

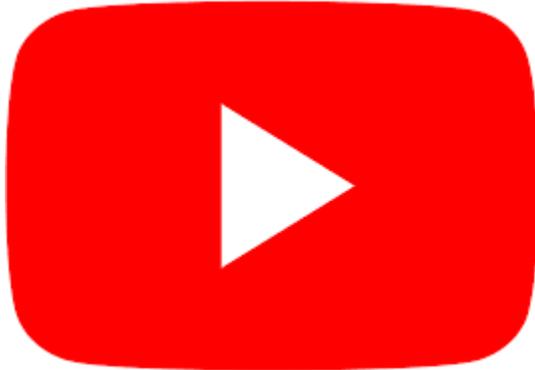


## June 26: Women Veterans' Health Forum

[VeteransPolicy.org](https://VeteransPolicy.org) is hosting a Zoom Forum on [June 26 at 2 p.m. ET](#) with leaders from top veteran advocacy organizations to discuss women veterans' health. VHPI Senior Policy Analyst Suzanne Gordon will moderate the discussion with:

- Tammy Bartlet, Veterans of Foreign Wars (VFW)
- Maureen Elias, Paralyzed Veterans of America (PVA)
- Joy Ilem, Disabled American Veterans (DAV)
- Katie Purswell, The American Legion
- Kayla Williams, The Center for New American Security (CNAS)

[Register Here](#)



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Channel](#).

## Women Veterans Day

*June 12 was Women Veterans Day. Here's a short history of women in the U.S. Armed Forces, from [Laura McKee](#), Women Veteran Coordinator, Indiana Department of Veterans Affairs. Watch a video from [Make the Connection](#) about the unique challenges women veterans face.*

## **Moral injury tied to pregnancy complications**

*A study posted at the VA's [Research Currents](#) shows pregnant veterans with moral injury had "outcomes such as preterm birth and gestational diabetes, while PTSD symptoms also predicted postpartum depression, anxiety, and a self-described difficult pregnancy."*

## **VA promotes women's healthcare services**

*From the [VAntage Point blog](#):*

As the number of female Veterans has grown — tripling in just the last 20 years — VA has pivoted its care models to meet their needs. Women are the fastest growing Veteran group, accounting for about 10% of the nation's Veterans.

At every VA medical center, designated women's health providers coordinate care for female Veterans to ensure they receive equitable, timely care from a single primary care provider.

"Women who are assigned to a women's health primary care provider have higher satisfaction and higher quality of gender-specific care," said Dr. Patricia Hayes, VA's chief consultant for women's health services.

"They are twice as likely to choose to stay in VA care over time. That is why we are concentrating our efforts on training staff and actively recruiting additional providers with experience in women's health care."

## **How social distancing and the COVID-19 lockdown impacts women veterans**

*From [Federal News Radio](#), in a conversation with Dr. Sally Haskell, VHA's director of comprehensive women's health services:*

Haskell: Well, I think the big picture is that in general, women veterans are affected similarly to how women are affected in the general community, which is that women may be during the pandemic more likely to have job loss related to the fact that women are overall more likely to have low paying jobs that could be lost. In addition, some women are trying to work from home and their children are at home. So, you know, we do see just greater impacts toward women in general related to those factors. And then within the VA, as we've seen in many healthcare systems, most of our healthcare has been pivoted toward virtual care, so telehealth or telephone. So women, of course, have left face to face access to care. And that has affected several things that we have made special efforts to try to mitigate. One is that some of women's routine screening care such as pap smears, mammograms, things like that have had to be deferred. And so we're making special efforts to track all of those things and to reassure women that we will get them in and get those things taken care of as soon as we are able to.

**Related:** [How social connectedness can help prevent veteran suicide](#)

## **Women veterans and military sexual trauma**

“A history of military sexual trauma is common in older women Veterans, according to a study focusing on women Veterans age 55 years and older. Also, women who experienced military sexual trauma were more likely to report multiple health conditions, especially mental health issues.” *Read more at the [VA’s Research Currents](#) page.*

## **The Million Veteran Program needs more women veterans to participate**

*From the [VAntage Point](#) blog:*

With Women Veterans Day upon us, it’s important to recognize the contributions of female Veterans like Liotta and Adkins in the Million Veteran Program. More than 830,000 former service members are enrolled in MVP, of which 80,000 are women. Their genetic information and other health data are being used to study diseases, such as breast cancer, and to research gender differences in other common conditions, including depression and heart disease. The goal is to provide better, more personalized ways of identifying and treating diseases based upon a person’s characteristics.

