2023 Report
of the
Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans

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Letter from the Chair

October 18, 2023

The Honorable Denis R. McDonough
Secretary of Veterans Affairs
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonough:

I am deeply honored to serve as your Chair of the Advisory Committee on Women Veterans (ACWV) for the United States Department of Veterans Affairs (VA). I am extremely fortunate to work alongside a group of subject matter experts who are dedicated and continue to give back to our great Nation, specifically to our women Veterans. The enclosed 2023 annual report includes eight recommendations with supporting rationale which reflect major challenges for women Veterans identified by the committee through briefings received during virtual site visits; feedback from a virtual Veterans town hall meeting; and VA's written responses to the ACWV's requests for information.

The report details issues of significance in how VA carries out its critical mission. The recommendations support VA's four fundamental principles of advocacy, access, outcomes and excellence and are in line with VA's four strategic goals.

The ACWV applauds your update of VA's mission statement earlier this year. The new mission statement clearly signifies that all Veterans are equally welcome throughout VA. I urge you to adopt the committee's recommendation #6 regarding the new mission statement, so that VA's enhanced mission is incorporated across all of VA.

As the number of women Veterans continues to grow, it is imperative that the ACWV work to provide recommendations that aid VA in attaining equitability of treatment for our women Veterans. The ACWV's progress was impacted during this most recent reporting period, but the ACWV was diligent in fulfilling its mandate. The committee conducted a virtual site visit to the VA Caribbean Health Care System in San Juan, Puerto Rico and an in-person site visit with the VA Maryland Health Care System in Baltimore, Maryland.

Sir, thank you for your leadership and support of the committee's work and efforts to develop recommendations regarding VA's management and execution of

benefits and services for women Veterans. On behalf of the committee, I express my sincere appreciation for allowing us the privilege to serve our Nation’s women Veterans.

Respectfully submitted,

/s/Colonel Betty, Yarbrough, USA, Ret.
Chair, Advisory Committee on Women Veterans

Part I
Executive Summary

The Department of Veterans Affairs (VA) Advisory Committee on Women Veterans (the Committee) 2023 report provides recommendations and supporting rationales that address the following issues:

- Representation of Women Veterans in Health Care Leadership
- Gender Sensitivity Training for Health Care Providers
- Standardization Gender-specific Health Care
- Improved Access for Rural Women Veterans
- Full-time LGBTQ+ Coordinators
- VA's New Mission Statement
- Increased Access to Whole Health Program
- Dental Screening for Pregnant Women Veterans

The report of the Committee is submitted annually. The Committee members are appointed by the Secretary of Veterans Affairs (Secretary) for a 2-year or 3-year term. Current members represent a variety of military career fields and possess extensive military experience, to include service in theater supporting Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND).

A total of eight 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 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. Based on intimate partner violence (IPV) program updates received during this reporting period, the committee determined that no recommendations addressing IPV experienced by women Veterans were required.

Highlights

- VA should conduct a comprehensive assessment on women Veterans' leadership representation within health care facilities to ascertain the impact of hiring initiatives and highlight demographic gaps in leadership.

- VHA should provide in-person and asynchronous gender sensitivity training for physicians, facility staff and community care providers to bring greater equity and equality to programs for Veterans.

- The Office of Women's Health should collaborate with American College of Obstetricians and Gynecologists (ACOG) affiliated academic teaching centers to standardize health care for women Veterans nationwide.

- VHA should conduct a feasibility study on the use of mobile units and collaborative care to ensure timely and culturally informed care, particularly in rural areas.
- VHA should reposition the LGBTQ+ coordinator role to patient aligned care teams from its current location in mental health to reduce stigma.

- VA should standardize the use of the enhanced mission statement in all internal and external messaging, reports and outreach materials to promote inclusivity.

- VA should offer more in-person classes Whole Health classes during various times throughout the day and week, to accommodate Veterans who work shifts, to improve access.

- VA should provide dental screening and care for pregnant women Veterans as a protocol, to prevent adverse health outcomes for the mother and the unborn child.

Part II
Recommendations and Rationales

A. Representation of Women Veterans in Health Care Leadership

1. **Recommendation: That the Veterans Health Administration (VHA) conduct a comprehensive assessment of women Veterans' representation in leadership within VA health care facilities, specifically identifying the positions/titles, geographic locations and gender breakdown of Veterans in leadership positions who act as decision-makers in the quality of care, services provided, billing and payments and treatment plans for women Veterans**.

   Rationale: The Veteran voice is essential to VA's ability to provide quality care that meets the needs of a diverse Veterans population. Veteran representation offers perspective from lived experiences that can be crucial to effective leadership. Nationwide efforts, including the Veteran and Military Spouse Talent Engagement Program, were implemented to recruit Veteran and spouse employee candidates into VHA's hiring pool, implying that the organization values Veterans' experience and knowledge.

   Currently, there are no available research data depicting the representation of Veterans in leadership roles within VA health care facilities. A comprehensive assessment determining the statistics on Veteran leadership representation within health care facilities--particularly women Veterans--could reveal the impact of these hiring initiatives, what roles Veterans are assigned and highlight demographic gaps in leadership.

   VA Response: Concur
   In response to the recommendation, VHA acknowledges the importance of the Veteran voice in shaping the quality of care for the diverse Veterans population. Currently, there is a gap in research data on the representation of Veterans in leadership roles in VA health care facilities. The proposed action plan below aims to bridge this gap by providing insights into the impact of hiring initiatives, roles assigned to Veterans, and demographic gaps in leadership. Once VHA defines the scope of leadership, the Workforce Management and Consulting (WMC) data team can pull relevant data and derive insights into VHA's current state of women Veterans and Veterans in leadership roles. Next steps would be creating actionable goals to address the potential shortage and bring VHA to a goal state.

