



America's Women Veterans



Military Service History and VA Benefit Utilization Statistics

Department of Veterans Affairs

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America's Women Veterans: Military Service History and VA Benefit Utilization Statistics

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For women Veterans everywhere.

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Executive Summary

Over the past 30 years, women have entered the military in ever-increasing numbers. Ultimately, these women will make the transition from Servicemember to Veteran. In 2009, women comprised 8 percent of the total Veteran population in the United States. By 2035, they are projected to make up 15 percent of all living Veterans. This comprehensive report chronicles the history of women in the military and as Veterans, profiles the characteristics of women Veterans in 2009, illustrates how women Veterans in 2009 utilized some of the major benefits and services offered by the Department of Veterans Affairs (VA), and discusses the future of women Veterans in relation to VA. The goal of this report is to gain an understanding of who our women Veterans are, how their military service affects their post-military lives, and how they can be better served based on these insights.

Key Findings:

Various data sources were used in this report. The reference period for the data is calendar year 2009 for survey data, and fiscal year 2009 for administrative data. Data on demographic and socioeconomic characteristics come from the American Community Survey, conducted annually by the U.S. Census Bureau. Data about the utilization of VA health care come from a data tool provided by the Veterans Health Administration (VHA) called the "VHA Support Service Center Women Veterans Profile" and from the report "The Sourcebook for Women Veterans in the Veterans Health Administration." Data about the utilization of Veterans Benefits Administration (VBA) services come from the VBA Annual Benefits Report and an annual extract of VBA administrative data.

Demographic Characteristics

- According to data from the 2009 American Community Survey, 1.5 million Veterans in the United States and Puerto Rico were women. Women represented about 8 percent of the total Veteran population in 2009.
- Twenty-nine percent of all living women Veterans served only during times of peace. Almost half of all women Veterans have served during the Gulf War Era (August 1990 to the present).
- The median age of women Veterans in 2009 was 48, compared with 46 for non-Veteran women.
- In 2009, 19 percent of women Veterans were Black non-Hispanic, compared with 12 percent of non-Veteran women. In contrast, the percentage of women Veterans who were Hispanic was half that of non-Veterans (7 percent compared with 14 percent).
- Women Veterans were more likely to have ever married than non-Veteran women. In 2009, 83 percent of women Veterans were currently married, divorced, widowed, or separated compared with 74 percent of non-Veteran women.
- In 2009, 23 percent of all women Veterans were currently divorced compared with 12 percent of non-Veteran women.
- Thirty-nine percent of all women Veterans under the age of 65 had children 17 years old or younger living at home in 2009, compared with 35 percent of similar non-Veteran women.

Socioeconomic Characteristics

- Twenty-three percent of all women Veterans had a high school diploma or less as their highest level of educational attainment in 2009, compared with 44 percent of non-Veteran women. About a third more women Veterans had some college as their highest level of education compared with non-Veteran women (47 percent compared with 32 percent, respectively). Overall, a higher percentage of all women Veterans (30 percent) than non-Veterans (25 percent) had completed a Bachelor's or advanced degree.

- In 2009, working-age women Veterans (i.e., those 17 to 64 years old) had a higher labor force participation rate (76 percent) than non-Veteran women (71 percent).
- Young women Veterans (17 to 24 years old) were at a 50 percent higher risk of unemployment than non-Veteran women the same ages in 2009. Women Veterans and non-Veterans over age 24 were at about the same risk of unemployment.
- A higher percentage of employed women Veterans 17 to 64 years old worked in the government sector (32 percent) than non-Veteran women (18 percent).
- Overall, women Veterans were less likely than non-Veteran women to be living in poverty in 2009. About 10 percent of all women Veterans and 15 percent of all non-Veteran women had incomes below poverty.
- About 8 percent of women Veterans were uninsured in 2009, compared with 15 percent of non-Veteran women.
- Over a third of insured women Veterans had more than one type of health insurance coverage in 2009, compared with about a quarter of non-Veteran women.

Use of VA Health Care Services

- In 2009, about 32 percent of the estimated 1.5 million women Veterans were enrolled in the Veterans Health Administration (VHA) health care system. Not all women who enroll in the health care system ultimately become health care users. Of the 485,398 enrolled women Veterans, 292,921 used VA health care in 2009.
- From 2000 to 2009, the number of women Veterans using VA health care increased 83 percent, from 159,630 to 292,921. To put this in perspective, about 10 percent of all women Veterans in 2000 used VA health care compared with 19 percent of all women Veterans in 2009.
- In 2009, 55 percent of women Veterans who used VHA health care had a service-connected disability rating.
- Thirty-seven percent (105,780) of all women Veteran outpatients used any mental health service in 2009.

Use of Compensation and Pension Benefits

- In 2009, 243,632 women Veterans received compensation from VA for a service-connected disability, representing about 16 percent of the total population of women Veterans. Thirty-nine percent of women Veterans receiving compensation had a combined disability rating of 50 percent or higher.
- The top three primary service-connected conditions for women Veterans (post-traumatic stress disorder, lower back pain, and migraines) accounted for 15 percent of all service-connected disabilities for women Veterans in 2009.
- About 6 percent of women Veterans who received compensation for a service-connected disability were receiving Individual Unemployability compensation in 2009. This represents less than 1 percent of the total women Veteran population. Individual Unemployability is a component of VA's disability compensation benefit program which allows Veterans to receive financial compensation at the 100-percent level even though their total service-connected disability rating is below 100 percent.

- In 2009, 11,160 women Veterans were receiving a VA disability pension.

Use of the Vocational Rehabilitation and Employment Program

- Twenty percent of Veterans participating in the Vocational Rehabilitation and Employment program in 2009 were women (21,614 out of 110,750). Participants are defined as Veterans in any of the following stages of the vocational rehabilitation process: extended evaluation, independent living, job-ready status, and rehabilitation-to-employment.

Use of Education Benefits

- In 2009, about 284,000 women Veterans used their Montgomery GI Bill benefits through the end of the year. This represented about 19 percent of the total population of women Veterans. Over 80 percent of women Veterans used their benefits for undergraduate or junior college educational purposes, while about 12 percent used these benefits to pursue graduate-level education.

Use of Burial Benefits

- About 5,200 women Veterans received burial benefits in 2009. Of those, 1,976 were buried in a VA national cemetery and 3,226 received a headstone or marker for burial in a state or private cemetery. In total, about 34,000 women Veterans have been buried in national cemeteries maintained by NCA since 1850. In 1973, Public Law 93-43 authorized the transfer of 82 of the existing 84 national cemeteries from the Department of the Army to the Department of Veterans Affairs. The NCA cemetery system does not include Arlington National Cemetery in Virginia or the Soldiers' Home National Cemetery in Washington, DC. In January 2010, VA opened its 131st cemetery—Washington Crossing National Cemetery in Pennsylvania.

Women in Military History

Introduction

Women have formally been a part of the U.S. Armed Forces since the inception of the Army Nurse Corps in 1901, but have informally served since the inception of our nation's military. The end of conscription and the transition to the All-Volunteer Force in 1973 marked a dramatic increase in the opportunities available for women to serve in the military. Currently, there are over 213,000 women in the Active component of the U.S. Armed Forces and about 190,000 women in the Reserves and National Guard.¹ While the proportion of women Veterans is still relatively small, their numbers have been increasing over the past several decades and are projected to continue increasing into the future. Women currently make up 8 percent of the Veteran population, with an expected increase to 15 percent by the year 2035.²

What do we know about these women, their post-military outcomes, and their health care needs? How are they different from their non-Veteran counterparts? This report provides several components essential to understanding today's women Veterans, including: historical and contextual information about women's military service and subsequent Veteran status, current statistics on demographic and socio-economic characteristics of women Veterans, information on the current utilization of the Department of Veterans Affairs (VA) benefits and services by women, and future plans for VA to meet the challenges of a growing population of women Veterans.

Women have proudly served their country throughout all periods of United States history, whether disguised as male soldiers during the American Revolution and Civil War, as nurses in World War I, or as combat helicopter pilots in Afghanistan (Figure 1). It is the extent of their involvement, degree of militarization, and integration into the services that have changed dramatically over time.

During the American Revolution, women served on the battlefield alongside their men, mainly as nurses, water bearers ("Molly Pitcher"³), cooks, laundresses, and saboteurs. Despite Army regulations that only men could enlist, women who wanted to join in the fighting circumvented the rules by masquerading as young men or boys.⁴ Several hundred women are estimated to have donned such disguises during the Civil War. While female spies had become common during the Civil War, by far the most significant contri-

Figure 1.
Number of Women Who Served and Casualty Counts, by Wartime Period

Military Conflict	Number Served	Casualties
Spanish-American War	1,500	20+
World War I	10,000+	172
World War II	400,000	217+
Korean War	120,000	2
Vietnam Era	7,000	8
Persian Gulf War	41,000	15
Operation Enduring Freedom/Operation Iraqi Freedom	200,000+	141

Notes: Not all women served "in theater." In WWI, 4 women were killed during enemy action. In WWII, 16 Army nurses were killed during enemy action. One death in Vietnam was due to enemy action. (Iskra, 2010)

Source: Congressional Research Service, "American War and Military Operations Casualties: Lists and Statistics" (2010); Defense Manpower Data Center, Statistical Information Analysis Division (as of July, 2011); Iskra, Darlene, "Women in the United States Armed Forces" (2010).

Prepared by the National Center for Veterans Analysis and Statistics.

butions made by women were in the fields of health care and medicine. Despite the remarkable efforts of these women, military leadership was still not ready to accept them as an integral part of the military medical service. After the war ended in 1865, the Army returned to using enlisted men for patient care and the female nurses were sent home.⁵

As the Army faced an epidemic of typhoid at the outset of the Spanish-American War in 1898, Congress once again authorized the appointment of women as nurses. Between 1,200 and 1,500 women volunteers were recruited and served between 1898 and 1901 in the United States, overseas, and on the hospital ship Relief. The nurses who served during the Spanish-American War paved the way for the creation of a permanent corps of nurses in the Army and Navy. In 1901 the Army Nurse Corps was established, followed in 1908 by the Navy Nurse Corps.⁶

“Are You a Girl With a Star-Spangled Heart?”

The Women of World War II

Military recruitment posters in the 1940s portrayed strong, independent, patriotic women who were ready and willing to serve their country. They showed women as role models and trailblazers who could “free a man to fight,” “bring him home sooner,” and “share the deeds of victory.” The real women who heeded their calls did all that and more. While their nicknames may be familiar—WACS, WAVES, WASPs, SPARS, and Women Marines—all of their accomplishments may not.

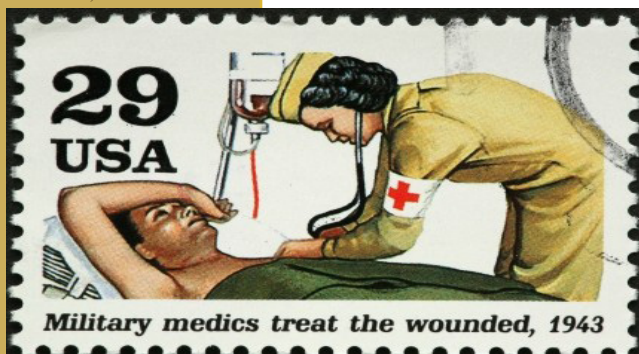
Military women during World War II performed their duties across the United States and overseas, in the air, on the ground, and aboard ships. They served as nurses, postal clerks, intelligence analysts, communications specialists, truck drivers, telephone operators, cooks, linguists, pilots, and more. They suffered discomforts, hardships, and lack of supplies while on duty overseas. Over 80 women were held as prisoners of war in the Pacific Theater. By the end of the war, women served in all service branches all across the globe. They overcame the barriers placed before them and proved they truly were trailblazers. The efforts of these women changed not only the place of women in the military but expanded the roles and opportunities of women in the civilian labor force as well.

Sources: “American Women, World War II and Propaganda: Military Recruitment.” Blog, Wordpress, accessed on July 28, 2011, <http://uki16.wordpress.com/>; Holm, Jeanne M. and Judith Bellafaire, eds. In *Defense of A Nation: Servicewomen in World War II*. Washington, DC: Military Women’s Press, 1998; Holm, Jeanne. *Women in the Military: An Unfinished Revolution, Revised Edition*. Novato: Presidio Press, 1992.

It was not until World War I that the military implemented a physical examination requirement for Servicemembers, thus making it impossible for women to continue disguising themselves as men in order to serve. These new regulations did not keep women from wanting to be part of the war effort. Altogether, more than 23,000 women nurses in the Army and Navy served on active duty during the war.⁷ The demands of this war made it necessary to expand the roles of women beyond nursing in order to free men to fight in combat. Women took over positions as telephone operators and clerks. In 1917, the Navy announced it would open enlistment to women. About 12,000 female Yeomen⁸ entered the Navy and filled a variety of jobs including draftsmen, interpreters, couriers, and translators. Three hundred and seven women enlisted in the Marine Corps during World War I. Like their sisters in the Navy, they were limited to the enlisted ranks and worked mainly in Washington, D.C. doing various administrative jobs.⁹ Women’s service contributions in World War I showed that they either had, or could quickly learn, nontraditional skills needed by the military.¹⁰

By World War II, the roles of military women were once again greatly expanded to meet the needs of wartime. During the ramp up of the armed services in 1940 and 1941, nurses were the only military women to mobilize. As war became imminent, the pressure mounted for the military to reconsider the role of women. Following Pearl Harbor, Congress authorized new women’s components for each of the services and increased the number of active duty positions in the Army and Navy Nurse Corps. In May 1942, the Army was given the authority to establish the Women’s Army Auxiliary Corps (WAAC). The Navy, Coast Guard, and Marines followed suit, but rather than making women an auxiliary component, they opted to enroll them in the reserves on the same basis as their male counterparts. These decisions by the other services ultimately put pressure on the Army, particularly in terms of recruiting, to convert the WAAC to full military status. In 1943, WAAC became the Women’s Army Corps (WAC).

Over 5,000 of the 100,000 WACs who served in World War II were assigned to the Southwest Pacific in such jobs as postal clerks, intelligence analysts, cryptographers, and teletype operators. Another 40,000 WACs were assigned to Army Air Force commands throughout the United States and overseas. Women in the Marine Reserves served stateside as clerks, cooks, mechanics, and drivers. The Coast Guard Women’s Reserves, called SPARs (Semper Paratus Always Ready), were assigned to such stateside jobs as clerks, storekeepers, photographers, cooks, and pharmacist’s mates. In the Navy, thousands of Women Accepted for Voluntary Emergency Service (WAVES) performed a wider range of jobs than had the Yeomen of World War I. They worked in aviation, medical professions, communications, intelligence, science, and technology.¹¹ Over 11,000 Navy nurses served at naval shore commands, on hospital ships, at field hospitals, and in airplanes between 1941 and 1945. Eleven Navy nurses were held as POWs in the Philippines. They later received the Bronze Star for heroism.¹² The Women Airforce Service Pilots (WASP), though



not militarized like the other women's components, ferried planes to and from stateside bases and training centers.

