



**Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV)
Virtual Meeting VA Central Office**

August 28-29, 2023

The Advisory Committee on Women Veterans (ACWV) met via video-teleconference, Betty Yarbrough, Chair, presided.

ACWV Members Present:

COL Betty Yarbrough, USA, Ret., Chair

COL Nestor Aliga, USA, Ret.

Dr. Jacquleen Bido, USN Veteran

Delise Coleman, USMC Veteran

MG Sharon Dunbar, USAF, Ret.

COL Wistaria Joseph, USAF, Ret.

CAPT (Dr.) Cynthia Macri, USN, Ret.

SFC Centra Mazyck, USA, Ret.

LTC Shannon McLaughlin, Massachusetts Army National Guard, Vice Chair for Benefits Subcommittee

Sandra Miller, USN Veteran

MSG Lachrisha Parker, USAR, Ret.

COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

ACWV Ex-Officio Members Present:

Dr. Sally Haskell, Office of Women's Health, Veterans Health Administration

Faith Hopkins, Office of Engagement and Memorial Innovations, National Cemetery Administration

Kristina Messenger, Operations, Compensation and Pension Service, Veterans Benefits Administration

Nicole Neri, Veterans' Employment and Training Service (VETS), U.S. Department of Labor

Dr. Jeanette Haynie, Office of the Under Secretary of Defense for Personnel and Readiness, Department of Defense

Center for Women Veterans (CWV) Staff Present:

Lourdes Tiglao, CWV Executive Director/Designated Federal Officer (DFO)

Mary Bradford, CWV Deputy Director/ Alternate DFO

Shannon Middleton, Alternate DFO/Committee Manager

Sonya Strader-Cherry, Executive Assistant

Other VA Staff:

Jelessa Burney, Advisory Committee Management Office

DeShaun Sewell, VBA

Janet Elder, Veterans Experience Office (VEO)

Dr. Betty Moseley Brown, VEO

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Dr. Janet Porter, VHA
Shurhonda Love, VHA

Public Guest:

Alex Goff
Dr. Cathy B. Santos
COL Walker
Marion Fera
Brittany Spence
Tyler V
Ellen Milhiser
Susan Shaw
Dee Adams
Angela Eder
Harold Hanson
Heather Salazar
Catherine B Smith
Kalbfleisch, Gail A.
Ashley Sard
Naomi Mathis
Jo Ann Orr
Kyla Lout
Dr. Karen Breeck
Jennifer
Joana Garcia
Meggan Thomas
Julianna Holt
Quandrea Patterson
Felicia
Hall, Gladys P.
Jeanne mansell
Machielle
Sharon Hodge
Amanda
Julie Howell
Cuartas, Lorrie L.
Joana
Chris Magnusson

Monday, August 28, 2023

Open Meeting/Introductions

Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, ACWV

Chair Yarbrough opened the meeting by giving a short introduction and background, and then had the rest of the committee members and Advisory Committee on Women Veterans (ACWV) staff do the same.

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Open Meeting/Introductions

Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, Advisory Committee on Women Veterans

The Chair called the meeting of the Advisory Committee on Women Veterans (ACWV) to order at 10:01 am EST. The ACWV works diligently to improve women Veterans' access to benefits and services at the U.S. Department of Veterans Affairs (VA). ACWV members, ex-officio members, advisors, and staff introduced themselves. A motion to approve the minutes was made by Wanda Wright. Cynthia Macri seconded. The Committee voted unanimously to approve the minutes.

SECVA Video Message

The Honorable Denis McDonough, Secretary of Veterans Affairs

Secretary McDonough expressed gratitude for advisory committees' work and stressed the importance of their role in making impactful recommendations to help VA meet the needs of Veterans, especially women Veterans and underserved Veterans populations.

Full Committee Discussion on 2023 Report ACWV

The Chair started by saying the meeting will focus on the recommendations of the 2023 report. We have a benefits and health subcommittee that uses the input to finalize the language for the recommendations and supporting rationales. Chair discussed the procedures for the day which include.