Action Plan Recommendation #1: Conduct a comprehensive assessment of women Veterans' representation in leadership within VA health care facilities					
Steps to Implement	**Lead Office**	**Other Offices**	**Tasks**	**Due Date**	**Current Status**
Conduct data analysis of VHA care delivery leadership positions	WMC	Office of Women's Health (OWH)	Define scope for "leadership positions" and pull relevant data to identify all women Veterans in those positions.	Quarter 2 (Q2) fiscal year (FY) 24	Not started
			Conduct descriptive, trend over time, and comparative analysis for the cohort of women Veterans.	Q4 FY 2024	Not started
			Identify recommendations to increase representation of women Veteran leadership in VA health care positions.	Q1 FY 2025	Not started
			Create report that stratifies women Veterans by leadership position and titles, geographic locations, and services provided, and includes recommendations.	Q2 FY 2025	Not started
			Develop and execute plan to support increased hiring of women Veterans in leadership positions.	Q3-4 FY 2025	Not started

B. Gender Sensitivity Training for Health Care Providers

2. <u>Recommendation</u>: That VHA provide in-person and asynchronous gender sensitivity training to better equip physicians, facility staff and community care providers with the appropriate training and knowledge of biographical military history, culture and best practices for communicating and engaging with the women Veterans population, with the objective of bringing greater equity and equality to programs for Veterans as well as improving inclusivity.

Rationale: Multiple studies have been completed about gender sensitivity within the workplace. Studies like "Understanding Gender Sensitivity of the Healthcare Workforce at the Veterans Health Administration,"[1] an independent survey of the gender sensitivity of primary care physicians and medical staff, concluded that training, positive communication between staff and the presence of women staff members led to positive gender sensitivity outcomes with women patients. Hiring more women Veterans for these roles may be of great benefit.

In a recent study entitled "Women Veterans' Perspectives on How to Make Veterans Affairs Healthcare Settings More Welcoming to Women," [2] researchers found that many of the open-ended comments on the survey pertained to VA staff and included suggestions to hire more women employees, volunteers and include more women Veterans in leadership roles.

Some women Veterans' experience within military settings can be characterized by barriers to promotion, sexual harassment and combat-related traumas. Providing physicians, facility staff and community care with a comprehensive list of current in-person and asynchronous gender sensitivity training would ensure that those providing care to women Veterans understand the potential impact of military culture and have knowledge of best practices when communicating and engaging with this Veteran population. The training must include the history of women service members, barriers to services and ongoing efforts to bring equity and equality to Veterans programs.

Training that equips health care staff with the knowledge of women and Veteran experiences can help foster greater sensitivity within VA health care settings and improve the perceptions of inclusivity and morale.

[1] Tran C, Chuang E, Washington DL, Needleman J, Canelo I, Meredith LS, Yano EM. Understanding Gender Sensitivity of the Health Care Workforce at the Veterans Health Administration. Womens Health Issues. 2020 Mar-Apr;30(2):120-127. doi: 10.1016/j.whi.2020.01.001. Epub 2020 Feb 22. PMID: 32094056; PMCID: PMC8025774.
[2] Moreau JL, Dyer KE, Hamilton AB, Golden RE, Combs AS, Carney DV, Frayne SM, Yano EM, Klap R; VA Women's Health Practice-Based Research Network. Women Veterans' Perspectives on How to Make Veterans Affairs Healthcare Settings More Welcoming to Women. Womens Health Issues. 2020 Jul-Aug;30(4):299-305. doi: 10.1016/j.whi.2020.03.004. Epub 2020 Apr 25. PMID: 32340897.

VA Response: Concur
VHA highly values training and education as tools to ensure women Veterans receive equitable, inclusive care. Women's Health Mini-Residency trainings[3] are deployed annually and include content on women in the military, the impact of military service, and promoting a sensitive and safe environment. Over 11,500 VHA clinicians have been trained since 2008, and VHA continues to train over 1,000 clinicians annually in mini-residency trainings alone, even taking next steps to target hard to reach populations like rural clinicians.[4]

Additionally, VHA hosts many synchronous and asynchronous trainings, which account for 20,000 continuing medical education hours annually. Recently offerings included humanism in medicine events[5], sharing the video Journey to Normal with discussions to highlight women Veterans' service, sacrifices made to serve, and the impact of military service on Veterans' lives. VHA hosts several monthly webinars for VA clinicians on topics important to women Veterans, including content such as: providing trauma informed care; health care disparities in reproductive health; reducing implicit bias in health care; and promoting health equity in women's health. VHA offers trainings to equip all clinicians who see women to provide equitable care. VHA also provides trainings for community clinicians through Office of Integrated Veteran Care webinars and on the Training Finder Real-Time Affiliated Training Network (TRAIN) website to recognize how the evolving role, increasing number, and diversity of women's military service impact their changing medical care needs.

VHA had a specific gender sensitivity course[6] which is currently under revision and updates. It will be available by the end of the fiscal year and will be available to all VHA staff to understand unique considerations women Veterans may have when seeking health care. See proposed action plan below.

[3] Baier Manwell L, McNeil M, Gerber MR, Iqbal S, Schrager S, Staropoli C, Brown R, Veet L, Haskell S, Hayes P, Carnes M. Mini-Residencies to Improve Care for Women Veterans: A Decade of Re-Educating Veterans Health Administration Primary Care Providers. J Womens Health (Larchmt). 2022 Jul;31(7):991-1002.
[4] Sanders, AM, Golden, RE, Kolehmainen, CJ, Brenton, JK, & Frayne, SM. Implementation experience and initial assessment of a rural women's health training program in support of the US Department of Veterans Affairs as a learning health system. Learn Health Syst. 2022 Aug 24;6(4):e10334.
[5] Rossiter, B, Farkas, A, Kolehmainen, C, McNeil, M, Merriam, S. Hearing Patient Stories: Use of Medical Humanities on a Large-Scale, Virtual Platforms to Improve Provider Attitudes. (Manuscript submitted for publication)
[6] Vogt DS, Barry AA, King LA. Toward gender-aware health care: evaluation of an intervention to enhance care for female patients in the VA setting. J Health Psychol. 2008 Jul;13(5):624-38.