At the end of the war in 1945, of the approximately 12 million people remaining in the Armed Forces, about 280,000 were women.¹³ There were nearly 100,000 WACs, 86,000 WAVES, 18,000 Women Marines, 11,000 SPARs, 57,000 Army nurses, and 11,000 Navy nurses prepared for demobilization. The recruiting of all women, except those with critical skills, came to a halt. With the exception of the two nurses' corps, there were no immediate provisions for women in the postwar military.¹⁴

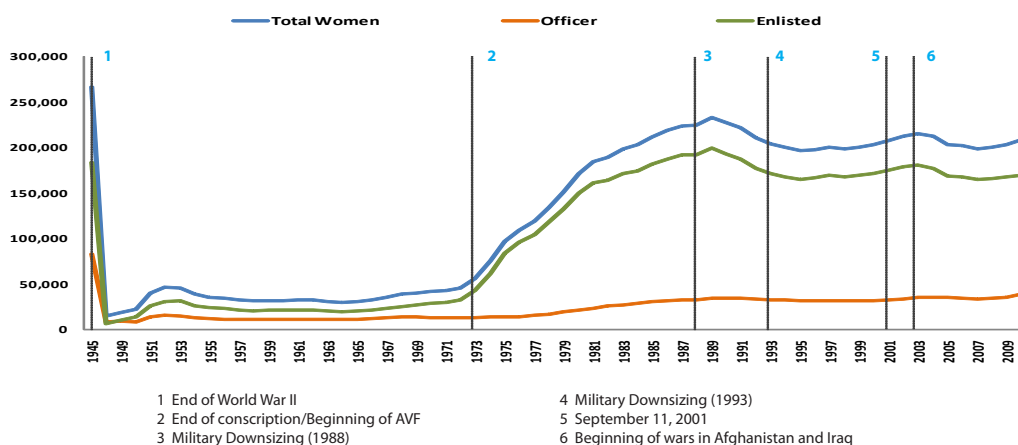
It was not until the passage of the Armed Services Integration Act of 1948 that women became a permanent part of the U.S. military. However, from the mid-1940s to the early 1970s, women continued to be restricted to two percent of the military population. It became evident by the late 1960s that the manpower demands in the Armed Forces needed to be reassessed. The two-percent restriction on women in the military was finally lifted with the 1967 modification to the Women's Armed Services Integration Act. This Act also opened senior officer ranks to women.¹⁵

In 1973, with the end of conscription and the advent of the All-Volunteer Force (AVF), the military began recruiting more women because there were not enough qualified male volunteers to meet the manpower needs of a volunteer military.¹⁶ At that time, about 45,000 women were serving on active duty in the

four Department of Defense branches of service.¹⁷ By 1980, that number had increased to 171,000 (8 percent of the active duty force) and by 2009 reached over 200,000 (about 15 percent of the entire active duty force).¹⁸ During the mid-1970s when the military began recruiting women for the AVF, women's roles in society were also changing with more women entering into the paid labor market. Within a span of 35 years, from 1970 to 2005, the proportion of women in the labor force rose from 43 percent to 60 percent. During these three decades, women's roles and opportunities were rapidly expanding in both the military and the civilian labor force.¹⁹ The policy changes in the military during this time period led to consistent increases in the number of women who volunteered to serve (Figure 2).

The early 1990s were a historic time for women in the military with over 40,000 women deploying in support of the Persian Gulf War, making women Servicemembers more visible in the eyes of the public. In addition, in 1992 the Defense Authorization Act repealed combat exclusion laws that prevented women from flying combat aircrafts. These large policy changes in women's participation in the military did not occur without conflict and challenges. The Tailhook²⁰ convention in 1991, just prior to the final passage of the 1992 Defense Authorization Bill, remains as one of the largest military aviation scandals involving a rash of sexual assaults by male officers on women attending the conference.²¹ The military's social, cultural, and political climate towards women was called into question in the aftermath of the Tailhook scandal, but the tension for women Servicemembers, specifically female

Figure 2.
Female Active-Duty Military Personnel: 1945 to 2010



Source: Department of Defense, Defense Manpower Data Center, Statistical Information Analysis Division. Prepared by the National Center for Veterans Analysis and Statistics.

aviators, remained high as opportunities for women in the military continued to expand.

In 1994, the policy of combat exclusion that prevented women from serving on combatant ships in the Navy was lifted, opening the doors for women to be considered for some of the top positions in the Navy. Four years later in 1998, U.S. women aviators flew combat aircraft on a combat mission for the first time in history during Operation Desert Fox in Iraq. The 1980s and 1990s were two important decades where there were significant advances made for women to serve their country. The percentage of military positions and occupations open to women increased in all services, allowing women more diverse choices in their military service. For instance, in 1983 around 21 percent of positions in the Marine Corps were open to women while in 2003 that number had grown to 62 percent.²² By the end of the 1990s, significant policy changes had been made toward women's increased integration into the military, but women today are still excluded from direct offensive ground combat occupations and positions as well as some of the special warfare communities (such as Navy SEALs).

Since the tragic events of September 11, 2001, the U.S. military has been involved in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in Afghanistan and Iraq. Women Servicemembers have greatly contributed to these wars, representing more than 11 percent of the forces that have been deployed in support of these operations.²³ These wars bring one of the first opportunities for women to regularly deploy and engage in combat situations with their male counterparts, making women Servicemembers even more visible within the media and the general public. OEF/OIF female Veterans represent the largest cohort of women in history who were involved extensively and actively in combat operations. While women are still excluded from direct combat positions and occupations, many are in "combat support" jobs that place them directly in combat situations due to the blurring of combat and non-combat operations in these regions. Despite the extent of support provided by women in OEF/OIF, combat exclusions still remain a contested topic in the political arena and in the general public. One further stride for women came in April 2010, when the Department of the Navy announced that it had authorized women officers to serve onboard submarines starting in 2011.²⁴

This brief historical summary of women's participation in the U.S. Armed Forces demonstrates the persistence of generations of women who fought against a traditionally male-dominated institution and paved the way so today's military women have the privilege of serving their country, not as women, but as soldiers, sailors, airmen, Marines, and Coast Guardsmen.

Important Dates in the Military History of Women

American Revolution (1775-1783)

Women served on the battlefield as nurses, water bearers, cooks, laundresses and saboteurs.

Mexican War (1846-1848)

Elizabeth Newcom enlisted in Company D of the Missouri Volunteer Infantry as Bill Newcom. She marched 600 miles from Missouri to winter camp at Pueblo, Colorado, before she was discovered to be a woman and discharged.

Civil War (1861-1865)

Women provided casualty care and nursing to Union and Confederate troops at field hospitals and on the Union Hospital Ship Red Rover. Women soldiers on both sides disguised themselves as men in order to serve. In 1866, Dr. Mary Walker received the Medal of Honor. She is the only woman, to date, to receive the nation's highest military honor.

Spanish-American War (1898)

The U.S. Army appointed about 1,500 women nurses under civilian contract to serve in stateside hospitals, overseas, and on the hospital ship USS Relief. The work of these women in patient care and preventative medicine made a lasting impression and advanced their future roles in military medical services.

1901

Congress created the Army Nurse Corps. Nurses did not possess military rank, did not receive equal pay as men, and did not receive retirement or Veterans' benefits.

1908

Congress created the Navy Nurse Corps.

World War I (1914 to 1918)

The Department of the Navy employed enlisted women as Yeoman and Women Marines. These women filled clerical and other essential positions in order to free men to fight. Over 21,000 nurses served in the Army in military hospitals both in the United States and overseas. A limited number of women were hired by the Army as bilingual telephone operators and as stenographers.

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Today's Military Women

The representation of women in the U.S. military has been steadily increasing over the past 20 years. There are currently over 213,000 women in the Active component of the Armed Forces and about 190,000 women in the Reserves and National Guard.²⁵ As the military continues to open occupational opportunities for women, they will continue to make up an increasingly larger share of new recruits. In 2009, women with no prior service in the military made up almost 17 percent of new active-duty enlisted personnel and 14 percent of the entire enlisted force in the four Department of Defense services (Army, Navy, Air Force, Marine Corps). Women also made up an increasing share of the officer corps. Twenty-one percent of officer gains in 2009 were women. In total, women comprise 16 percent of the active-duty officers in the services. The same pattern held true for the Reserve component where about 21 percent of new enlisted and officer personnel were women. The 2009 gains in new recruits increased the overall female share of the Active and Reserve components of the Armed Forces.²⁶

Just under 7,000 women were serving in the U.S. Coast Guard in 2009. Women recruits entering the Coast Guard in 2009 boosted the overall female share of the Active and Reserve components, for both officers and enlisted personnel. By year's end, women accounted for 13 percent of the active-duty force and 16 percent of the reserve force.

The women Servicemembers in today's Armed Forces are regularly deploying in support of Operation Enduring Freedom and Operation Iraqi Freedom. According to a report from the Defense Advisory Committee on Women in the Services,²⁷ over half of female enlisted and officer Servicemembers have been deployed to Afghanistan and Iraq since September 11, 2001.²⁸ Of those women who have been deployed, about 44 percent of enlisted and 13 percent of officers have been deployed two or more times.²⁹

Even as more occupations become open to them, health care remains a typical occupation for women in the military, with 16 percent of enlisted and 41 percent of officers filling these positions as of 2008.³⁰ A large proportion of enlisted women Servicemembers are also filling roles in support and administration, service and supply, and mechanical repair occupations. The nature of the operations in Afghanistan and Iraq continue to expose women, as well as their male counterparts, to hostile action, regardless of the jobs they do. The continually changing roles of women in the military, their multiple deployments, and the blurring of combat and non-combat operations suggest that the future outcomes and needs of these women as they become Veterans may be quite different from those of their predecessors.

Not Forgotten

Women in the Korean War

At the onset of the Korean conflict, there were only 22,000 women on active duty in the U.S. Armed Forces. A third of those women worked in health care occupations. Nurses were among the first U.S. personnel to land in Korea. Within the first week, 69 nurses had arrived in Pusan and Taejon. Between 500 and 600 would serve in the war zone. Most of these women were Veterans of World War II. The Air Force Nurse Corps, the youngest of the military nursing services, got its first test during the Korean War. Flight nurses loaded patients onto planes and arranged them for the most efficient care possible in cramped quarters and under unusual circumstances. In total, Air Force nurses evacuated 350,000 patients by the war's end.

Due to the hard work and dedication of the Mobile Army Surgical Hospital (MASH) nurses and the Air Force nurses, fewer than 3 percent of the men wounded in Korea died. About 120,000 women overall served during the Korean War, few of those within country.

Sources: Holm, Jeanne. Women in the Military: An Unfinished Revolution, Revised Edition. Novato: Presidio Press, 1992; Iskra, Darlene M. Women in the United States Armed Forces: A Guide to the Issues. Santa Barbara: Praeger, 2010.

The History of Women as Veterans

Women who have served in the U.S. military are often referred to as “invisible Veterans” because their service contributions until the 1970s went largely unrecognized by politicians, the media, academia, and the general public.³¹ Because of their quasi-military status, the early female pioneers in the military volunteered to wear the uniforms, submit themselves to military rules, and risk their lives in service to their country, all without the benefits and protections of the men with whom they served. Even though women have been officially serving in the military since the creation of the Army Nurse Corps in 1901, they have not always been considered qualified for Veteran status in terms of receiving benefits from the Department of Veterans Affairs (VA). Even after women were granted Veterans status there were still issues of access, exclusion, and improper management of health care. The situation for women improved somewhat after World War I and again after World War II. It was not until well after World War II, however, that women who served in the military began to officially be recognized as Veterans.³²

In the late 1970s and early 1980s many of the contributions made by women in World War II (such as WAACs, WACs, WAVES, and WASPs) were formally recognized through laws that granted these women with Veteran status for their time in service.³³ This opened the doors for women to take advantage of programs, opportunities, and benefits from the Federal and state governments, VA, and other Veteran service organizations. Women’s official recognition as Veterans did not equate with easy or guaranteed access to these benefits. Women Veterans still grappled with obtaining needed services from an institution that was built around and dominated by males.

Data on women who served in the military were scarce in the decades after World War II. The 1980 decennial census marked the first time that information on women Veterans was ever captured in a large national survey. Prior to 1980, the census questionnaire only asked about the military service of men. At the time of the 1980 decennial census, women made up just over 2 percent of the Veteran population. Today, that proportion has increased to almost 8 percent.³⁴

Throughout the 1980s and 1990s, the Federal government and VA began to take actions to understand how they could better serve women Veterans. A 1982 report from the General Accounting Office (GAO) attempted to identify actions to ensure that women

Veterans had equal access to VA benefits. Their results indicated that: (1) women did not have equal access to VA benefits, (2) women treated in VA facilities did not receive complete physical examinations, (3) VA was not providing gynecological care, and (4) women Veterans were not adequately informed of their benefits under the law. Many women at this time were unaware that they even had access to VA benefits. A study done in 1985 by VA found that 57 percent of women Veterans who were eligible for VA benefits did not know that they were eligible.³⁵

The Advisory Committee on Women Veterans (ACWV) was established and chartered in 1983 (by Public Law 98-160). The ACWV was created to assess the needs of women Veterans, with respect to VA programs such as compensation, rehabilitation, outreach, and health care. Today the Committee reviews VA’s programs, activities, research projects, and other initiatives designed to meet the needs of women Veterans; provides advice and makes recommendations to the Secretary of Veterans Affairs, on ways to improve, modify, and affect change in programs and services for women Veterans; and follows up on all those recommendations.³⁶ The ACWV submits a report to the Secretary of Veterans Affairs and Congress every two years.

In 1991, Congress tasked the GAO to follow up on their 1982 report by assessing the then-current state of VA health care for women. Based on their recommendations, VA ensured greater accessibility for women’s health and allowed treatment for PTSD to include care for sexual trauma associated with military duty.³⁷

Recognizing that not all Veterans who were eligible to use health care services and other readjustment benefits were taking advantage of the programs, Congress passed legislation to create specific offices within VA to address the concerns of these groups. In 1991, VA created the position of Chief Minority Affairs Officer (CMAO), which defined minority group members as Veterans who are Asian, Black, Hispanic, American Indian or Alaska Native, Pacific Islander, or female. In 1993, the Secretary of Veterans Affairs separated the CMAO’s responsibilities into two different programs to address specific needs: the Women Veterans’ Program Office and the Minority Veterans’ Program Office.³⁸

One year later, in November 1994, Public Law 103-446 established the Center for Women Veterans to oversee VA’s administration of health care and benefits services

for women as well as programs for women Veterans. The Center's current mission is to be an "advocate for a cultural transformation (both within VA and in the general public) in recognizing the service and contributions of women Veterans and women in the military, and in raising awareness of the responsibility to treat women Veterans with dignity and respect."³⁹ The Director of the Center for Women Veterans is the primary advisor to the Secretary of Veterans Affairs on all matters relating to women Veterans, including policies, legislation, programs, issues, and initiatives. The Director is also the Designated Federal Officer for the Advisory Committee on Women Veterans. The Center for Women Veterans held the first National Summit on Women Veterans Issues in Washington, D.C., in 1996, which created the opportunity for greater communication between women Veterans, policymakers, and VA.⁴⁰

Over the past 20 years, the Veterans Health Administration (VHA) has introduced initiatives designed to improve health care access and quality of care for women Veterans. In 2008, VHA's Women Veterans Health Strategic Health Care Group (WVHSHG) began a five-year plan to redesign the nation health care delivery system for women. A fundamental component of this plan was ensuring all women Veterans had access to comprehensive primary care from skilled

women's health providers.⁴¹ Another major part of this redesign was identifying the need for detailed data on women Veterans that could be used to inform policy and planning. The WVHSHG partnered with the Center for Health Care Evaluation at the VA Palo Alto Health Care System to develop the first in a series of VHA Sourcebooks to describe the characteristics of women Veteran VHA patients and their health care. Several highlights from Volume I of the VHA Sourcebook are presented in this report (see the section titled 'Utilization of the Department of Veterans Affairs Benefits and Services').

