

2024 Report  
of the  
Department of Veterans Affairs (VA)  
Advisory Committee on Women Veterans

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**Letter from the Chair**

May 24, 2025

The Honorable Douglas A. Collins  
Secretary of Veterans Affairs  
U.S. Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Secretary Collins,

I hope this letter finds you well. I am writing to you in my capacity as the Chair of the Department of Veterans Affairs (VA) Advisory Committee on Women Veterans (Committee), a role I have had the distinct honor and privilege to hold this past year. My involvement with this committee over the past eight years has been one of the most rewarding experiences of my career, as we have worked diligently to address the unique needs and challenges faced by women Veterans, the fastest growing Veteran demographic over the past two decades.

As you are aware, women Veterans have historically faced significant struggles in accessing adequate care and support through VA. These issues range from gender-specific health care needs to the broader societal challenges that affect women Veterans differently than their male counterparts. Some of the primary issues include:

- Ensuring timely access to care and gender-specific services, including reproductive health services, mental health care, substance abuse, and support for military sexual trauma.
- Addressing the historical oversight and under-recognition of women's military service and contributions, ensuring that all programs and benefits are considerate of their unique experiences.
- Tackling the disproportionately high rates of homelessness among women Veterans, alongside providing robust support for education, employment, and economic stability.
- Enhancing peer support networks and outreach programs tailored specifically to women Veterans, ensuring they have access to a community that understands and supports their experiences.

The Committee appreciates the opportunity to serve our nation's women Veterans and submits to you our 2024 annual report, which includes seven recommendations with supporting rationales. The Committee believes that there is still much work to do at VA in providing the health care women Veterans deserve. The report covers issues such as specific outreach about the Women Veteran Call Center. It is imperative that women Veterans are made aware of the resources available to them, to include the women Veterans program managers and the women Veterans

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coordinators. I also want to note that 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 necessary. We will continue to consider the need for recommendations, as the committee receives updates on VA's efforts to address IPV and research on IPV in women Veterans.

I am proud of the substantial progress VA has made and the concerted efforts of the entire VA. Noteworthy advancements include:

- Expanding breast care screenings and mammograms
- Expanded eligibility for reproductive health services
- Increased research on primary care and prevention, reproductive health and older women Veterans

These efforts have not only improved the quality of care and support for women Veterans but have also fostered a more understanding environment within VA. The positive impact of these changes is evident in the increasing trust and engagement of women Veterans with VA services.

As we move forward, it is crucial to continue building on these successes and addressing the persistent gaps in care and support. I am committed to working alongside you and the dedicated team at VA to ensure that all women Veterans receive the recognition, care, and support they deserve.

The Committee appreciates your staff's leadership, expertise, and support when we ask hard questions. The Center for Women Veterans has been key to the success of the Committee meeting deadlines, getting information through presentations, and the coordinated site visits.

Thank you for your unwavering commitment to improving the lives of all Veterans, and for your continued support of the initiatives aimed at addressing the needs of women Veterans. I look forward to our continued collaboration and the positive changes we will achieve together.

Sincerely,

*Wanda Wright*

Colonel Wanda A. Wright (U.S. Air Force, Retired)  
Chair, VA Advisory Committee on Women Veterans

**Part I**  
**Executive Summary**

The ACWV's 2024 report provides recommendations and supporting rationales that address the following issues:

- Women Veterans Call Center
- Homeless Women Veterans/Medical Billing Challenge
- Reproductive Health
- Women Veterans Journey Map
- Women Veterans Only Military Sexual Trauma (MST) Facility
- Tailored Communications to Women Veterans
- Feasibility Study for the Center for Women Veterans

The report of the Advisory Committee on Women Veterans (Committee) is submitted annually by the Committee. 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 during the Vietnam, Persian Gulf War and Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) eras.

A total of seven 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.