Action Plan Recommendation #2: That VHA provide in-person and asynchronous women's health and gender sensitivity training to better equip physicians, facility staff and community care providers with the appropriate training and knowledge of biographical military history, culture and best practices for communicating and engaging with the women Veterans population, with the objective of bringing greater equity and equality to programs for Veterans as well as improving inclusivity.					
Steps to Implement	**Lead Office**	**Other Offices**	**Tasks**	**Due Date**	**Current Status**
Continue to offer VA clinicians access to training to enhance greater equity, equality, and inclusivity of women Veterans.	OWH	Institute of Learning, Education and Development (ILEAD)	Deliver face-to-face women's health training across VHA. Provide list of asynchronous and synchronous virtual trainings.	Ongoing; final report available 10/2024	Ongoing
Offer VA staff access to training to enhance greater equity, equality, and inclusivity of women Veterans.	OWH	ILEAD	Finalize all staff training revision; available to all VHA facilities by end of FY 2024.	Training available by 10/2024	Ongoing
Continue to offer community care clinicians access to training to enhance greater equity, equality, and inclusivity of women Veterans.	OWH	ILEAD VHA Office of Integrated Veteran Care (VHA IVC)	Maintain and deliver training content via TRAIN and VHA IVC communications non-VA clinicians who care for Veterans in the community.	Ongoing; final report available 10/2024	Ongoing

C. Standardization Gender-specific Health Care

3. **<u>Recommendation:</u> That the Office of Women's Health collaborate with American College of Obstetricians and Gynecologists (ACOG) affiliated academic teaching centers to standardize health care for women Veterans nationwide and ensure that all services conform to the recommendations of ACOG.**

   Rationale: Women Veterans are the fastest-growing cohort among Veterans seeking VHA services. They range in age across the life span spectrum, from adolescence through post-menopausal, each group having specific physiologic manifestations and needs, as well as social, environmental, work-related, economic, safety, mobility considerations. For reproductive-aged women, fertility and family planning are more significant concerns than for older women who have completed childbearing. However, obstetric, fertility and some basic reproductive health services may not be available for all women Veterans.

   ACOG, the American College of Nurse Midwives and many professional associations published numerous recommendations on expanding the availability of appropriate and timely comprehensive services to women Veterans, including rural Veterans, which include the use of licensed clinical professionals such as certified nurse midwives (CNMs) to fill gaps in services in the 40% of US counties that lack maternity services.[7] ACOG also recommends "it is essential that strong clinical partnerships between public and private health care settings, academic departments of obstetrics and gynecology, and the VA be forged" (committee opinion #547).

   Academic teaching hospitals typically consist of attending physicians and several supervised trainees who may also, with graduated levels of experience, provide care that may not be available in the VA facility. The Women's Preventive Services Initiative also published a comprehensive monograph for 2023 recommendations for well-woman care that addresses general health, infectious diseases, and cancer screening, plus recommendations for preventive services in pregnancy and postpartum.

   ACOG remains the definitive resource for women's health care. Academic teaching centers are often the most up-to-date sources of information and procedures and are most closely aligned with ACOG leadership. Additionally, they are motivated to provide comprehensive, meticulous, evidence-based, thorough and timely care to women Veterans. This would accomplish nationwide uniformity through this type of collaborative arrangement.

   Universities that provide academic programs in obstetrics and gynecology (all subspecialists) and advanced practice nursing can provide the level of care

[7] Health Care for women in the military and Veteran women reaffirmed 2022; American College of Obstetrics and Gynecologists, Number 547, December 2012, Committee on Underserved Women.

women Veterans have earned and deserve. Community care providers may not provide or afford access to this level of care and may not have the necessary experience to care for women Veterans. VA facilities should form collaborative relationships with university teaching hospitals that are geographically close to VA facilities and can provide comprehensive women's health care that is available at any time--a vital characteristic of an academic teaching hospital.[8]

VA Response: Concur in principle
Care for women Veterans is provided by designated women's health primary care providers (WH-PCP) who are trained in the unique needs of women Veterans and proficient in providing primary and gender-specific care. VA offers a variety of gender-specific services within primary care, such as well woman visits that include not only cervical and breast cancer screening, but prevention and management of sexually transmitted infections and human immunodeficiency virus/acquired immunodeficiency syndrome, preconception care, birth control counseling, and management of menopause and chronic health conditions.

WH-PCPs follow evidence-based practices in providing comprehensive care based on the U.S. Preventative Services Task Force, American Cancer Society, ACOG, and other nationally recognized guidelines. To stay abreast of the most up-to-date evidence-based practices, the OWH provides multiple training opportunities such as Women's Health Mini-Residency trainings, live webinar series, and many asynchronous trainings on women's health specific topics.

When needed, WH-PCPs can refer Veterans to VA gynecologists. VA offers high-quality comprehensive gynecologic services to Veterans, including complex gynecology care, such as minimally invasive gynecologic surgery and treatment of gynecologic cancers. Over 80% of VA health care systems offer gynecology specialty care within VA. VA gynecologists also have access to regular trainings throughout the year and a biannual VA gynecology conference-- all educational opportunities where nationally recognized experts provide evidence-based education on key gynecological topics for the care of Veterans.

When specific services are not available within a VA health care system, VHA supports collaborative partnerships with university teaching hospitals, public and private health care systems, and community practices that are geographically convenient to Veterans. This ensures appropriate and timely access to services when care is needed. The current care model refers all prenatal care to community providers. The community providers that are reimbursed by VA include physicians as well as certified midwives. VA recognizes that certified midwives are an important part of the obstetrics workforce.

[8] https://www.acog.org/womens-health.

D. Improved Access for Rural Women Veterans

4. Recommendation: That VA conduct a feasibility study on using mobile units and collaborative care to ensure timely and culturally informed care for women Veterans, especially those residing in rural areas.

Rationale: VA continually demonstrates the motivation to enroll Veterans for benefits and health care. A campaign to enroll Veterans for the Sergeant First Class Heath Robinson Promise to Address Comprehensive Toxics (PACT) Act is ongoing, and many services have been enhanced to increase the number of Veterans enrolling in VA services. Hiring health care professionals is not necessarily keeping pace with enrollment and there is already a shortage of these particular provider types.

