



U.S. Department
of Veterans Affairs

Disabled American Veterans National Ninth District Meeting

Saturday, January 28, 2017

**Dr. Betty Moseley Brown
Associate Director, Center for Women Veterans**



Overview

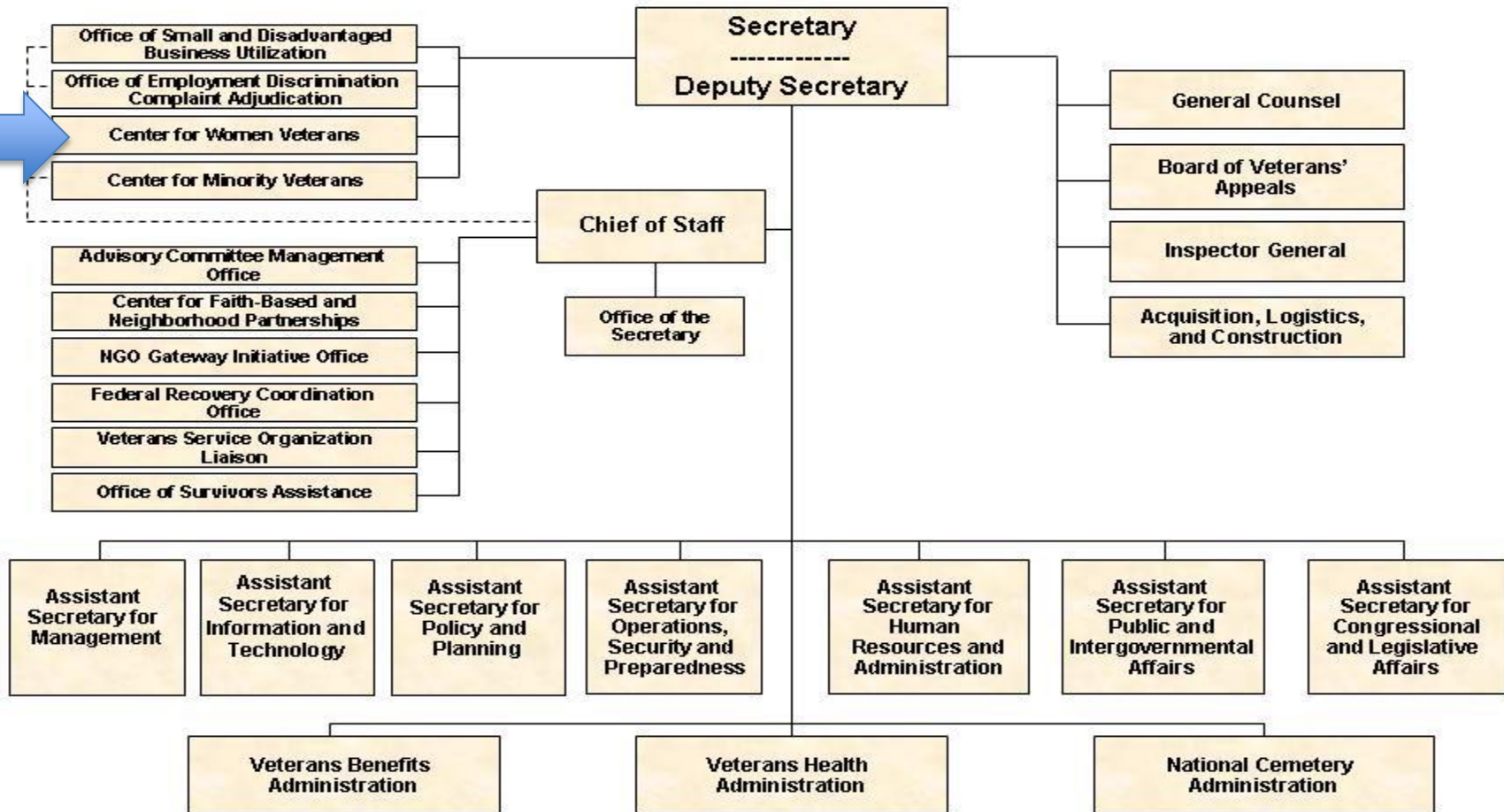
- **VA 101**
- **Women Veterans**
- **Health and Benefits Care**
- **Items “YOU” Should Know...**
 - **Camp Lejeune, NC**
 - **Military Sexual Trauma (MST)**
 - **What is “FSAD”?**
 - **Eating & Weight Disorders**
- **How to Contact the Center**





