-22. http://www.awis.org/?Mentoring

78. Jencks, F., Zacharias, M. (2014). Mentoring tomorrow's STEM innovators. White House ONLINE, accessed 2014-07-09: http://www.whitehouse.gov/blog/2014/02/06/mentoring-tomorrow-s-stem-innovators

79. U.S. Department of Defense U.S. Army Medical Department. Eight-week women soldier's support group begins Feb. 8 at behavioral health. Fort Drum, NY. Accessed 14-08-22. http://www.drum.amedd.army.mil/news/2011/0211/020711_04.htm.

80. Haydock MD. "The GI Bill," American History Magazine, Sept/Oct 1999, Web Published on "The History Net," http://www.historynet.com/the-gi-bill-cover-page-october-99-american-history-feature, viewed August 6, 2014.

81. Mettler S. Bringing the State Back in Civic Engagement: Policy Feedback Effects of the G.I. Bill for World War II Veterans. American Political Science Review. 96(2)June 2002. 351-365

82. Shinseki E. Department of Veterans Affairs, "Business Steps Up: Hiring our Heroes", Remarks at U.S. Chamber of Commerce U.S. Chamber of Commerce, Washington, DC, November 12, 2009

83. Holder, K.A. (2007). The Educational Attainment of Veterans. Housing and Household Economic Statistics Division, Industry and Occupation Branch, U.S. Census Bureau.

84. Gibson S. Department of Veterans Affairs. Remarks at Joining Forces Pledge Launch, Washington, DC, April 30, 2014.

85. Horton, J. L., Jacobson, I.G., Wong, C.A., Wells, T.S., Boyko, E.K., Smith, B., Smith, T.C. (2013). The impact of prior deployment experience on civilian employment after military service. Occupational and Environmental Medicine 70(6): 408-417.

86. U.S. Government Accountability Office (2014). VA Education Benefits: VA Should Strengthen Its Efforts to Help Veterans Make Informed Choices. Washington, DC. GAO 14-324

87. American Council on Education (2012). From Soldier to Student II: Assessing Campus Programs for Veterans and Service Members http://www.acenet.edu

88. Diramio DiRamio, D., Ackerman, R., and Mitchell, R. (2008). From Combat to Campus: Voices of Student-Veterans. NASPA Journalm45(1), 73–102.

89. Madaus From the Editor. Special JPED Issue Journal of Post Secondary Education and Disability 22(1);2009

90. Shackleford, AL. Documenting the Needs of Student Veterans with Disabilities: Intersection Roadblocks, Solutions and Legal Realities.

91. Burnett, S. (2009) Collaboration for Military Transition Students from Combat to College: It Takes a community. Journal of Postsecondary Education and Disability 22(1):10-17.

92. Grossman Special JPED Issue Journal of Post Secondary Education and Disability JPED Forward 22(1);2009.

93. Cate, C.A. (2014). Million Records Project: Research from Student Veterans of America. Student Veterans of America, Washington, DC.

94. Vacchi, D.T. (2012). Considering Student Veterans on the Twenty-First-Century College Campus. About Campus 17(2): 18.

95. U.S. Government Accountability Office (2014). Transitioning Veterans: Improved Oversight Needed to Enhance Implementation of Transition Assistance Program. Washington, DC. GAO-14-144

96. U.S. Department of Labor Bureau of Labor Statistics (2013). Unemployment among veterans of the U.S. Armed Forces declines in 2012. TED: The Editors Desk. Washington, DC. Accessed 14-08-22 ww.bls.gov/opub/ted/2013/ted_20130322.htm

97. U.S. Department of Labor Bureau of Labor Statistics (2014). Economic News Release: April 04, 2014. p. o. s. Employment Status of the Civilian Population 18 years and over by veterans status, sex, not seasonally adjusted. Washington, DC.

98. U.S. Department of Labor Bureau of Labor Statistics (2014). Labor force statistics from the current population survey. Washington, DC. Accessed 14-08-22 http://data.bls.gov/pdq/SurveyOutputServlet?request_action=wh&graph_name=LN_cpsbref3

99. U.S. Department of Labor Bureau of Labor Statistics (2013). Employment Situation of Veterans 2012. Washington, DC.

100. Hartmann, H., Hayes, J. (2011). Women and men living on the edge: Economic insecurity after the great recession. Institute for Women's Policy Research.Washington, DC. C386

101. U.S. Department of Labor Bureau of Labor Statistics (2014). Employment Characteristics of Families 2013. Washington, DC.

102. U.S. Congress, Joint Economic Committee Chairman's Staff. (2011). Broken Promises: The need to improve economic security for veterans. Washington, DC

103. U.S. Congress, Joint Economic Committee Democratic Staff. (2013). Building job opportunities for returning veterans.

104. U.S. Department of Labor Bureau of Labor Statistics (2014). Employment Characteristics of Families Summary. Economic News Release, Washington, DC. Accessed 14-08-22. http://www.bls.gov/news.release/famee.nr0.htm

105. Cooney, R.T., Segal, M.W., Segal, D.R., Falk, W.W. (2003). Racial differences in the impact of military service on the socioeconomic status of women veterans. Armed Forces & Society 30(1): 53-85.

106. U.S. Department of Veterans Affairs Task Force on Women Veterans (2012). Strategies for Serving Our Women Veterans. Washington DC.

107. U.S. Department of Labor Women's Bureau (2011). Trauma-Informed Care for women veterans experiencing homelessness: a Guide for Service Providers. Washington, DC.

108. DiJulio, B., Deane, C., Firth, J., Craighill, P., Clement, S., Brodie, M. (2014) After the Wars: Survey of Iraq & Afghanistan active duty soldiers and veterans. Kaiser Family Foundation. Personal communications DiJulio, B.

109. Ostovary, F. D., J (2011). Challenges and opportunities of Operation Enduring Freedom/Operation Iraqi Freedom veterans with disabilities transitioning into learning and workplace environments. New directions for Adult and Continuing Education 132: 63-73.

110. Humensky, J. L., Jordon, N., Stroupe, K.T., Hynes, D.M. (2013). Employment status of veterans receiving substance abuse treatment from the U.S. Department of Veterans Affairs. Psychiatric Services 64(2): 177-180.

111. U.S. Government Accountability Office. (2014). VA Vocational Rehabilitation and Employment. GAO. Washington, DC.

112. Kleykamp, M. (2013). Unemployment, earnings, and enrollment among post 9/11 veterans. Social Science Research 42: 836-851.

113. U.S. Department of Defense, Defense Business Board (2013). Employing our Veterans Part II: Service Member Transition. Washington, DC.

114. Business and Professional Womens Foundation.(2007).Women Veterans in Transition. Washington, DC.

115. Thom, K. B., E (2011). Chicagoland female veterans; a qualitative study of attachment to the labor force. American Institute for Research National Center on Family Homelessness.

116. Transition Assistance Program 1991 (P. L. 101-510) S 502 (a)(1)

117. Vow to Hire Heroes Act of 2011 (VOW) (P.L. 112-56 Title II 125 S 711, 712.

118. Careeronestop: Pathways to success. Accessed 14-08-22. http://www.careeronestop.org/

119. U.S. Department of Defense. Hero2Hired. Accessed 14-08-22. https://h2h.jobs/

120. U.S. Department of Labor Veterans Employment & Training Service. Women Veterans. Accessed 14-08-22. http://www.dol.gov/vets/women veterans/

121. Boraas, S., Roemer, G., Bodenlos, K. (2013). Assessment of the workforce system's implementation of the veterans' priority of service provision of the Jobs for Veterans Act of 2002. Mathematica. Washington, DC

122. White House. Joining Forces. Washington, DC. Accessed 14-08-22. http://www.whitehouse.gov/joiningforces

123. Executive Office of the President (2013). The fast track to civilian employment: Streamlining credentialing and licensing for service members, veterans and their spouses. White House. Washington, DC.

124. Abt Associates Inc (2008). 2007 Veterans Employability Research Survey. U.S. Department of Veterans Affairs. Washington

125. U.S. Department of Veterans Affairs, Veterans Benefits Administration, Veterans Retraining Assistance Program. Washington, DC. Accessed 14-08-22: benefits.va.gov/vow/education.asp

126. Hamilton, A.B., Poza, I.,Washington, D.L. (2011). Homelessness and trauma go hand-in-hand: Pathways to homelessness among women veterans. PowerPlay: A Journal of Educational Justice 3(2): 66-94.

127. Metrauz, S. (2013). Homelessness and risk factors for homelessness among veterans from the era of the Afghanistan (OEF) and Iraq (OIF/OND) conflicts. U.S. Department of Veterans Affairs, Washington, DC.

128. U.S. Interagency Council on Homelessness (2013). Opening Doors: Federal Strategic Plan to Prevent and End Homelessness Update 2013. Washington, DC.

129. Gamache, G., Rosenheck, R., Tessler, R. (2003). Over representation of women veterans among homeless women. American Journal of Public Health 93(7): 1132-1136.

130. Syracuse University Institute for Veterans and Military Families. (2013). A National Summit on Women Veteran Homelessness: A Leadership Dialogue. Syracuse, NY.

131. U.S. Department of Housing and Urban Development Office of Community Planning and Development (2013). The 2013 Annual Homeless Assessment Report (AHAR) to Congress: Point-in-time estimates of homelessness. Washington, DC.

132. Fargo, J. M., Metraux, S., Byrn, T., Munley, E., Montgomery, A.E., Jones, H., Culhane, D. (2012). Prevalence and risk of homelessness among U.S. veterans. Preventing Chronic Disease 9: 110-112.

133. Syracuse University Institute for Veterans and Military Families National Veterans Technical Assistance Center (2013). Lessons learned from the U.S. Department of Labor grantees: Homeless female veterans and homeless veterans with families. Syracuse, NY.

134. U.S. Department of Veterans Affairs Office of the Inspector General (2012). Veterans Health Administration: Audit of the Homeless Providers Grant and Per Diem Program. Washington, DC. 11-00334-115

135. U.S. Government Accountability Office. (2012). Homeless Women Veterans: Actions Needed to Ensure Sate and Appropriate Housing. Washington, DC.

136. U.S. Interagency Council on Homelessness (2013). Ending homelessness among veterans. Washington, DC.

137. U.S. Department of Veterans Affairs (2012). Effectiveness of Permanent Housing Program FY2012 Report. Washington, DC.

138. U.S. Department of Veterans Affairs National Center on Homelessness Among Veterans (2014). Impact and Performance of the Supportive Services for Veteran Families (SSVF) Program: Results from the FY2013 Program Year. Washington, DC.

139. Economic Systems, Inc, ORC Macro, The Hay Group (2004). Evaluation of VA's Home Loan Guaranty Program. United States Department of Veterans Affairs Veterans Benefits Administration. Washington, DC.

140. Perl, L. (2012). VA Housing: Guaranteed Loans, Direct Loans, and Specially Adapted Housing Grants. Congressional Research Service. Washington, DC.

141. U.S. Department of Veterans Affairs Veterans Benefits Administration. Home Loans. Washington, DC. Accessed 14-08-22. http://www.benefits.va.gov/homeloans/

142. U.S. Department of Veterans Affairs National Center for Veterans Analysis and Statistics (2013). Profile of Veterans: 2011. Washington, DC.

143. U.S. Department of Veterans Affairs Advisory Committee on Women Veterans (2013). VA Advisory Committee on Women Veterans Meeting Minutes April 9-11. Washington, DC.

144. U.S. Department of Veterans Affairs National Center for Veterans Analysis and Statistics (2011). 2010 National Survey of Veterans: Understanding and Knowledge of VA Benefits and Services. Washington, DC.