Today, the Health Committee Vice Chair, Ms. Wanda Wright will present recommendations from a Health Subcommittee member. They will provide the justification that follows it. There will be a period of debate or discussion, I will ask committee members to turn on your microphones and vote at that time I will call the vote. We will capture the votes of the voting members and the results will be announced, the Health Subcommittee will make the approved changes.

Wanda Wright, (Colonel, U.S. Air Force, Retired) Vice Chair, Health Subcommittee

Vice Chair of the Health Subcommittee, Wanda Wright started out by naming nine recommendations from the committee.

- 1. Recommendation** - That the Veteran Health Administration (VHA) conducts a comprehensive study to identify the roles, locations, and number of Veterans within leadership positions who act as decision-makers in the quality of care, services provided, billing and payments, and treatments plans for women Veterans, to determine the statistics on Veteran leadership representation within healthcare facilities.

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Updated Approved Recommendation - That the Veteran Health Administration (VHA) conducts a comprehensive study to identify the roles, locations, and number of Veterans, ***specifically women Veterans***, within leadership positions who act as decision-makers in the quality of care, services provided, billing and payments, and treatments plans for Veterans, to determine the statistics on *woman* Veteran leadership representation within healthcare facilities.

Rationale: There is currently no available research on the representation of Veterans in leadership roles within healthcare facilities, prompting a comprehensive study on the existence of this particular leadership demographic. Nationwide efforts, including the Veteran and Military Spouse Talent Engagement Program (VMSTEP), were implemented to recruit Veteran and spouse employee candidates into the VHAs hiring pool, implying that the organization critically values Veteran experience and knowledge. This proposed study can reveal the impact of these hiring initiatives, what roles Veterans are assigned, and highlight deficiencies in leadership.

Updated Approved Rationale: There is currently no available research on the representation of Veterans in leadership roles within healthcare facilities, prompting a comprehensive ***assessment*** on the existence of this particular leadership demographic. Nationwide efforts, including the Veteran and Military Spouse Talent Engagement Program (VMSTEP), were implemented to recruit Veteran and spouse employee candidates into the VHAs hiring pool, implying that the organization critically values Veteran experience and knowledge. This proposed study can reveal the impact of these hiring initiatives, what roles Veterans are assigned, and highlight ***gaps*** in leadership ***and opportunities to do more.*** ***(Wanda Wright is working on a closing sentence based on feedback from Dr. Bido with regard to it being important to have women Veterans representation due to the fact that women have their own perspective and the only way a doctor would have that insight is by having served themselves.)***

Committee Votes:

In Favor COL Betty Yarbrough, USA, Ret., Chair

In Favor COL Nestor Aliga, USA, Ret.

In Favor Dr. Jacquleen Bido, USN Veteran

In Favor Delise Coleman, USMC Veteran

In Favor MG Sharon Dunbar, USAF, Ret.

In Favor COL Wistaria Joseph, USAF, Ret.

In Favor CAPT (Dr.) Cynthia Macri, USN, Ret.

In Favor Sandra Miller, USN Veteran

In Favor MSG Lachrisha Parker, USAR, Ret.

In Favor COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

All in Favor none opposed. Recommendation will go in the report.

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- 2. Recommendation** - That the VHA provides a comprehensive list of current in-person and asynchronous training to equip physicians, facility staff, and community care providers with the appropriate gender sensitivity training and knowledge of biographical military history, culture, and best practices when communicating and engaging with the Veteran population. Including the history of women servicemembers, barriers to services, and ongoing efforts to bring equity and equality to Veteran programs.

Updated Approved Recommendation - That the VHA provides a comprehensive list of current in-person and asynchronous training to equip physicians, facility staff, and community care providers with the appropriate gender sensitivity training and knowledge of biographical military history, culture, and best practices when communicating and engaging with the Veteran population; ***including*** the history of women servicemembers, barriers to services, and ongoing efforts to bring equity and equality to Veteran programs. ***As a result of this implementation, we hope to see an increase in morale and use of VA facilities.***

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 (Tran et al, 2020), 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 a great benefit. Recent research in the study Women Veterans' Perspectives on How to Make Veterans Affairs Healthcare Settings More Welcoming to Women (Moreau et al, 2020) found that 31% of the open-ended comments on the survey pertained to VA staff and included suggestions to hire more women employees and volunteers and hire more women Veterans for leadership roles.