Both the services required by women Veterans and the issues they face after their return to civilian life are different than those of their male counterparts. The changing demographics of the women entering, and ultimately leaving, the Armed Forces also have an impact on the kinds of services they will require in the future.⁴² As more and more women move into the ranks of Veterans, it becomes important to investigate their post-military outcomes. Who are women Veterans and how are they different from their non-Veteran counterparts? How do women Veterans use the benefits and services provided by VA? Finally, what future challenges does VA face when it comes to women Veterans?

Important Dates in the Military History of Women (cont.)

1919 to 1925

Enlisted women, other than nurses, were demobilized following the end of World War I. Nurses were reduced to their pre-war strengths.

In 1920, the Army Nurse Corps was awarded "relative rank" from second lieutenant through major. Women were allowed to wear the insignia of rank but were not given full rights and privileges, such as equal base pay as that of male officers.

In 1925, the wording of the Naval Reserve Act of 1916, which authorized the Navy to enlist citizens, was changed to "male citizens" to ensure the Navy could not enlist women again without the express approval of Congress.

World War II (1941 to 1945)

The bill to establish the Women's Army Auxiliary Corps (WAAC) was introduced to Congress in 1941. By May 1942, WAAC was under way. WAAC was not part of the Army but was run by the Army. It quickly became clear that there were issues due to the inequities in pay and entitlements and the organizational problems associated with the 'auxiliary' status of WAAC. In June 1943, a bill was passed in Congress to establish the Women's Army Corps (WAC) with full military status. Women members of WAAC were given the option to transfer to WAC or go home.

In July 1942, the Navy Women's Reserve was established and these women were identified as WAVES (Women Accepted for Volunteer Emergency Service) and were an official part of the Navy. The Marine Corps Women's Reserves was authorized under the same law.

In September 1942, the Women's Auxiliary Ferrying Squadron (WAFS) was established to deliver new aircraft from factories to embarkation ports and to ferry planes to and from stateside locations. In 1943, the WAFS and the Women's Flying Training Detachment were combined to become the Women Airforce Service Pilots (WASP). The WASP were never militarized and were disestablished in 1944.

In November 1942, the Coast Guard Women's Reserve was established using the acronym SPAR (Semper Paratus – Always Ready).

The Navy Nurse Corps was awarded "relative rank" in 1942.

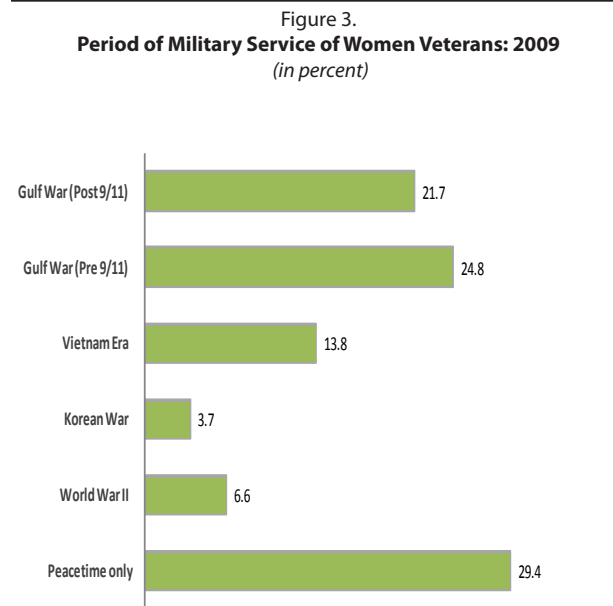
During this period more than 400,000 American military women served at home and overseas doing any and all jobs that did not involve direct combat.

Continued on page 20

Who are Today's Women Veterans?

Women Veterans are a diverse group and they differ in many ways from their counterparts who never served in the military. Data from the 2009 American Community Survey (ACS) provide an in-depth profile of demographic and socioeconomic characteristics of the approximately 1.5 million women Veterans living in the U.S. and Puerto Rico today.^{43 44} A complete table of the detailed characteristics from the ACS can be found in the appendix to this report.

Most women Veterans alive today served only during times of peace (Figure 3). The largest peacetime period since the advent of the All-Volunteer Force (AVF) was from May 1975 to July 1990. Large proportions of women Veterans also served during the Gulf War Era.



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
Prepared by the National Center for Veterans Analysis and Statistics.

Age

On average, women Veterans were older than non-Veteran women in 2009. The median age of Veterans was 48 compared with 46 for their non-Veteran counterparts. The age distribution of women Veterans reflects the dramatic increase in the number of women who entered the military in the mid-1970s (Figure 4). Women who entered the military between 1973

About the Data

Data for this section of the report come from the 2009 American Community Survey conducted by the U.S. Census Bureau.

The American Community Survey (ACS) is an ongoing annual survey conducted in every county across the nation, including every municipio in Puerto Rico. The ACS is the largest survey in the United States with a sample of about 3 million household addresses each year. The ACS collects essentially the same detailed demographic, social, economic, and housing information previously collected every ten years on the decennial census long-form questionnaire. Data for the ACS are collected continuously throughout the year using three modes of collection: mail, telephone, and personal visit. Interviews conducted between January 1st and December 31st of a given year are aggregated to produce annual estimates for that calendar year. Since 2006, the ACS sample has included the resident population living in both housing units and group quarters. Group quarters include institutional group quarters (e.g., nursing homes, correctional facilities, psychiatric hospitals) and non-institutional group quarters (e.g., college dormitories, military barracks, group homes).

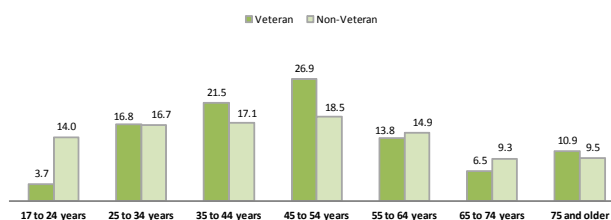
For more information about the ACS, see:
<http://www.census.gov/acs/www/>

and 1979 at the typical age of 18 would have been between 48 and 54 years old in 2009. Figure 4 also shows that the youngest women (17 to 24 years old) have not yet become Veterans as these are the ages that most people are serving in the military.

Race and Hispanic Origin

In 2009, a higher percentage of women Veterans than non-Veterans was Black non-Hispanic (19 percent compared with 12 percent). The racial composition of women in the military explains some of these differences. Blacks, in general, are overrepresented in the military in comparison to the population-at-large. Black women are also overrepresented compared to Black men in the military.⁴⁵ The state of the civilian labor market (i.e., unemployment, availability of jobs, access to higher education) has been shown to have an effect on Black accessions in the U.S. Armed Forces.⁴⁶ The military is also perceived to be a more racially fair employer than the civilian labor force due

Figure 4.
Age Distribution of Women, by Veteran Status: 2009
(in percent)



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
Prepared by the National Center for Veterans Analysis and Statistics.

to its early racial integration, its universalized compensation and benefits structure, and its opportunities for advancement.⁴⁷

In contrast, the percentage of women Veterans who were Hispanic was half that of non-Veterans (7 percent compared with 14 percent). Some have suggested that Black communities have different gendered norms for women than in Hispanic communities, which may contribute to the differences in their representation in the military.⁴⁸ Finally, many Hispanics in the U.S. may not qualify for military service due to citizenship status, educational level, or English proficiency. In 2009, 33 percent of Hispanic non-Veteran women were not citizens. Generally, as the percentage of Hispanics in the general population rises, their representation in the military rises as well, therefore the percentage of Hispanic women Veterans is expected to increase in the future.

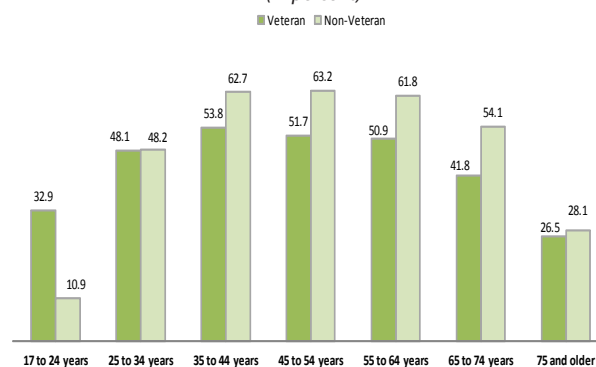
Marriage and Children

Women Veterans were more likely to have ever married than non-Veteran women. In 2009, 83 percent of women Veterans were currently married, divorced, widowed, or separated compared with 74 percent of non-Veteran women. The differences in marital status were even more striking by age. For the women Veterans who do marry, they appear to do so at younger ages than non-Veteran women (Figure 5). Thirty-three percent of 17- to 24-year-old women Veterans were currently married, compared with only 11 percent

of non-Veteran women of the same ages. Higher percentages of non-Veteran women age 35 and older were married compared with women Veterans of the same ages. The rates for non-Veteran women reflect the norm in delaying marriage to later ages among the general population. According to the U.S. Census Bureau, the median age at first marriage was around 25.9 for women in 2009.⁴⁹ This represents a continuation of a long-term trend that has been noted since the mid-1950s.

The ratio of men to women in the military certainly favors women in terms of providing a marriageable pool of men. The differences in the timing and rates of marriage between women Veterans and non-Veterans may be due to such differences in the “marriage market” experienced during military service. Research has also suggested that military benefits for married couples (i.e., housing allowances and supplemental allowances for food expenses) may be incentives for Servicemembers to marry while in the military.⁵⁰

Figure 5.
Percentage of Women Who Were Currently Married, by Age and Veteran Status: 2009
(in percent)

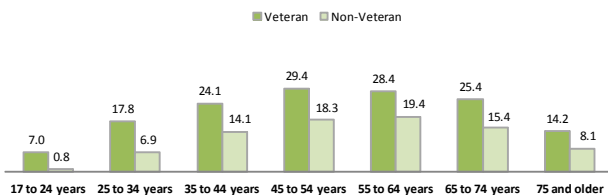


Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
Prepared by the National Center for Veterans Analysis and Statistics.

In 2009, 23 percent of all women Veterans were currently divorced compared with 12 percent of non-Veteran women. Young women Veterans were not only more likely to be married than non-Veteran women, they were also more likely to be divorced (Figure 6). Seven percent of 17- to 24-year-old women Veterans were divorced, compared with less than 1 percent of similar non-Veterans. A higher percentage of women Veterans than non-Veterans in all age groups were currently divorced. In addition to current marital status, the ACS asks a question about the number of times individuals have been married. Some of the currently

married women may have a previous divorce. About 36 percent of women Veterans who had ever married have been married more than once, compared with 24 percent of non-Veteran women.

Figure 6.
Percentage of Women Who Were Currently Divorced, by Age and Veteran Status: 2009
(in percent)



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
 Prepared by the National Center for Veterans Analysis and Statistics.

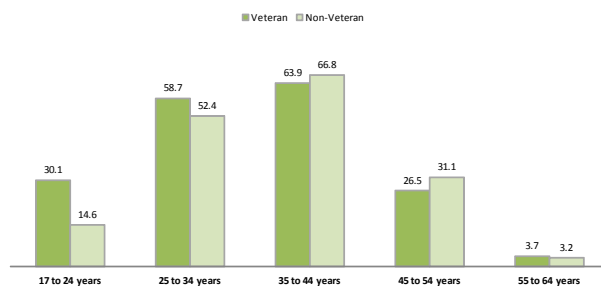
There is relatively little in the literature to suggest how military service might affect the dissolution of marriage for women Veterans.⁵¹ Women who marry before and during military service may respond to tensions brought on by mission-related duties by either leaving the military or getting divorced. Servicemembers may enter into unstable marriages too quickly in an environment where young unmarried men and women are exposed to each other in close proximity for extended periods of time. It is not possible using these data to state conclusively the reasons for the higher percentages of divorced Veterans.

Thirty-nine percent of all women Veterans under the age of 65 had children 17 years old or younger living at home, compared with 35 percent of similar non-Veteran women. Women Veterans appear to have children at younger ages than non-Veteran women (Figure 7). Thirty percent of women Veterans ages 17 to 24 had children, compared with only 15 percent of non-Veteran women of the same ages. Similarly, a higher percentage of 25- to 34-year-old women Veterans than non-Veterans had children (59 percent compared with 52 percent).

Several things may explain why women Veterans have higher fertility at younger ages. The greater tendency to marry at younger ages placed women Veterans at higher risk for fertility. Not all births, however, happen within the confines of marriage. Lundquist and Smith found in their 2005 analysis of family formation in the

military that both single and married military women were more likely to give birth than their civilian counterparts.⁵² By the time Servicewomen become Veterans, many may already be mothers. Prior to 1975, the military had a policy of automatic discharge of pregnant female Servicemembers. During the transition to the AVF, the military developed more “family-friendly” programs, including full family health coverage, family housing, day-care centers, and activity centers and programs for young children.⁵³ These family benefits may encourage women to have children during their time in the military.

Figure 7.
Percentage of Working-Age Women with Children Under 18 Years Old, by Age and Veteran Status: 2009
(in percent)



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
 Prepared by the National Center for Veterans Analysis and Statistics.

Socioeconomic Indicators

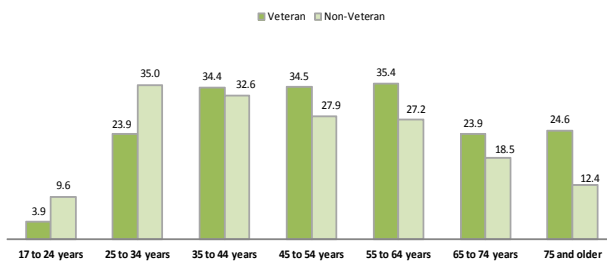
Educational Attainment

Military enlistment requirements stipulate that recruits must have a high school diploma or a GED. By default, this means Veterans will have higher educational attainment overall than non-Veterans as, currently, about 15 percent of the general U.S. population 18 and older has not received a high school diploma and 31 percent has a high school diploma as their highest level of attainment.⁵⁴ In 2009, 23 percent of all women Veterans had a high school diploma or less as their highest level of educational attainment, compared with 44 percent

Employment

of non-Veteran women. Another striking difference in the educational attainment of women by Veteran status is the percentage who have completed “some college” but not a four-year degree. About a third more women Veterans had some college as their highest level of education compared with non-Veteran women (47 percent compared with 32 percent, respectively). This could suggest that many women Veterans were still in the process of completing their degrees or that they took advantage of tuition assistance offered during their service but have not followed through with completing their degree. Overall, a higher percentage of all women Veterans (30 percent) than non-Veterans (25 percent) had completed a Bachelor’s or advanced degree.

Figure 8.
Percentage of Women with a Bachelor’s Degree or Higher, by Age and Veteran Status: 2009
(in percent)



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
Prepared by the National Center for Veterans Analysis and Statistics.