Historically, women have been underrepresented in medical and biological research, leading to knowledge gaps that can result in misdiagnoses and drugs that may affect men and women differently. Although these trends have been changing in recent years, the status of women as minorities in the Veteran population can make it harder for VA researchers to recruit enough women to get valid study results. Thus, by volunteering for MVP, female Vets can make a big difference for other Veterans of today and the future.

**Related:** [How women can join the Million Veteran Program](#)

## **Big Stories, Short Links**

- [ConnectingVets](#): IAVA urges release of suicide prevention plan
- [VAntage Point Blog](#): Nearing retirement after 37 years of service, this VA nurse is staying on to help COVID-19 patients
- [VAntage Point Blog](#): Air Force transports VA nurses to provide back up for exhausted COVID-19 workers
- [Tyler Morning Telegraph](#): Triwest Begins Service in 13 states as part of MISSION Act Community Care program
- [The Des Moines Register](#): Vacant mall to become veterans clinic and gym

## **Sec. Wilkie Hasn't Prepared the VA for a Second Coronavirus Wave**

From [The Associated Press](#):

Dr. Richard Stone, the top health official at VA, said at the height of the pandemic its 170 medical centers were going through 250,000 N95 masks per day — a “daunting amount.”

Now, the VA has about a 30-day supply of gear including masks and gowns but it really needs a 60-day supply, he said, partly to address growing demands as the VA moves to fully reopen its medical centers due to the easing of stay-at-home orders nationwide. To handle a possible second wave of COVID-19, it would need a six-month supply.

“A future pandemic wave may test all of us in our preparation,” Stone told the Senate Veterans Affairs Committee.

Noting that the VA is currently spending \$100 million per month for personal protective equipment compared with \$10 million per month before the pandemic, Stone said the U.S. manufacturing base needs to boost production to help meet the needs of every hospital system “in the country and the world.”

Stone said the VA was adding medical staff — over 18,800 employees so far with more to come — and preparing four “readiness centers” to house personal protective equipment as it readies for a possible resurgence of the virus this fall.

## **National Defense Authorization Act cuts could close two mental health centers**

Read the Op-Ed by Harold Kudler, M.D., and Suzanne Gordon at [VeteransPolicy.org](#):

Today, with the coronavirus pandemic and the protests following the death of George Floyd, the strains that lead to mental health problems and suicide among this population are even more severe. It is baffling – indeed almost incomprehensible – that the National Defense Authorization Act (NDAA) being considered by Congress would result in the shuttering of two critical programs that help clinicians, policymakers, administrators, and the general public better understand and respond to the consequences of military trauma.

These are The Center for the Study of Traumatic Stress (CSTS) and the Center for Deployment Psychology (CDP). They are part of the Department of Defense based at the Uniformed Services University (USU), the nation’s federal health professions academy in Bethesda, Maryland.

Unfortunately, very few Congressional representatives and their legislative aides are aware of the threat to these programs. That’s because expenditures that fund these two centers are not broken out as line items in the NDAA. What is a line item is the proposed budget for the

Uniformed Services University, which faces serious cuts that will force the elimination of these two programs. Sources have told us that unless averted, USU budget cuts would force the shuttering of these two critical programs by FY 2022.

Members of the House and Congress need to understand that this pennywise and pound foolish move will end up hampering military, VA, and community efforts to help service members and veterans cope with the visible and invisible wounds of war that may plague them for decades. It will also hobble the efforts of administrators and policymakers to build and manage needed systems of care and frame effective legislation.

## **A model to rebuild the American healthcare system**

From [\*The Progressive\*](#):

Because the U.S. health care system is for the most part built around private profits, VA workers are constantly fighting for the life of their institution—its existence as a quality public health care provider is a threat to the idea that the private sector is necessarily better.

The coronavirus crisis is demonstrating that what private health care sees as inefficiencies are in fact life-saving preparations, and a national system is the best way to ensure that such preparation can be carried out.

According to Gordon, the push to privatize the VA began in earnest during the administration of George W. Bush, and—like the push in education for charter schools and private school vouchers—has only gotten worse in recent years. In 2014, an effort by Senator Bernie Sanders, Independent of Vermont, to increase funding for the VA was defeated, mostly at the hands of the late Senator John McCain, Republican of Arizona.

The resulting compromise—the Veterans Access, Choice, and Accountability Act of 2014—allocated \$18 billion less than Sanders had sought. It instead gave \$10 billion to a trial program called Veterans Choice, which allows patients who live more than forty miles from a VA center, or who face appointment delays of more than thirty days, to go to private facilities at the VA's expense.