VA Organization Chart

DEPARTMENT OF VETERANS AFFAIRS



_____ Direct Report - - - - - Coordination



Congressional Mandate

**November 1994, Public Law
103-446 required VA to
create
The Center for Women
Veterans,
to monitor and coordinate VA
programs for women**



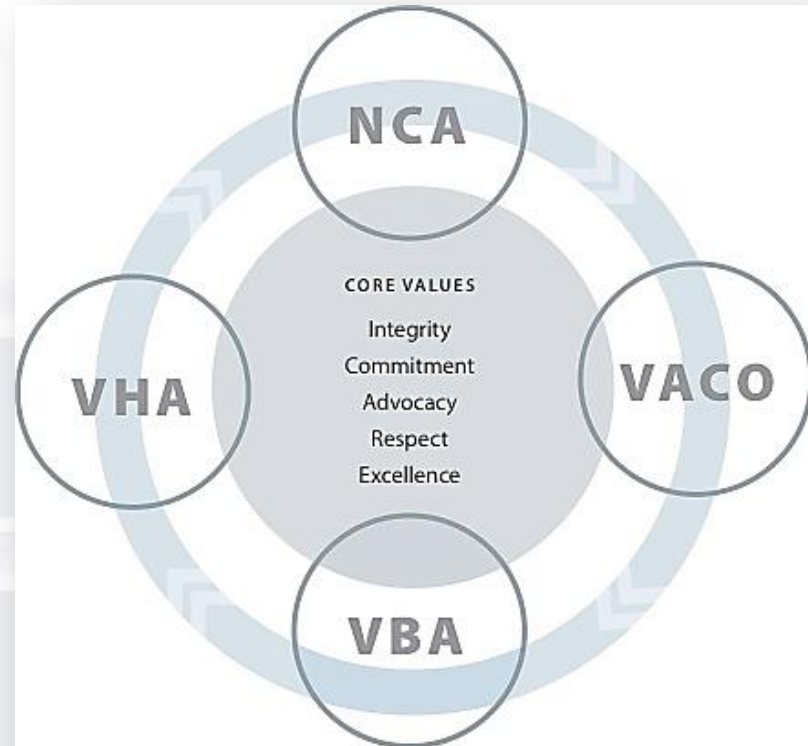


Our Mission

- **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.



VA Core Values





MyVA

Vision

- Put the Veterans in control of how, when, and where they wish to be served
- Measure success by the ultimate outcome for the Veterans
- Integrate across programs and organizations to optimize productivity and efficiency



12 Breakthrough Priorities

Veteran touchpoints

- 1 Improve the Veterans Experience
- 2 Increase Access to Health Care
(same day primary care, seamless care, suicide prevention)
- 3 Improve Community Care
- 4 Deliver a Unified Veterans Experience
- 5 Modernize our Contact Centers
(to include Veterans Crisis Line)
- 6 Improve the Comp & Pension Exam
- 7 Develop a Simplified Appeals Process
- 8 Continue to Reduce Veteran Homelessness

Critical enablers

- 9 Improve Employee Experience
(to include leadership development)
- 10 Staff Critical Positions
- 11 Transform OIT
- 12 Transform Supply Chain

MyVA
Building Trusted Relationships

Strategic Partnerships
Leveraging the community



Support Services
Delivering efficient and effective internal services

Performance Improvement
Establishing a Lean culture to ensure safety, quality, and agility





Department of Veterans Affairs

“VA 101”

Veterans Benefits Administration (VBA)

- Disability Compensation
- Vocational Rehabilitation & Employment
- Home Loans
- Pension
- Education

Veterans Health Administration (VHA)

- VA Medical Centers
- Community Based Outpatient Clinics
- Vets Center
- Ambulatory Care
- Women’s Clinic
- OEF/OIF/OND Clinic
- Homeless Veterans Program

National Cemetery Administration (NCA)

- National and State Cemeteries
- Headstones and Markers
- Presidential Memorial Certificates



Discharge Criteria

- To be eligible for VA benefits the Veteran must have one of the following discharges:
 - **Honorable**
 - **General (Under Honorable Conditions)**
- The following types of discharges may not be eligible for VA benefits:
 - Other Than Honorable
 - Bad Conduct Discharge (BCD)
 - Dishonorable Discharge



Eligibility for Disability Compensation

General Eligibility Requirements

- The disability is related to an injury or event experienced while on active duty.
- Worsened or aggravated by service, or is presumed by VA to relate to military service.