Anecdotally, VA practitioners state there is a reluctance to provide the work environment or support for OB/GYN providers as long as the number of women Veterans remains low. Thus, using a hybrid model of mobile units and collaborative care with providers who are already operating in rural areas, such as county health departments, Indian Health Services providers, public health officials and the local health care infrastructure will provide not only more timely care, but also culturally informed care. Increasing uniformity in how health care is offered to women and rural Veterans by adopting a model such as this across the VISNs would increase Veteran confidence in the VA health care system.

Since programs already use mobile services in urban areas, it is realistic to propose expanding this model to a place with severe physician/provider shortages. ACOG committee opinion #586, in "Health Disparities in Rural Women," [9] affirms that rural women have poorer outcomes due to less access to health care than urban women. A VA study also indicates that over 20% of women live in rural areas and are less likely to receive timely or age-appropriate screening for breast and cervical cancer and other preventive health and education, such as smoking cessation and use of opioids, and other forms of substance abuse.[10] Forty-nine percent of 3,143 counties in the U.S. do not have a single OB/GYN doctor, with decreasing numbers of family physicians who offer obstetrical services (ACOG committee opinion 586). The same opinion states that younger and women physicians are much less likely to practice in rural areas than are men and older, established practitioners.

A feasibility study should be initiated and completed in 2024 on the use of mobile units and collaborative care to ensure timely and culturally informed care, particularly in rural areas.

[9] Health Disparities in Rural Women; College of Obstetrics and Gynecologist, American Number 586, February 2014, Committee on Health Care for Underserved Women.
[10] Suk R, Hong YR, Rajan SS, Xie Z, Zhu Y, Spencer JC. Assessment of US Preventive Services Task Force Guideline-Concordant Cervical Cancer Screening Rates and Reasons for Underscreening by Age, Race and Ethnicity, Sexual Orientation, Rurality, and Insurance, 2005 to 2019. JAMA Netw Open. 2022 Jan 4;5(1):e2143582. doi: 10.1001/jamanetworkopen.2021.43582. PMID: 35040970; PMCID: PMC8767443.

VA Response: Concur in principle
The recommendation includes two components: collaborative care and mobile medical units (MMU). The former is a recognized challenge across health care systems and between providers. VHA has numerous programs across multiple offices (for example, Integrated Veteran Care, Office of Rural Health, Office of Primary Care, National Social Work Program, Office of Tribal Health) that address this challenge through health information exchange, care coordinators, patient navigators, and other primary and specialty care coordination efforts. MMUs have a history of mixed success in VHA and elsewhere. A recent literature review concluded "Even though mobile health clinics can fulfil many goals and mandates in alignment with our national priorities and have the potential to help combat some of the largest healthcare challenges of the era, there are limitations and challenges to this healthcare delivery model that must be addressed and overcome before they can be more broadly integrated into our healthcare system."[11]

A May 2014 VA Office of Inspector General report auditing VHA's MMUs (report 13-03213-152)[12] concluded that "VHA lacks information about the operations of its MMUs and has not collected sufficient data to determine whether MMUs improved rural veterans' health care access." This report resulted in a moratorium to suspend MMU acquisitions pending a full review of the delivery model. A 2023 Government Accountability Office (GAO) report on VA's mobile medical units (GAO Report 24-106331)[13] concluded VHA lacked reliable data and quality contextual information to determine whether MMUs help ensure access to care for rural Veterans. The report further describes conditions that limit the effect of MMUs including weather, road conditions, maintenance, vehicle size, type of service provided, and low population density. All of these are especially salient in rural areas, which significantly limit the effectiveness of MMUs to deliver care to rural populations. The Office of Emergency Management and Office of Healthcare Transformation are evaluating the current use of MMUs and how they can be most effectively deployed to meet Veterans' health care needs.

In summary, VHA concurs with the overall goal of this recommendation to improve access and care coordination. Collaborative care is already addressed across multiple office and programs. MMUs' use in VHA has been reviewed by OIG and GAO and determined to have significant challenges with deployment and data on their effectiveness to meet the intended need.

[11] Yu, et al., The scope and impact of mobile health clinics in the United States: a literature review, Intl J Equity in Health (2017) 16:178, DOI 10.1186/s12939-017-0671-2.
[12] VA Office of Inspector General Audit of Mobil Medical Units: https://www.vaoig.gov/sites/default/files/reports/2014-05/VAOIG-13-03213-152.pdf.
[13] Government Accountability Office, VA Health Care: Actions Needed to Improve Information Reported on Mobile Medical Units | U.S. GAO, published December 14, 2023.

E. Full-time LGBTQ+ Coordinators

5. <u>Recommendation</u>: That VA make the bisexual, transgender and queer+ (LGBTQ+) Veterans coordinator a full-time position and reposition the role within patient aligned care teams (PACT) instead of in mental health, to improve LGBTQ+ Veterans' access to services.

Rationale: A 2018 report from the RAND Corporation found that 6.1% of current military personnel identify as LGBTQ+. The Defense Management Data Center 2023 report establishes that roughly 1.39 million individuals serve in the U.S. armed forces.[14] An estimated 1 million gay and lesbian Americans are Veterans (approximately 6%). VA researchers have found that LGBTQ+ Veterans may experience higher rates of depression and more frequent thoughts of suicide. As the LGBTQ cohort increases in the Veterans community, VA must ensure availability of appropriate support and health care.

To provide better access to LGBTQ+ workgroups and increase Veterans' awareness of the services VA provides, VA should establish the LGBTQ+ coordinator role as a full-time position instead of a collateral duty.
VA should also reposition the LGBTQ+ coordinator to PACTs from its current location in mental health. The current location inadvertently infers that LGBTQ+ Veterans have mental health issues based on their gender identity or that identifying as LGBTQ+ means the individual has a mental illness. Repositioning this role would also ensure that LGBTQ+ services are aligned to support Veterans who may be transitioning. Finally, VA should ensure its providers and community providers complete cultural competency training on serving LGBTQ+ Veterans.