145. New York Veterans History Project (2013). NY Veterans History Series: Women Warriors, Dec 7, 2013. New York Public Library, New York, NY. http://www.nypl.org/events/programs/2013/12/07/new-york-veteran-history-series-women-warriors

Appendices

The following tables provide additional information about Post-9/11 women veterans.

DISTRIBUTION OF SEPARATED PERSONNEL IDENTIFIED ON THE DOD ROSTER[1] OF OPERATION ENDURING FREEDOM (OEF), OPERATION IRAQI FREEDOM (OIF), AND OPERATION NEW DAWN (OND)[2] PARTICIPANTS, BY COMPONENT TYPE

Service Component Type	Active Duty	Reserve/Guard	Total [3, 4]
Total OEF/OIF/OND Veterans	1,061,063	730,357	1,791,420
Men	936,561	643,773	1,580,334
Women	124,112	86,563	210,675
Unknown	390	21	411

[1] Based on DMDC deployment rosters received through April 9, 2014. Roster only includes separated OEF/OIF/OND Veterans with out-of-theater dates through February 2014.
[2] Effective September 1, 2010, the name of Operation Iraqi Freedom was changed to Operation New Dawn (Secretary of Defense memorandum, February 17, 2010). Because this is a cumulative report, Veterans who have served in any or all of these conflicts are included in the frequencies presented.
[3] Beginning with the 3rd Qtr FY 2009 report, Veterans who received health care but subsequently died in-theater have been included in the quarterly analysis.
[4] The number of individuals who died in-theater through 2nd Qtr FY 2014 is 5,851.

DEMOGRAPHIC AND MILITARY CHARACTERISTICS OF SEPARATED FEMALE AND MALE VETERANS WHO SERVED IN OEF/OIF/OND[1, 2, 3]

	WOMEN (n=210,675)		MEN (n=1,580,745)[a]	
Characteristics	Number	Percent	Number	Percent
RACE/ETHNICITY				
White	104,081	49.4	987,875	62.5
Black	45,055	21.4	177,129	11.2
Hispanic	22,376	10.6	150,834	9.5
Others	16,827	8.0	97,473	6.2
Unknown	22,336	10.6	167,434	10.6
BIRTH YEAR COHORT [b]				
1990 or Later	6,952	3.3	51,305	3.2
1980 – 1989	109,274	51.9	765,048	48.4
1970 – 1979	55,366	26.3	390,434	24.7
1960 – 1969	30,250	14.4	287,383	18.2
1950 – 1959	8,196	3.9	74,119	4.7
1926 – 1949	613	0.3	11,714	0.7
Unknown	24	0.0	742	0.0
BRANCH				
Air Force	49,640	23.6	257,765	16.3
Army	111,276	52.8	831,710	52.6
Coast Guard	318	0.2	3,680	0.2
Marine	8,649	4.1	231,493	14.6
Navy	40,792	19.4	256,097	16.2
UNIT TYPE				
Active Duty	124,112	58.9	936,951	59.3
Reserve/Guard	86,563	41.1	643,794	40.7
RANK				
Enlisted	184,281	87.5	1,410,354	89.2
Officer	26,394	12.5	170,391	10.8

[1] Based on DMDC deployment rosters received through April 9, 2014. Roster only includes separated OEF/OIF/OND Veterans with out-of-theater dates through February 2014.
[2] Beginning with the 3rd Qtr FY 2009 report, Veterans who received health care but subsequently died in-theater have been included in the quarterly analysis.
[3] The number of individuals who died in-theater through 2nd Qtr FY 2014 is 5,851.
[a] Includes 411 individuals with unknown sex.
[b] In 2nd Qtr FY12, the birth year category "1990 or later" was added, and the earlier 1980 group redefined as ending in 1989. This adjustment was made to better equalize the number of years represented in each range. Birth year ranges were introduced 3rd Qtr FY 2009 in order to account for younger Veterans.

VA HOSPITALIZATIONS AND OUTPATIENT VISITS[2] FOR 210,675 FEMALE AND 1,580,745 MALE OEF/OIF/OND VETERANS IDENTIFIED ON THE COMBINED DoD LIST[1]

Treatment Category		WOMEN (n=210,675) Number	WOMEN (n=210,675) Percent	MEN (n=1,580,745) Number	MEN (n=1,580,745) Percent
Evaluated by VA during FY 2002-2014	Yes	128,380	60.9	929,380	58.8
	No	82,295	39.1	651,365	41.2
Inpatient stays[a]	Yes	8,882	4.2[b]	70,607	4.5[c]
Hospitalized at least once at a VAMC during FY 2002-2014	No	201,793	95.8[b]	1,510,138	95.5[c]
Number of times hospitalized at a VAMC during FY 2002-2014	1	6,056	68.2[d]	46,133	65.3[e]
	2	1,518	17.1[d]	12,067	17.1[e]
	3+	1,308	14.7[d]	12,407	17.6[e]
Outpatient visits[a]	Yes	128,372	60.9[b]	929,289	58.8[c]
Seen as an outpatient at VA at least once during FY 2002-2014	No	82,303	39.1[b]	651,456	41.2[c]
Number of days seen as an outpatient during FY 2002-2014	1	11,704	9.1[f]	96,719	10.4[g]
	2-10	41,832	32.6[f]	351,179	37.8[g]
	11+	74,836	58.3[f]	481,391	51.8[g]

[1] Data presented are from inpatient and outpatient health records. Internal inconsistencies may exist for a small number of individuals who had multiple values for sex on different health care visits.
[2] Hospitalization and outpatient visits recorded as of March 31, 2014.
[a] A total of 8,874 female and 70,516 male Veterans received care as both inpatients and outpatients.
[b] Percent based on total number of eligible female Veterans (210,675).
[c] Percent based on total number of eligible male Veterans (1,580,745).

DEMOGRAPHIC AND MILITARY CHARACTERISTICS OF SEPARATED FEMALE AND MALE OEF/OIF/OND VETERANS UTILIZING VA HEALTH CARE[1]

Characteristics	WOMEN (n=128,380) Number	WOMEN (n=128,380) Percent	MEN (n=929,380) Number	MEN (n=929,380) Percent
RACE/ETHNICITY				
White	59,816	46.6	565,179	60.8
Black	30,564	23.8	111,601	12.0
Hispanic	14,086	11.0	95,799	10.3
Others	8,931	7.0	49,732	5.4
Unknown	14,983	11.7	107,069	11.5
BIRTH YEAR COHORT [a]				
1990 or Later	2,985	2.3	20,574	2.2
1980 – 1989	65,549	51.1	446,650	48.1
1970 – 1979	33,761	26.3	226,811	24.4
1960 – 1969	20,071	15.6	179,061	19.3
1950 – 1959	5,602	4.4	48,708	5.2
1926 – 1949	409	0.3	7,552	0.8
Unknown	*	0.0	24	0.0
BRANCH				
Air Force	24,150	18.8	112,709	12.1
Army	75,811	59.1	548,921	59.9
Coast Guard	125	0.1	1,358	0.1
Marine	5,603	4.4	142,832	15.4
Navy	22,691	17.7	123,560	13.3
UNIT TYPE				
Active Duty	77,657	60.5	556,268	59.9
Reserve/Guard	50,723	39.5	373,112	40.1
RANK				
Enlisted	115,001	89.6	847,927	91.2
Officer	13,379	10.4	81,453	8.8

[1] Hospitalization and outpatient visits recorded as of March 31, 2014.
[a] In 2nd Qtr FY12, the birth year category "1990 or later" was added, and the earlier 1980 group redefined as ending in 1989. This adjustment was made to better equalize the number of years represented in each range. Birth year ranges were introduced 3rd Qtr FY 2009 in order to account for younger Veterans.
** To protect the privacy of Veterans, frequencies of fewer than 10 individuals are not reported.*

NUMBER OF DIAGNOSES BY BROAD ICD-9-CM CATEGORIES FOR THE 128,380 FEMALE AND 929,380 MALE OEF/OIF/OND VETERANS EVALUATED AT VA HEALTH CARE FACILITIES[1]

Diagnosis (ICD-9-CM Categories)	WOMEN (n=128,380)		MEN (n=929,380)	
	Number[a]	Percent	Number[a]	Percent
Infectious and Parasitic Diseases (001-139)	27,592	21.5	151,348	16.3
Malignant Neoplasms (140-209)	2,492	1.9	13,999	1.5
Benign Neoplasms (210-239)	15,726	12.2	69,272	7.5
Diseases of Endocrine/Nutritional/ Metabolic Systems (240-279)	47,138	36.7	336,927	36.3
Diseases of Blood and Blood Forming Organs (280-289)	12,781	10.0	35,891	3.9
Mental Disorders (290-319)	70,312	54.8	523,271	56.3
Diseases of Nervous System/Sense Organs (320-389)	61,640	48.0	453,946	48.8
Diseases of Circulatory System (390-459)	25,219	19.6	221,287	23.8
Disease of Respiratory System (460-519)	46,574	36.3	252,498	27.2
Disease of Digestive System (520-579)	50,668	39.5	341,683	36.8
Disease of the Genitourinary System (580-629)	56,121	43.7	125,016	13.5
Diseases of Skin (680-709)	38,001	29.6	212,068	22.8
Diseases of Musculoskeletal System Connective System (710-739)	76,385	59.5	558,184	60.1
Symptoms, Signs and Ill Defined Conditions (780-799)	76,425	59.5	514,021	55.3
Injury/Poisonings (800-999)	37,577	29.3	293,681	31.6

[1] Hospitalizations and outpatient visits recorded as of March 31, 2014.

[a] The total may be higher than the 128,380 female and 929,380 male Veterans because a Veteran can have more than one diagnosis and each is entered separately in this table.

Fulfilling our Promises to the Men and Women who Served.

DAV empowers veterans to lead high-quality lives with respect and dignity. It is dedicated to a single purpose: fulfilling our promises to the men and women who served. DAV does this by ensuring that veterans and their families can access the full range of benefits available to them; assisting them with employment; fighting for the interests of America's injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. DAV, a non-profit organization with 1.2 million members, was founded in 1920 and chartered by the U.S. Congress in 1932.

- Providing free, professional assistance to veterans and their families in obtaining benefits and services earned through military service and provided by the VA and other agencies of government.

- Providing outreach concerning its program services to the American people generally, and to disabled veterans and their families specifically.

- Representing the interests of disabled veterans, their families, their widowed spouses and their survivors before Congress, the White House and the Judicial Branch as well as state and local government.

- Extending DAV's mission of hope into the communities where these veterans and their families live through a network of state-level Departments and local chapters.

- Providing a structure through which disabled veterans can express their compassion for their fellow veterans through a variety of volunteer programs.

If you're a veteran who needs free help, or you'd like to help us keep the promise, visit DAV.org.

DAV®

FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

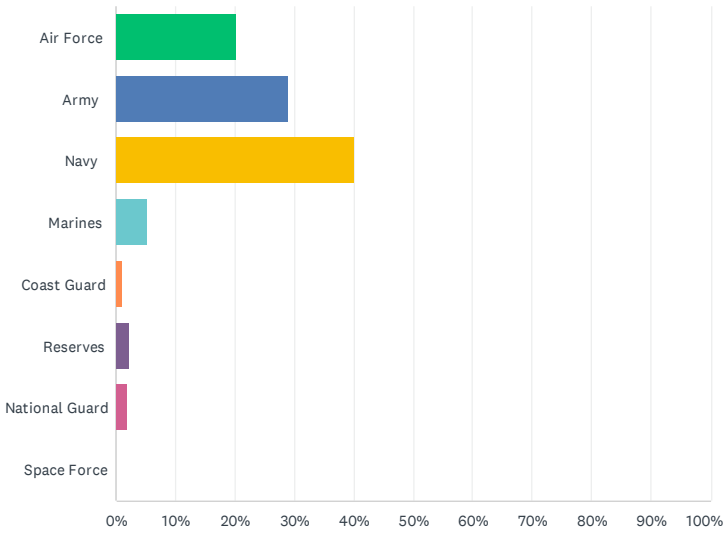
FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

National HQ: 3725 Alexandria Pike • Cold Spring, KY 41076 • (877) I AM A VET
Legislative HQ: 807 Maine Avenue SW • Washington DC 20024 • (202) 554-3501

facebook.com/DAV DAV.org twitter.com/davhq

Q1 What is your Branch of service ?