Examples of Injuries Incurred in or Aggravated While on Active Duty:

- Torn Knee Ligament
- Migraine Headaches
- Back Condition
- Tinnitus
- Post Traumatic Stress Disorder
- Traumatic Brain Injury

PRESUMPTIVE DISABILITY BENEFITS

VA presumes that some disabilities are a result of military service. A Servicemember or Veteran may be eligible to receive disability benefits if he or she has a qualifying disability related to certain conditions of service such as exposure to Agent Orange or radiation, or being a former prisoner of war.





Disability Compensation

- Disabilities are rated from 0% to 100%.
 - Combined overall rating.
- Compensation payment is tax free.
 - Compensation payments range from 10% to 100%.
 - Additional allowance for dependents with 30% or higher rating.
 - By Regulation, the Department of Treasury now requires that federal beneficiaries receive their recurring/monthly benefits electronically.





Additional Disability Compensation Information

- **Special Monthly Compensation (SMC)**
 - An additional amount paid to Veterans with certain severe service-connected disabilities. VA can pay additional compensation to a Veteran who, as a result of military service, incurred the loss or loss of use of specific organs or extremities.
- **Clothing Allowance**
 - Annual payments for Veterans whose service-connected condition requires treatment (e.g., orthopedic appliance, skin cream) that irreparably damages outer garments.
 - Additional clothing allowance per prosthetic or orthopedic appliance, or medication that affects more than one type of clothing garment.



Additional Disability Compensation Information

- **Automobile Allowance**

- A **one-time allowance** to purchase an automobile or conveyance. (New or used automobile or other conveyance)
- Automatically qualifies for adaptive equipment.

- **Adaptive Equipment Allowance**

- May be paid **more than once** for adaptive equipment to accommodate certain severe service-connected disabilities.

- **Specially Adapted Housing (SAH)/Special Housing Adaptation (SHA)**

- Helps Servicemembers and Veterans with certain severe service-connected disabilities purchase, construct, or modify a home to accommodate the disability.



Military Sexual Trauma (MST)/Personal Trauma

- **Male and Female Veterans can experience MST**
- **Evidentiary standards**
 - Alternative evidence to identify MARKERS
 - Credible Supporting evidence
 - VA Form 21-0781a (Statement in support of claim for service connection for Post-Traumatic Stress Disorder (PTSD) secondary to Personal Assault)
- **VBA MST Coordinators at each Regional Office**
 - www.benefits.va.gov/benefits/mstcoordinators.asp (MST Coordinators)
 - MST Sensitivity Training
 - Specialized Claim Processing Procedures
- **VHA MST Coordinators at VA Medical Centers and VET Centers**