Response: Concur in principle
The recommendation includes three components: 1) Make the LGBTQ+ Veteran Care Coordinator (VCC) position full-time, 2) align LGBTQ+ VCCs within patient aligned care teams (PACT), and 3) ensure VA providers and community providers complete cultural competency training on serving LGBTQ+ Veterans which is included in the rationale.

VHA agrees with the committee about the importance of improving the system of care for LGBTQ+ Veterans and is grateful this concern is raised. Implementation of full-time LGBTQ+ VCCs and trainings on LGBTQ+ Health competencies are important steps toward increasing equitable health care, trust, and engagement of LGBTQ+ Veterans.

VHA agrees the LGBTQ+ VCC role should be a full-time position, with at least one VCC at every medical center.

[14] https://dwp.dmdc.osd.mil/dwp/app/dod-data-reports/stats-reports.

Established in 2016 within the LGBTQ+ Health Program, the LGBTQ+ VCC Program's mission is comprehensive integration of safe, affirming, and welcoming care and services for LGBTQ+ Veterans within VHA consistent with VA policies and priorities. Per VHA Directives 1340 and 1341 guidelines, the LGBTQ+ VCC is an administrative role aligned under the Medical Center Director to enhance visibility and authority of the position to support facility-wide solutions. LGBTQ+ VCCs are not aligned under mental health, nor do they have clinical functions. LGBTQ+ VCCs provide staff training at the local level and are best equipped to connect Veterans with mental and physical health providers who have received training in LGBTQ+ Veteran care. Additionally, LGBTQ+ VCCs are responsible for key administrative functions including working with facility leadership to create a welcoming and affirming facility environment, assisting the medical facility in developing and improving the care for LGBTQ+ Veterans, conducting LGBTQ+-specific monitoring including strategic planning and program evaluation, liaising with community organizations, and outreaching to LGBTQ+ Veterans to engage and connect them with appropriate care and resources.

In summary, VHA concurs with the overall goal of this recommendation to implement full-time LGBTQ+ VCCs. VHA non-concurs with the recommendation of aligning VCCs under the PACT structure. It is important that this role remain non-clinical, focused on employee training in LGBTQ+ affirming care, improving the environment of care, and serving as a liaison for LGBTQ+ Veterans to maximize access to services. This will ensure that LGBTQ+ care is not siloed, which could inadvertently create access barriers and would limit care to either medical or mental health expertise. The current approach is more sensitive to operations, including the size of the facility and catchment area as well as the size of the LGBTQ+ Veteran population served by the facility. All PACT team members and mental health providers should be educated on how to support and care for the LGBTQ+ population to expand capacity to meet the clinical needs of LGBTQ+ Veterans. Therefore, there should not be a single dedicated clinical role because it is all clinicians' responsibility.

F. VA's New Mission Statement

6. <u>Recommendation</u>: That VA ensure that the new mission statement is incorporated into all messaging, reports and outreach material Enterprise-wide, to better promote inclusivity in VA.

Rationale: Women Veterans are the fastest-growing cohort of the Veterans community. Over the years, VA employed many efforts to improve women Veterans' access to the benefits and services they deserve and to make VA's environment safer and more welcoming. VA's previous mission statement, which included an excerpt of President Abraham Lincoln's quote that VA used to guide its noble mission of serving Veterans since 1959,[15] often had a negative impact

[15] https://news.va.gov/press-room/new-va-mission-statement-recognizes-sacred-commitment-to-all-veterans-their-families-caregivers-and-survivors/.

on perceptions of VA's appreciation for women Veterans' service and VA's commitment to serve their needs. In 2023, VA updated its mission statement to read, "To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors."

The Committee lauds VA's official update to ensure its mission statement is more inclusive of all those it serves. This is an important step in making women Veterans feel that they are welcome at VA—no matter where they access care or benefits. It also sets the tone for how VA staff, advocates and other Veterans should receive women Veterans and incorporates a responsibility to ensure equitable treatment among all Veterans.

With the new mission statement now in place, VA should ensure it is routinely used in all internal and external messaging, reports, and outreach materials. Standardizing use of the enhanced mission statement will show all Veterans that they are welcome and included at VA but, more specifically, that women and minority Veterans have a place in VA.

VA Response: Concur

VA's Office of Public and Intergovernmental Affairs (OPIA) conducted a scan of the Department's communications environment to assess how VA could incorporate the new mission statement in its internal and external messaging, to further promote inclusivity and equitable treatment of Veterans. It has already taken steps to ensure that stakeholders inside and external to VA are aware of the new mission statement and is considering how to incorporate this messaging in future initiatives. The action plan below describes anticipated tasks.

VA plans to develop and share new mission statement business cards and other collateral media materials across the organization to enable consistent conveyance of VA's messaging across the Nation. Examples of collateral media materials are digital ads on public websites, paid and donated public service announcements (video), and "out of home" ads such as billboards, bus station stalls, and print ads.

Additionally, VA provided a formal "tick tock" and press release to inform key stakeholders of the new mission in 2023 and will provide business cards as needed. VA will continue to ensure that the new mission statement and materials associated with it are widely shared with all state, local, tribal, rural, faith-based, and community stakeholders who partner with VA to serve Veterans.

In Q1 of FY 2025, OPIA will conduct further assessment to determine the feasibility of including the new mission statement in the press release boilerplate.

Action Plan Recommendation #6: Promote New Mission Statement to Support Inclusion					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Ensure new Mission Statement is shared widely in communications inside and outside VA.	OPIA	VHA, VBA, NCA, CMV, CWV	Ensure Mission Statement is updated on all Public-Facing VA.gov webpages	Q2 FY 2024	Ongoing. Reviewing status with VA Digital Services; estimated completion date is end of Q3 FY 2024
			Develop and share new mission statement business cards and other collateral across the organization.	Q4 FY 2024	Ongoing; shared across OPIA and Office of Congressional Legislative Affairs. Will share with other administrations and staff offices.
			Evaluate feasibility of adding new mission statement to new ChooseVA collateral.	End of Q4 FY 2024	Ongoing. OPIA assessing Choose VA's current campaign materials to ascertain marketing feasibility and strategic communications desirability.
			Ensure mission statement and materials associated with it are shared widely with all state, local, tribal,	Q4 FY 2024	Complete. Formal "tick tock" and press release to key stakeholders complete in 2023; will provide cards as needed.

			rural, faith-based, and community stakeholders.		