**Highlights**

The Committee recommends that VA:

- Increase advertising efforts by allocating additional resources toward advertising the Women Veterans Call Center.
- Examine the correlation between medical billing challenges and homelessness in women Veterans.
- Capture utilization of in vitro fertilization (IVF) services to better serve women Veterans.
- Share the Women Veterans Journey Map with all women Veterans, to improve awareness of VA's services and promote utilization.
- Establish a facility that is solely dedicated to MST treatment for women Veterans.

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- Tailor communications to ensure that women Veterans receive information on Women's Health resources, programs, and events available at their respective local facilities.
- Conduct a feasibility study for the Center for Women Veterans (CWV) to ensure that the office is sufficiently resourced to efficiently carry out its statutory functions.

**Part II**  
**Recommendations and Rationales**

**A. Women Veterans Call Center (WVCC)**

- 1. Recommendation: That VA enhance its promotion of the WVCC through increased printed informational pamphlets and cards, television and streaming services, commercials, social media, and routine direct correspondence, to improve women Veterans' awareness of and access to VA's benefits and services.**

**Rationale:** The WVCC serves as a lifeline for women Veterans who have bravely served our country, offering community and VA resources for services tailored to their unique needs. From navigating health care options to providing information on other VA services<sup>1</sup>, the WVCC is crucial in ensuring that women Veterans receive the care and support they deserve. Despite its importance, the call center's reach may not be as extensive as it could be, due to limited advertising efforts. By increasing awareness of the call center through targeted advertisements across various platforms, including social media, Veteran-focused publications, and community outreach events, VA can ensure that more women Veterans have access to this invaluable resource.

Increased advertising through diversified mediums, such as printed promotional pamphlets and cards, television and streaming services, commercials, social media, and email correspondence routinely sent to women Veterans enrolled in VA, would help the Department reach more women Veterans in need and appeal to women Veterans across service eras, ensuring that they receive the assistance and support they deserve.

Additionally, it is important that each WVCC engagement include sharing of contact information for the facility women Veterans program manager (WVPM) as a standard of practice and information about the women Veterans journey map, so that women Veterans are aware of resources for various concerns and points of contact within their locality.

Furthermore, expanding advertising efforts for the WVCC aligns with VA Strategic Goal 2<sup>2</sup>, by ensuring that women Veterans have access to resources and tailored delivery of high-quality benefits, care and services to meet the unique needs of Veterans and all eligible beneficiaries. It also demonstrates dedication to ensuring that every woman who served in the military receives the support and assistance needed to thrive in civilian life.

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<sup>1</sup> Women Veterans Call Center, <https://www.womenshealth.va.gov/wvcc.asp>

<sup>2</sup> Department of Veterans Affairs Fiscal Years 2022-28 Strategic Plan, <https://department.va.gov/wp-content/uploads/2022/09/va-strategic-plan-2022-2028.pdf>

**VA Response: Concur in Principle**

VHA's Office of Women's Health (OWH) fully supports the promotion of the WVCC to increase awareness of and access to VA benefits and services among women Veterans; however, extensive advertising and promotion are already occurring. The WVCC conducts outreach to enrolled women Veterans who have not utilized VA services in the past 24 months using VA Profile, which provides a single source of Veteran data across all VA systems. It synchronizes name, phone/email, address, military personnel data, awards, disability ratings, health benefits, and other demographic information.

Other ongoing strategies include social media advertising through VA partners, such as CWV and utilizing VA's external facing website. OWH publicizes the call center on monthly campaign posters that are disseminated to VA medical centers (VAMC) and on every internal and external presentation about women Veterans' health. There are tote bags and calling cards with WVCC's information distributed at all OWH events and to women Veterans program managers and VAMCs to use for outreach. Additionally, in 2024, an advertising campaign was conducted at several large national airports across the southeast United States. Recently, OWH partnered with CWV to enhance the visibility of the WVCC on CWV's website. Increased promotion through printed informational pamphlets, cards, and social media are feasible and aligns with the goals of OWH.