While women Veterans may have higher educational attainment in general than non-Veterans, they appear to be completing their secondary educations at older ages than non-Veterans. This is not surprising as most women Veterans were serving in the military during the typical college-ages of 18 to 22 years. Figure 8 shows that 4 percent of 17- to 24-year-old and 24 percent of 25- to 34-year-old women Veterans had completed a Bachelor’s degree or higher, compared with 10 percent and 35 percent, respectively, of non-Veteran women of the same ages. A higher percentage of women Veterans ages 35 and older had completed a Bachelor’s or advanced degree compared with similar non-Veteran women. While these results may suggest that women Veterans are taking advantage of their educational benefits provided by the various VA educational assistance programs, these data cannot conclusively support that finding.

In 2009, working-age women Veterans (i.e., those 17 to 64 years old) had a higher labor force participation rate (76 percent) than non-Veteran women (71 percent). The labor force participation rate represents the proportion of the total population in the civilian labor force. Active duty military are not included. The “labor force” is comprised of the employed and unemployed populations. Unemployed individuals are those who are not currently working but are actively seeking work and they are different from those who are not participating in the labor force at all.

Individuals may not participate in the labor force for many reasons. Women, in particular, may be out of the labor force to raise children. In 2009, 37 percent of women Veterans who were not in the labor force had children under age 6, compared with 33 percent of non-Veteran women. Disability may keep some women out of the labor force. A higher percentage of women Veterans than non-Veterans who were not in the labor force had some type of disability (32 percent compared with 22 percent, respectively). Women may choose not to participate in the labor force while they complete higher education. Seventeen percent of women Veterans who were not in the labor force were enrolled in school in 2009, compared with 13 percent of non-Veteran women.

A small but growing body of literature has suggested that recent Veterans of the wars in Afghanistan and Iraq face greater risk of unemployment than previous generations of Veterans.⁵⁵ In 2009, young women Veterans (17 to 24 years old) were at a 50 percent higher risk of unemployment than non-Veteran women the same ages. The risk of unemployment for women Veterans ages 17 to 24 was calculated by producing a ratio of the percentage of unemployed Veterans (17 percent) to the percentage of unemployed non-Veterans (11 percent).⁵⁶ This ratio accounts for the proportion of Veterans in the general population. Ratios higher than 1.0 indicate that Veterans were at a higher risk compared with their non-Veteran counterparts. Women Veterans and non-Veterans over age 24 were at about the same risk of unemployment. The risk for the young women Veterans could be higher because they want jobs and are looking for jobs but cannot find them, while similar non-Veteran women have chosen not to participate in the labor force at all, possibly to attend college, making their percentage that are unemployed lower.

Employed women Veterans were more likely to work year-round (50 to 52 weeks) and full-time (35 hours or

more per week) than non-Veteran women (75 percent compared with 64 percent, respectively). The median earnings of all working women in 2009 were \$36,000 for Veterans and \$27,000 for non-Veterans. This includes both full-time and part-time workers. The median earnings for just those women who worked year-round and full-time were \$41,500 for Veterans and \$36,000 for non-Veterans. Much of the difference between the earnings of Veterans and non-Veterans can be explained by the fact women Veterans worked more hours than non-Veteran women.

Occupation

A higher percentage of employed women Veterans 17 to 64 years old worked in the government sector (32 percent) than non-Veteran women (18 percent). This includes local, state, and Federal government workers. There are several initiatives in place to actively recruit Veterans for jobs in the Federal government, which may explain some of the difference. Women Veterans may also find the transition from the military to the government easier or more comparable to their experiences than the transition to private industry.

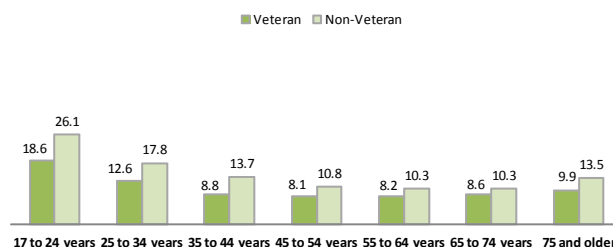
Women Veterans and non-Veterans also differ in the specific kinds of work they do in their jobs. Almost half of employed women Veterans (47 percent) worked in management, professional, or other related occupations, compared with 39 percent of non-Veteran women. Of the top ten occupations of women Veterans in this category, four were in the health care field (registered nurse, licensed practical or vocational nurse, health diagnosis and treating practitioner, and medical and health manager) while only two were in education. As was previously mentioned, health care remains a popular occupation of women in the military. For employed non-Veteran women, only two of the top ten occupations were in health care while five were in education. A lower percentage of women Veterans than non-Veterans (15 percent compared with 21 percent) worked in sales and office occupations. This category includes jobs such as cashiers, retail salespeople, receptionists, office clerks, and mail carriers.

Poverty

The poverty rate shows the proportion of people with incomes below a specified poverty threshold during a given year. Poverty thresholds vary by family size and composition to determine who is living in poverty. The poverty “universe” is a subset of the total popula-

tion and excludes those living in institutional group quarters (e.g., nursing homes, prisons) and those living in college dormitories or military barracks. Overall, women Veterans were less likely than non-Veteran women to be living in poverty in 2009. About 10 percent of all women Veterans and 15 percent of all non-Veteran women had incomes below poverty. Poverty rates were highest for the youngest women (19 percent of Veterans, and 26 percent of non-Veterans) and decreased for all women up to the age of 65 (Figure 9). Generally, poverty rates were higher for all women 65 years and older but the rates for women Veterans were still lower than those of non-Veterans.

Figure 9.
Poverty Rates of Women, by Age and Veteran Status: 2009

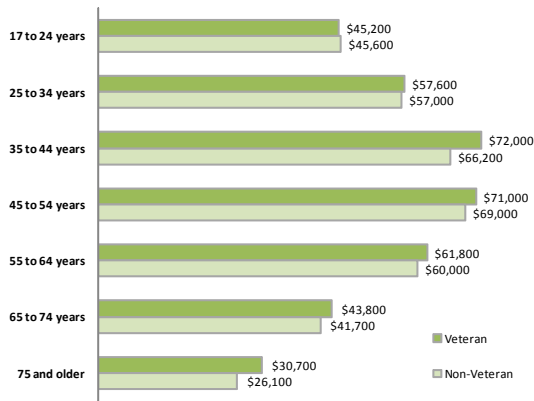


Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
Prepared by the National Center for Veterans Analysis and Statistics.

Household Income

Household income includes the incomes of the householder and all other related and unrelated individuals 15 years and older living in the household. The median incomes calculated here indicate the typical amount of income women have at their disposal in their household. The median household income for all women Veterans living in households was \$60,300 in 2009, compared with \$54,500 for non-Veteran women. Part of this difference could be explained by the fact that women Veterans, on average, were slightly older and more likely to participate in the labor force. Median household incomes were highest for women between 35 and 54 years old (Figure 10). Earnings make up a large portion of income for people in the labor force and these are the ages when women would be receiving their highest earnings. Incomes drop off once women reach retirement age (65 and older) as they replace earnings with other sources of income, such as pensions and other retirement income, Social Security, disability income, and public assistance.⁵⁷

Figure 10.
Median Household Income of Women, by Age and Veteran Status: 2009
(in 2009 inflation-adjusted dollars)



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
 Prepared by the National Center for Veterans Analysis and Statistics.

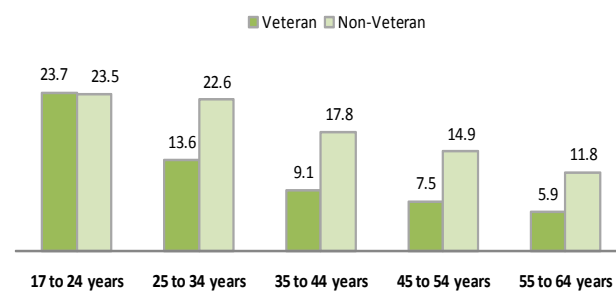
Health Insurance Coverage

Overall, 8 percent of women Veterans were uninsured in 2009, compared with 15 percent of non-Veteran women. The uninsured rates for women varied by age. Women Veterans and non-Veterans under the age of 25 had the highest uninsured rates, at about 24 percent (Figure 11). This is not unexpected as women in this age group are more likely to be in college, unemployed, or working in part-time jobs that may not offer health insurance. The uninsured rates for all women decreased with age. The rates for women Veterans over the age of 25, however, were significantly lower than those for non-Veterans. Once women reached age 65, the age of eligibility for Medicare, almost all were covered by some type of health insurance. Only about one percent of women over 65, regardless of Veteran status, were uninsured.

Over a third of insured women Veterans had more than one type of health insurance coverage in 2009, compared with about a quarter of non-Veteran women (Figure 12). Thirteen percent of women Veterans with multiple coverages were using employer-based health care plans in conjunction with VA health care while 10 percent were using a combination of employer-based health care and Tricare. Six percent were using VA health care in combination with Tricare. Tricare is a health care plan provided by the Department of Defense for military personnel, military retirees, and their dependents.

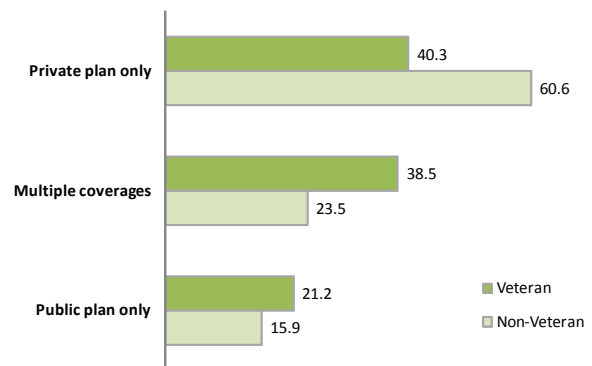
Twenty-one percent of all women Veterans had some type of public health insurance as their only source of health care coverage, compared with 16 percent of non-Veteran women (Figure 12). Public plans include Medicaid, Medicare, VA, and Tricare. While about 23 percent of all women Veterans reported using VA health care services alone or in combination with other plans, 5 percent reported using VA services as their only source of health care coverage in 2009.⁵⁸

Figure 11.
Uninsured Rates of Women, by Age and Veteran Status: 2009
(in percent)



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
 Prepared by the National Center for Veterans Analysis and Statistics.

Figure 12.
Health Insurance Coverage of Insured Women, by Veteran Status: 2009
(in percent)



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.
 Prepared by the National Center for Veterans Analysis and Statistics.

The WASPs

“Make History Once Again”

The Women Airforce Service Pilots (WASP) were established in 1943 through the merging of two groups, the Women’s Flying Training Detachment and the Women’s Auxiliary Ferrying Squadron, in order to perform domestic flying missions for the Army Air Forces to release male pilots for combat duty. While WASP women wore uniforms, they were actually civilians that were contracted under the Army. WASPs were later granted Veteran status in 1977 in recognition of their significant contributions to America during World War II. Overall, more than 1,100 women served as WASPs and collectively they flew every fighter, bomber, transport and trainer aircraft that was in the Air Force inventory at the time.

Thirty-eight WASPs lost their lives. In 2010, these pioneering female military pilots received the Congressional Gold Medal in a ceremony at the U.S. Capitol. The Congressional Gold Medal is the highest award Congress can give to a civilian or group of civilians for an outstanding deed or act of service for the security, prosperity, and national interest of the United States. Over 200 WASPs were in attendance for the event on Capitol Hill, many of them were wearing their World War II uniforms. One of the guest speakers, Lieutenant Colonel Nicole Malachowski, remarked “today is the day when the WASPs will make history once again. . . their motives for wanting to fly airplanes all those years ago wasn’t for fame or glory or recognition. They simply had a passion to take what gifts they had and use them to help defend not only America, but the entire free world, from tyranny. And they let no one get in their way.”



Field of stars from the World War II memorial, Washington D.C.

Sources: Buzanowski, J.G. (Staff Sgt.), “WASPs Awarded Congressional Gold Medal,” last updated on March 11, 2010, <http://www.af.mil/news/story.asp?id=123194315>; Holm, Jeanne. *Women in the Military: An Unfinished Revolution, Revised Edition*. Novato: Presidio Press, 1992; Holm, Jeanne M. and Judith Bella-faire, eds. *In Defense of A Nation: Servicewomen in World War II*. Washington, DC: Military Women’s Press, 1998

Utilization of the Department of Veterans Affairs Benefits and Services

Health Care Services

The Department of Veterans Affairs (VA) meets the health care needs of women Veterans by providing a broad range of primary care, specialized care, and related medical and rehabilitative services. Health care services provided by VA include those uniquely related to women's health care or special needs. VA's health care delivery is one of the largest systems of integrated health care in the United States, with 153 medical centers, 773 community-based clinics, and 260 Vet Centers, comprising 1,186 sites of care for ease of access and convenience.⁵⁹

Health care services are provided to women Veterans at both VA and non-VA facilities in order to meet demand and ensure high quality service. When a VA facility cannot provide needed services on site to women Veterans, VA provides fee-based services at a non-VA facility. For example, although 32 VA facilities provide mammography services, other facilities do not have the minimum required number of patients for federal certification so women have the option to go elsewhere. In addition, for certain specialized care, such as in the case of rare diseases like gynecological cancer, VA uses a non-VA care source.⁶⁰

While there are some exceptions, Veterans generally must first enroll in the system in order to use VA health care (see the text box "Understanding VA Health care" for more information). The number of women Veterans enrolled in VA health care services has been increasing significantly over time. This is likely due to several factors, such as the increasing number of women serving in the military, and VA outreach and initiatives targeted at women Veterans.⁶¹

Figure 13 shows a 13 percent increase in women Veterans' enrollment in the VHA health care system from 2007 to 2009. In 2009,⁶² about 32 percent of the estimated 1.5 million women Veterans were enrolled in VHA health care.⁶³ Not all women who enroll in the health care system ultimately become health care users. This could be due partly to eligibility requirements.⁶⁴ Not all women Veterans who enroll are eligible to receive health care from VA. Eligibility requirements give priority to Veterans with low incomes and service-connected disabilities (see the text box "Understanding VA Health care" for more information). Responses from women Veterans in the 2009 National Survey of Women Veterans (NSWV) indicated that the three most common barriers for use of VHA health care

About the Data

Data about the utilization of Department of Veterans Affairs (VA) health care come from various sources.

The **Veterans Health Administration Support Service Center (VSSC) Women Veterans Profile** includes data that focuses on the utilization of VA health care by women Veterans. The VSSC profile was developed to enable VA health care providers to quickly obtain a variety of metrics pertaining to women within the Veterans Integrated Service Networks and medical facilities. VSSC brings together numerous data cubes into one place in an easy-to-use, web-like format that includes graphs and data ready to download into PowerPoint, Word, and Excel. The tool also allows users to view measures over time in the form of a five-year retrospective, as well as current annual, monthly and quarterly views.

The **Sourcebook for Women Veterans in the Veterans Health Administration (VHA)** provides data on socio-demographic characteristics and use of VHA health care from centralized VHA administrative data files spanning a 10-year period from Fiscal Year 2000 through Fiscal Year 2009. Source files used to create the Sourcebook database include:

Assistant Deputy Under Secretary of Health (ADUSH): Monthly VHA enrollment data files maintained by the office of ADUSH, containing records of socio-demographic characteristics and other person-level variables (sex, Veteran status, VHA user status, date of birth, service-connected disability status, etc.).

VHA outpatient encounter files (SE) and VHA outpatient visit files (SF): Files in the SAS Medical Dataset from VHA's National Patient Care Database. The SE file contains a record for every encounter the patient makes to VHA (e.g., clinic visits, telephone encounters, lab tests, radiology encounters, etc.); there can be more than one encounter on a given day. The SF file rolls up records of SE file encounters into one record per day of care.