Answered: 207 Skipped: 0



ANSWER CHOICES	RESPONSES	
Air Force	20.29%	42
Army	28.99%	60
Navy	40.10%	83
Marines	5.31%	11
Coast Guard	0.97%	2
Reserves	2.42%	5
National Guard	1.93%	4
Space Force	0.00%	0
TOTAL		207

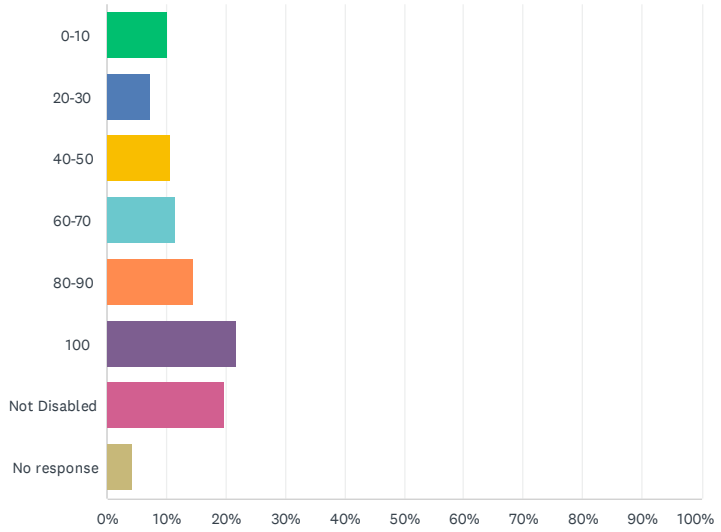
Q2 What are your dates of service?

Answered: 201 Skipped: 6

ANSWER CHOICES	RESPONSES	
Date	100.00%	201
Date	98.01%	197

Q3 Are you a Disable Veteran and if so, what is your disability rating?

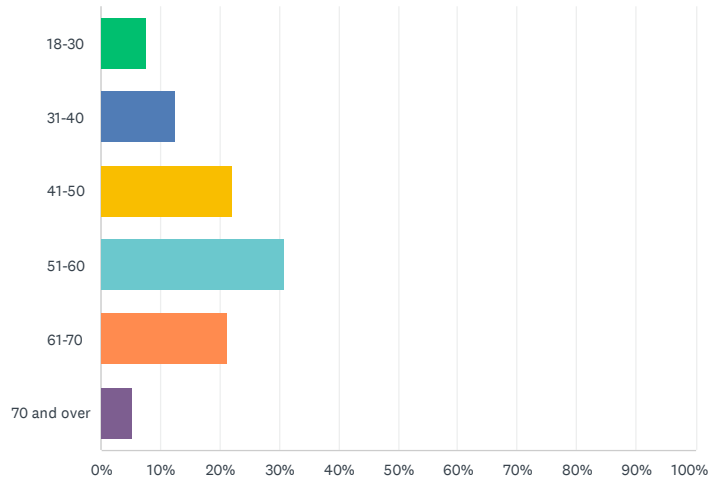
Answered: 207 Skipped: 0



ANSWER CHOICES	RESPONSES	
0-10	10.14%	21
20-30	7.25%	15
40-50	10.63%	22
60-70	11.59%	24
80-90	14.49%	30
100	21.74%	45
Not Disabled	19.81%	41
No response	4.35%	9
TOTAL		207

Q4 What is your age group?

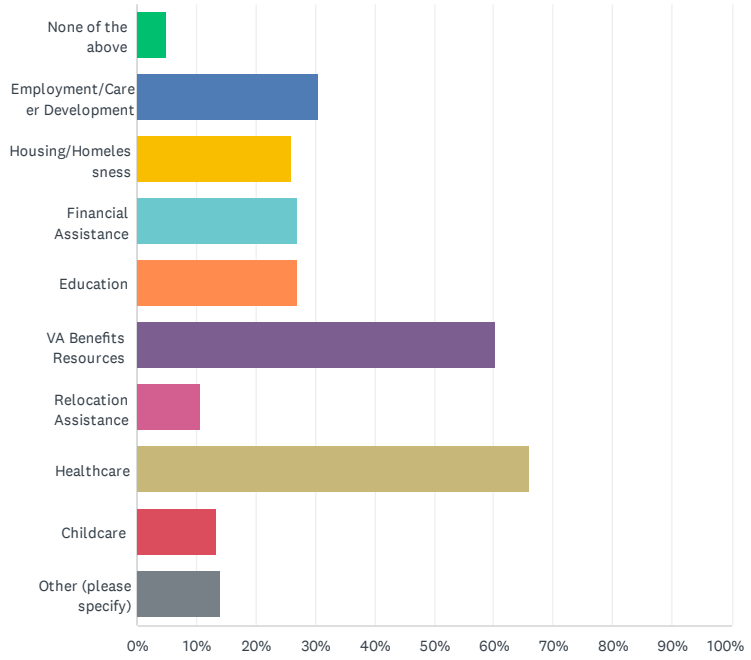
Answered: 207 Skipped: 0



ANSWER CHOICES	RESPONSES	
18-30	7.73%	16
31-40	12.56%	26
41-50	22.22%	46
51-60	30.92%	64
61-70	21.26%	44
70 and over	5.31%	11
TOTAL		207

Q5 As a Women Veteran, what are you most concerned with? Check all that apply.

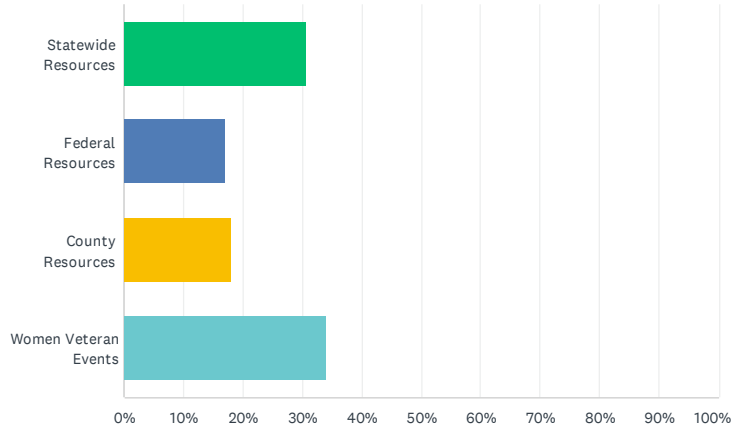
Answered: 207 Skipped: 0



ANSWER CHOICES	RESPONSES	
None of the above	4.83%	10
Employment/Career Development	30.43%	63
Housing/Homelessness	26.09%	54
Financial Assistance	27.05%	56
Education	27.05%	56
VA Benefits Resources	60.39%	125
Relocation Assistance	10.63%	22
Healthcare	66.18%	137
Childcare	13.53%	28
Other (please specify)	14.01%	29
Total Respondents: 207		

Q6 Where would you like to see more Benefits and Healthcare focus?

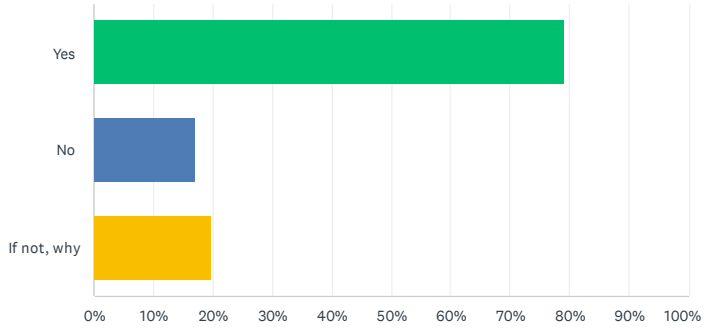
Answered: 205 Skipped: 2



ANSWER CHOICES	RESPONSES	
Statewide Resources	30.73%	63
Federal Resources	17.07%	35
County Resources	18.05%	37
Women Veteran Events	34.15%	70
TOTAL		205

Q7 Have you enrolled with the VA health care facility nearest you? If not, why ?

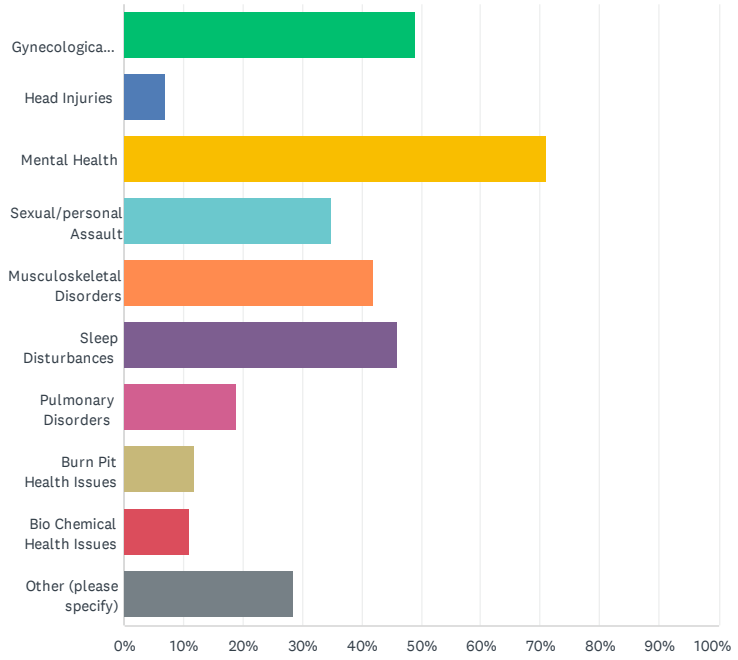
Answered: 206 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	79.13%	163
No	16.99%	35
If not, why	19.90%	41
Total Respondents: 206		

Q8 What healthcare issues are you most concerned about? Check all that apply.

Answered: 200 Skipped: 7



ANSWER CHOICES	RESPONSES	
Gynecological/Obstetrical	49.00%	98
Head Injuries	7.00%	14
Mental Health	71.00%	142
Sexual/personal Assault	35.00%	70
Musculoskeletal Disorders	42.00%	84
Sleep Disturbances	46.00%	92
Pulmonary Disorders	19.00%	38
Burn Pit Health Issues	12.00%	24
Bio Chemical Health Issues	11.00%	22
Other (please specify)	28.50%	57
Total Respondents: 200		

Q9 What county do you live in?