Women Veterans



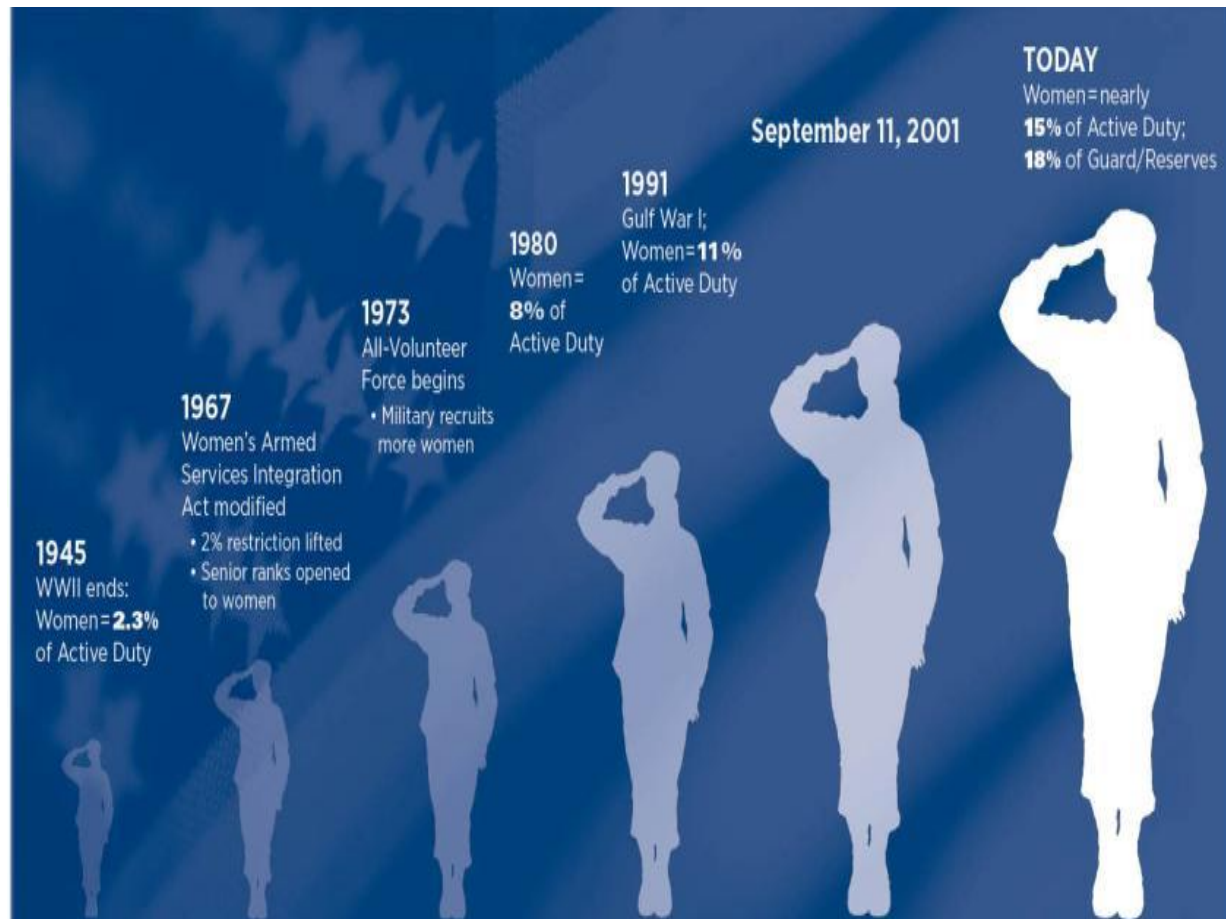


This Journey....





History and Demographics



Source: America's Women Veterans: Military Service History and VA Benefits Utilization Statistics, Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Nov. 23, 2011;
http://www.va.gov/VETDATA/docs/SpecialReports/Final_Womens_Report_3_2_12_v_7.pdf