G. Increased Access to Whole Health Program

7. <u>Recommendation</u>: That VA explore more ways to increase access to Whole Health programs, including offering in-person classes during various times throughout the day and week and ensuring that the website is Americans with Disabilities Act (ADA) compliant.

Rationale: VA uses Whole Health as a holistic approach to health care, empowering Veterans to take charge of their health and total well-being. Whole Health equips VA staff to use this approach in day-to-day clinical practice in primary care and mental health settings-- connecting with what matters most to a Veteran and using it to guide clinical care discussions, goal setting and treatment planning and delivery.[16]

Veteran peers also work with Veterans, to get to know them and to assist them with setting health and well-being goals. The coaching support is a great way to help Veterans keep accountability for their part in their own health and healing.

The Committee is encouraged over the myriad opportunities for Veterans to support their whole health. However, the Committee sees a need for more flexibility in accessibility to accommodate Veterans' availability. VA should offer more in-person classes during various times throughout the day and week, so Veterans with specific work shifts still have access to classes. Making the program available at various times would also allow for more social connection with other Veterans.

VA's Whole Health website is another area of improvement. VA should update the website to be more accessible and inviting. The website could be an excellent medium for Veterans who want to self-manage, but it does not support the social connection crucial for a Veteran's health. At present, it is also sluggish, not updated and video intensive. In addition, VA should also ensure that the website and the in-person classes are ADA compliant, as Veterans who may wish to participate in the classes may have disabilities. Making classes more accessible will reduce barriers to care and improve Veterans' experience.

Response: Concur
The Office of Patient Centered Care and Cultural Transformation (OPCCCT) would welcome feedback from the committee. The website is continuously updated and user feedback interviews were recently completed to inform future updates and improvements. The current Whole Health website is ADA/Section 508[17] (29 U.S.C. § 798) compliant, per the Rehabilitation Act of 1973[18] (P.L. 93-112), including but not limited to videos. The website uses the approved

[16] Dr. Alicia Olmo-Terrasa, Whole Health Program Manager, Whole Health Program Overview, Advisory Committee on Women Veterans Site Visit with VA Caribbean Health Care System, August 2022.
[17] 29 U.S.C. § 798: https://www.govinfo.gov/content/pkg/USCODE-2011-title29/html/USCODE-2011-title29-chap16-subchapV-sec794d.htm.
[18] Rehabilitation Act of 1973: https://assets.section508.gov/files/rehabilitation-act-of-1973-amended-by-wioa.pdf.

TeamSite platform. VHA program offices have not transitioned to the newer Drupal platform that is used in other areas in VA (for example, medical centers). This transition will occur when this new platform becomes available to VHA program offices.

Additionally, OPCCCT and OWH coordinate a joint community of practice call to share national resources (for instance, complementary and integrative health approaches), and presentations from VA medical facilities that share specific whole health resources for women Veterans, such as maternity resources with a whole health focus.

H. Dental Screening for Pregnant Women Veterans

8. <u>Recommendation</u>: That VA provide dental screening as a protocol for all pregnant women Veterans, to promote the health of mother and child and provide dental care for any issues identified during the screening.

Rationale: Periodontal disease can negatively impact pregnancies. It can be a source of infections but may also affect a pregnant woman's nutrition and physical health. Due to bad oral health in pregnancy, pregnant women can experience premature delivery, low birth weight baby, pre-eclampsia, gingival tissue ulcerations, pregnancy granuloma, gingivitis, pregnancy tumors (epulis gravidarum), loose teeth, mouth dryness and dental erosion.[19] Oral health may also indicate underlying or coexisting diseases that may be treatable.

VA should provide dental screening and care for the pregnant women Veterans as a protocol, to prevent adverse health outcomes for the mother and the unborn child. This becomes significantly relevant in instances where the mother cannot afford required dental care not covered by dental insurance or does not have dental insurance at all.

VA Response: Concur in principle
VA concurs in principle that oral health is important in pregnancy. Eligibility for VA dental care is governed by statute and provided in accordance with the provisions of existing law and regulations as cited in 38 U.S.C. § 1712[20] and 38 C.F.R. § 17.161-166.[21] These laws and regulations mandate dental care as a benefit for certain defined Veterans groups. VA is obligated to fulfill the requirements of the statutes enacted by Congress and to follow their intent.

While not all pregnant Veterans may be eligible for dental care from VA, VA does offer dental benefits to Veterans who meet eligibility criteria. VA provides dental care to Veterans at over 200 dental clinics across the country. If an enrolled

[19] Yenen Z, Ataçağ T. Oral care in pregnancy. J Turk Ger Gynecol Assoc. 2019 Nov 28;20(4):264-268. doi: 10.4274/jtgga.galenos.2018.2018.0139.
[20] https://www.govinfo.gov/content/pkg/USCODE-2021-title38/html/USCODE-2021-title38-partII-chap17-subchapII-sec1712.htm.
[21] https://www.ecfr.gov/current/title-38/chapter-I/part-17/subject-group-ECFR2206d244bd95def.

Veteran is not eligible for VA dental care, then they may be able to buy dental insurance at a reduced cost through the VA Dental Insurance Program.

Supporting the health of pregnant Veterans is a priority of VA. VA offers robust maternity benefits to pregnant Veterans. These include, but are not limited to, prenatal visits, pregnancy related education and screening, laboratory studies, obstetrical ultrasound, labor and delivery services, lactation support, mental health, and social work support. In addition, every VA facility offers maternity care coordination. VA maternity care coordinators (MCC) support pregnant Veterans through every stage of pregnancy. MCCs communicate and connect with Veterans, collaborate with VA and Community Care Network clinicians, monitor the delivery of care, and track outcomes. MCCs also ensure Veterans are scheduled for an appointment with their VA PACT within 12 weeks after the pregnancy ends.