Answered: 204 Skipped: 3

Q10

Comments_____

Answered: 45 Skipped: 162

Q10

Comments

Answered: 45 Skipped: 162

#	RESPONSES	DATE
1	Although I am attending the University of North Florida online, I am currently located in Virginia. I think the Jacksonville VA system is great other than the customer service aspect when arriving at the Clinic on N Jefferson St. When I did live in Florida, I always felt like the person at the front desk of the sections I visited (primary care provider, prosthetics, ID Card section) always saw anyone approaching the desk as a bother. It made me feel unwelcome. Other than that I enjoy the Jacksonville VA center and the services they provide. The healthcare issues I am concerned about are personal things I think about and I do know that there are informational sources from the VA I can use to become better educated.	12/13/2021 6:29 AM
2	I don't know where to start to find new health care providers and what is allowed/covered and what isn't. That has been my biggest information gap so far since leaving active duty.	12/9/2021 8:51 PM
3	The VA has been very very helpful.	12/1/2021 2:15 PM
4	N/A	11/16/2021 12:08 PM
5	The VA JAX does a terrible job to take care of its Veterans. Too many times PCM's do not reply to patients and address their issues. I have had weeks with no reply and had to write a note to the patient advocate to get care. I would appreciate if there were small pockets of assistant to float a month rent, or to give a small living stipend while I attend training where Gi Bill, VR&E and others do not provide.	11/16/2021 9:47 AM
6	More resources for women	11/15/2021 9:42 PM
7	Suzette Cudjoe-Hodge	11/15/2021 8:34 PM
8	I am currently seen via Community Care. The process associated with this care needs to be made easier for both the Veteran and CC Providers.	11/15/2021 8:32 PM
9	I would like to know why suxual assault victims are denied disability	11/15/2021 4:10 PM
10	Question 1. Many Women have served in more than one branch of Service. 6. The Focus should be at all levels.	11/15/2021 11:11 AM
11	I don't use the VAMC because appointments take too long to get. Had a male doctor years ago tell me my issue wasn't a VA illness and had to pay for visit. Then, attended VAMC diabetes classes and was charged for some without prior knowledge. Also, without advance knowledge was charged for monthly women veteran lunch and learn classes. Then, I was tested for my hearing and said I don't have a problem. (My private ENT doctor doesn't agree.) VAMC provides too many problems for me; not user friendly. charlotte M. Rebillard crebillard@aol.com home #(561)686-7262	11/13/2021 4:31 PM
12	Retired from the navy after a pandemic was the hardest thing I ever did. No resources no career affairs know how to on to do anything. Everything from VA to retirement to DD214 did on my own. Struggling struggling	11/11/2021 10:04 AM
13	I served in the U.S. Navy (5/1983-08/1998); U.S. Air Force Reserves (10/2012-05/2015 and GA Air National Guard (06/2015-09/2021).	11/10/2021 10:19 PM
14	So, no longer live in Jacksonville Florida, I've been living in Columbia SC for a year now… But I still visit a couple of times a year, be my church family and my 34 years old son lives there. I understand if I no longer receive emails from you 😊 i	11/10/2021 6:28 PM
15	*The date format above is bizarre.* I have been a part of the VA healthcare system in Duval for fifteen years and it is subpar at best. I require annual MRIs and have to fight for community care to get it done locally and not spend a day driving back and forth to Gainesville to have the procedure done, which I did for years. Even then it is nearly always messed up and the local provider has to jump through hoops to get paid, which effectively limits future local resources as these providers will drop off as it becomes too difficult to navigate. Utilizing the VA healthcare system requires full-time effort if care is needed. It's untenable for the average working person to utilize.	11/10/2021 12:04 PM
16	As a female veteran, we are often overlooked because most people assume it was the husband/boyfriend who served when we are looking for help. I'm literally having my power shutoff any day now and even though I applied for assistance I can't seem to get a guaranteed answer on if the voucher to keep my electric on has been sent. I feel that if I was a male veteran and if I saw combat like boots on ground I wouldn't be in this situation because I would of already received anything I need. Also when you call to ask for assistance from anyone they ALWAYS ask "what's your husband's name and when did he serve?" My husband NEVER served due to a heart condition and even if he did, it drives me nuts when they automatically assume it's the "man" who served. I also feel that there are things such as certain plastic surgeries that should be available to female veterans due to the many things we endure while on active duty and this is something that has been done in the past but now you can't get that type of help at all, when sometimes if certain things were allowed they would help boost our confidence and make us feel like the VA understands our reasoning and sees that even though this is deemed cosmetic surgery, it goes much deeper than that. So there is so many things that separate a woman from a man and I don't care what anyone says about that being sexist…. It's not sexist it's the truth. We should have other services provided to us as women and I feel we are not given certain things that we should at least have the option of having like I spoke about above ☝.	11/10/2021 11:12 AM
17	Individuals that work at the VA need training with their attitudes on how they treat us Veterans or they should go work somewhere else. We need you all to pay Mental health Counselors/ Social workers decent salaries --in the civilian world so that we can find a good fit.	11/10/2021 11:00 AM
18	I'd like for FDVA to conduct a historical review of service connected claim submission versus	11/10/2021 10:24 AM

	approval of Veterans who are Black, Asian, Mexican (or not white) in comparison to claims filed by white male veterans to determine if there has been racial basis in healthcare diagnosis, documentation, treatment, and claim approval.	
19	There comes a point when we realize we have outlived our usefulness to the government and this is why we receive half answers and shoddy service. Especially as women.	11/10/2021 10:04 AM
20	As an Era Vet who also served overseas in Guam, MI for 18 months, I was possibly exposed to Agent Orange. I have no "service related " disabilities but have developed thyroid nodules and kidney stones with no familiar history and have diabetes. Exposure to toxic materials/ Agent Orange veteran benefits are of interest to me as my daughter has had surgery tor enlarged thyroid oduled and son disgnosed with diabetes in early 30's.	11/8/2021 2:42 PM
21	The mental health services for veterans is despicable. That needs a major improvement.	10/30/2021 7:36 PM
22	I would like to talk with Ms Vanessa Thomas	10/27/2021 4:06 PM
23	The VA provides the bare minimum of services to veterans. The providers are trained in saying no when additional care is requested. I am forced to pay out of pocket for medical care because VA providers do not care to help veterans and most are foreign doctors who could care less about the American veteran! That's a fact. The VA medical services are a joke. Besides doing annual blood work and routine check ups the VA does not provide me with the real services that I need.	10/27/2021 3:46 PM
24	N	10/26/2021 6:45 PM
25	Veterans needing mental health care should not be restricted to o ly the social workers at the VA. Veterans should be aowed to be treated by clinicians and doctors outside of the VA. IT IS IMPOPRANT for a patient to work with someone whom they can identify or relate to. This is not presently possible here in Miami. Veterans ae forced to be treated by two or three doctors and an assortment of perhaps ten social workers or not receive care.. NONE of these mental health providers are black,, yet there is a large population of black Veterans needing mental health care.s	10/26/2021 4:00 AM
26	Not at this time Thank you	10/25/2021 12:33 PM
27	I would like to see more movement toward having Staff hired that have been where our Veteran's are and having the current Staff be respectful of their colleagues whom have served.	10/25/2021 9:28 AM
28	I receive 100% of my treatment at the VA and I also work for the VA as a social worker. I can only speak on behalf of my own experience and those of the Veterans I serve (HUD-VASH). There is terrible follow-up (lack of) from Mental health. My job is to bridge gaps in treatment, and after months of building rapport and skills, when the Veteran is finally ready for treatment, the Mental health personnel are rude, do not know of important VA resources like compensated work therapy or the mission act, mh providers do not follow-up with medication management, it does not matter if it is me or my Veterans.. luckily, I have stronger skills to cope with my ailments, but the Orlando VA MH (psychiatry) is clearly here for the big bucks and not the Veterans. I was having a mental health crisis for the past month and when I messaged a nurse for help, I never got a call back from my psychiatrist or instruction on how to move forward. I have Veterans that this may be there only support, andthis is how they are treated or disregarded. I can say sooooooooo much more, please help the Veterans by squaring away the politics behind our care. VETERANS NEED ACCESS, people are practicing below their pay grades and OUR FUNDS NEED TO BE RELOCATED if the VA PROVIDERS ARE IGNORANT OR REFUSE SERVICES OR CAN NOT FOLLOW UP WITH HIGH RISK VETERANS.	10/21/2021 8:44 AM
29	I wish when I got out there was more support for MST and other woman issues	10/21/2021 7:01 AM
30	I have never seen anything about any events posted until after the date of the event. What exactly do you do?	10/18/2021 6:25 PM
31	I no longer have faith or confidence in the VA or it taking care of my health needs, especially mental health needs.	10/15/2021 12:16 AM
32	Submitted claim years ago but was denied any benefits	10/13/2021 8:33 PM
33	I wish we had more resources/support for women veterans.	10/5/2021 1:10 PM
34	Although I have been a veteran I was never actively involved with veteran related issues or concerns until I took over the position of Chairperson for the We Honor Veterans program through my company. I was hesitant about the appointment at first but find that I am embarrassing the assignment and have begun to immerse myself with my veteran community including joining the American Legion. I am currently conduction a donations initiative for some of our homeless shelters. This is when I realized what a serious situation we had for our women veterans being homeless. I am appalled to learn the staggering number in Florida. I look forward to being involved in helping to resolve this situation. that situation	10/4/2021 10:34 AM
35	I was previously denied VA healthcare due to the fact that my husband made too much money. However, he owns his own business and did not have any health insurance. So I was left hanging when I was unemployed. Now I'm covered under my employer's health insurance, but I recently learned I have breast cancer. I will have to take care of this without VA or any other Federal assistance. I find there are very few benefits available for women veterans of my era (Cold war).	10/2/2021 8:16 PM
36	I am 100% P&T, Gold Star Mother. I am a strong advocate of the VA system. However, I have noticed a marked decline in feeling I matter as a person, not just as a body since I transferred from Togus, ME hospital and local CBOC to Gainesville hospital and Ocala CBOC. Here, clerks don't even look at you, never mind greet you. Many just mumble last name, last four of social security number. An example of frustrating care here, I needed a refill of blood pressure meds. Sent email through myhealthyvet. No reply after 2 days. Called clinic, no call back. Next week called clinic. I've now been w/o med (my error, I took responsibility and notified bp was rising to reading of 155/112 area), no call back. Third week called clinic, in tears, bp was higher, asked if I needed to see civilian doctor to get required medication. Call back from nurse that afternoon. Asked for short term supply to local pharmacy, declined. Meds received 6 days later. I have no transportation. This was unacceptable. BTW, I had lost track of my meds because I had just lost a second adult child and wasn't thinking ahead. You have one doctor who knows I have no transportation and insists on in person appointments in Gainesville for no exam. If DAV is running shuttles, fine, if not, how am I supposed to get there? Please, do better.	10/1/2021 12:23 PM

37	I've written to FDVA with questions and no response	9/29/2021 12:26 AM
38	The community based care system is severely broken when people are trying to get out of the hospital nobody means the approval for oxygen to come home from the hospital on A247 basis it took me a 4 days to get oxygen to get out of the hospital. That meant 4 more days in the hospital than necessary being given drugs in the hospital that were not necessary and running up the bill that was not necessary$	9/23/2021 3:40 AM
39	I want to feel useful again. I am 76 and often feel depressed and no longer helpful. If you have anything I could do to contribute my time to other women vets let me know.	9/21/2021 3:11 PM
40	I can't schedule an illness 6, 8, or 12 weeks in advance. A walk in clinic would be excellent. Doesn't have to be only for women or staffed only by women. We need a walk in clinic!	9/21/2021 1:59 PM
41	I hear of people over and over having good experiences with the VA. So not sure if mine is an anomaly or if I'm not taken seriously. This is a good subject to bring to light.	9/21/2021 6:32 AM
42	Thank-You Vanessa for putting this survey together and for all you are doing for our Florida Women Veterans! Lorraine	9/19/2021 6:57 PM
43	VA is repeatedly delaying and denying care. VA is bullying veterans and their caregivers.	9/19/2021 6:27 PM
44	I amafretired army colonel with 6 years active duty and 32 years reserve service.	9/19/2021 2:36 PM
45	When this survey is completed, when and where will the results be published? please forward	9/19/2021 1:02 PM

2021-2022

WOMEN VETERAN LEGISLATIVE AGENDA ITEM FOR UNITED WAY/MISSION UNITED

BASED ON REPORTING FROM DOD, VA, DAV, FDVA, STATE AND FEDERAL SURVEY FINDINGS AND DIRECT CONNECTION WITH WOMEN VETERANS

"Working together collaboratively is the only way for women vets to have timely and seamless access to high quality medical care, mental health programs and a full array of readjustment benefits.