The **National Survey of Women Veterans** was a telephone survey conducted during 2008 to 2009 by the VA Greater Los Angeles Health care System. A total of 3,611 women Veterans nationwide were included in the sample, which included both VA users and VA non-users, with an oversampling of Operation Enduring Freedom/Operation Iraqi Freedom Veterans and of VA health care users. Survey items included measures of demographic and military service characteristics, health status, VA and non-VA health care use, and determinants of and barriers to VA health care use. All data were weighted to represent population estimates for the total women Veteran population.

Understanding VA Health Care

An overview of the concepts of enrollment, eligibility, and means testing helps with understanding how VA health care benefits work.

Enrollment

Most women Veterans who want to obtain VA hospital and outpatient care must first apply for enrollment in the VA healthcare system. This is easily done by completing form 10-10EZ online, or by a visit or call to any VA health care or Veterans' benefits facility. Enrollment can be done for future needs if services are not currently required.

In some cases enrollment is not necessary. Women Veterans do not have to enroll if they have a 50 percent or higher service-connected disability rating from VA or to receive care for a service-connected disability or a disability that was caused or worsened in military service for which they were discharged within the last year.

Eligibility for Enrollment

Eligibility for enrollment is not automatic. VA first establishes that an applicant for enrollment has active duty military service and was discharged under conditions other than dishonorable. Veterans are then generally assigned to one of eight priority groups based on difference factors such as level of disability and level of income. VA has established which groups are eligible to be enrolled based on consideration of a number of factors including available funding and projected demand.

Means Test Thresholds

Assignment to certain priority groups is based largely on income. Increases or decreases in income may affect enrollment of Veterans in these groups. VA compares Veterans' income to established national and geographic means test thresholds (i.e., income limits) in determining which enrollment group a Veteran is placed in. The geographic income limits benefit those Veterans who live in high-cost areas. Many higher-income Veterans are assigned to Priority Group 8 if they agree to pay the applicable copayment. Below are some examples to illustrate how means testing works.

In 2009, a Veteran with no dependents living in Dupage County, Illinois (in the Chicago area) would qualify for placement in Priority Group 5 if her gross household income was below the 2008 VA National Income Threshold of \$29,402, or would qualify for placement in Priority Group 7 if her gross household income was below the 2008 VA National Geographic Income Threshold for that area of \$42,400.

Changes in the number of dependents can influence eligibility. For example, if this same Veteran's income was \$47,100 and she had a child in 2008, she would remain eligible for enrollment in Priority Group 7 due to higher income limits for Veterans with dependents. Separate income limit extensions are available for up to 7 children.

Unemployment or other decreases in income may permit receiving care from VA without copayments. For example, Veterans with income below \$11,380 may be exempt from the copayment on medications and eligible for travel benefits to VA facilities.

Re-verification of income is done on an annual basis. The Veteran's income is computed based on the household income of the Veteran, the spouse, and dependents in the previous calendar year. Financial asset information may be requested in order to consider the Veteran's net worth in determining eligibility for enrollment in Priority Group 5.

(VHA Directive 2008-083, <http://www.va.gov/healtheligibility/Library/AnnualThresholds.asp>)

Fact Sheet on Priority Groups: <http://www.va.gov/healtheligibility/Library/pubs/EPG/EnrollmentPriorityGroups.pdf>

Figure 13.
Number of Women Veterans Enrolled in the VHA Health Care System: 2007 to 2009

2007	2008	2009
428,741	452,271	485,398

Source: Department of Veterans Affairs, FY 2012 Budget Submission - Volume 2 (Washington, DC: Office of Management, 2011). Prepared by the National Center for Veterans Analysis and Statistics.

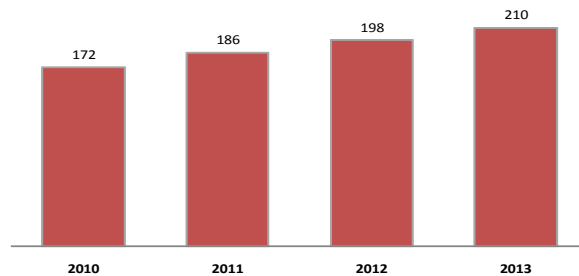
were: eligibility for care, unfamiliarity with the application process, and inconvenience of VA facility locations. Elderly women Veterans cited difficulties with transportation as a main reason for not using VHA health care. Whether or not a woman uses VA could also be due to her perceptions of the care she will receive. According to the NSWV, non-users reportedly based their negative opinions of VA health care on news and media reports. VA can use survey results such as these to inform future research and outreach efforts geared toward increasing utilization of services and improving women Veterans' perceptions of care.⁶⁵

From 2000 to 2009,⁶⁶ the number of women Veterans using VA health care increased 83 percent, from 159,630 to 292,921.⁶⁷ To put this in perspective, about 10 percent of all women Veterans in 2000 used VA health care compared with 19 percent of all women Veterans in 2009.⁶⁸ During this same period, the number of male Veterans using VA increased only about 50 percent.⁶⁹ Data from the 2009 NSWV suggest that the low cost of VHA health care is a major incentive for women to choose VA over other private sources of care.⁷⁰ The growth in the demand for health care services by women Veterans, particularly if the current non-users later become users, could have major implications for VHA delivery systems. Understanding who the current users are, how they use VA services, and the perceptions of non-users who may later turn to VA is important for anticipating utilization and preparing medical staff and medical centers to treat these women in the future.⁷¹

The growth in the number of women coming to VA for treatment of gender-specific conditions is projected to continue growing significantly in next several years

(Figure 14). These growth projections are influenced by three main factors. First, VA is redesigning its approach to providing women's health care services to use a single primary care provider and is grouping commonly-used services and specialties together to optimize continuity and access of care for women Veterans. Second, VA is focusing on ensuring that every woman Veteran receives high-quality comprehensive medical treatment that includes gender-specific health care services, making VA an even stronger health care choice in comparison to other alternatives. Third, the number of active-duty military women is at an all-time high and the number of women Veterans using VA health care services has also shown a sustained increase over the last few years. In short, VA's improvements combined with demographic changes are driving higher participation rates as well as expected costs over the next several years.⁷²

Figure 14.
Projections of the Number of Women Veterans Receiving Gender-Specific Treatments: 2010 to 2013
(in thousands)



Source: Department of Veterans Affairs, FY 2012 Budget Submission - Volume 2 (Washington, DC: Office of Management, 2011), p. 1H-40. Prepared by the National Center for Veterans Analysis and Statistics.

Consistent with its commitment to women Veterans health care services, VA is planning for increased costs in the near term. Figure 15 shows projected budget expenditures for gender-specific health care and for the total cost of women Veterans' health care. Gender-specific health care costs are forecasted to increase 40 percent from 2010 to 2013. These projected costs are consistent with the forecasted increase in total health care costs for women Veterans, which are expected to rise 39 percent within the same time period.

Figure 15.
Projected Health Care Costs for Women Veterans: 2010 to 2013

	2010	2011	2012	2013
Gender-Specific Health Care	\$214,455,000	\$241,802,000	\$270,002,000	\$300,777,000
Total Women Veterans Health Care	\$2,584,252,000	\$2,890,720,000	\$3,220,884,000	\$3,581,521,000

Source: Department of Veterans Affairs, FY 2012 Budget Submission - Volume 2 (Washington, DC: Office of Management, 2011), p. 1H-40. Prepared by the National Center for Veterans Analysis and Statistics.

Outpatient Care

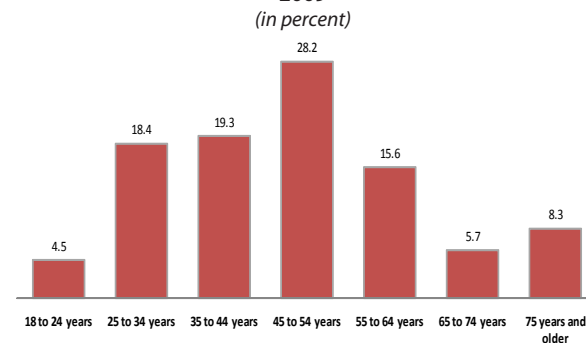
The majority of women Veterans who used VHA health care in 2009 were seen as outpatients (287,447 of 292,921).⁷³ Outpatient, or ambulatory care, refers to services or procedures provided at a hospital or clinic that do not require an overnight stay. Only a very small proportion of women Veterans in the VHA system (2 percent) exclusively used inpatient care (i.e., overnight hospital stays), fee-basis care, contract care, or pharmacy services in 2009.⁷⁴ Non-VA or 'fee-basis' care is medical care provided to eligible Veterans when VA medical facilities are not feasibly available.

The age distribution of women Veterans using VHA health care (Figure 16) generally resembled that of the total women Veterans population in the American Community Survey (ACS).⁷⁵ Women who used VHA health care in 2009 were slightly younger than the women Veteran population as a whole. The median age of women who used VHA services was 47 years while the median age for total women Veterans in the ACS was about 48.

In 2009, 55 percent of women Veterans who used VHA health care had a service-connected disability rating.⁷⁶ Service-connected disabilities are injuries or illnesses that are incurred or aggravated during service in the military. The Veterans Benefits Administration reviews disability compensation claims, determines if the disability is service-connected, and then rates the severity of the disability from 0 to 100 percent. In the context of this analysis, "service-connected" refers only to officially granted service-connected disability status. Women Veteran patients with a service-connected

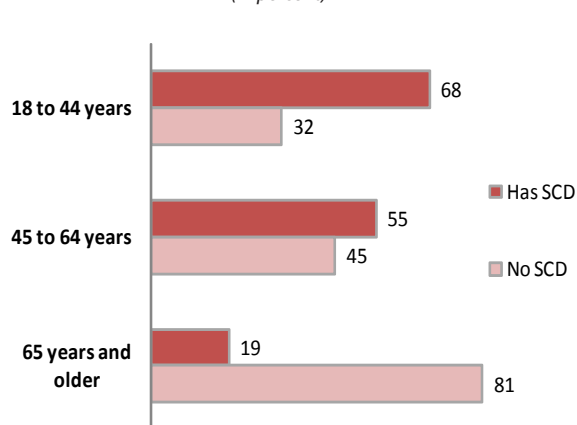
disability who have not yet applied and been granted benefits would not be included here. Of the women Veterans with a service-connected disability who used VHA outpatient care in 2009, 26 percent had ratings of 50 percent or higher.⁷⁷

Figure 16.
Age Distribution of Women Veterans Using VHA Health Care in 2009



Source: Department of Veterans Affairs, Veterans Health Administration, data from "Sourcebook: Women Veterans in the Veterans Health Administration" (2010). Prepared by the National Center for Veterans Analysis and Statistics.

Figure 17.
Service-Connected Disability (SCD) Status of Women Veterans Using VHA Health Care in 2009, by Age



Source: Department of Veterans Affairs, Veterans Health Administration, data from "Sourcebook: Women Veterans in the Veterans Health Administration" (2010). Prepared by the National Center for Veterans Analysis and Statistics.

The percentage of women Veteran outpatients with a service-connected disability varied by age (Figure 17). The youngest patients had the highest percentage with a service-connected disability (68 percent), while the oldest women had the lowest (19 percent).⁷⁸

Although some of the youngest women may have served in occupations or situations where they were more likely to incur injuries, service-connected disability status is not necessarily correlated with combat exposure or wartime service. Many older women Veterans may have been unaware of their eligibility to claim benefits for a service-connected disability. Service-connected disability status can be granted for many conditions and diagnoses. It should also be noted that not all women Veterans who have a service-connected disability use VHA health care services. These women can receive care from their choice of public or private providers depending on their access to health care insurance.

Face-to-Face Care

Face-to-face outpatient care represents in-person care with a clinician in areas such as primary care, mental health care, specialty care, or rehabilitation care. Encounters that would not be considered ‘face-to-face’ would include lab tests, radiology tests, or telephone encounters. According to the VHA Sourcebook, about 95 percent of women Veterans who used any VHA outpatient health care in 2009 had at least one face-to-face encounter with a health care provider. Of those women, 13 percent had only one visit in an outpatient setting while the remainder had two or more face-to-face visits. A substantial number of women Veteran outpatients used VHA care heavily in 2009. Twenty-nine percent of women Veteran users made more than 12 visits to VA providers.⁷⁹ ‘Visits’ refer to encounters with a clinician and more than one visit can occur in a single day.

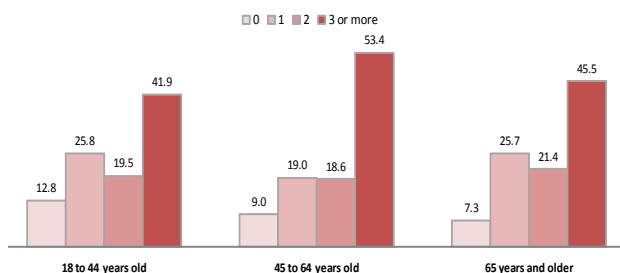
Primary Care

The remainder of the utilization analysis includes only the 287,447 women Veterans using outpatient care.

Ninety percent of women Veterans who used VHA outpatient care in 2009 were seen by a VHA primary care provider in either a primary care clinic or a Women’s Health Clinic.⁸⁰ Primary care clinics (PC) provide preventive care as well as care for a wide range of gender-neutral conditions in a general medical clinic. Women’s Health Clinics (WHC) provide primary care services, both gender-neutral and gender-specific, in a clinic specifically designed for women. Because there is substantial variability in how different VHA facilities code primary care for women and because not all facilities have WHCs, estimates for WHCs alone will not be discussed here. Estimates from the VHA Sourcebook are shown for ‘total primary care’ which refers to care received in PCs and WHCs combined.

Primary care use among women Veterans varied by age in 2009. Regular use was most common among women between 45 and 64 years old (Figure 18). Seventy-two percent of women outpatients in this age group had two or more primary care visits in 2009.⁸¹

Figure 18.
Number of Primary Care Visits in 2009, by Age
(in percent)



Source: Department of Veterans Affairs, Veterans Health Administration, data from “Sourcebook: Women Veterans in the Veterans Health Administration” (2010).
Prepared by the National Center for Veterans Analysis and Statistics.

Nurses in Vietnam

Few women besides Army nurses were sent to Vietnam. An estimated 6,000 military nurses served in Vietnam between 1962 and 1973. These women were not exempted from the dangers of war. They all received combat pay and many received combat medals. In 1963, seven Navy nurses reported for duty at the new U.S. Naval Station Hospital in Saigon, Vietnam. A year later, four of the nurses were off-duty in their quarters when a car bomb exploded. Even though they were injured themselves, they provided aid to others in the hospital. They were the first military women in Vietnam, and the first Navy nurses ever, to receive the Purple Heart. In total, eight military women died in Vietnam, including First Lieutenant Sharon Ann Lane, who was killed by shrapnel from an enemy rocket attack on her hospital.

Sources: D’Amico, Francine and Laurie Weinstein, eds. *Gender Camouflage: Women and the U.S. Military*. New York: New York University Press, 1999; Iskra, Darlene M. *Women in the United States Armed Forces: A Guide to the Issues*. Santa Barbara: Praeger, 2010.

Important Dates in the Military History of Women *(cont.)*

1945 to 1946

The "Reconversion Period" began and women were forced out of the workplace in both the civilian and military sectors. The percentage of women in male-dominated jobs decreased to pre-war levels.