**B. Homeless Women Veterans**

- 2. Recommendation: That VA add specific questions to the intake form that would enable the Department to examine the impact of medical debt on risk of homelessness in women Veterans and determine what support it can provide to prevent homelessness, and that VA provide the ACWV with annual updates on data collected.**

**Rationale:** Research indicates a concerning trend regarding the link between financial burdens, such as medical debt, and the likelihood of experiencing homelessness<sup>3</sup>. Given the unique circumstances that women Veterans may encounter post-service, it is essential for VA to explore this correlation further. Adding questions on the intake form, regarding challenges paying VA medical debt or other medical debt would allow VA to proactively develop services to assist Veterans. For example, the question could ask if the Veteran would like assistance with any VA medical debt or other medical debt, or if their existing medical debt is causing financial difficulty. The information may also help VA determine if women Veterans-specific research is needed to better understand the correlation between medical bills and their risk of homelessness.

In addition, the committee would like to receive response data annually for three years. Tracking these metrics aligns with the committee's commitment ensuring

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<sup>3</sup> Bielenberg JE, Futrell M, Stover B, Hagopian A. Presence of Any Medical Debt Associated With Two Additional Years of Homelessness in a Seattle Sample (2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7285940/>

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that VA provide holistic support to women Veterans, and ensuring they have access to the necessary resources and services to thrive in civilian life. By proactively addressing financial hardships, such as medical debt, VA can help prevent homelessness and improve the overall well-being of the women Veterans population.

**VA Response: Concur**

The Homeless Operations, Management, and Evaluation System (HOMES) is VA's primary platform for collecting intake, progress, and outcome information for homeless and at-risk Veterans as they move through VA's system of care. The Homeless Services Assessment form in HOMES captures the following specific questions related to medical debt.

<b>Do you have any significant outstanding debts?</b>	Ask the Veteran if he/she has any significant debt and, if so, in what area(s).
If yes, please specify debt sources:	
a. Housing loans	Mortgage or equity loans.
b. Student loans	Loans secured to pay for tuition, books, and living expenses.
c. Other loans (personal, auto, etc.)	Other loans not listed above.
d. Credit card debt	Consumer debt via unpaid credit cards.
e. Child support	Child support is a parent's legal obligation to contribute to the financial care and costs of raising his/her child.
f. Alimony	Husband or wife's court-ordered monetary provision for a spouse after separation or divorce.
g. Medical expenses (self or dependents)	Any cost incurred in the prevention or treatment of injury or disease.
h. Fines or other legal obligations	Other legal debt or fines.

i. Outstanding tax bills	Money owed for taxes.
j. Other (specify)	Any source not listed above.

Responses to the question on medical expenses could help VA to use longitudinal data to assess frequency and trends related to women Veterans identified at risk of homelessness that also have identified significant medical expenses. The VA National Center on Homelessness among Veterans in the Homeless Programs Office will evaluate the association between medical debt and housing instability from data fiscal year (FY) 2024- FY 2025 to inform potential strategies that prevent homelessness among women Veterans.

VA Homeless Programs Office can provide the ACWV with annual updates on the information collected on women Veterans identified at risk of homelessness identified as positive for outstanding debts specific to medical expenses and the housing status of the Veteran at program exit.

**C. Reproductive Health**

- 3. Recommendation: That VA develop a specialized tracking system within its existing Veterans health care databases specifically tailored to monitor women Veterans' in vitro fertilization (IVF) utilization due to service-connected disabilities, capturing relevant data points such as disaggregated demographics, disability status, IVF treatment details, outcomes, and associated health care needs.**

**Rationale:**

Women Veterans are the fastest-growing cohort among Veterans. As the utilization of IVF among women Veterans with service-connected disabilities continues to gain importance, it is crucial to implement comprehensive tracking mechanisms to monitor and support their reproductive health needs effectively. A specialized tracking system can help health care providers better track and address the reproductive health needs of women Veterans with service-connected disabilities, ensuring they receive equitable access to IVF services and support and preventive care.