VA expanded the MCC program to provide comprehensive supportive care to Veterans and their families for 12 months after pregnancy. This expansion of the MCC program further supports Veterans by increasing the frequency and type of screening for social determinants of health and mental health conditions, increasing lactation and breastfeeding support, enhancing education about newborn care and safety, and ensuring Veterans are connected to needed resources within VA and their local communities.

PART III
VA Advisory Committee on Women Veterans
Membership Profiles

Colonel Betty Yarbrough, U.S. Army (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: 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 and appointed to the Committee in 2016. During the reporting period, Colonel Yarbrough served as Chair of the Committee.

Colonel Nestor Aliga, U.S. Army (Retired), served in the U.S. Marine Corps from 1974 to 1976 and in the U.S. Army from 1976 to 2008. He diligently worked to promote public recognition of the service of Veterans. Since 2011, he chaired many local commemorations honoring nearly 2,000 World War II, Korean War and Vietnam War Veterans and engaged Federal, state, county and city government stakeholders to provide personalized expressions of appreciation. He also organizes annual Women's Military History Month, Memorial Day and Veterans Day events to promote awareness. He is a tenacious advocate for the renaming of facilities to honor the service of notable women Veterans, to promote inclusivity in VA facilities and to recognize the contributions of women who serve in the military. Additionally, he proactively crafted and submitted resolutions to the California Legislature and the departments of The American Legion, Veterans of Foreign Wars and Disabled American Veterans to shape how those organizations' policies and efforts address specific women and minority Veterans' issues, homelessness and suicide prevention. He makes efforts to provide input to

policy makers on how to better provide culturally competent outreach to and services for women Veterans of Asian ancestry.

Colonel Aliga was born in the Philippines and immigrated to the United States in 1967. He earned an associate degree in general business and social science from Solano Community College, a bachelor's degree in management from Saint Mary's College of California and a Master of Business Administration degree from Touro University International. In 2016, he was named the California 14th Assembly District's Veteran of the year.

Dr. Jacqueleen Bido, U.S. Navy Veteran, served as an information systems technician from 1998 to 2005. During her time in the military, she managed technicians throughout various military evolutions, provided training on information security policies and administered local and wide-area networks at naval computer and telecommunication stations in Italy, Washington, District of Columbia, Virginia, Kuwait and Iraq. Her service included deployments for Operation Iraqi Freedom and Operation Enduring Freedom. Born and raised in Newark, New Jersey, Dr. Bido's professional experience entails conducting research and data analysis on minority youth populations, mentoring young women and developing and implementing initiatives focused on urban agriculture, food access, building leadership skills and self-esteem in Orange County and the Greater Newark Area. She served as a district administrator for Orange County Public Schools. Dr. Bido has a Bachelor of Arts degree in Spanish from New Jersey City University, a Master of Arts degree in educational leadership and policy from Seton Hall University and a doctorate degree in educational leadership from Seton Hall University.

Currently, she is an independent consultant for BIDOISM, LLC. in Orlando, Florida. and Elevate Newark in Newark, New Jersey. A totally and permanently disabled Veteran, Dr. Bido serves as a Latina member of Orlando VA Medical Center's women's committee. She also advocates for Spanish speaking Veterans and their dependents, assisting them with their language barriers when seeking care at VA. She prides herself in the utilization of an "equity lens" in program development and advocacy as a catalyst to equitable policies and practices.

Delise Coleman served in the U.S. Marine Corps from 2005-2015, where she served in supply administration and operations military occupation specialty. During her military career she served three deployments in support of Operation Iraqi Freedom. She holds an associate degree in English from Citrus Community College in Glendora, California and is pursuing a Master of Science degree in organizational psychology at Azusa Pacific University.

As a former HUD-VASH program certified peer support specialist for Volunteers of America Los Angeles, she assisted Veterans with developing recovery plans to aid them in achieving their individual goals; assisted Veterans in maintaining permanent housing; and assisted case managers with helping participants eliminate barriers and maintain employment, housing and sobriety. Currently, Ms. Coleman serves as an auditor evaluator of performance and policy at a state agency in California, where she

performs analysis of internal procedures, assesses data and makes recommendations for best practices for external agencies. She is also a member of the Downtown Women's Center Leadership Council.

Major General Sharon Dunbar, U.S. Air Force (Retired) was commissioned in 1982 upon graduation from the U.S. Air Force Academy. Over the course of her 32-year career, she served in a variety of acquisition, political-military and force support positions, such as director of manpower, organization and resources, deputy chief of staff for manpower, personnel and services at U.S. Air Force headquarters in Washington, District of Columbia. Prior to retirement, she commanded the Air Force District of Washington and the 320th Air Expeditionary Wing located at Joint Base Andrews, Maryland.

Major General Dunbar was appointed by the Secretary of Defense to serve on the Defense Task Force on Sexual Harassment and Violence at the Military Service Academies and the Defense Task Force on Sexual Assault in the Military Services, congressionally directed committees assessing Department of Defense (DoD) sexual assault and harassment policies, procedures and responses. She was also a member of the Defense Advisory Committee on Women in the Military Services and the Reserve Forces Policy Board.

Major General Dunbar received a Bachelor of Science in engineering and management from the U.S. Air Force Academy, a Master of Business Administration from California State University, a Master of Science with distinction in national security studies from the National War College and completed her doctoral studies in public policy at The George Washington University. She currently serves as a senior executive in private industry, where she is responsible strategy and interface with senior DoD customers.

Colonel Wistaria Joseph, U.S. Air Force (Retired), enlisted in 1986, graduated from the Air Force Academy Prep School in 1989 and received her commission from the U.S. Air Force Academy in 1993. Her extensive military career includes experience in the manpower/human resources/personnel/force support/mission support fields; commanding at the squadron and group levels; and service in support of Operations Noble Eagle, Iraqi Freedom and Enduring Freedom. She authentically mentors Service women and women Veterans in navigating their unique life challenges. Colonel Joseph retired from the U.S. Air Force in 2020, with more than 30 years of service.