1947

The Army-Navy Nurses Act established a permanent nurses' corps, authorized the Women's Medical Specialist Corps in the Army, and provided identical pay, rank, and allowances as for other commissioned officers.

1948

Women's Armed Services Integration Act allowed women as permanent members of the Armed Forces but limited their occupational roles and opportunities. Women's pay became equal to the pay of men, however criteria for the recruitment of women was stricter.

Nine months after the Air Force gained independence from the Army, the Women's Air Force (WAF) was created.

Executive Order 9981 ended racial segregation in the armed services.

1949

The Air Force Nurse Corps was established.

Korean War (1950-1953)

During the Korean War, women nurses who joined the reserves after World War II were called to active duty again. Many of the women serving in the Korean War were nurses, and nurses were the only women allowed in combat zones.

1951

The Defense Advisory Committee on Women in the Services (DACOWITS) was established to provide recommendations on matters related to recruitment, retention, treatment, employment, integration, and well-being of women in the military.

1960s

The women's movement empowered women to seek greater equality in the workplace and in public life.

In 1967, the Women's Armed Services Integration Act lifted restrictions on the number and ranks of women in the military. The Act removed the two-percent ceiling and offered women the opportunity to compete for the highest ranks in the armed services.

In 1968, the Air Force Reserve Officers Training Corps opened to women at four universities.

1970s

In 1972, the position of Assistant Chief of Naval Personnel for Women was disestablished in favor of integration of women into the main force. In addition, the Army and Navy Reserve Officer Training Corps were opened to women.

Conscription ended in 1973 and the All-Volunteer Force began. At this time, women comprised about two percent of the military population. With the passage of the Equal Rights Amendment and the shortage of men willing to serve, more women began to join the military because of increased opportunities. Several court cases, including *Frontiero v. Richardson*, gave women many of the same rights for dependent benefits as men, career continuation without regard to motherhood status, and the opportunity to serve as aviators and to serve on noncombatant ships.

In 1973, the Navy became the first service to select women for flight training. Two years later, the Air Force followed suit.

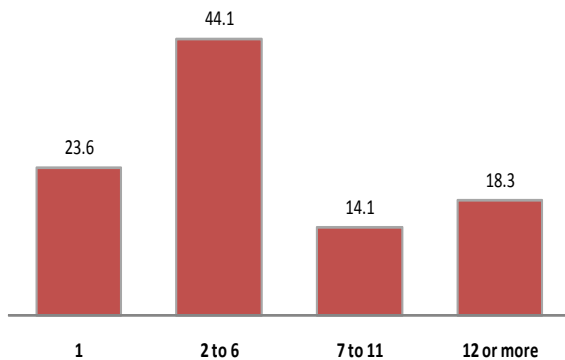
In 1975, the WAF was disbanded.

Continued on page 31

Mental Health Care

Thirty-seven percent (105,780) of all women Veteran outpatients used any mental health service in 2009.⁸² Of the women that sought mental health care through VHA, 24 percent had only one visit while 18 percent had 12 or more visits during the year (Figure 19). These findings suggest that the treatment of mental health illness in women Veterans may require extensive VHA resources.

Figure 19.
Number of Mental Health Care Visits in 2009
(in percent)



Source: Department of Veterans Affairs, Veterans Health Administration, data from "Sourcebook: Women Veterans in the Veterans Health Administration" (2010). Prepared by the National Center for Veterans Analysis and Statistics.

As with primary care usage, the frequency of mental health visits differed by age. Younger women outpatients were more likely to seek mental health care. Forty-one percent of 18 to 44 year olds, 39 percent of 45 to 64 year olds, and 18 percent of women 65 years and older used mental health services in 2009.⁸³

Changes in Utilization: 2000 to 2009

Changes that have been noted over the past decade in the age and service-connected disability status of women Veterans using the VHA health care system have serious implications for meeting the needs of these women in the future. Figure 20 shows how the age distribution of women Veteran outpatients has changed from 2000 to 2009. In 2000, the age of these women peaked at ages 44 and 76. Women who entered the military in large numbers in the early years of the All-Volunteer Force would have been in their mid-40s in 2000 while women Veterans of World War II would have been nearing their late 70s. By 2009, a third peak appears in the graph, at age 27. Young

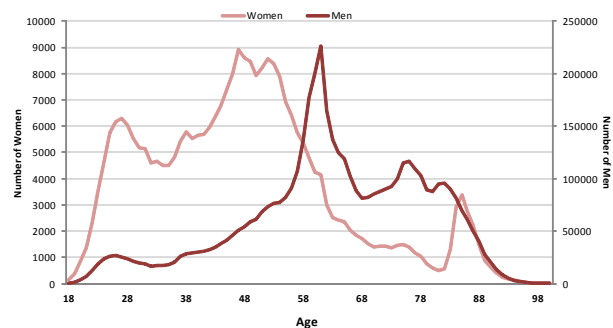
women who entered the military after September 11, 2001 would have been about 27 in 2009. This post-9/11 cohort of women Veterans appears to be turning to VA in increasing numbers for its health care needs very soon after leaving the military and could potentially remain in the VHA system for the next 50 or 60 years. This demographic shift means VHA must be prepared to provide all those services necessary during women's reproductive years all the way through to their later years when they will require more intensive care for age-related illnesses and

Figure 20.
Age Distribution of Women Using VHA Health Care in 2000 and 2009



Source: Department of Veterans Affairs, Veterans Health Administration, Assistant Deputy Undersecretary of Health enrollment data file, 2009. Prepared by the National Center for Veterans Analysis and Statistics.

Figure 21.
Age Distribution of Women and Men Using VHA Health Care in 2009



Source: Department of Veterans Affairs, Veterans Health Administration, data from "Sourcebook: Women Veterans in the Veterans Health Administration" (2010). Prepared by the National Center for Veterans Analysis and Statistics.

extended care services. By way of comparison, Figure 21 shows a graph of male and female Veterans who used VHA health care services in 2009. The third peak, at 27 years old, is not nearly as evident for men. This could be because the cohorts of older male Veterans are so large that they mask the changes in the younger male Veterans and not necessarily that the young male Veterans are not using VHA health care.

The proportion of women Veteran patients with a service-connected disability has also increased over the decade from 48 percent in 2000 to 55 percent in 2009.⁸⁴ As Figure 17 above showed, younger women have higher percentages with service-connected disabilities. This means they could require a lifetime of potentially extensive care, depending on the severity of their conditions.

Compensation Benefits

The Veterans Benefits Administration (VBA) oversees all of the Department of Veterans Affairs' (VA) programs that provide financial and other forms of assistance to Veterans, their dependents, and survivors. The major benefits administered by VBA include compensation, pension, survivors' benefits, vocational rehabilitation, employment assistance, education assistance, home loan guaranties, and life insurance coverage. The following analyses provide an examination of women Veterans' utilization of four of the major VBA programs: compensation, vocational rehabilitation and employment, pension, and education benefits.

About the Data

Compensation and Pension Benefits

Data about the utilization of Compensation and Pension programs are provided by an annual extract of administrative data from the Veterans Benefits Administration for fiscal year 2009. The file includes administrative data for Veterans receiving compensation and pension benefits maintained by the Compensation and Pension Service.

Education Benefits

Data about the utilization of education programs are provided by an annual report from the Veterans Benefit Administration (COIN Edu 704 Report).

Disability compensation is a financial benefit paid to Veterans as a result of illness or injury incurred or aggravated by military service. These conditions are referred to as service-connected conditions, also commonly known as service-connected disabilities.

Disability compensation varies with the degree of disability and the number of a Veteran's dependents. The benefit is paid monthly generally for the entirety of the Veteran's life. Veterans with certain severe disabilities may be eligible for additional special monthly compensation. These financial benefits for a service-connected disability are not subject to federal or state income tax. To be eligible to receive this benefit, the service of the Veteran must have been terminated through separation or discharged under conditions other than dishonorable. Figure 22 shows the VA disability compensation rates for 2009.

Figure 22.
VA Disability Compensation Rates: Fiscal Year 2009
(Effective as of 12/01/08)

Veteran's Disability Rating	Monthly Compensation
10%	\$123
20%	\$243
30%	\$376
40%	\$541
50%	\$770
60%	\$974
70%	\$1,228
80%	\$1,427
90%	\$1,604
100%	\$2,673

Note: This table provides baseline data for the monthly monetary compensation. Veterans with disability ratings of at least 30 percent are eligible for additional allowances for dependents, including spouses, minor children, children between the ages of 18 and 23 who are attending school, children who are permanently incapable of self-support because of a disability arising before age 18, and dependent parents. The additional amount depends on the disability rating and the number of dependents.

Source: Department of Veterans Affairs, Veteran Benefits Administration, Office of Performance Analysis and Integrity, 2009. Prepared by the National Center for Veterans Analysis and Statistics.

Veterans must apply to receive disability compensation. Once the application process is started, a file is created to document the conditions and injuries for which the Veteran is applying. The Veteran then undergoes a physical examination to determine the degree of disability. Results are compiled and

analyzed, and the Veteran receives a disability rating for each separate condition identified. If the Veteran has more than one condition, those separate conditions are combined into a single combined disability rating. Veterans with multiple disabilities are identified as having a most disabling condition, which is classified as the disability condition with the highest rating, followed by additional condition(s) which may or may not be a consequence of the most disabling condition. Ratings for service-connected disabilities range from 0 percent to 100 percent, in increments of 10 percent. A zero-percent rating indicates that a disability exists, but is not so disabling that it entitles the Veteran to compensation benefits, whereas a 100-percent disability rating indicates that the disability is so severe that the Veteran cannot gain or hold steady employment.⁸⁵ In 2009, 243,632 women Veterans were receiving compensation from VA for a service-connected disability, representing about 16 percent of the total population of women Veterans. Of those women receiving compensation, 39 percent had a combined disability rating of 50 percent or higher.

Most Prevalent Service-Connected Disabilities

Of the top ten most seriously disabling conditions for women Veterans in 2009, the top three (post-traumatic stress disorder, lower back pain, and migraines) accounted for 15 percent of all service-connected disabilities for women (Figure 23).

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) can occur as a result of experiencing a trauma, and approximately 8 percent of the U.S. general population will have PTSD at some point in their lives.⁸⁶ According to the Department of Veterans Affairs National Center for PTSD, women are more likely than men to develop PTSD from traumatic experiences such as sexual assault during their time in service, specifically known as military sexual trauma.⁸⁷ Other studies have shown that women in the general U.S. population have higher rates of depression and anxiety disorders, such as PTSD, compared to men.⁸⁸ Experiencing any trauma can predispose an individual to developing PTSD, but that does not mean that individual will develop PTSD. There are several factors that influence the development of PTSD, such as the length and intensity of the trauma, reaction to the trauma, or how much support and help the individual sought after the trauma.⁸⁹

Lower Back Pain

Lower back pain is a common condition in the general population as well as in the population of women Veterans. Around 5 percent of women Veterans received service-connected compensation for this condition (listed as their most disabling condition) in 2009. Additionally, around 13,000 women Veterans completed short stays in the hospital as a result of lower back pain.⁹⁰

Migraines

Migraines are defined as a neurological condition of moderate to severe headaches and nausea. In 2009, almost 12,000 women Veterans received disability compensation for migraines as a disabling condition. Research has shown that women are more likely to suffer from regular migraine headaches, around 18 percent of the general U.S. population of women reports that they suffer from migraines.⁹¹

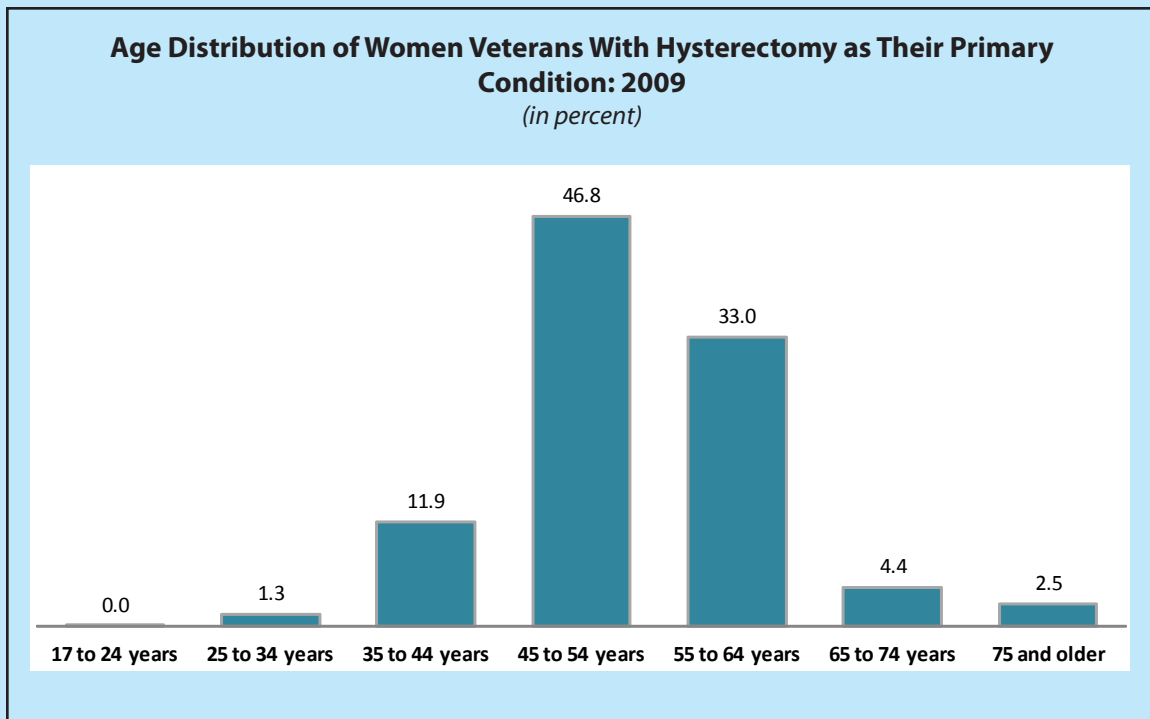
Figure 23.
Ten Most Prevalent Service-Connected Disabilities for Women Veterans: 2009

Condition	Frequency	Percentage
Post Traumatic Stress Disorder	13,783	5.7%
Lower back pain	11,870	4.9%
Migraine	11,700	4.8%
Major depressive disorder	11,547	4.8%
Partial hysterectomy	9,903	4.1%
Removal of reproductive glands	8,558	3.5%
Impairment of knee	7,805	3.2%
Asthma	7,214	3.5%
Arthritis, due to trauma	6,620	2.7%
Tenosynovitis	5,686	2.3%
Total- Most Prevalent Disabilities	94,686	39.0%
Total- All Disabilities	243,632	100.0%

Source: Department of Veterans Affairs, Veteran Benefits Administration, Office of Performance Analysis and Integrity, 2009. Prepared by the National Center for Veterans Analysis and Statistics.

Hysterectomy as a Service-Connected Disability

According to the National Hospital Discharge Survey, conducted by the Centers for Disease Control and Prevention, approximately 600,000 hysterectomies are performed each year in the general U.S. population. Women Veterans can receive disability compensation for associated conditions resulting from hysterectomies if the condition occurred during service or was exacerbated by military service. Around 7 percent (18,461) of women Veterans who received service-connected disability compensation in 2009 had a partial or full removal of their female reproductive glands or organs.