**VA Response: Concur in Principle**

Tracking of fertility care remains a priority. It is critical to monitor Veterans’ utilization and outcomes of fertility services provided or authorized by VA, including IVF and assisted reproductive technology (ART) for those Veterans eligible for such services due to service-connected disability that results in the Veteran’s inability to procreate without the use of fertility treatment. Such monitoring would allow VA to provide oversight and quality improvement for these services and to ensure Veterans receive effective support for their reproductive health needs. However, VA does not have a universal mechanism to monitor Veteran utilization of IVF/ART services at a national level at this time.

The Office of Integrated Veteran Care is piloting a fertility care coordination and tracking templated note for the electronic health record that will facilitate such tracking. This templated note is being developed with the goal of providing standardized care coordination and tracking of fertility services across the enterprise. Upon completion, the templated note will allow local facility care coordination teams to coordinate care and track utilization of benefits for patients enrolled in their health care system who use fertility services.

#### **D. Women Veterans Journey Map**

- 4. Recommendation: That VA disseminate the Women Veterans Journey Map to all women Veterans via all forms of established communication, to promote increased access to VA health care, benefits, and services for women Veterans.**

##### **Rationale:**

The Veterans Benefits Administration and the Veterans Experience Office developed a Women Veterans Journey Map<sup>4</sup> (Journey Map) to illustrate women Veterans' diverse experiences as they transition from Service members to Veterans, so VA could better understand their perspectives and target outreach and resources to address their needs at different stages in their journeys. It serves as a starting point to identify barriers impacting women Veterans, as the Journey Map highlights pain points women Veterans experience that ultimately impact how they interact with VA.

Currently, there seems to be limited knowledge of the Journey Map's existence and how to access it. Sharing the Journey Map with all women Veterans via all forms of established communication--to include a physical copy mailed to the last known place of residence--will support an increase in women Veterans' access to VA's benefits and services. Making the Journey Map widely available also helps those serving women Veterans to identify impactful touchpoints where they can connect with VA.

##### **VA Response: Concur in Principle**

The Women Veterans Benefits Journey Map is already publicly available. See <https://benefits.va.gov/BENEFITS/docs/VBA-WVJM-FINAL.pdf>. The Veterans Experience Office (VEO) recommends a digital outreach campaign to directly reach all possible women Veterans via email and text message with specific outreach materials and resources for women Veterans, including the Women Veterans Benefits Journey Map. VEO stands by to assist with a CWV-led effort with a VA benefits and services focused outreach campaign to women Veterans at the guidance of VA's Office of Public and Intragovernmental Affairs. This campaign would need to be coordinated with CWV, VHA, VBA, the Office of Public and Intergovernmental Affairs, VA contact centers, and other VA

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<sup>4</sup> Women Veterans Journey Map, [VBA-WVJM-FINAL.pdf \(va.gov\)](https://benefits.va.gov/BENEFITS/docs/VBA-WVJM-FINAL.pdf)

stakeholders. This course of action would recognize both recommendations one (enhancing promotion of WVCC) and four of this report.

## **E. Military Sexual Trauma (MST)**

- 5. Recommendation: That VA establish a women's only facility solely dedicated to the treatment of women Veterans who have experienced MST, and provide transportation assistance for women Veterans to access the facility.**

**Rationale:** While VA offers MST treatment programs in its facilities, there is no women's only facility that is solely dedicated to address the unique needs of women who are survivors of MST. Existing MST treatment centers that provide therapy to women Veterans also treat male Veterans. The presence of male Veterans in the treatment setting could be triggering and interfere with women Veterans' healing. Women Veterans should be able to receive therapy for sexual trauma in an environment where they are comfortable and feel safe. Anecdotally, women Veterans have expressed concerns about receiving treatment in an environment that includes male Veterans. Entering male dominated can spaces trigger their sexual trauma memories or post-traumatic stress disorder (PTSD) symptoms, and can potentially become a barrier to whole health access.