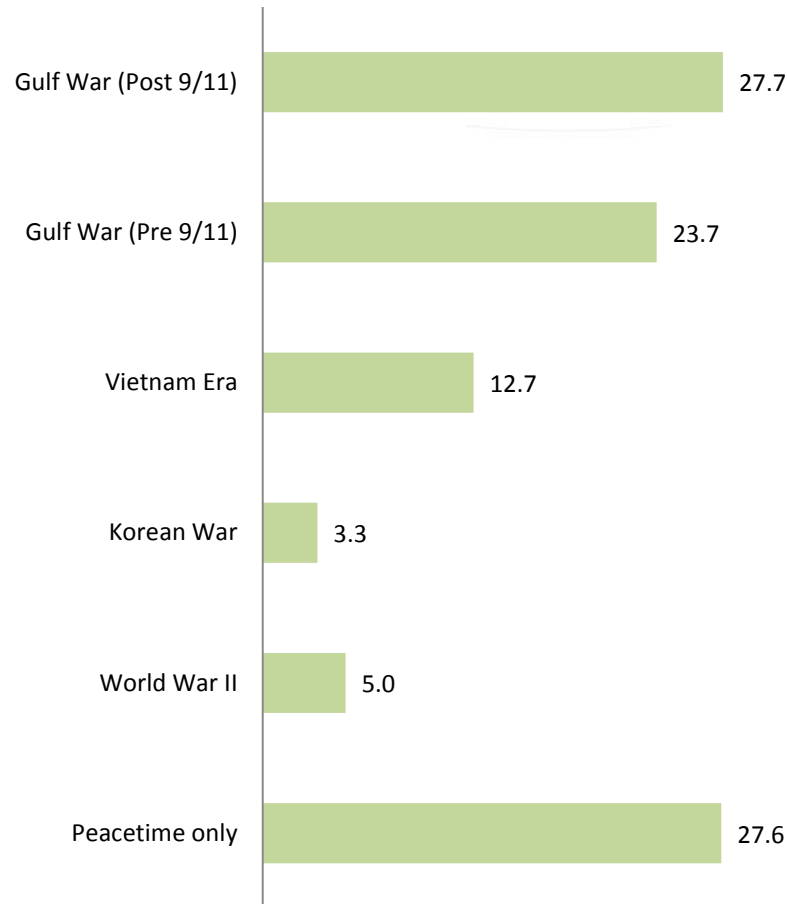


Women Veterans Demographics

- Women are one of the fastest growing subpopulations of Veterans. Based on active duty and recruiting numbers, the percentage of female Veterans is projected to increase.
- 2,294,308 million women Veterans of the 21.6 million living Veterans, (VetPop as of 10/7/14) –10.6 percent of the total Veterans population.
- By 2020, they are estimated to be 12.4 percent the total Veterans populations.
- As women Veterans population increases, total Veterans population decreases.
- Median female Veteran's age is 49 (male – 64, as of 9/30/12).



Percentage of Women Veterans by Period of Military Service



- Most women Veterans alive today served during the Post 9/11 Gulf War Era (Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn) and during peacetime.
- The largest peace-time period, since the advent of the All-Volunteer Force, was from May 1975 to July 1990.
- Large portions of women Veterans also served during the Pre 9/11 Gulf War Era.

Source: U.S. Census Bureau, American Community Survey PUMS, 2011
Prepared by the National Center for Veterans Analysis and Statistics

Note: Periods of military service shown here are coded with women who have multiple periods of service being placed into their most recent period of service.



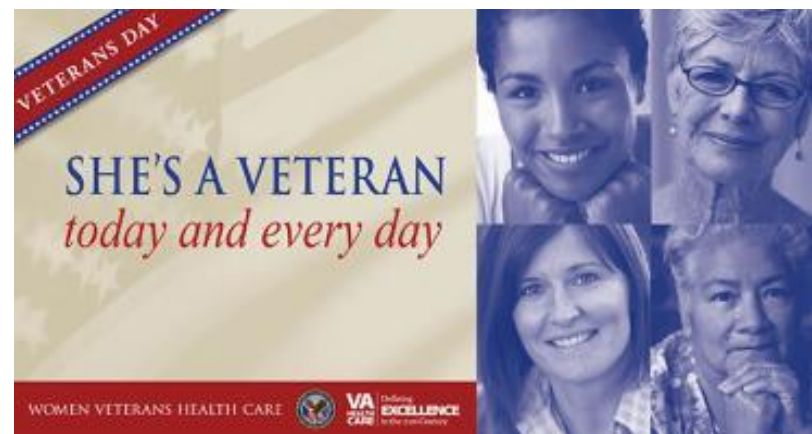
What Women Veterans Tell Us They Need and Want

- Recognition and respect
- Employment
- Suitable housing
- Access to and receipt of high quality health care
- Childcare options
- Opportunities for social interaction
- Want to make a difference



Women Veterans Challenges

- Many women Veterans do not self-identify as Veterans.
- Many are not aware of and do not apply for VA's benefits and services.
- In some areas, access to VA's gender-specific care may be limited—use non-VA medical care and contracts.
- Lack of child care options for women Veterans attempting to access benefits and services, employment and education.
- Lower utilization of VA (women Veterans who: live in rural areas, live in Indian Country, are low income, or are elderly).
- Lack of transportation to and from appointments.





Veterans Health Administration (VHA)

- Comprehensive Primary Care
- Reproductive Health Initiatives
- Gynecology Staffing
- Breast Cancer Screening





Comprehensive Primary Care

- Complete primary care from one designated women's health provider (DWHP) at one site including Community Based Outpatient Clinics (CBOCs):
 - Care for acute and chronic illness.
 - Gender-specific primary care.
 - Preventive services.
 - Mental Health services.
 - Coordination of care.
 - Measured with women's health primary care evaluation tools; evaluated by site visits.