Women have patrolled the street of Fallujah and Kandahar, they have driven in convoys on desert roads and mountain passes, they have deployed with Special Forces in Afghanistan on cultural support teams, they have climbed into the cockpits of fighter jets and out of the bloody rubble after IED explosions. Many have begun their long journey home. The question we ask in this report is- "Will they walk alone?"

Women Veterans: The Long Journey Home, a comprehensive study of the many challenges women face when they leave military service. -DAV (Disabled American Veterans)

Stella Tokar, Mission United Public Policy Rep for United Way Broward
BOLDconsulting@live.com / 954-804-0352

SUMMARY

WHO: Support for Florida Women Veterans

WHY: DoD and VA provide a wide range of health promotion, disease prevention and health care services for women who have served. The information is scattered across many programs, websites and print materials. **The information is difficult to access, eligibility for programs is difficult to understand, and it is difficult to determine whether the programs will deliver the promised outcomes.**

- Today, women represent the fastest growing group of veterans who are enrolling in VA health care. More women serving, and many more serving in the future, mean that DoD and VA programs historically focused almost exclusively toward the needs of men must change and adapt; that change must begin now and it must be pursued with urgency.
- Because of their role in the military and society, women have unique transition challenges. They experience deployment and reintegration differently than men. Women focus more on disruption of interpersonal relationships, feeling less social support once they return home, and do not find services or commanders prepared to support a woman and her family after deployment.
- When compared to men, women are less likely overall to be married, more likely to be married to a fellow service member, more likely to be a single parent, more likely to be divorced, and more likely to be unemployed after their service. Women veterans tend to be younger than men and **are less likely to use VA benefits.**

WHAT: Create and maintain a targeted electronic outreach and communication platform that Offers women veterans a “one-stop” go-to network that will raise awareness, provide a trusted source to meet their healthcare needs, expedite the procees of access,, build confidence in using their merited benefits, while putting the already established resources at their fingertips, points of contacts, and make it easy to find the information.

- Outreach and communication platform build out begins with onboarding women veterans as they move into the state and provide them with the needed and requested information to connect them to their healthcare needs. Put it into their hands immediately. Make it easy for them.
- Outreach and communicaiton continues through an intentional and systematic platform that promotes and markets the existing programs, workshops, resources existing in their geographical area.
- Divide the state into regions based on the United Way/Mission Uniteds throughout the state to partner with the efforts and become the “warm” body to follow up with the women in that designated area.

- An onboarding system will promote organizational socialization which will meet the #1 concern and survey findings that women veterans are self isolating and not wanting to identify as veterans.
- Onboarding will speed up the rate in which women veterans new to Florida acquire the necessary knowledge, resources and allow them to readily establish the behaviors for a health lifestyle.
- Reported findings indicate that there are many supportive services, programs, and partnered agencies already offering women veterans what they have been asking for and this process will raise awareness and expedite the connection.
- The effort to expand the services to more facilities is in process.

HOW: Centralized oversight by partnered efforts and diversified responsibilities between FDVA, DoD, and Florida United Way/ Mission United

- Divide the state into regions based on the United Way/Mission Uniteds throughout the state to partner with the efforts and become the "warm" body to follow up with the women in that designated area.
- Designate/fund a representative to work the program in each regions, make the contacts and promote the program.

WHEN: 22-23 Florida State Legislative Session

BACK UP / SUPPORTIVE MATERIAL

Why should MU/UWB segment out a woman veteran initiative in public policy regarding healthcare?

- **Finding:**
  - DoD and VA provide a wide range of health promotion, disease prevention and health care services for women who have served. The information is scattered across many programs, websites and print materials. The information is difficult to access, eligibility for programs is difficult to understand, and it is difficult to determine whether the programs will deliver the promised outcomes.
  - Women Veterans are not taking advantage of the healthcare systems available to them for one or more of the following reasons:
    - Don't understand their full benefits packages
    - Self-isolate and don't identify as veterans
    - Don't trust
    - The need for more peer-to-peer or gender-specific healthcare providers, especially when it comes to gynecological care, psych, and mental health that involves sexual trauma.
  - Research conducted by VA shows that almost **one in five women** veterans has delayed or gone without needed care in the prior 12 months
  - Women veterans tend to be younger than men and are less likely to use VA benefits.
  - Women who have deployed suffer from a complex array of medical conditions that will grow over time and present long-term challenges.

    - Our nation does not yet adequately recognize and celebrate the contributions of women in military service, treat them with dignity and respect, or promote their successful transition to civilian life. This is a foundational issue and will be one of the most critical but difficult to address.

- **Recommendation**:
  - DoD, VA and other state partners should collaborate to develop and maintain an up-to-date central directory and mobile apps for state / federal programs and services that are available to women service members and veterans who are transitioning from military to non-military life.
- **Recommendation:**
  - The State of Florida FDVA / government should collect, analyze and publish data by gender and minority status for every program that serves veterans.

What findings further support women veterans' healthcare needs?

- Difficulty with readjustment, combined with poor health, contributes to functional impairments and difficulty in educational and occupational performance, and in family and social relationships.

- Many women transition and suffer from unique post-war health care needs such as
    - multi-organ systemic injuries associated with blast exposures
    - mild-to-moderate TBI
    - chronic musculoskeletal pain
    - Headache, dizziness, trouble concentrating
    - respiratory conditions
    - gastrointestinal conditions
    - chronic multi-symptom illness and other unexplained symptoms (7).
- Among most prominent health care needs reported are a variety of mental health conditions, including PTSD, harassment causing emotional trauma/abuse, generalized anxiety disorders, depression, suicide, substance abuse and sleep disorders (6).
- The top four primary service-connected conditions for women Veterans (post-traumatic stress disorder, major depressive disorder, migraines, and lower back pain) accounted for nearly 30 percent of all service-connected disabilities for women Veterans

What already exists to meet the growing healthcare needs for women veterans?

- **PEER TO PEER**
    - PVA has recently hired over 800 peer support specialists and peer support apprentices to work at VAMCs and large CBOCs (32). The use of peer specialists and apprentices can help reduce stigma and increase the acceptability of mental health care for veterans (33,34) and improve recovery (34).
- **POLY-TRAUMA SYSTEM OF CARE**
    - In response to the health care needs of post-9/11 veterans, VA established the Polytrauma System of Care, consisting of five Polytrauma Rehabilitation Centers (PRCs), 22 Polytrauma Network Sites, 80 Polytrauma Support Clinical Teams, and about 50 Polytrauma Points of Contact. This "hub and spoke" system of TBI care is designed to provide the right care, at the right time, in the right place for veterans.
- **MENTAL HEALTH CARE**
    - The VA system offers a comprehensive array of mental health and PTSD treatment programs, including face-to-face mental health screening and assessment, counseling and psychotherapy (individual and group), pharmacotherapy, and adjunct services, such as employment counseling.
    - Specialized outpatient, inpatient, residential treatment and women's trauma recovery programs are available at a smaller number of sites. VA has issued a number of policies, directives, guidelines, and handbooks on mental health services and programs.
    - These policies state that MHS "must be provided as needed to female veterans at a level equivalent to their male counterparts at each facility" … and mental health clinicians must possess the capability and competencies to meet the unique needs of women veterans (30). Numerous reports have suggested that VA is **not fully meeting this policy mandate.**
- **VA HEALTHCARE SYSTEM**
    - As more women transition out of the military, VA is experiencing rapidly changing demographics of the women veteran population cared for in its health care facilities. This has meant that the demand for gender-specific preventative screening, breast care,

gynecology specialty care, prenatal and obstetrical care, neonatal care and infertility services is increasing rapidly and will continue to grow for the foreseeable future.

- When compared to men, women are less likely overall to be married, more likely to be married to a fellow service member, more likely to be a single parent, more likely to be divorced, and more likely to be unemployed after their service. Women veterans tend to be younger than men and are less likely to use VA benefits.

- **GENDER-SPECIFIC CARE**
  - VA is experiencing rapidly changing demographics of the women veteran population cared for in its health care facilities. This has meant that the demand for gender-specific preventative screening, breast care, gynecology specialty care, prenatal and obstetrical care, neonatal care and infertility services is increasing rapidly and will continue to grow for the foreseeable future.
  - These new demands for gender-specific care have required VA to restructure its clinical programs, staffing, referral network, care coordination and monitoring programs to ensure that high quality care is delivered. Despite the increase in women needing these services, a third of VA medical centers do not have a gynecologist on staff and refer all women to other VA facilities or community providers.

- **Finding:**
  - VA and DoD have a paucity of specialized mental health services for women. Given the high prevalence of mental health conditions, there is a need for gender-sensitive programs and environments for care delivery. Women, especially those who were sexually assaulted in the military, may be uncomfortable and avoid receiving treatment in outpatient and inpatient settings that serve virtually all men.
- **Recommendation:**
  - VA and DoD should remove existing barriers and improve access to mental health programs for women. They should explore innovative programs for providing gender-sensitive mental health programs for women. An Interagency Work Group should be tasked to review options, develop a plan, fund pilots and track outcomes. VA and DoD might consider collaborations on joint group therapy, peer support networks and inpatient programs for women who served Post-9/11.
- **Recommendation:**
  - DoD, VA and local communities should work together to establish peer support networks for women veterans to ease transition, isolation and assist with readjustment problems.

WHAT HAS ALREADY BEEN DONE TO START THE CONVERSATION?

- **Conversations regarding the women veteran platform on healthcare included the following legislators and/or leaders.**

- Representative Robin Bartleman, HD- 104 – D
  District Office - Suite 225
  1725 Main Street
  Weston, FL 33326-3671 (954) 424-6828

Local Administration & Veterans Affairs Subcommittee

- Representative Marie Woodson, HD-101- D
  Building #73, Suite 120
  7200 Pines Boulevard
  Pembroke Pines, FL 33024-7225 (954) 965-3700
  Local Administration & Veterans Affairs Subcommittee

- Vanessa Thomas, FDVA, Women Veteran Coordinator
  Email: ThomasV@FDVA.STATE.FL.US>
  Work: 727-319-7440

- Stella Tokar, B.O.L.D. Consulting, CEO, PCC, PCD, IOM
  United Way of Broward County, Public Policy Committee Veteran Liaison, Mission United
  954-804-0352

Women Veteran's Caucus Members for State of Florida

HD-72	Navy Reserve	Fiona	McFArland	R	Part of Sarasota (941) 361-2465	On call
HD-26	Army Veteran	Elizabeth	Fetterhoff	R	Part of Volusia	Not able
HD-1	Army Veteran	Michelle	Salzman	R	Part of Escambia	Not able

Outcome of meeting with the above group re: the woman veteran

- Follow up of bill passed in 2019 - CS/HB 171 - Postsecondary Education for Certain Military Personnel
  - Where the process is in moving toward implementation and will contact the Articulation Coordinating Committee
  - Rep. Bartleman will spearhead the formation of a letter of inquiry and will include signatures from Rep. Woodson, Rep. McFarland, FDVA rep. Vanessa Thomas, Woman's Caucus members, and any Veteran Caucus members will be invited.
  - The Representatives will address the federal legislature about the current bill status on getting the recent legislation supporting women vets out to the state for implementation
  - The Representatives will address the marketing of the new bill (and any others) to the veteran community statewide
- The Representatives are willing to allocate a bill slot dedicated to women veteran concerns.