Additionally, while some facilities engage in innovative treatments, not all facilities offer the innovative methods used for treating MST in women. A women's only treatment facility could employ therapies that would not normally be offered in co-ed spaces.

### **VA Response: Concur in Principle**

VA recognizes that treatment environment can make a critical difference in the ability of some women Veterans and MST survivors to engage in and benefit from treatment, with some women MST survivors preferring to receive care in women-only and/or MST-specific treatment programs.

However, a single, free-standing full medical facility focused exclusively on the treatment of physical and mental health conditions associated with MST has the potential, paradoxically, to limit women Veterans' access to appropriate and effective MST-related care. The services at any facility focused on providing care to only a specific subgroup of the Veteran population would likely be more circumscribed than at a typical facility, with potentially fewer providers and treatment options, particularly in specialty areas. This would compromise the facility's ability to provide the full range of medical and mental health services that are potentially relevant to MST survivors. There would also be significant challenges involved in providing long-term, ongoing medical and mental health care to Veterans who are not geographically close to the facility. In practice, geographically distant Veterans would likely need to visit their local facility for at

least portions of their care, thus negating the benefits of the women-only, MST-specific facility.

VA believes its existing model meets the substance of this recommendation, as every VA medical facility has a WVPM and an MST coordinator to ensure that the facility is adequately addressing the needs of women and MST survivors and that appropriate women-specific programs and MST-related treatment programming are available.

In addition, in recognition that some women MST survivors do express a desire for women-only programming for residential mental health treatment, VA is pleased to report that currently 11 of VA's mental health residential rehabilitation treatment programs (MH RRTP) identify as serving women Veterans only. This is in addition to the 120 programs that provide a separate unit or wing to meet the needs of women Veterans. While all of the 11 MH RRTPs that serve only women Veterans provide treatment for MST-related concerns, five identify as being a program or having a track specifically focused on MST. These programs are located throughout the country and serve as national resources, providing care to Veterans beyond those located in their local community. Reimbursement for travel costs is available for those who are eligible based on current authorities. Transportation needs are reviewed with all Veterans who are screened for MH RRTP services.

VA also has a range of MH RRTP resources available for women Veterans who prefer or would benefit from mixed-sex treatment programming.

## **F. Tailored Communications to Women Veterans**

- 6. Recommendation: That each Veterans Integrated Service Network (VISN) tailor its communication outreach, so women Veterans will receive VISN-specific information regarding resources, programs, and events focused on Women's Health at local facilities within their respective VISNs.**

**Rationale:** While VA distributes outreach and communication via national newsletters on Women's Health, it is necessary for VA to provide information to women Veterans related to services offered at the local VISN level. Often, women Veterans receive communications about piloted or existing programs that have yet to be implemented in every facility. This leads to miscommunication and mistrust of VA. VISN-specific outreach to women Veterans will assist in increasing the number of women Veterans who are aware of available services and their ability to share information with other women Veterans not enrolled in the health care system.

### **VA Response: Concur in Principle**

VA recognizes the importance of ensuring women Veterans have access to information that is relevant and specific to their needs. While VA appreciates the

value of personalized communications, it also believes it is critical to maintain a degree of standardization across all communications within the Enterprise. It is essential that the core messages remain consistent to avoid confusion and ensure that every Veteran has access to the same high-quality information regardless of their locality.

VA supports allowing each VISN the flexibility to develop tailored messaging to incorporate local nuances and specifics into their communications that aligns with the overarching VA themes and priorities. To meet these needs, OWH creates outreach messaging, such as monthly health campaigns, that have standardized content and opportunities for local customization.