In addition, the experience of women Veterans within military settings is inundated with barriers to promotion, sexual harassment, and combat-related traumas. Therefore, training that equips healthcare staff with the knowledge of women and Veteran experiences can help foster greater sensitivity within the healthcare settings.

Updated Approved 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, 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 a great benefit. Recent research in

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the study Women Veterans' Perspectives on How to Make Veterans Affairs Healthcare Settings More Welcoming to Women found that 31% of the open-ended comments on the survey pertained to VA staff and included suggestions to hire more women employees and volunteers and hire more women Veterans for leadership roles.

In addition, the experience of women Veterans within military settings is *replete* with barriers to promotion, sexual harassment, and combat-related traumas. Therefore, training that equips healthcare staff with the knowledge of women and Veteran experiences can help foster greater sensitivity within the healthcare settings.

Committee Votes:

In Favor COL Betty Yarbrough, USA, Ret., Chair

In Favor COL Nestor Aliga, USA, Ret.

In Favor Dr. Jacquleen Bido, USN Veteran

In Favor Delise Coleman, USMC Veteran

In Favor MG Sharon Dunbar, USAF, Ret.

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In Favor CAPT (Dr.) Cynthia Macri, USN, Ret.

In Favor Sandra Miller, USN Veteran

In Favor MSG Lachrisha Parker, USAR, Ret.

In Favor COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

All in Favor none opposed. Recommendation will go in the report.

- 3. Recommendation:** As noted, all VHA facilities already have a women's health champion, and many have a dedicated women's health service line. Standardizing care through collaboration with academic teaching centers will create a standard of care. The American College of OB/GYN (ACOG) remains the definitive resource for women's health care. An individual within the women's health service line should ensure that all services conform to the recommendations of ACOG, and where a question arises, should have direct access to those resources. Academic teaching centers are often the most up-to-date sources of information and procedures and are closely aligned with ACOG leadership. Additionally, they are motivated to provide comprehensive, meticulous, evidence-based, thorough, and timely care to women Veterans. Accomplish a nationwide uniformity of this collaborative arrangement.

Rationale: Women Veterans constitute the fastest growing cohort among Veterans seeking VHA services and range in age from adolescents to menopausal, each group having specific physiologic manifestations and needs as well as social, environmental, work-related, economic, safety, mobility, and other considerations. Among women in the reproductive age group, fertility and family planning may be of more significant concern than those who are older or have completed child-bearing.

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Obstetric, fertility, and some basic reproductive health services may not be available for all women Veterans. The American College of Obstetricians and Gynecologists as well as the American College of Nurse Midwives, and many professional associations have 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. 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) (ACOG, 2012). Academic departments 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 (WPSI) also published a comprehensive monograph for 2023 Recommendations for Well-Woman Care, which covers General Health, Infectious Diseases, and Cancer Screening, plus recommendations for preventive services in pregnancy and postpartum. Current referral systems also use an episodic care model, which is not ideal for continuity of care for obstetrical and gynecological conditions.

The geographic locations of VA facilities are well known. Universities that provide academic programs in OB/GYN (plus all subspecialists) and advanced practice nursing (CNMs, APRNs, etc.) are also well known. A community-based program may not provide the level of care that women Veterans have earned and deserve, so the administration must seek to form collaborative relationships with the programs that are geographically close but can also provide comprehensive care and availability 24/7, a vital characteristic of an academic teaching hospital. Community care providers may not provide access to such care as is needed by patients and may also not have the necessary experience to care for women Veterans.

Committee Votes:

In Favor COL Betty Yarbrough, USA, Ret., Chair

In Favor COL Nestor Aliga, USA, Ret.

In Favor Dr. Jacquleen Bido, USN Veteran

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In Favor MG Sharon Dunbar, USAF, Ret.

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In Favor CAPT (Dr.) Cynthia Macri, USN, Ret.

In Favor Sandra Miller, USN Veteran

In Favor MSG Lachrisha Parker, USAR, Ret.

In Favor COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

All in Favor none opposed. Recommendation will go in the report.

4. Recommendation: Omitted due to duplication

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- 5. Recommendation:** A feasibility study be initiated 01 Oct. with a start date of 01 Jan 2024 on using mobile units and collaborative care to ensure timely and culturally informed care.