  - Conversation included allocations that might be needed to support item.
  - A secondary item was addressed regarding a grassroots effort to identify and communicate with veteran community at the city level but will not be added to this report at this time. In process.

Newly Passed Legislation Addresses Inequities and Barriers Women Veterans Face When Accessing VA Health Care and Benefits

Author Tim MacArthur Posted on January 25, 2021Categories Blog
M-VETS Student Advisor Jeremy Hall

Amidst—and perhaps overshadowed by—the chaos surrounding the presidential transition, President Donald Trump signed a significant veterans benefits bill into law on January 5, 2021. The more than 300-page bill, titled the "Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020,"[1] incorporated a number of separate bills intended to assist veterans who are homeless, who are students, or who have been affected by the ongoing COVID-19 pandemic.[2] The bill was approved by congress in mid-December, and was presented to the President on December 24.

Among the measures included in the bill was the Deborah Sampson Act ("Act"),[3] sponsored by Congresswoman Julia Brownley (D-CA), Chair of the bipartisan Women Veterans Task Force.[4] The Act, described in a press release by its sponsor as **"the most comprehensive legislation for women veterans in a decade," was designed to "help address the inequities and barriers that women veterans face when accessing [Department of Veterans Affairs] care and benefits."[5]**

The Act, named for Deborah Sampson—one of the first American women to serve in combat—seeks to correct what the bill's sponsor described as the "second-class" treatment that the more than two million women veterans in the United States often receive.[6] The Women Veterans Task Force, which worked on the Act, **sought to address challenges women veterans often face, including "longer wait times, sexual harassment by fellow veterans, staffing shortages, and facilities that fail to meet basic environment-of-care standards."[7]**

Among the Act's provisions is a section establishing the **Office of Women's Health ("Office") within the Department of Veterans Affairs ("VA"),** headed by the Chief Officer of Women's Health.[8] **The Office was created to centralize the VA's efforts to evaluate and improve healthcare provided to women by the VA**.[9] **The Office will also develop, implement, and monitor standards of care for the provision of health care for women veterans by the VA.[10]** Among the minimum standards of care is a requirement that each VA medical center and community-based outpatient clinic have one primary care provider specifically designated for women's health.[11] The Act also seeks to improve counseling programs, newborn and child care, and emergency transportation for women veterans.[12] The Act **mandates** that the Chief Officer of Women's Health **submit an annual report to congress** outlining steps taken to carry out these requirements, with an emphasis on access of women veterans to **gender-specific services**.[13]

In an attempt to address the findings of a recent survey by the Community Homelessness Assessment, Local Education and Networking Groups for Veterans (CHALENG for Veterans), the Act also requires the VA to enter into agreements with public or private entities to provide additional legal services for women veterans.[14] These agreements must be designed to focus on the following unmet needs identified by the CHALENG survey: child support, prevention of eviction and foreclosure, discharge upgrades, financial guardianship, credit counseling, and family reconciliation assistance.[15]

Another notable provision of the Act requires the VA Secretary to **create a comprehensive policy to end harassment and sexual assault, including gender-based harassment, at all VA facilities.**[16] The Act follows a period of increased scrutiny of the Department of Defense's efforts to deal with sexual assault

and harassment in the military.[17] For example, a VA Office of **Inspector General report in 2018 "found that nearly half of [military sexual trauma]-related claims were not properly processed following [Veterans Benefits Administration] policy," possibly resulting in "the denial of benefits to potential victims of [military sexual trauma] who could have been entitled to receive them."[18]** To combat this finding, the Deborah Sampson Act requires the VA to establish specialized teams to process claims related to military sexual trauma.[19] The Act also includes reporting requirements related to these teams.[20]

The Deborah Sampson Act—and the larger veterans benefits package—follows several years of legislative efforts by a variety of groups, including members of congress, the Women Veterans Task Force, and non-profits such as the Iraq and Afghanistan Veterans of America (IAVA).[21] While much work remains to be done, the bill makes important strides forward to accomplish the stated mission of the Women Veterans Task Force**: "to increase the visibility of the two million women who have served in the U.S. military and promote inclusivity and equitable access to comprehensive healthcare, benefits, education and economic opportunity, and other federal resources, particularly at the Department of Veterans Affairs."**

[1] H.R. 7105, Pub. L. No. 116-315 (2021).
[2] See Leo Shane III, *Women Veterans, Students Would See Expanded Services and Benefits Under New Law*, Military Times (Jan. 5, 2021), https://www.militarytimes.com/news/pentagon-congress/2021/01/05/women-veterans-students-would-see-expanded-services-and-benefits-under-new-law.
[3] H.R. 3224.
[4] See *Women Veterans Task Force*, H. Comm. on Veterans Affairs, https://veterans.house.gov/women-veterans-taskforce (last visited Jan. 24, 2021).
[5] Press Release, *Brownley Applauds Congressional Passage of Historic Women Veterans Legislation*, Congresswoman Julia Brownley (Dec. 16, 2020), https://juliabrownley.house.gov/brownley-applauds-congressional-passage-of-historic-women-veterans-legislation.
[6] Id.
[7] Id.
[8] Pub. L. No. 116-315, § 5101 (2021).
[9] Id.
[10] Id.
[11] Id.
[12] Press Release, *Brownley Applauds Congressional Passage of Historic Women Veterans Legislation*, Congresswoman Julia Brownley (Dec. 16, 2020), https://juliabrownley.house.gov/brownley-applauds-congressional-passage-of-historic-women-veterans-legislation.
[13] Pub. L. No. 116-315, § 5101 (2021).
[14] Id. at § 5105.
[15] Id.
[16] Id. at § 5303.
[17] See, e.g., Ashley Close, *Fifteen Years of Department of Defense Efforts to Prevent and Respond to Sexual Assault within the Military: The Accomplishments and Shortcomings*, M-VETS (August 21, 2020), https://mvets.law.gmu.edu/2020/08/21/fifteen-years-of-department-of-defense-efforts-to-prevent-and-respond-to-sexual-assault-within-the-military-the-accomplishments-and-shortcomings (describing various efforts by the Department of Defense to address and prevent sexual assault within the military).
[18] Department of Veterans Affairs, Office of Inspector General, *Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma* (2018); see also Leo Shane III, *Report: VA May Have Mishandled Thousands of Sexual Assault Cases*, Military Times (Aug. 21, 2018), https://www.militarytimes.com/veterans/2018/08/21/report-va-may-have-mishandled-thousands-of-sexual-assault-cases.

[19] Id. at § 5501. The Act defines "military sexual trauma," with respect to a veteran, as "a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment during active military naval, or air service." Id.
[20] Id.
[21] See *IAVA Celebrates Final Congressional Passage of Deborah Sampson Act Following Years-Long Campaign*, Iava.org (Dec. 16, 2020), https://iava.org/press_releases/iava-celebrates-final-congressional-passage-of-deborah-sampson-act-following-years-long-campaign/.

Recent Headlines

- The Discharge Appeal Review Board: Another Opportunity for a Discharge Upgrade
- Special Victim Counsel Services Extended to Victims of Domestic Violence
- The War Within: The Uncomfortable Truth About Sexual Assault and a Pervasive Culture of Harassment in the Military
- Militias Recruit Veterans
- Veteran Suicide Prevention: Small Strides Forward

Contact Information
Mason Veterans and
Servicemembers Legal Clinic
Antonin Scalia Law School
George Mason University
3301 Fairfax Drive, MS1 G3
Arlington, VA 22201
Phone: 703-993-8214
Fax: 703-993-9540
mvets@gmu.edu

Forward March Recommendations

Below is a summary of recommendations coming from the five breakout sessions of the Forward March initiative.

Benefits:

1. FDVA needs to increase its presence in the military services' Transition Assistance Programs.

2. Funding is required for FDVA, national service organizations and county veterans service officers to adequately identify and contact veterans.

3. FDVA should collaborate with the National Association of State Directors of Veterans Affairs and the seven nationally chartered service organizations such as American Legion, DAV, VFW, etc. to lobby Congress to fix the flaws in the eBenefits system.

4. FDVA should seek funding from the state legislature for a veterans' information system that can link veterans with all services provided in their communities.

5. FDVA should seek additional state funding for its outreach budget to connect hard to-reach veterans in Florida with earned services, benefits and support.

6. FDVA should seek state funding to continue supporting the 2-1-1 Coordinated Call Center through the establishment of the Veteran Care Coordinator Program.

7. FDVA should encourage to establish county engagement boards like in Pinellas and Hillsborough.

8. FDVA should work with other state agencies and service provider organizations to produce a comprehensive resource directory for veterans and establish a Finding Florida Veterans database.

9. FDVA should seek state funding to produce a virtual welcome packet for new veterans arriving in the state. Work with the Department of Highway Safety and Motor Vehicles to identify recent arrivals as they apply for a new registration or tag. The landing platform for this welcome packet could be the Veterans Florida website as they are already welcoming veterans to Florida and encouraging them to stay.

Homelessness and Community Services:

1. FDVA should create an easy point of entry into the service provider system and provide a one-stop shop for veterans, their families and veteran advocates to find information and resources available on the FDVA Website.

2. FDVA should lead the way in spreading the word to veterans about services available by expanding FDVA's external affairs/outreach.

3. FDVA should lead in finding and promoting additional innovative resources to meet veterans' basic needs.

4. FDVA should support the allocation of state funding to new housing specific initiatives.

5. FDVA should encourage the U.S. Department of Veterans Affairs and 28 community organizations to meet on a regular basis to coordinate services, identify community specific gaps in care and work collaboratively address veteran housing needs.

6. FDVA should serve as the central body that unifies efforts to identify veterans in Florida

Legal Aid and Veterans Treatment Courts:

1. FDVA should work with the legislature to pass legislation that standardizes veterans' treatment courts in every judicial court and advocate for Federal funding to support VTCs.

2. FDVA works with state courts administrators and other stakeholders to create training tracks for all judges, public defenders and state attorneys.

3. FDVA should ensure that any Veterans Treatment Court funding includes money for mentors.

4. FDVA should work with the Governor's office and other state agencies to coordinate the creation of an education program to increase Florida's private employer's awareness of veterans' civil legal rights under USERRA, SCRA and state laws.

5. FDVA should advocate for the expansion of the GI LAW program from active duty members to Florida's veteran community.

6. FDVA should work with county property appraisers and tax collectors to increase their knowledge of veterans tax issues, exemptions and documents needed to support their entitled exemption. This can be accomplished through annual training that property appraisers and tax collectors associations provide for their membership.

7. FDVA should work with the VA to provide a more readily available depository of DD-214 forms. The current system is too slow.

Health Care/Mental Health:

1. FDVA should create an easy entry point into the service provider system and provide a one-stop shop for veterans, their families and veteran advocates to find information and resources.

2. FDVA should be a legislative advocate to continue funding the Crisis Center of Tampa Bay's 2-1-1 Coordinated Call Center. Assist the legislature in passing the Veteran Family Care Act.

3. FDVA should serve as a champion for suicide prevention efforts among veterans.

4. FDVA should continue to advocate for the expansion of alternative treatment therapies for veterans and ensure adequate state funding for therapies.

5. FDVA should advocate for and support the VA and other outside veteran services providers to meet on a regular basis to coordinate services, identify community specific gaps in care and work collaboratively to address veteran needs.

Transition Services:

1. Continue to fund Veterans Florida. Additional resources can be used to establish an in-state Transition Assistance Program administered by Veterans Florida to establish and coordinate a veteran friendly network of employers.