Additionally, in 2023, VEO launched the "Creating Positive and Memorable Impressions for Women Veterans" project to create standardized outreach materials that can be tailored to local VAMCs and VISNs. These included a Women's Health newsletter template, a new employee orientation flyer, and templated letters for outreach.

## G. Center for Women Veterans (CWV) Feasibility Study

7. **Recommendation: That VA conduct a feasibility study of and increase the resources for CWV to ensure that the CWV Director is furnished with sufficient resources to carry out CWV's statutory, regulatory, and implied duties and functions in a timely manner.**

**Rationale:** Public Law 116-315<sup>5</sup>, Johnny Isakson and David P. Roe M.D., Veterans Health Care and Benefits Improvement Act of 2020 (the Act), included mandates that enhance VA's service to women Veterans, such as requiring the establishment of the Office of Women's Health, and providing greater opportunities for women Veterans to improve their overall well-being by getting direct care and services related to fertility, expansion of newborn care, childcare, sexual assault and trauma, and homelessness. The Act implies additional roles and responsibilities on CWV, but does NOT provide additional resources for CWV to carry out these additional responsibilities.

VA should conduct a feasibility study and increase CWV's resources so CWV can more efficiently and more effectively accomplish its mission of supporting the growing population of women Veterans, as specified by 38 U.S. Code § 318<sup>6</sup>—especially regarding CWV's responsibility to accomplish the following requirements: (3) Promote the use of benefits; (4) Disseminate information and serve as a resource center; (7) Consult with, and provide assistance and

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<sup>5</sup> Johnny Isakson and David P. Roe M.D., Veterans Health Care and Benefits Improvement Act of 2020, <https://www.congress.gov/116/plaws/publ315/PLAW-116publ315.pdf>

<sup>6</sup> 38 U.S. Code § 318 - Center for Women Veterans <https://www.govinfo.gov/content/pkg/USCODE-2022-title38/html/USCODE-2022-title38-partI-chap3-sec318.htm>

information to, officials responsible for administering Federal, State, local, and private programs that assist Veterans.

**VA Response: Concur in Principle**

Improving women Veterans' access to VA benefits and services is among the Department's top priorities. CWV's role is instrumental in VA's ability to meet the needs of women Veterans and improve their access to the care they have earned.

To execute the duties in 38 U.S.C. § 318 that are specified in the recommendation, CWV does the following:

- Engages in outreach efforts in communities;
- Keeps local/state/Federal/non-governmental organizations informed and collaborates with them to provide a concerted approach to serving women Veterans;
- Disseminates a digital newsletter and maintains a strong social media presence to keep women Veterans informed about VA's programs, policies, and relevant research;
- Creates awareness/recognition initiatives that highlight issues impacting women Veterans; and
- Produces national strategies to reach more women Veterans and increase enrollment in VA.

While it would be ideal for CWV to have a feasibility study and increased resources to facilitate its efforts to efficiently and effectively accomplish its mission of supporting the growing population of women Veterans and their evolving needs, manage additional mandated requirements, and obtain sufficient resources needed to carry out its extensive mandate, there are other, more cost effective ways CWV leverages VA's internal resources and internal and external collaborations.

Examples of CWV's collaboration with VA's Administrations and Staff Offices to manage expanding mandated requirements include the following:

- Devising the Congressionally mandated report on Intimate Partner Violence (IPV) and Sexual Assault Task Force;
- Partnering with VHA to manage the IPV Task Force, which also includes VBA, NCA, Office of Enterprise Integration, Center for Minority Veterans, other VA Staff Offices, U.S. Department of Justice, U.S. Department of Health and Human Services, and US Department of Defense; and
- Leveraging internal services to provide needed expertise.

CWV will continue to adjust to accommodate its required roles and responsibilities; to explore ways of employing VA's available resources to research and/or develop strategic plans that address CWV's and women Veterans' evolving needs, while using its current resources through strategic partnerships located in strategic locations across the United States to assess

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how it can enhance its effectiveness in serving women Veterans. CWV will address additional funding for support through the annual budget submission.