Updated Approved Recommendation: A feasibility study ***be initiated and completed by 2024*** on using mobile units and collaborative care to ensure timely and culturally informed care.

Rationale: The VA has already demonstrated the motivation to enroll Veterans in benefits and health care. A campaign to enroll Veterans in the PACT ACT is ongoing, and many services have been enhanced to increase the number of Veterans enrolling in VA services. Hiring healthcare professionals is not necessarily keeping pace with enrollment, and there is already a shortage of certain provider types. There is a reluctance to provide the work environment or support for OB/GYN providers as long as the numbers of women Veterans remain 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 utilize 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, "Health Disparities in Rural Women," (ACOG, 2012) affirms that rural women have poorer outcomes due to less access to health care than urban women. 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 maintenance and education, such as smoking cessation and use of opioids, and other forms of substance abuse (Suk et al, 2022). 49% of 3143 counties in the U.S. do not have a single OB/GYN doctor, with decreasing numbers of Family Physicians who offer obstetrical services (Suk et al, 2022). Younger and Women physicians are much less likely to practice in rural areas than are men and older, established practitioners.

Updated Approved Rationale: The VA has already demonstrated the motivation to enroll Veterans in benefits and health care. A campaign to enroll Veterans in the PACT ACT is ongoing, and many services have been enhanced to increase the number of Veterans enrolling in VA services. Hiring healthcare professionals is not necessarily keeping pace with enrollment, and there is already a shortage of certain provider types. ***VA OBGYN providers advised the committee that*** there is a reluctance to provide the work environment or support for OB/GYN providers as long as the numbers of women Veterans remain 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

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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 utilize 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, "Health Disparities in Rural Women," (ACOG, 2012) affirms that rural women have poorer outcomes due to less access to health care than urban women. Over 20% of women **Veterans** live in rural areas and are less likely to receive timely or age-appropriate screening for breast and cervical cancer and other preventive maintenance and education, such as smoking cessation and use of opioids, and other forms of substance abuse (Suk et al, 2022). 49% of 3143 counties in the U.S. do not have a single OB/GYN doctor, with decreasing numbers of Family Physicians who offer obstetrical services (Suk et al, 2022). Younger and Women physicians are much less likely to practice in rural areas than are men and older, established practitioners.

Committee Votes:

In Favor COL Betty Yarbrough, USA, Ret., Chair
In Favor COL Nestor Aliga, USA, Ret.
In Favor Dr. Jacquleen Bido, USN Veteran
In Favor Delise Coleman, USMC Veteran
In Favor MG Sharon Dunbar, USAF, Ret.
In Favor COL Wistaria Joseph, USAF, Ret.
In Favor CAPT (Dr.) Cynthia Macri, USN, Ret.
In Favor Sandra Miller, USN Veteran
In Favor SFC Centra Mazyck, USA, Ret.
In Favor MSG Lachrisha Parker, USAR, Ret.
In Favor COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

All in Favor none opposed. Recommendation will go in the report.

- 6. Recommendation** – Create a full-time position for the LGBTQ+ coordinator, continued efforts to get gender-affirming surgery into the VAHCS, provide better access to LGBTQ+ workgroups, and reposition the LGBTQ+ coordinator to PACTs instead of in Mental Health. There is an inference that LGBTQ+ Veterans have mental health issues based on their gender identity or that identifying as LGBTQ+ means you have a mental illness. Ensure that LGBTQ+ services are in alignment with the person transitioning. Cultural competency training about LGBTQ+ for VA and community providers.

Updated Approved Recommendation – Create a full-time position for the LGBTQ+ coordinator, *continue* efforts to get gender-affirming surgery into the VAHCS, provide better access to LGBTQ+ workgroups, and reposition the LGBTQ+ coordinator to **Patient Aligned Care Teams (PACTs)** instead of in Mental Health.

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The current location of the LGBTQ+ coordinator in mental health inadvertently infers that LGBTQ+ Veterans have mental health issues based on their gender identity or that identifying as LGBTQ+ means you have a mental illness. Ensure that LGBTQ+ services are in alignment with the person transitioning ***and cultural*** competency training about LGBTQ+ for VA and community providers.