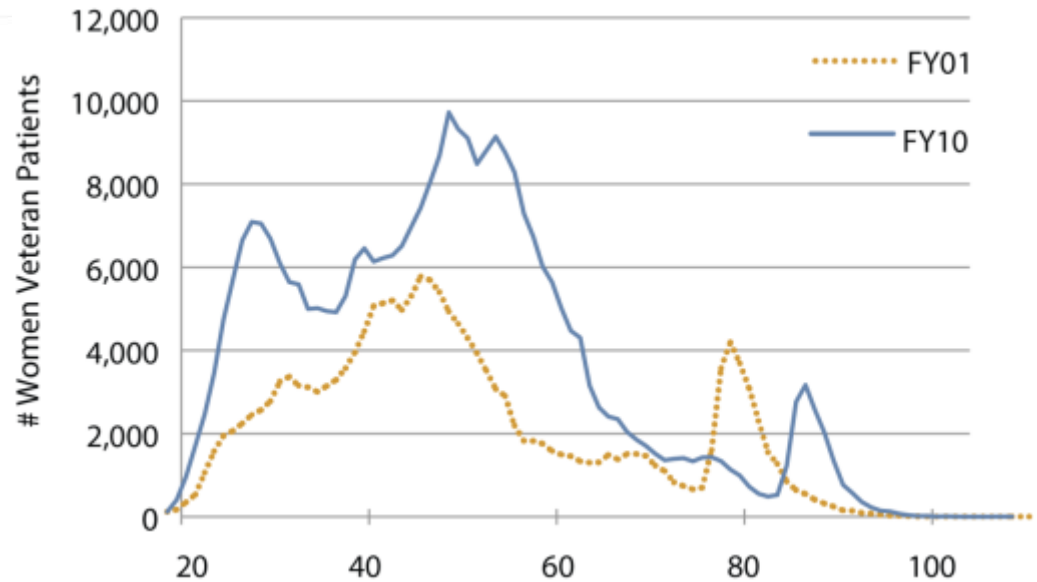




Population and Utilization

- Over 2.2 million women Veterans in the U.S.
- Over 390,000 utilized Veterans Health Administration (VHA) health care services in FY 2013.
- Women Veterans using VHA services have been increasing 7% per year which results in a 60% growth of women Veterans using VHA between FY 2009 and FY 2015.
- Care provided to women Veterans at 151 medical centers and 985 outpatient clinics.

Age distribution of women Veteran patients, FY01 and FY10



Source: Women's Health Evaluation Initiative and VHA Women's Health Services. Sourcebook: *Women Veterans in the Veterans Health Administration. Volume 2. Sociodemographics and Use of VHA and Non-VA Care Fee.* 2012.



Reproductive Health Initiatives

- **Emergency Services for Women**
 - Established Emergency Services for Women Workgroup; published the Under Secretary for Health Information Letter on Guidance on Emergency Medical Services for Women
- **High quality Maternity/Newborn Care**
 - Developed policy and educated providers on maternity care coordination
- **Safe Prescribing/Preconception Care**
 - Collaborated with Pharmacy to review Formulary for medications with potential reproductive risks; implemented the Computerized Patient Record System Order Check Interim Solution
- **Reproductive Mental Health (RMH)**
 - Launched a RMH steering committee and completed a curriculum module on core RMH topics
- **Healthy Aging**
 - Funded five innovation grants to enhance pelvic floor therapy programs across VHA



Breast Cancer Screening

- VA leads private sector in breast cancer screening rates
 - VA provided mammograms to 87 percent of eligible women Veterans in the 50-75 age group in fiscal year 2014.
- New information technology projects will assist in tracking and results reporting for breast cancer screening and follow-up care, both scheduled for release by end of 2015
 - Breast Care Registry
 - System for Mammography Results Reporting



Items “YOU” Should Know...

- Camp Lejeune Past Water Contamination
- MST/SMC
- What is FSAD?
- Eating and Weight Related Disorders in Women Veterans





Search

SITE MAP [A-Z]

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Public Health

Public Health

More Health Care

QUICK LINKS

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Zip Code

Go

Health Programs

Protect Your Health

Camp Lejeune: Past Water Contamination

From the 1950s through the 1980s, people living or working at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals.

Learn about [research on past chemical contamination](#).