Originally from the U.S. Virgin Islands, Colonel Joseph is a doctoral student and the founder of an academic scholarship for U.S. Virgin Islands high school graduates. Additionally, she volunteers with Legacy Flight Academy, several mentoring organizations and Virgin Islands community organizations. She is also a member of her Congressional Delegate’s military nomination committee. Colonel Joseph currently serves as an adjunct research staff member for the Institute for Defense Analyses, specializing in human resource management within the Joint Advanced Warfighting Division.

Captain Cynthia Macri, U.S. Navy (Retired), served from 1979 to 2014. During her extensive military career, Captain Macri served in notable roles that allowed her to impact policy and training in the areas of women's health and workforce diversity. Captain Macri is the Senior Vice President and Chief Medical Officer for EagleForce Associates, Incorporated, where she serves as the subject matter expert on strategic business initiatives in health care education, management and delivery; clinical applicability; and integration of technology with current and emerging health care models, with special emphasis on population health, preventive medicine, maternal health, genomics, patient safety and institutional compliance.

She is fully licensed and dual board-certified in obstetrics/gynecology and gynecologic oncology and has authored or co-authored articles in more than 20 peer reviewed scientific publications. She is also engaged in a myriad of organizations that impact policy for Veterans in Maryland, to include: the Maryland State Veterans Commission, Subcommittee on Opioid Misuse and Incarcerated Veterans; the Maryland State Commission on Suicide Prevention; the Montgomery County Commission on Veterans Affairs; and the Montgomery County Suicide Prevention Coalition. She also serves in leadership for several organizations focused the Asian American, Veterans and underserved communities.

Sergeant First Class Centra Mazyck, U.S. Army (Retired), served from 1995-2005 in the reserve and active duty components to include assignment to the 82nd Airborne Division at Fort Bragg. After becoming immediately paralyzed during a routine jump and a difficult period of rehabilitation, she regained some mobility. Her tenacity led her to compete in the paralympic in 2012, where she earned a bronze medal for the javelin throw at the world championship. Sergeant First Class Mazyck enrolled in the University of South Carolina, graduating in December 2010 with a bachelor's degree in sociology with a minor in women's studies.

Sergeant First Class Mazyck dedicates her life to bringing awareness to the needs of disabled Veterans--especially disabled women Veterans--and motivating athletes with physical disabilities. As an ambassador for organizations such as Disabled American Veterans, Astro Access, True Car/Driven to Drive and Permobil, traveling for speaking engagements and events that allow her to utilize her story of perseverance to inspire the next generation of disabled Veteran athletes and to advocate for making spaces accessible for people with disabilities.

Colonel Shannon McLaughlin, Massachusetts Army National Guard (Retired), has overseas service in Operation Enduring Freedom. She is a retired Army Judge Advocate Colonel, currently serving full-time in the Military Division of the Commonwealth of Massachusetts as its State Judge Advocate. She is responsible for advising on ethical, administrative, fiscal, operational, and contract law issues. Colonel McLaughlin served more than 21 years in the military—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. 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. Colonel McLaughlin is an elected member of the Planning Board for the Town of Sharon, Massachusetts. During the reporting period, Colonel McLaughlin served as the ACWV Benefits Subcommittee Vice Chair. She is the current Deputy Chair of the Committee.

Sandra Miller served in the U.S. Navy as radioman from 1975-1981, to include service during the Vietnam War Era. Her Veterans service spans 30 years and includes various grassroots initiatives to meet the needs of Veterans. She established The Mary Walker House, a transitional residence for homeless women Veterans funded by a grant from VA. She served as program director of the Coatesville Residential Services from 1997-2018, where she was responsible for the overall operation of residential services for both male and women Veterans and advocating for their needs. She also served as program coordinator at LZII Transitional Residence from 1997-2010. Her other grassroots efforts supporting the Veterans in Pennsylvania include active participation in the annual Philadelphia Stand Down and providing services to Rainbow Home AIDS Hospice.

Ms. Miller currently serves as Chair of Vietnam Veterans of America's (VVA) National Homeless Committee and has membership on several of VVA's National committees, such as Women Veterans Committee; PTSD/Substance Abuse; Health Care and Government Affairs.

Master Sergeant Lachrisha Parker, U.S. Army Reserve (Retired) served in the reserve and active guard reserve from 1990 to 2018. She served various leadership positions as an executive non-commissioned officer. Her duties included: providing high level administrative support for executive-level staff; assessing the impact of change on people, processes, procedures, leadership, and organizational culture; holding others accountable for measurable high-quality, timely, and cost-effective results; planning, coordinating, and executing business functions, resource allocation, and production; managing and resolving conflicts, grievances, confrontations, or disagreements in a constructive manner to minimize negative personal impact; and anticipating the needs of both internal and external stakeholders.

She has training in equal opportunity leadership and sexual harassment assault response and prevention and holds a bachelor's degree from Excelsior College. Currently, Master Sergeant Parker is the Founder and Chief Executive Officer for Parker Executive Consulting, LLC, where she provides high level (C-Suite) administrative support for executive staff, and organizations, streamlining strategic and effective workflow, develops relationships with internal and external administrative staff;

arranges and coordinates large meetings; and events working effectively with other key personnel to coordinate a robust and complex executive calendar.

Colonel Wanda Wright, U.S. Air Force (Retired) is the incoming the Chair of the Committee. She graduated from the U.S. Air Force Academy in 1985. Throughout her military career, she 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 of 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 (2500 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 of 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. She is the immediate past director of Arizona Department of Veterans' Services. She currently serves as Director of the Office for Veteran and Military Academic Engagement for an institution of higher education and an advocate for women Veterans, promoting quality benefits and services to Veterans and their dependents. During the reporting period, Colonel Wright served as the ACWV Health Subcommittee Vice Chair. She is the current Chair of the Committee.