Sources:

Text:

Maura K. Whiteman, Susan D. Hills, Denise J. Jamieson, Brian Morrow, Michelle Podgornik, Kate M. Brett, and Polly A. Marchbanks, "Inpatient Hysterectomy Surveillance in the United States, 2000-2004," *American Journal of Obstetrics and Gynecology* 198, no. 1 (2008): 34.e1-7.

Figure:

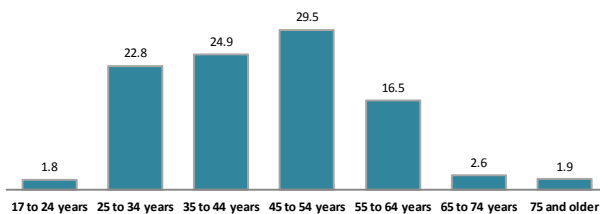
Department of Veteran Affairs, *Veteran Benefits Administration, Office of Performance Analysis and Integrity, 2009.*

Prepared by the National Center for Veterans Analysis and Statistics.

Age Distribution for Women Veterans Receiving Compensation

Of the women Veterans receiving compensation for a service-connected disability, nearly 80 percent were between 25 and 54 years old (Figure 24). Women ages 45 to 54 made up 30 percent of the total population of women Veterans receiving service-connected disability compensation in 2009. The age distribution of the total population of women Veterans from the American Community Survey and the age distribution of those receiving service-connected disability compensation both reflect the large increases in the number of women who entered the military in the 1970s. Women who entered the military between 1973 and 1979 at the typical age of 18 would have been between 48 and 54 years old in 2009. Compared with the total population of women Veterans, younger women Veterans were overrepresented and older women Veterans are underrepresented in the population who received service-connected disability compensation in 2009. This is not surprising considering many women Veterans of older generations may have been unaware of their benefits as Veterans. Younger generations of women Veterans have served in higher proportions and are more aware of the benefits tied to their Veteran status.

Figure 24.
Age Distribution of Women Veterans Receiving Service-Connected Disability Compensation in 2009
(in percent)

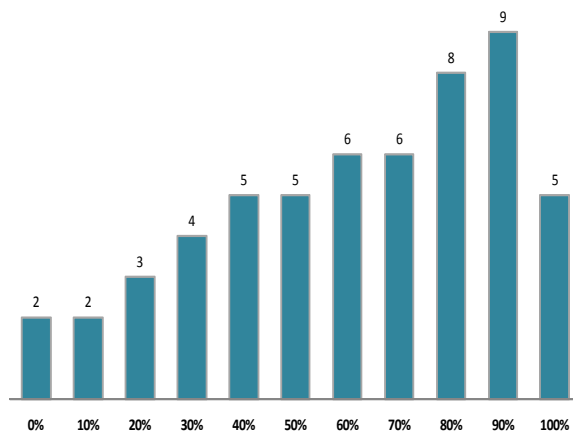


Source: Department of Veterans Affairs, Veteran Benefits Administration, Office of Performance Analysis and Integrity, 2009. Prepared by the National Center for Veterans Analysis and Statistics.

Degree of Disability

Figure 25 shows the average number of service-connected disabilities by the combined degree of disability for women Veterans in 2009. The average number of disabilities for women Veterans increased steadily as the ratings increased, with a peak at the 90-percent rating. Women Veterans with a service-connected disability rating of 90 percent had an average of nine conditions in 2009. The substantial drop in the average number of disabilities that occurs at the 100-percent rating is likely due to these Veterans having fewer, yet more seriously disabling conditions.

Figure 25.
Average Number of Service-Connected Disabilities, by Combined Degree of Disability: 2009



Source: Department of Veterans Affairs, Veteran Benefits Administration, Office of Performance Analysis and Integrity, 2009. Prepared by the National Center for Veterans Analysis and Statistics.

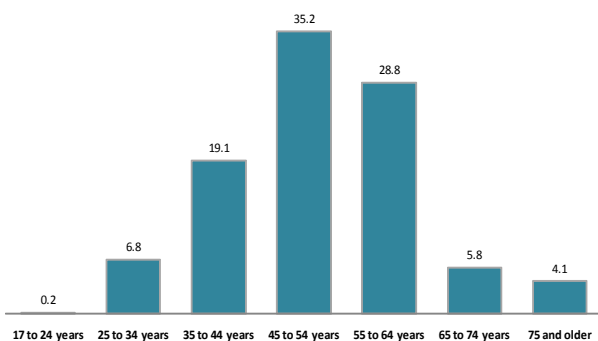
Individual Unemployability Compensation

Individual Unemployability (IU) is a component of VA's disability compensation benefit program which allows Veterans to receive financial compensation at the 100-percent level even though their combined service-connected disability rating is below 100 percent under the schedule for rating disabilities. In order to qualify, a Veteran must be unable to maintain substantially gainful employment as a result of her service-connected disabilities. In addition, the Veteran must have one service-connected disability rated at 60 percent or higher, or two or more service-connected disabilities (at least one of which is rated at 40 percent) with a combined rating of 70 percent or higher. Veter-

ans who receive IU compensation are allowed to work as long as that employment is not considered substantially gainful. In other words, their employment must be considered marginal employment.⁹² In 2009, about 6 percent of women Veterans who received compensation for a service-connected disability were receiving IU compensation. This represents less than 1 percent of the total women Veteran population.

Of all the women Veterans receiving IU compensation in 2009, 64 percent were between the ages of 45 and 64 (Figure 26). Approximately 7 percent of women Veterans receiving IU compensation from VA were under the age of 34. As has been noted with other benefits, the age distribution of women receiving this benefit generally reflects that of the total women Veteran population in 2009.

Figure 26.
Age Distribution of Women Veterans Who Received Individual Unemployment Compensation in 2009
(in percent)

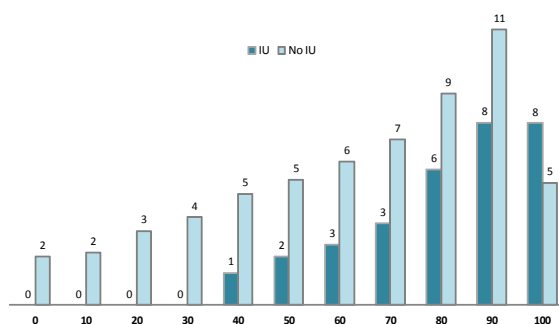


Source: Department of Veterans Affairs, Veteran Benefits Administration, Office of Performance Analysis and Integrity, 2009. Prepared by the National Center for Veterans Analysis and Statistics.

Figure 27 compares the average number of service-connected conditions for women Veterans who did and did not receive IU compensation in 2009. In order to qualify for IU, Veterans must have at least one condition with a 40-percent rating, therefore, there were no women Veterans with rating below 40 percent who received IU compensation. In 2009, women Veterans who received IU compensation had fewer service-connected conditions, on average, than women who did not receive IU compensation. Due to the eligibility rules for IU, this result is to be expected for all Veterans, not just women Veterans. As previously noted, PTSD

was the most prevalent disability (among an individual's most disabling condition) for all women Veterans receiving service-connected disability compensation in 2009. Of the women Veterans who received IU compensation, 18 percent had PTSD identified as their most disabling condition.

Figure 27.
Average Number of Service-Connected Conditions, by Receipt of Individual Unemployment Compensation: 2009



Source: Department of Veterans Affairs, Veteran Benefits Administration, Office of Performance Analysis and Integrity, 2009. Prepared by the National Center for Veterans Analysis and Statistics.

Vocational Rehabilitation and Employment Program

The Vocational Rehabilitation and Employment (VR&E) Program is authorized by Congress under Chapter 31 of Title 38, United States Code. It is sometimes referred to as the Chapter 31 program. The VR&E program assists Veterans who have service-connected disabilities to prepare for, find, and keep suitable employment. For Veterans with severe disabilities that cannot hold suitable employment, VR&E provides services to help maximize their independence in daily life. Services that are provided by the VR&E program include: interest and aptitude testing, occupational exploration, career counseling, on-the-job and post-secondary training, and job placement assistance. Veterans are eligible to apply for VR&E benefits if they have received a discharge that is other than dishonorable and have a service-connected disability of at least 10 percent, with a severe employment handicap. The basic period of eligibility for which VR&E services may be used is twelve years (subject to several exceptions) following either: the date of separation from active-duty military service or the date the Veteran was first notified by VA

of a service-connected disability rating.^{93 94} Twenty percent of Veterans participating in the VR&E program in 2009 were women (21,614 out of 110,750).⁹⁵ Participants are defined as Veterans in any of the following stages of the vocational rehabilitation process: extended evaluation, independent living, job-ready status, and rehabilitation-to-employment.⁹⁶

Pension Program

Pension benefits are payable to wartime Veterans who meet certain eligibility requirements. In order to qualify for a disability pension, Veterans must meet the following criteria: (1) discharged under conditions other than dishonorable, (2) served at least 90 days of active service, one of which was during a wartime period, (3) have a family income that falls below a set annual limit, and (4) be age 65 or older, or be permanently and totally disabled. Veterans are not required to have a service-connected disability in order to receive a disability pension. Veterans also cannot receive a VA disability pension and service-connected compensation at the same time. If a Veteran is eligible for both, VA will pay the benefit that is the greater amount.⁹⁷ In 2009, 11,160 women Veterans were receiving a VA disability pension.⁹⁸

Education Benefits

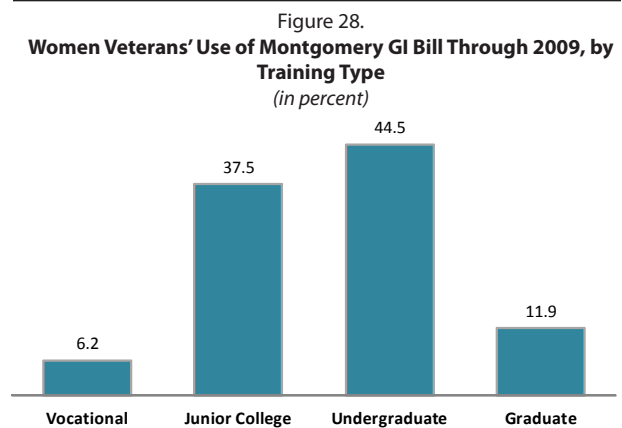
The Servicemen's Readjustment Act of 1944, more commonly known as the "World War II GI Bill", established a variety of benefits for World War II Veterans and future generations of Veterans, such as home and business loans, unemployment compensation, and financial support for education and vocational training. The GI Bill allowed millions of Veterans to pursue higher education and other training opportunities to which many otherwise would not have had access. The goal of the GI Bill was to avoid the mishaps of World War I by giving Veterans greater opportunities to assimilate into civilian life following their military obligation.⁹⁹ Unlike male Veterans, World War II women Veterans faced barriers in accessing the GI Bill—many did not know they were eligible for these benefits. In addition, the social and cultural norms after the war discouraged women from the workplace and encouraged them to be focused on their role in the home as mothers, wives, and homemakers.¹⁰⁰

The establishment of the GI Bill in 1944 was fundamental in creating education benefits for those who have served this nation, a goal that continues as a high

priority today.¹⁰¹ Since 1944, Congress has continued to establish new educational assistance programs in order to reflect the changing times of service and to better serve the needs of current Veterans. After the establishment of the All-Volunteer Force in 1973, the VA's educational programs transformed from a reward for fulfilling obligated service to an incentive for voluntary service. The current generation of women Veterans is more aware of their Veteran status and the range of benefits they are entitled to, including education benefits.

The most recently available statistics on women Veterans' usage of VA educational benefits come from the Veterans Benefits Administration. In 2009, about 284,000 women Veterans used their Montgomery GI Bill benefits through the end of the year. This represented about 19 percent of the total population of women Veterans. It is important to note that not all women Veterans are still eligible to use their GI Bill benefits because these benefits typically expire within 10 years of leaving the military. Generally, most women who left the military prior to 1999 would not still have been eligible to use their GI Bill benefits by the year 2009. Because the Post-9/11 GI Bill was implemented in August 2009, VA does not yet have any gender-based statistics for this updated version of the education program.¹⁰²

Figure 28 shows use of the Montgomery GI Bill by female Veterans at the conclusion 2009. Over 80 percent of women Veterans used their benefits for undergraduate or junior college educational purposes, while about 12 percent used these benefits to pursue graduate-level education.



Source: Department of Veterans Affairs, Veterans Benefits Administration, COIN Report, 2009.
Prepared by the National Center for Veterans Analysis and Statistics.

Department of Veterans Affairs Education Programs

Post-Vietnam Era Veterans Education Assistance Program (VEAP):

VEAP was the first educational program that required a contribution from the Servicemember, which was matched by the government (\$2 for every \$1 the Servicemember contributed). To qualify for VEAP, Servicemembers must have first entered active duty after December 31, 1976 and before July 1, 1985 and been discharged under conditions other than dishonorable. Since the beginning of VEAP, 19,942 females Veterans used the education program through 2009.

Reserve Educational Assistance Program (REAP):

REAP provides educational benefits to certain National Guard and Reserve members who are called to active-duty service in response to a war or a national emergency as declared by the President or Congress. Although data are not available by gender, as of 2009, a total of 82,466 Veterans used REAP benefits. The majority (53.4 percent) of Veterans using REAP received undergraduate level training through this program.

Montgomery GI Bill for Active-Duty and Selected Reserve (MGIB-AD, MGIB-SR):

In 1984, the MGIB revamped the 1944 Servicemen's Readjustment Act and provided up to 36 months of education benefits for individuals, including: degree and certification programs, flight training, apprenticeship/on-the-job training, and correspondence courses. Montgomery GI Bill-Active Duty (MGIB-AD) is a contributory program, where the Servicemember's pay is automatically reduced by \$100 per month for the first 12 months of active duty unless the Servicemember declines to participate at the time of enlistment. The Montgomery GI Bill-Selected Reserve (MGIB-SR) is the first GI Bill to provide educational assistance to members of the Selected Reserve (including National Guard members). The educational benefits for both programs are generally payable for ten years following discharge from an individual's military service. The MGIB is commonly referred to as Chapter 30.

The Post-9/11 GI Bill:

The Post-9/11 GI Bill provides financial support for education and housing to all individuals who have at least 90 days of service on or after September 11, 2001 (or individuals who were discharged with a service-connected disability after 30 days). In order to receive the Post-9/11 GI Bill, Veterans must have received an honorable discharge. The Post-9/11 GI Bill includes education benefits for undergraduate and graduate degrees, vocational or technical training, as well as some licensing and certification tests. For the first time in history, the Post-9/11 GI Bill offers Servicemembers who qualify to transfer their unused educational benefits to their spouses and children.

For specific eligibility requirements for all VA education programs, see <http://www.gibill.va.gov/benefits/index.html>

Source: Department of Veterans Affairs, Post-9/11 GI Bill and Other Programs, U.S. Department of Veterans Affairs, last modified on December 8, 2010, <http://www.gibill.va.gov/benefits/index.html>; Department of Veterans Affairs, Veterans Benefits Administration, COIN Report, 2009.



Current Initiatives for Women Veterans

The Department of Veterans Affairs (VA) continues to make women Veterans one of its top priorities through the increasing quality and accessibility of its services, through media outreach and education campaigns that specifically target women Veterans, and through the creation of additional surveys and research agendas that focus on the needs of women Veterans. The women Veterans population is rapidly growing and more women are looking to use benefits that VA provides, giving even more importance for VA to anticipate and address the challenges that women Veterans are currently facing.¹⁰³ The most recent cohort of women Veterans, those who have served in Afghanistan and Iraq, are using VA benefits at historically high rates.¹⁰⁴ VA has initiatives in several areas in order to ensure that the quantity of services and the quality of care for women Veterans is at its best.