Julian C. Smith Hall, Camp Lejeune
U.S. Marine Corps

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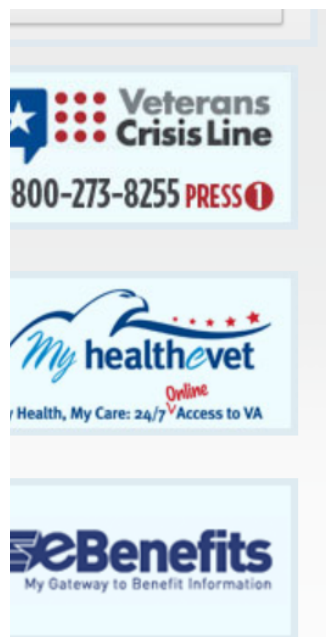
Signup

RESOURCES

- [Camp Lejeune Health Benefits Fact Sheet \(PDF\)](#)
- [Non-VA Emergency Care](#)



Qualifying Health Conditions



Health benefits and eligibility

You may be eligible for VA health benefits if you served on active duty (Veterans) or resided (family members) at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987:

- Veterans who are determined to be eligible will be able to receive VA health care. In addition, care for qualifying health conditions is provided at no cost to the Veteran (including copayments).
- Eligible family members receive reimbursement for out-of-pocket medical expenses incurred from the treatment of qualifying health conditions after all other health insurance is applied.

Qualifying health conditions include:

- Esophageal cancer
- Breast cancer
- Kidney cancer
- Multiple myeloma
- Renal toxicity
- Female infertility
- Scleroderma
- Non-Hodgkin's lymphoma
- Lung cancer
- Bladder cancer
- Leukemia
- Myelodysplastic syndromes
- Hepatic steatosis
- Miscarriage
- Neurobehavioral effects

(PDF)

[Camp Lejeune Family Member Program](#)

[Camp Lejeune Research](#)

[Camp Lejeune - Marine Corps](#)

[Studies by ATSDR](#)

[ATSDR Community Assistance Panel Meetings](#)

CONTACT

Health Care
877-222-8387

Family Member Program
866-372-1144

Benefits
800-827-1000

TDD (Hearing Impaired)
800-829-4833



What is MST?

Military Sexual Trauma

What is military sexual trauma (MST)?

Military sexual trauma, or MST, is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experienced during his or her military service. The definition used by the VA comes from Federal law (Title 38 U.S. Code 1720D) and is “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training.” Sexual harassment is further defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.”

More concretely, MST includes any sexual activity where a Servicemember is involved against his or her will -- he or she may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities. Other experiences that fall into the category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person's body or sexual activities; and threatening and unwelcome sexual advances. The identity or characteristics of the perpetrator, whether the Servicemember was on or off duty at the time, and whether he or she was on or off base at the time do not matter. If these experiences occurred while an individual was on active duty, active duty for training, or inactive duty for training, they are considered by VA to be MST.





In addition to you service-connected disability payment:

Special Monthly Compensation (SMC) is an additional tax-free benefit that can be paid to Veterans, their spouses, surviving spouses and parents. For Veterans, Special Monthly Compensation is a higher rate of compensation paid due to special circumstances such as the need of aid and attendance by another person or a specific disability, such as loss of use of one hand or leg.

[SMC K - \$103.23 additional]



What is FSAD?



Service Connection for Female Sexual Arousal Disorder (FSAD)

- FSAD is defined as the lack of, or significantly reduced, sexual interest/arousal. There are both psychological and biological causes of FSAD, and the two often overlap.
- In order to achieve gender parity...examiners are prompted to discuss erectile function on all genitourinary examinations of male Veterans. Until we update the GYN DBQ to include questions about FSAD, include the following language in all gynecological examination requests, even if FSAD is not specifically claimed:
- *“Examiner: Please state whether the Veteran has a diagnosis of Female Sexual Arousal Disorder (FSAD). If additional examination(s) are required, please request and/or perform as necessary.”*



Eating & Weight Related Disorders - DSM-5

- Anorexia Nervosa (.4%)
- Bulimia Nervosa (1-1.5%)
- Binge Eating Disorder (1.6%)
- Other Specified Feeding or Eating Disorder (largest group)
- Women are much more likely to be diagnosed with an ED than men (10:1)



Spectrum of eating disorders

Anorexia Nervosa

Bulimia

Eating
less

Bingeing
and purging

Eating
more

Binge Eating Disorder



Prevalence of self-reported disordered eating

- Entry level Army women: 33.6% reported disordered eating on the Eating Attitudes Test (EAT-26)¹
- AD women in Army, Navy, Air Force and Marines (self-report of symptoms on the Eating Disorders Inventory (EDI), categorized into ED categories)²
 - 1.1% for AN
 - 8.1% for BN
 - 62.8% for EDNOS
- Weighted average across studies is that 23.3% of AD women are “at risk” for eating disorders³