“No one tells them that the waiting list might be longer in the private sector,” Gordon says. “A private sector hospital could have a waiting list of months and it would never be reported. A VA [facility] has one and it's front-page news.” The VA, she says, is “the only accountable health care system in the nation.”

Longman, for his part, says he's gotten into the habit of asking, whenever some new problem comes to light about health care at the VA, “Compared to what?”

Even with the creeping privatization and hiring difficulties, the fact that the VA is a public institution means it is subject to much more oversight than the private sector. Unions attempt to provide that oversight at private hospitals, as well as at the VA. Ibidun Roberts, a supervisory attorney at the American Federation of Government Employees' National VA Council, says the Veterans Affairs Accountability and Whistleblower Protection Act of 2017 has been used to get rid of employees who raise alarms, and that this has gotten worse during the pandemic.

"All of these things are coming together now in this time of fear and anxiety for our employees," Roberts says. "It really stifles our ability to even talk to the employees or the agency about it."

A Trump-imposed hiring freeze has hamstrung the VA further, even after it was lifted for clinical staff. "There are huge vacancies in the VA, and they are not able to properly respond to this pandemic now," Roberts says. "Who knows where we would have been had they kept some of the people that they fired for trivial offenses?" Today, Longman says, "there are still lots of really good people trying to do the right thing [at the VA], but its leadership is in such disarray." At the end of fiscal year for 2019, the Veterans Health Administration had more than 43,000 vacancies, in part because it does not pay as well as the private sector. But the people who do work there, Longman adds, are mission-driven.

"They do it because they believe in veterans and service and, also, especially the younger ones, a lot of them believe in the model, which is an evidence-based model that is not profit-driven," he says. "The smartest, hippest people in health care get that maximum human health isn't achieved at the molecular level, it's achieved at the whole body, whole community level. Where they want to work is at the VA."

## **Health record modernization project left out employee feedback**

*Trump Administration officials let the Mar-a-Lago trio weigh-in, but seemingly kept staff out of the discussion. From [HealthcareITNews](#):*

But a new report from the U.S. Government Accountability Office said the new EHR implementation process must include input from a wide array of key stakeholders and staff – something that hasn't always been the case at the VA.

"Participation of such stakeholders is critical to ensuring that the EHR system is configured to meet the needs of clinicians and support the delivery of clinical care," the report read.

...

As the GAO report explained, the VA's existing VistA system – which the agency has been using for more than 30 years – is expensive to maintain and unsupportive of interoperability with other agencies, such as the Department of Defense. The VA began efforts to replace it with a commercial EHR system from Cerner, which was chosen for the project on June 5, 2017.

VA has since used a multistep process that includes establishing 18 EHR councils and holding national and local workshops.

"At these workshops, the councils decided how to design the functionality of the EHR software to help clinicians and other staff deliver care and complete tasks such as administering medication," the GAO report authors said.

"VA also held eight local workshops at both medical centers to help ensure that the EHR configuration supported local practices," they added.

Although GAO found that the VA established structure, responsibility and authority effectively throughout its decision-making procedures, the agency did not always ensure relevant representation – such as that from facility clinicians and staff – at local workshop meetings.

## **COVID-19 sick leave policy excludes VA workers**

*From [Federal News Network](#):*

Under the Emergency Paid Sick Leave Act (EPSLA), all federal employees were eligible for up to 80 hours of emergency paid sick leave starting April 1 — as long as they meet certain coronavirus-related circumstances.

...

Implementing emergency paid sick leave has posed complexity at least one other agency.

AFGE also filed a national grievance over EPSLA implementation at the Department of Veterans Affairs. VA too is still making the changes needed to implement EPSLA in its time, attendance and payroll systems.

"We're still looking through that on our end," Jessica Bonjorni, chief officer for workforce management at the Veterans Health Administration, said last week during a Government Executive virtual summit. "It takes us a while to get updates made to our payroll system and our timekeeping system. Just the particular technical difficulties creates some upheaval in the application of the new law."

In its grievance, AFGE also said the agency failed to bargain over its handling of the emergency paid sick leave program. But beyond the challenges with VA time and attendance systems, the department has determined many of its employees aren't eligible for the new emergency paid sick leave benefits.

## **Research Roundup**

- The VA provides a critical service for vulnerable veteran populations. Read more at the [National Institutes of Health](#).
  - Study confirms that prolonged exposure therapy is more effective at treating veterans with PTSD, alcohol use disorder. [Read more at VA's Research Currents](#).
  - A report on the VA's Whole Health pilot shows the programs' benefit to veterans' overall health and wellbeing and the impact on opioid use and chronic pain. [Read it at VA.gov](#).
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