**PART III**  
**VA Advisory Committee on Women Veterans**  
**Membership Profiles**

**Colonel Wanda Wright, U.S. Air Force (Retired)** is current 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 a former 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.

**Lieutenant Colonel Shannon McLaughlin, U.S. Army (Retired)**, serves as Deputy Chair of the committee. She is a Veteran of Operation Enduring Freedom and currently serves full-time as the State Judge Advocate for the Military Division of the Commonwealth of Massachusetts. She is responsible for advising on ethical, administrative, fiscal, operational, and contract law issues, as the agency's lead attorney, and drafts legislation to modernize the Massachusetts National Guard. Lieutenant Colonel McLaughlin has more than 21 years of military service—as a former enlisted sailor in the U.S. Navy Reserves and as an officer in the Army National Guard. She earned numerous medals, including the Meritorious Service Medal, five Army Commendation Medals and several Navy and Marine Corps Achievement Medals.

Lieutenant Colonel McLaughlin served on the American Bar Association's Standing Committee for Armed Forces Law, has received numerous awards for her public service, and has the Lesbian Gay Bisexual Transgender courage award for public service from Boston College Law School named in her honor. She also serves part-time as the Command Judge Advocate for the 151st Rear Support Group, where she administers justice and discipline, and advises the Brigade Commander. Lieutenant Colonel McLaughlin is an elected member of the Planning Board for the Town of Sharon, Massachusetts.

**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. Jacquleen 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, D.C., 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, FL. and Elevate Newark in Newark, NJ. 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**, U.S. Marine Corps Veteran, served from 2005-2015, where she worked 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 leadership council advocate at the Downtown Women's Center at Skid Row in Los Angeles, California. Ms. Coleman is the current ACWV Health Subcommittee Vice Chair.

**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, D.C. Prior to retirement, she commanded the Air Force District of Washington and the 320th Air Expeditionary Wing located at Joint Base Andrews, MD.

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 for strategy and interface with senior DoD customers.

**Colonel Wistaria Joseph, U.S. Air Force (Retired)** enlisted in the U.S. Air Force 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

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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 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, a number of mentoring organizations, and Virgin Islands community organizations. She also serves on her Congressional Delegate's military nomination committee. Currently, she is the Director of Staff for the Office of the Assistant Secretary of the Air Force for Energy, Installations, and Environment, and the current ACWV Benefits Subcommittee Vice Chair.

**Captain Cynthia Macri, U.S. Navy (Retired)**, served from 1979 to 2014. During her extensive military career, she performed 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.

**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 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 (SHARP) 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.

**Kathryn Smith, Esq.** graduated from the United States Air Force Academy (USAFA) in 1982, the third class to include women. She was one of the first ten Black women to graduate from USAFA. On active duty, she served as an acquisition officer from 1982-1986.

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Ms. Smith earned her law degree from Notre Dame and practiced law for almost 25 years before retiring in 2016. She earned a master's degree in public leadership from the University of San Francisco in December 2021. Her last position was an assistant general counsel at Verizon where she drafted and negotiated contracts and provided legal advice to sales and marketing global teams. She also practiced commercial litigation at two major law firms and led a contracts division at Motorola.

She is a member of two boards of directors in support of Academy cadets: Zoomies Against Sexual Assault and the Way of Life Committee, an affinity group that supports African American cadets and alumni. Through her work at Common Defense, a grassroots Veterans organization, she advocated for public policies on behalf of Veterans. She is experienced advocating the needs of Veterans and for policies that improve their lives.

Ms. Smith is also a member of the Truman National Security Project and an Emerge Colorado alum. Most recently, she was a contributing author to "Attitudes Aren't Free: A Call to Action (Volume II)." The intersection of race and gender position her well to provide a diverse perspective on women Veterans' issues. Currently, Ms. Smith resides in Phoenix, Arizona.