2. Continue to pass legislation that allows for expanded reciprocity of state license or certifications obtained by veterans or family members in other states or military service.

3. Expand the law that allows waivers for veterans and their family members for certain professional licenses when they can prove the necessary hours of experience or military service.

4. Expand training programs and employer incentives for initial training and certifying or licensing veterans.

5. Fund the operation by the Florida Department of Veterans' Affairs of a database that will provide a list of all service providers in the state – a one-stop shop for services.

Forward March is the start of an ongoing effort to determine best practices and ensure the state of Florida sets the national standard for veteran services and support. We are extremely grateful to all who participated in this monumental initiative. We value your time, dedication and input. Now let's turn your ideas into action and ensure Florida sets the national standard in veteran service and support.

Reports

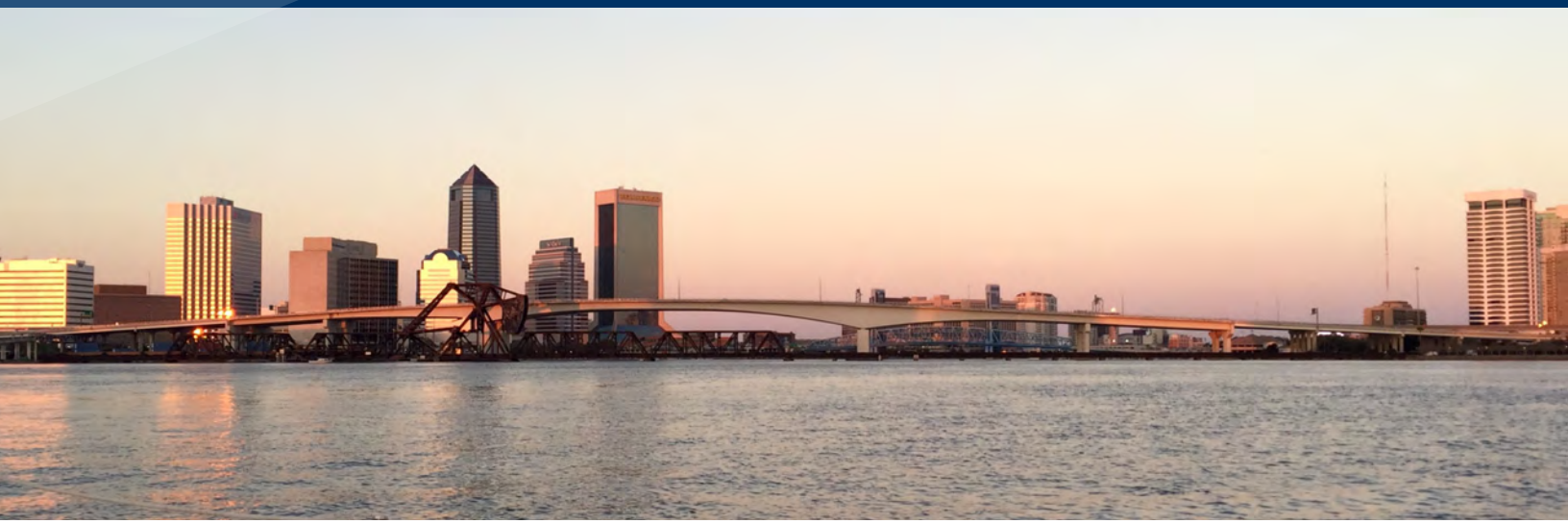
http/www.ncsl.org/research/military-and-veterans-affairs/state-policies-for-women-veterans.aspx

- Easter Seals, "Call to Action: Support Community Efforts to Improve the Transition to Civilian Life for Women Veterans" (August 2015)
- Disabled American Veterans, "Women Veterans: The Long Journey Hom" (Sept. 2014)
- U.S. Department of Veterans Affairs, "America's Women Veterans" (Nov. 2011)

Websites

Women Veterans – Texas Veterans Commission

Women Veterans (ca.gov)



RESTOREHER

Addressing systematic inequalities facing female veterans

Presented by:

NORTHEAST FLORIDA WOMEN VETERANS

The RestoreHER Research Project was made possible by a grant from the Women's Giving Alliance, an initiative of The Community Foundation for Northeast Florida and their partners Nancy Chartrand, Barbara Harrell and Delores Barr Weaver.

The Northeast Florida Women Veterans would also like to thank:

Changing Homelessness, Inc

Jacksonville Outpatient VA Clinic

Veterans News Network

Elva Marketing

City of Jacksonville, Military and Veterans

and its veteran volunteers (Boots on the Ground):

Kymmberly Hodge

Kela Holmes

Adrienne Johnson

Talualah Gillem

Linda Lopez

Sharleen Castro

Lisa Obispo

Jill Allen-Hood

Valerie Daugherty

Veronica Tutt

Katy Clay

Miracle Smith

About Our Women Veterans Needs Assessment

RestoreHER is a two-year research project that seeks to address systematic inequalities facing female veterans. Quantitative and qualitative research will inform the development and implementation of gender-based solutions and proposal of additional services within systems of care.

Phase one involved research and analysis to identify the needs of women veterans and barriers to service in the current system. The inquiry included services to re-integration, mental health, medical health care, substance abuse, employment opportunities and housing stability.

Phase two will develop a research-based model for a system of care for female veterans and include gender
community resources necessary to support the wide-range of needs of women veterans in Northeast Florida. The intent is to utilize the existing network of women veteran and service

creation of needed services and the ability to access these services.

A Request For Proposal was posted to locate a research team. Out of three submissions, The University of Florida Psychology Department won the bid. Dr. R , PhD and Kelsey Autin, M.S., headed the research.

The Northeast Florida Women Veterans served as "boots on the ground" to collect data. The team worked at job fairs, Veterans Standdown, VA Clinic and other events targeting veterans.

Elva Marketing, led by Alex Benavides, was hired to assist in getting the word out on RestoreHER. Alex orchestrated a myriad of tasks. A website was built. Facebook, Twitter, and Pinterest accounts were set up and managed. He organized a women veterans group to march in the Veterans Day parade. Several newspaper articles were published, and he and his team has ensured the community exhibit the need to participate in the research.

Changing Homelessness (formerly, Emergency Services and Homeless Coalition), served as

The **Veterans News Network**, led by Mr
ensure collected data remained secured and volunteers had a central location to perform administrative task associated with the research.

Process and Methodology

I. Community Survey

Questionnaire. We gathered survey data using both online and paper surveys. The questionnaire consisted of 30 items assessing demographic data and current needs. Items included both quantitative and qualitative questions. We primarily focused on needs related to healthcare, mental healthcare, employment, housing, and childcare. We included write-in answers that allowed participants to include needs that weren't addressed in the multiple choice questions.

Recruitment. We recruited participants to complete the survey from a variety of sources including social media, job fairs, VA clinics, and health fairs. Participants were compensated with a $5 gift card for their time. Data was collected online, face-to-face and through focus groups. Face-to-face collection was completed at job fairs targeting veterans. It was also collected at the VA Clinic which targeted females present for appointments, or accompanying someone else who had an appointment. The breakdown of collection is as follows:

Job Fairs/Vet Standdown: 233

Online: 133

VA Clinic: 722

Participant data. To participate in the survey, respondents were required to (a) be at least 18 years of age, (b) identify as a woman, (c) have served in the United States military, and (d) be a resident of Duval County. 955 participants completed the survey on paper and 133 completed the survey online, with 1088 total participants. Although most of our participants were Duval County residents, 194 lived in surrounding areas; these were included in the analysis.

Ages of our participants ranged from 21 to 97, with the average age being 48 years. Participants represented each military branch: Army (397; 36.5%), Navy (476; 43.8%), Air force (128; 11.8%), Marine Corps (45; 4.1%), Coast Guard (14; 1.3%), and National Guard/ Reserves (28; 2.6%). Time served ranged from 2 months to 35 years, with 10.4 years being the average length of service. 4 (.4%) participants served in the World War 2 Era, 8 (.7%) in the Korea Era, 110 (10.1%) in the Vietnam Era, 310 (28.5%) in the Cold War Era, 520 (47.8%) in the Gulf War Era (pre 9/11) and 438 (40.3%) in the Gulf War Era (post-9/11). 476 (44.1%) participants were combat veterans or had been deployed at some point in their military career. 298 (27.6%) of our participants were single, 376 (34.6%) were married, 42 (3.9%) were living with a partner, 320 (29.4%) were divorced, and 43 (4.0%) were widowed. 387 (35.5%) participants had one or more children under 18 living in the home. 542 (50.8%) African American or Black, 388 (36.4%) as Caucasian or White, 79 (7.4%) has Hispanic or Latino/a, 7 as , 9 (.8%) as Asian Indian, and 20 (1.9%) as Native American. 371 (34.2%) participants were working full time, 108 (9.9%) were working part time, 166 (15.3%) were in school, 82 (7.6%) were stay at home moms, and 164 (15.1%) were job searching.

II. Focus Groups

Focus group topics. We held three focus groups with women veterans (WV) from the community. The purpose of the focus groups was for women to voice their needs and communicate to the WV the current gaps in resources available to women veterans. Primary topics that arose were awareness of services, visibility of the WV, lack of networking opportunities for women veterans, mental healthcare, and employment training. Focus groups lasted approximately two hours each.

Recruitment. Participants from the focus groups were recruited by reaching out to contacts of the WV. These contacts were asked to tell people they knew about the focus group and to contact the WV if they were interested in participating (what is known as a "snowball" sampling method).

Participant data. Focus groups ranged in number of participants, with the smallest group consisting of four women and the largest consisting of 10 women. Women ranged in age from 24 to 65 and represented each branch of military service.