Rationale: A 2018 report from the RAND Corp. finds that 6.1 percent of current military personnel identify as LGBTQ+. A Council on Foreign Relations report establishes that roughly 1.3 million individuals serve in the U.S. armed forces (DMDC, 2022). An estimated 1 million gay and lesbian Americans are Veterans (approximately 2.8%) (DMDC, 2022). Veterans Affairs 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 Veteran community, the VA must meet the challenge of having appropriate support and healthcare. Currently, the LGBTQ+ role is a collateral duty, and there is a need for it to be a full-time position.

Committee Votes:

In Favor COL Betty Yarbrough, USA, Ret., Chair

In Favor COL Nestor Aliga, USA, Ret.

In Favor Dr. Jacquleen Bido, USN Veteran

In Favor Delise Coleman, USMC Veteran

In Favor MG Sharon Dunbar, USAF, Ret.

In Favor COL Wistaria Joseph, USAF, Ret.

In Favor CAPT (Dr.) Cynthia Macri, USN, Ret.

In Favor SFC Centra Mazyck, USA, Ret.

In Favor Sandra Miller, USN Veteran

In Favor MSG Lachrisha Parker, USAR, Ret.

In Favor COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

All in Favor none opposed. Recommendation will go in the report.

- 7. Recommendation:** Women are the fastest-growing cohort of the Veteran community. Therefore, with the new motto now in place, it should be widely disseminated. The motto should be used in all messaging, reports, and outreach material. Using the motto will show all Veterans that they are included at the VA but, more specifically, that women and minority Veterans have a place in the VA. Public acknowledgment that the VA is more welcoming to all Veterans. It is also an internal acknowledgment in the VA that all who come to VA facilities are Veterans.

Updated Approved Recommendation: Women are the fastest-growing cohort of the Veteran community. Therefore, with the new motto now in place, it should be widely disseminated. The motto should be used in all messaging, reports, and outreach material. Using the motto will show all Veterans ***are in line with President Lincoln's promise to care for those who served in our nation's military and for***

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their families, caregivers, and survivors,” more specifically, that women and minority Veterans ***are equally welcome*** at the VA. ***Active use of the motto will more publicly and internally convey that all Veterans are welcome at VA.***

Rationale - The Lincoln motto used by the VA has been in place since 1930. In 2023, the motto was changed to “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.” This new motto is inclusive of all those who have served in our nation’s military.

Committee Votes:

In Favor COL Betty Yarbrough, USA, Ret., Chair
In Favor COL Nestor Aliga, USA, Ret.
In Favor Dr. Jacquleen Bido, USN Veteran
In Favor Delise Coleman, USMC Veteran
In Favor MG Sharon Dunbar, USAF, Ret.
In Favor COL Wistaria Joseph, USAF, Ret.
In Favor CAPT (Dr.) Cynthia Macri, USN, Ret.
In Favor SFC Centra Mazyck, USA, Ret.
In Favor Sandra Miller, USN Veteran
In Favor MSG Lachrisha Parker, USAR, Ret.
In Favor COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

All in Favor none opposed. Recommendation will go in the report.

CWV Comments

Lourdes Tiglao, Executive Director, Center for Women Veterans

Ms. Tiglao expressed gratitude for the words of the committee and hard work, noting that “words do matter.” She then turns it over to the CWV Deputy Director, Mary Bradford for her views. Ms. Bradford discusses the volume of time and attention to everything that goes into the ACWV.

Ms. Tiglao gave the committee an opportunity to say a few words to our departing Chair, Betty Yarbrough.

Adjourn

Betty Yarbrough (Colonel, U.S. Army, Retired), Chair, ACWV

The Chair takes back over and thanks the Health Subcommittee for their hard work and thanks to the Benefits Subcommittee who were there to help finalize the recommendations and make them better.

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Reminds the committee of the meeting time tomorrow and the agenda. She announced that Ms. Wanda Wright will be acting tomorrow on her behalf as she is unavailable. Meeting ends at 2:23 PM ET.