1. Warner, Warner, Matuszak, Rachal, Flynn & Grieger, 2007.

2. McNulty, 2001.

3. Bodell, Forney, Keel, Gutierrez & Joiner



Branch & Rank

- Marines self-report the highest rates (76.7%) of eating disorder symptoms falling under the “NOS” category¹
- Marines also had the majority of diagnosed cases of AN²
- Disordered eating is reported in all ranks of military personnel and may even be higher in enlisted than among officers³

1. McNulty, 2001

2. Antczak & Brininger, 2008

3. Warner, Warner, Matuszak, Rachal, Flynn & Grieger, 2007.



Risk Factors Uniquely Associated with Military Service

- Weight requirements
- PT
- Exercise used as punishment or remediation
- Exposure to trauma
- Changes in eating behavior while in service





Understand Barriers to Care

- Inadequate data (no standardized screening of EDs in this population to date)
- Low prevalence rate of clinical eating disorders and historically considered to not affect Veteran population
- Treatment of eating disorders is resource intensive
- Insufficient training among VA staff to assess and treat
- Difficulty with referrals to care outside VA due to cost (and geography)



Know What Good Care Looks Like

- Psychology
- Nutrition
- Medical oversight
- Recreation therapy
- Family therapy



Educating VA Providers

- Presentation by teleconference through the Women's Mental Health Teleconference series in October of 2015
- Three presentations offered at the Women's Mental Health Mini Residency in SLC in April of 2016



The Work Ahead

- Defining the scope of the problem by collecting data on prevalence would inform stakeholders of the magnitude of the problem
- Considering the whole spectrum of eating and weight related disorders will help us look at the various ways these problems can play out and coordinate interventions accordingly



Collaborative Partners: "Academy Women"

www.ementorprogram.org

2015 Leadership 500 Excellence Awards
TOP 3 2014 Leadership 500 Excellence Awards



VETERAN MILITARY SPOUSE CADET/MIDN WOMEN **MILITARY WOMEN**

CONNECT. SHARE. EXCEL.



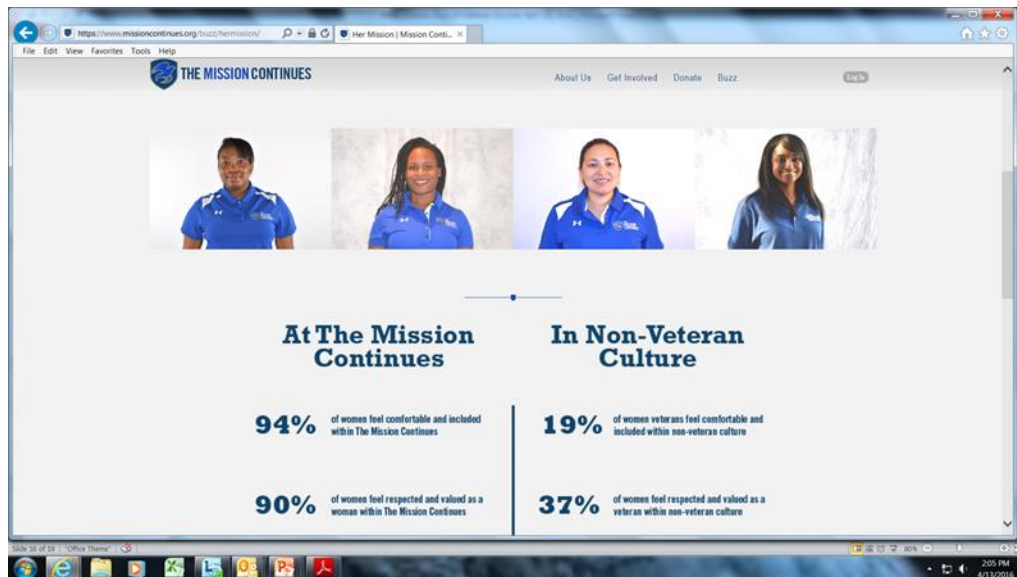
www.ementorprogram.org





Collaborative Partners: “Her Mission Continues”

<https://www.missioncontinues.org/buzz/hermission/>



Honored to Serve 2 Million Women Veterans





How to Contact the Center

Staff Members:

- Director – Kayla M. Williams
- Dr. Betty Moseley Brown
- Desiree Long
- Shannon Middleton
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