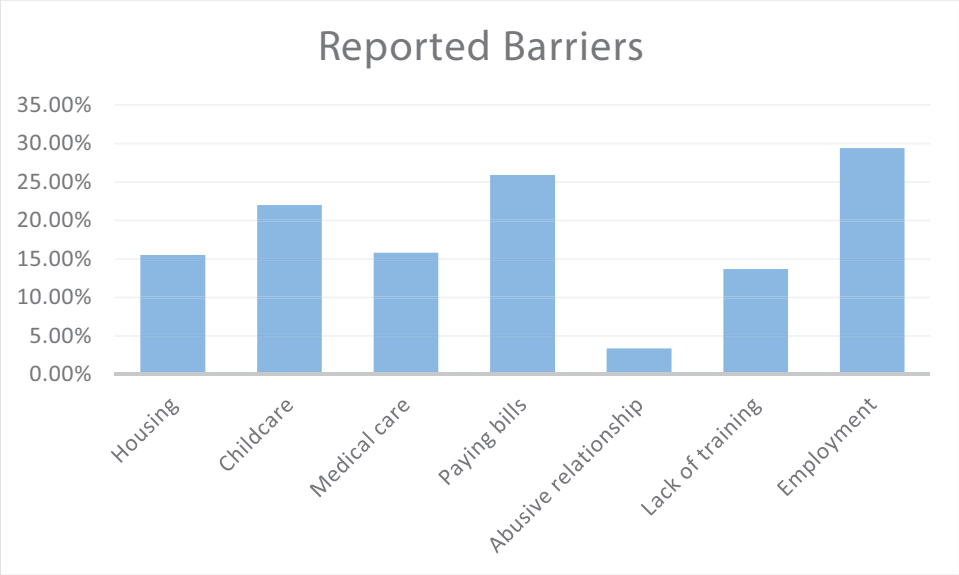
Findings

I. Community Survey

i. Quantitative findings

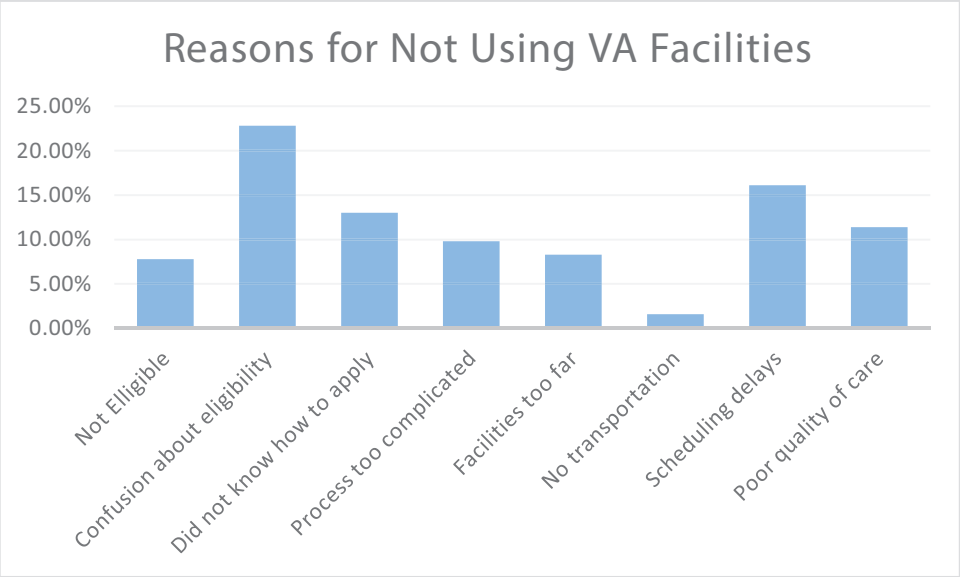
A. General Barriers

- The most prevalent barrier reported was employment related. 29% of women reported that lack of training was a challenge and 15% of respondents reported that they were currently job searching. Relatedly
-
-
- 16% of women reported challenges in accessing medical care.
-
-
- 14% of women reported lack of training as a barrier.
-

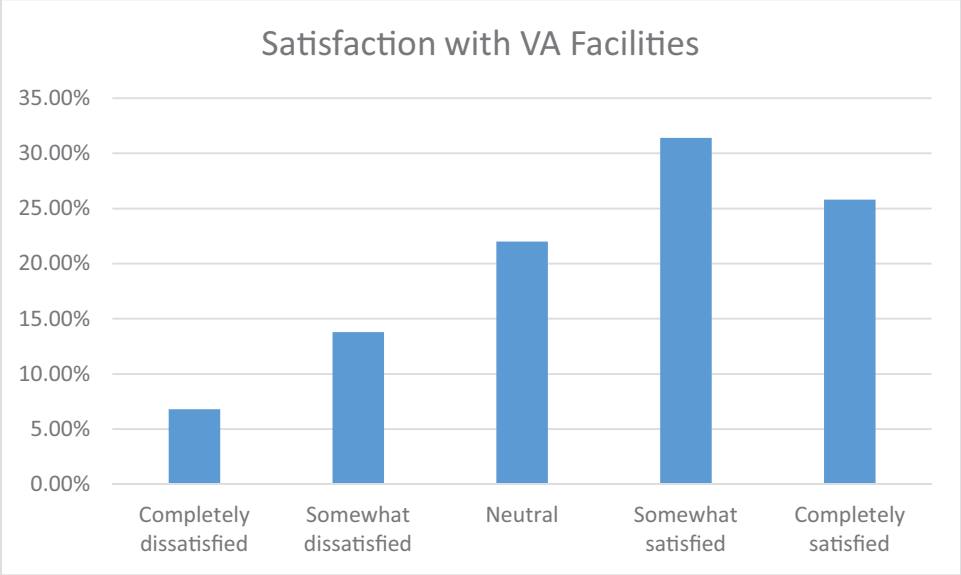


B. Utilization of Services

- 61% of women surveyed said that they had not used service organizations such as American Legion, VFW, AMVETS, DAV, etc.
- 82% of women reported that they use a Federal VA facility for their primary medical care needs. For those who did not:
    - 23% of women reported confusion about whether or not they were eligible for services at a federal VA facility.
    - 13% of women reported that they did not know how to apply for VA
    - 10% of women reported that they did not seek medical services at a federal VA facility because the application process was too complicated or confusing.
    - 8% of women reported that they did not seek medical services at a federal VA facility because the facility was too far from their place of residence.
    - 2% reported that they did not seek services at a federal VA facility because they did not have transportation.
    - 16% reported that they did not seek services at a federal VA facility because of appointment/scheduling delays.
    - 11% reported that they did not seek services at a federal VA facility because of poor services or quality of care.

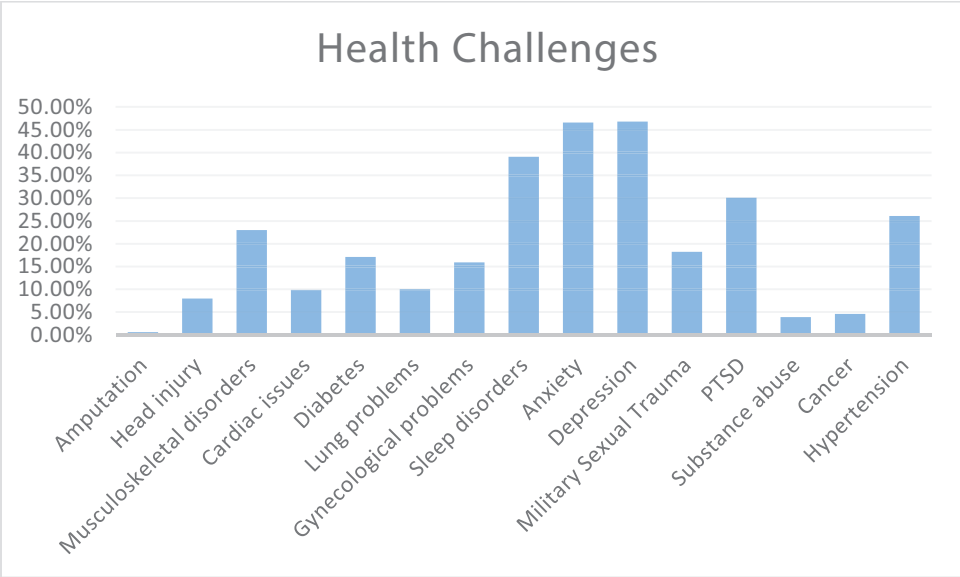


- Despite many women noting that wait times for appointments were too long, and some women noting that they could not access adequate mental and physical health care through the VA, most women (57%) were somewhat VA medical facilities.



C. Health Challenges

- Although participants reported a variety of health problems, the most prevalent were mental health related.
    - 47% of the women reported depression,
    - 47% reported anxiety disorders,
    - 30% reported Post-Traumatic Stress Disorder (PTSD),
    - 39% reported sleep disorders, and
    - 18% reported military sexual trauma.
- 19% of women reported that they did not receive adequate mental health services.
- The most commonly reported physical problems were hypertension (26%), musculoskeletal disorders (23%), diabetes (17%), and gynecological problems (16%).
- 72% of women reported at least one service-related health problem.



ii. Qualitative findings

- When asked what the community could do to improve services to female veterans, the most common answer was to increase awareness of services that are available through outreach, as well as television and newspaper advertising. Participants reported that greater visibility of programs would be most helpful.
- When asked what the greatest general barriers were to transition into civilian life, the most common responses were as follows:
    - **Employment:** By far

      . Challenges associated with this included having military jobs that did not translate to civilian life and lack of training for higher-paying civilian jobs.
    - **Finances:** Relatedly
      a primary challenge.
      insurance, and daily costs of living.
    - **Mental Health:** Another common response was mental health barriers. The most commonly reported mental health concerns were depression, anxiety, and PTSD.

- **Adjusting to Civilian Life:** Finally

  This included

  structure and order in civilian life. This was especially common in relation to the workplace.

- **Medical Care:** When asked what the biggest health barriers were, the most common response was long wait times at VA facilities.

II. Focus groups

The women who participated in focus groups brought up several barriers that might be met through services in the community. Although some of these mirrored what we found in our survey, some were not.

A. Networking. A common theme that was brought up in focus groups was the lack , participants reported observing that women tend to socialize less than their male counterparts in VA waiting rooms, job fairs, and other public spaces where veterans had opportunities to connect. They hypothesized that this partly had to do with the higher number of male veterans. Participants expressed a need for a platform where women veterans could connect, share resources, and support each other in a cohesive network.

B. Debriefing.
discharge from service. They reported that though they were provided with a brief training on how to re-enter civilian life, it simply was not enough. Participants expressed a need for much more extensive training in how to access and save health records; how to understand what services they were eligible for; how to obtain

emotionally with their transition, military trauma, and other stressors.

C. Employment. Participants reported that one of the most prominent barriers was access to adequate employment and related training. Several women said that the available civilian jobs rarely valued skills gained in the military and that they

on resumes.
adequately enough to support themselves and their families.

D. Mental Health. Participants reported that a common issue that connected to all the others discussed was that of mental health. Not only did they discuss mental health issues related to military sexual trauma, PTSD, and depression directly related to their service, but they also reported mental health issues related to health, job,

There was consensus among the women

Additionally, the

that understood what they were going through.

Recommendations

1. Raise awareness of existing services. A recurrent issue that was raised was lack of awareness of existing services, including the WV. In focus groups and on surveys, participants recommended that the WV
advertise their organizations through television and radio, at job fairs, VA clinics, and support

2. Support network. A theme that was present throughout survey feedback and focus groups was a lack of networking among women veterans. A fruitful place for the WV to place its

are creating support groups, holding social events, or creating committees within the WV on which women veterans might volunteer their time to something that is of particular interest to them.

3. Stronger mental health services. An issue that was overwhelmingly prevalent throughout the data collection process was lack of adequate mental health services. About half of our participants reported diagnosable mental illnesses, and an even greater percentage reported how the negative impact of daily stressors likely go undiagnosed. Thus, it is imperative that greater resources be allotted to mental health resources for women veterans in our community. Potential interventions might include support groups, therapy groups, and clinics devoted exclusively to providing emotional and psychological support to women veterans.

4. Services to help women veterans navigate "the system." Another apparent problem was confusion about what services were available, what services they were eligible for, and how to access them.

. An example of this might be an ambassador system in which women veterans are paired with an individual to educate them on what resources are present in the community and how to access those resources.

5. Services to help women vets become financially independent. Finally, the number one

.

Thus, it would be appropriate to connect women with services to help them navigate the world of work and obtain stable employment. Many women expressed a desire to create their own businesses. Thus, an example of how to address this might be to create programs and

Additionally

from access to education to make them more competitive for higher-paying jobs.

General Analysis from our Researchers

Overall, the researchers believe that the data collected was sound. Results must be interpreted keeping in mind that we recruited most of our participants from a VA clinic, which may have biased the results. Thus, it is important to use caution when generalizing these results to the general women veteran population, especially those who do not use the VA clinics because this may have resulted in under-reporting of issues related to medical and mental health care. Despite this limitation, we believe it is appropriate to base future program implementation around the concerns raised by respondents. Overall, it appears that the primary concerns raised were related to mental health and employment. Thus, it may be appropriate to direct resources to building programs or supporting existing programs that address these concerns.

What's Next

An advisory team has been formed made up of female veterans and community service providers, to develop a system of care and services in response to the RestoreHER Report.

To get involved with the Northeast Florida Women Veterans activities,
email volunteer@forwomenvets.org or visit its website: www.forwomenvets.org

NORTHEAST FLORIDA WOMEN VETERANS

forwomenvets.org