Tuesday, August 29, 2023

Open Meeting/Introductions

Wanda Wright (Colonel, U.S. Air Force, Retired), Acting Chair, ACWV

Acting Chair Wright opened the second day of the meeting by welcoming everyone back and then reviewing the agenda for the day. The committee members and CWV staff then introduced themselves.

Public Comments

The ACWV received comments from several attendees that were questions and directed them to email the 00w@va.gov for answers.

Full Committee Discussion on 2023 Report, ACWV

The ACWV resumed its deliberation on recommendations for the 2023 report.

- 8. Recommendation:** The Committee recommends easier access to Whole Health programs. Offering in-person classes during various times throughout the day and week to ensure those with specific work shifts still have access to classes. Create more accessible websites and a standard of care in whole health in all VAHCS across the country.

Updated Approved Recommendation: The Committee recommends easier access to Whole Health programs. ***Offering a hybrid model and also creating a more accessible website*** and a standard of care in whole health in all VAHCS across the country.

Rationale -Whole Health means thinking about and approaching your health differently. VA staff and Veteran peers will get to know you through conversations and courses. They will work with you to set health and well-being goals based on your needs and what matters to you. The Committee is delighted that there are a myriad of opportunities for Veterans to support their whole health. The coaching support is a great way to help Veterans to keep accountability for their health and healing. The VA website for Whole Health is sluggish and is not up to date. Also, the website is very video intensive, which is excellent for those who want to self-manage, but it does not support social connection, which is crucial for a Veteran's health.

Committee Votes:

Absent COL Betty Yarbrough, USA, Ret., Chair

In Favor COL Nestor Aliga, USA, Ret.

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In Favor Dr. Jacquleen Bido, USN Veteran
In Favor Delise Coleman, USMC Veteran
In Favor MG Sharon Dunbar, USAF, Ret.
In Favor COL Wistaria Joseph, USAF, Ret.
In Favor CAPT (Dr.) Cynthia Macri, USN, Ret.
In Favor SFC Centra Mazyck, USA, Ret.
In Favor Sandra Miller, USN Veteran
In Favor MSG Lachrisha Parker, USAR, Ret.
In Favor COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

All in Favor none opposed. Recommendation will go in the report.

- 9. Recommendation:** Provide dental screening as a protocol for all women Veterans during pregnancy to promote the health of mother and child, and if issues are identified, to provide dental care.

Rationale - Periodontal disease can negatively impact pregnancies by being a source of infections, but it may also affect a pregnant woman's nutrition. Oral health may also indicate underlying or coexisting diseases that may be treatable. Dental care in the commercial sector is largely a cash-based business, and those who purchase dental insurance are often not covered for anything beyond simple cleanings or some restorations.

Updated Approved Rationale - Periodontal disease can negatively impact pregnancies **during the first trimester** as a source for infections, but it may also affect a pregnant woman's nutrition. Oral health may also indicate underlying or coexisting diseases that may be treatable. Dental care **insurance** is largely a cash-based business, and those who purchase dental insurance are often not covered for anything beyond simple cleanings or some restorations.

Committee Votes:

In Favor COL Betty Yarbrough, USA, Ret., Chair
In Favor COL Nestor Aliga, USA, Ret.
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In Favor COL Wanda Wright, USAF, Ret., Vice Chair for Health Subcommittee

All in Favor none opposed. Recommendation will go in the report.

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Meeting Adjourned

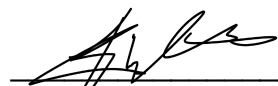
Wanda Wright (Colonel, U.S. Air Force, Retired), Acting Chair, ACWV

The Acting Chair thanked the committee members, staff and members of the public for their hard work and attendance. Being no further business, the meeting was adjourned.

Wanda Wright

Colonel Wanda Wright, USAF, Ret.

Current Chair, Advisory Committee on Women Veterans



Lourdes Tiglao

Designated Federal Officer, Advisory Committee on Women Veterans

References

Recommendation 2:

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. *Women's 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.

Recommendation 3:

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

Recommendation 4:

4. Health Disparities in rural Women; College of Obstetrics and Gynecologist, American Number 586, February 2014, Committee on Health Care for Underserved Women.
5. 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.

Recommendation 5:

6. DMDC Web - dmdc.osd.