Health Care

The “Enhancing the Veteran Experience and Access to Health Care” (EVEAH) initiative is an effort to expand health care for Veterans, including underserved populations such as rural Veterans and women. VA has allocated significant budget increases over the last few years to establish gender-specific programs that will better meet the needs of women Veterans recovering from various forms of trauma associated with their military service, such as military sexual trauma and post-traumatic stress disorder. In addition, VA is working to expand health care services for women in Vet Centers, which provide readjustment counseling for returning war Veterans and their families. VA is also working with health care providers to provide additional training and equipment relating to women’s health issues, so that all VA health care facilities have a better understanding of the specific needs of women Veterans.¹⁰⁵ The Women Veterans Health Strategic Health Care Group (WVHSHG) has partnered with VA Employee Education Services to conduct mini-residencies in Women’s Health, in which more than 1,200 VA providers have been trained.

One of the long-term goals for VA health care facilities is to ensure that every single facility is equipped to provide women Veterans both primary care as well as gender-specific care. The goal of VA is for women to be able to go to a single location to get primary care, gender-specific care, and mental health services.¹⁰⁶ In addition, VA is seeking ways to improve women’s overall access and experiences with VA medical centers.



In the summer of 2011, VA announced pilot programming at three VA medical centers¹⁰⁷ for free, drop-in childcare services provided for all Veterans attending the facility for an appointment. For many women Veterans who care for young children, the launch of this childcare program will make it easier for them to access and utilize VA medical services.¹⁰⁸

Institutional Advocates

Across the nation, all VA Medical Centers have women Veteran program managers who are designated individuals to advise, advocate for, and assist women Veterans with their health care needs. In addition, all regional offices in the Veterans Benefits Administration have women Veterans coordinators to advocate on behalf of women Veterans.¹⁰⁹

Homelessness

The VA Women Veterans Health Program, which was created in 1988 in order to streamline health care services for women Veterans, provides various avenues

for homeless women Veterans to live more independently. These include: emergency shelters, transitional housing programs, and permanent housing. There are also some services and programs available for homeless women who have dependent children in their care.¹¹⁰

Outreach and Education

VA is also improving its outreach to women Veterans by making women more visible in VA publications, marketing materials, posters, and messages. The 2011 VA budget has established funds for the implementation of a social networking website as well as a 24 hours a day, 7 days a week peer call center, both of which would be for women combat Veterans who are seeking support. In June 2011, VA began a multi-year calling campaign in order to reach the population of approximately 1.8 million women Veterans¹¹¹ to engage in crucial conversations about their perspectives on VA services, their use of VA services, and/or to inform women Veterans of the services available. The goal of this calling campaign is to open the lines of communication between VA and women Veterans in order to better serve their needs.

The National Cemetery Administration (NCA) is reaching out to women Veterans to create awareness and provide information about women Veteran's eligibility for burial services and benefits provided by VA.¹¹² NCA representatives are continuing to provide outreach through word of mouth at conferences focused on women Veterans, such as the Washington Women Veterans Summit, as well as reaching out to women Veterans through their webpage with regards to burial benefits.¹¹³ About 5,200 women Veterans received burial benefits in 2009. Of those, 1,976 were buried in a VA national cemetery and 3,226 received a headstone or marker for burial in a state or private cemetery. Since records started being kept in 1850, about 34,000 women Veterans have been buried in national cemeteries maintained by NCA. An additional 34,006 women Veterans have received a headstone or marker for burial in a state, private, or other cemetery since 1850.¹¹⁴ In 1973, Public Law 93-43 authorized the transfer of 82 of the existing 84 national cemeteries from the Department of the Army to the Department of Veterans Affairs. The NCA cemetery system does not include Arlington National Cemetery in Virginia or Soldiers' Home National Cemetery in Washington, DC. In January 2010, VA opened its 131st cemetery—Washington Crossing National Cemetery.¹¹⁵

Outreach and education initiatives for women Veterans are helping to break down barriers between women Veterans and VA. Many women Veterans do not identify themselves as Veterans, which may affect their likelihood to seek VA benefits and resources. VA is actively reaching out to women Veterans in order to create more awareness about programs and services for women in order to better serve their needs.¹¹⁶

Peacetime Pioneers

Military women do not need a war in order to show their true grit. Almost 30 percent of all living women Veterans served exclusively during times of peace. After Vietnam, women shattered all expectations as the services transitioned to the All Volunteer Force (AVF). Contrary to fears at the outset of the AVF, the quality of new recruits actually increased. A major contributing factor was the expansion of female recruitment.

Ultimately, it was the federal courts, not the Department of Defense, who were the catalysts to revising discriminatory policies in the military. During the 1970s, military women brought a series of lawsuits against the services which challenged the constitutionality of their policies regarding women. Over the next 10 years, barriers to women were toppled by persistent efforts to study and litigate military practices. Women broke ground into the Officer Candidate Schools, the service academies, and ROTC programs. In 1970, the first two women in history were promoted to the rank of brigadier general. Women in the Army, Navy, and Air Force all gain access to the skies as flight training programs were opened to them. Women made their way to the seas in the 1970s as well. Women officers had the same goals as their male counterparts, command of their own respective units. The U.S. Coast Guard had its first female ship commander in 1978. The Navy had its first female air squadron commander in 1990. The peacetime pioneers opened the doors for all women who would follow them, whether in times of war or peace.

Sources: Holm, Jeanne. *Women in the Military: An Unfinished Revolution*, Revised Edition. Novato: Presidio Press, 1992; Iskra, Darlene M. *Women in the United States Armed Forces: A Guide to the Issues*. Santa Barbara: Praeger, 2010.



Important Dates in the Military History of Women (cont.)

1970s (cont.)

In 1976, President Gerald Ford signed a law allowing women entrance into the military academies.

In 1977, military Veteran status was granted to the women in the WASP who served during World War II.

In 1978, the WAC was disbanded. Section 6015 of U.S.C. Title 10 was amended to say women may not be assigned to duty on vessels or in aircraft engaged in combat missions. They were also not to be assigned to temporary duty on Navy vessels except for hospital ships, transports, and similar vessels not expected to be assigned combat missions.

Also in 1978, the Coast Guard opened all assignments to women.

1990s

The 1991 Persian Gulf War saw the largest wartime deployment of women in the history of the Armed Forces as 41,000 women were sent to Kuwait. Women were not allowed to serve in ground combat jobs, on combat ships, or in aircraft participating in air combat.

A 1992 amendment to the Defense Authorization Act repealed existing combat exclusion laws pertaining to women flying combat aircraft in the Navy, Air Force, and Marine Corps.

In November 1993, the prohibition against women serving in combatant ships was repealed through the 1994 Defense Authorization Bill. The Navy successfully authorized the assignment of women to all ships except submarines and patrol craft.

In 1994, Secretary of Defense Les Aspin repealed the DoD "Risk Rule." This resulted in tens of thousands more billets opening up to women in the Army and Marine Corps.

Operation Desert Fox (enforcing the no-fly zone in Iraq), began in 1998 and women aviators flew combat missions for the first time in history.

2000 to Present

The House Armed Services Committee added a provision to the National Defense Authority Act of 2001 prohibiting the assignment of women to submarines.

The military campaign against Afghanistan began in 2001, followed by the campaign in Iraq in 2003. Since the start of operations in Afghanistan and Iraq, over 200,000 women have been deployed to these regions.

The DACOWITS charter was modified to include the addition of family matters to the list of issues within the purview of the committee.

In 2006, the Defense Authorization Act added a mandate that the Secretary of Defense must notify Congress of any change in the ground combat exclusion policy or any change in the billets open or closed to women.

In 2009, the Navy began moving forward on plans to integrate women into submarine crews by 2011.

¹Women had to be 21 years old to enlist without parental consent. Enlisted women were restricted to two percent of the total authorized enlisted forces. Officer women were limited to ten percent of the authorized number of enlisted women and they could not have a permanent commission above O5 nor could they supervise men. Women were still prohibited service on any naval vessel except hospital ships and naval transports. They could also not be assigned to any aircraft that would likely engage in combat missions. Women were still permitted to opt out of their contracts if they married but they were forced out if they became pregnant or married a man with children.

Sources:

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"Highlights in the History of Military Women." *Women in Military Service for America Memorial Foundation, Inc.*, Accessed August 11, 2011. <http://www.womensmemorial.org/Education/timeline.html>.

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Manning, Lory, Captain (USN, ret). "Women in the Military", Sixth Edition. A *Women in the Military Project Report of the Women's Research & Education Institute*, Washington D.C. 2008.

"Women in the Military & Women Veterans." *Women's Research and Education Institute*. Accessed August 11, 2011. <http://www.wrei.org/MilitaryWomen.htm>

Research

VA has made it a priority to improve the overall care for women Veterans and this has been reflected in an increasing amount of research about women Veterans. In 2004, the VA Office of Research and Development established an agenda for women's health research, which spearheaded research on women Veterans within VA. From 2004 to 2008, VA published more articles on the impacts of women serving in the military than in the previous 25 years combined. In July 2011, the journal *Women's Health Issues* published a special supplement showcasing 18 articles that demonstrate the excellence of VA health research on women Veterans.¹¹⁷ VA has expanded its research on women Veterans, covering such topics as: the impacts of trauma and combat exposure for women, women Veterans' overall health care needs, gender differences in health care during deployment and post-deployment for women Veterans, and mental health outcomes and reintegration for women. Research agendas targeted towards the female Veteran population help VA better understand women Veterans in order to provide more effective and efficient services.¹¹⁸

Surveys

For the first time in 25 years, VA conducted the National Survey of Women Veterans in 2009. The goal of this survey was to obtain a nationally-representative sample to identify the current demographics, health care needs and barriers, and VA experiences of women Veterans. These data were used by the Advisory Committee on Women Veterans to write their 2010 report entitled, "Women Veterans—A Proud Tradition of Service," which made ten overarching recommendations and rationales to enhance VA's services for women Veterans. VA is also launching a study entitled the "Long-Term Health Outcomes of Women Veterans' Service During the Vietnam Era," also known as HealthVIEWS (the Health of Vietnam Era Women's Study). The study was created to evaluate the long-term mental and physical health effects in women who served in the military during the Vietnam Era, including prevalence of psychiatric conditions (such as PTSD), as well as physical health and disability status to help determine the health care needs of this population of women Veterans. The mail survey distribution began in 2011, and the full collection of data is estimated to take four years. VA is actively pursuing the creation of surveys and the use of survey data as a way to gain valuable information about women Veterans for current and future initiatives.¹¹⁹

Persian Gulf Prisoners of War

Two women were captured and held as prisoners of war during the 1991 Persian Gulf War. Specialist 4 Melissa Rathburn-Nealy, an Army truck driver, was captured on January 30, 1991 when her heavy-duty truck became stuck in the sand during a firefight. She was held in captivity for three months. Major Rhonda Cornum, now a brigadier general, was captured in February 1991 after her UH-60 Black Hawk helicopter was shot down during a rescue mission. Major Cornum suffered numerous injuries, including two broken arms. She was repatriated on March 6, 1991.

Source: Iskra, Darlene M. Women in the United States Armed Forces: A Guide to the Issues. Santa Barbara: Praeger, 2010.

"Dudette 07" in Afghanistan The First All-Female Air Combat Missions

In March 2011, in honor of women's history month, a team of female airmen from "Dudette 07" flying F-15E Strike Eagles became the first all-female team to execute a combat mission. The entire mission, including the planning and maintenance, was carried out by women. This mission was not simply of symbolic importance, the air support of this all-women crew provided relief to ground troops below who were engaged in a combat situation. Air Force Major Christine Mau noted that when she started flying eleven years ago an all-female team "was not a possibility."

Source: Voss, Michael (Tech Sgt.). "All-Female Team Launches Historic Mission over Afghanistan." U.S. Air Force News, last updated April 4, 2011, <http://www.af.mil/news/story.asp?id=123249387>.

Future Challenges for the Department of Veterans Affairs in Providing for Women Veterans

The Department of Veterans Affairs (VA) has made great strides in the past 30 years to meet the needs of women Veterans as one of the fastest growing sub-populations within the Veteran community. While VA has greatly increased the services, support, and resources for women Veterans, there is still more to be done. VA is committed to continue ensuring that women Veterans receive benefits and services equal to their male counterparts and that they are treated with respect by all VA service providers.

The most recent VA strategic plan (2010 to 2014) outlines “empowering women Veterans” as an initiative focused on creating VA programs that fully address the needs of women Veterans in order to create greater awareness and use of VA services among this population. The 2010 to 2014 strategic plan states that “the purpose of this initiative is to empower women Veterans by promoting recognition of their contributions, to ensure that VA programs are responsive to the needs of women, and to educate women about VA benefits and services, enabling them to make informed decisions about applying for, and using, VA benefits and

services.”¹²⁰ The Center for Women Veterans is tasked with being a leader in the 21st century VA in the empowerment of women Veterans through collaborative events, meetings, and forums about women Veterans for VA and the general public.

In 2011, VA announced the establishment of a VA Task Force on Women Veterans, which brings together VA and the Department of Defense (DoD), in pursuit of an all-encompassing action plan for VA that will focus on the key issues women Veterans are facing. At the start of 2012, this collaborative process between VA and DoD will produce an action plan that identifies activities through 2016 related to planning, programming, budgeting, education, and training across VA.¹²¹

The total population of women Veterans is expected to increase at an average rate of about 11,000 women per year for the next 20 years.¹²² Women Veterans currently are and will continue to be an important part of the Veteran community and an important part of VA.¹²³ For this reason, the Department of Veterans Affairs is committed to serving *she* who has borne the battle.



Notes

¹“Statistics on Women in the Military,” Women in Military Service for America Memorial, last modified September 30, 2010, <http://www.womensmemorial.org/Press/stats.html>

²The Veteran Population Projection Model (VetPop2007) is the official source of Veteran population projections from the Department of Veterans Affairs (VA). VetPop2007 estimates the Veteran population and its characteristics from FY2000 through FY2006, and forecasts the population for FY2007 through FY2036. It uses data from VA, Department of Defense, and the U.S. Census Bureau as inputs to forecast the Veteran population through the planning horizon. More information is available at: http://www.va.gov/vetdata/Veteran_Population.asp

³Molly Pitcher is a nickname that was given to women who were fighting in the American Revolutionary War, it was a name created for women who carried water to men on the battlefields; Teipe, Emily J, “Will the Real Molly Pitcher Please Stand Up?” U.S. National Archives, *Prologue Magazine* 31, no. 2 (1999).

⁴Darlene M. Iskra, *Women in the United States Armed Forces: A Guide to the Issues* (Santa Barbara: Praeger, 2010).

⁵Jeanne Holm. *Women in the Military: An Unfinished Revolution*, Revised Edition (Novato: Presidio Press, 1992).

⁶Iskra, *Women in the United States Armed Forces*; Francine D’Amico and Laurie Weinstein, eds. *Gender Camouflage: Women and the U.S. Military* (New York: New York University Press, 1999).

⁷D’Amico and Weinstein, *Gender Camouflage*.

⁸Yeoman is the oldest rating in the United States Navy. This rate indicates individuals who perform secretarial and clerical work.

⁹Holm, *Women in the Military*.

¹⁰D’Amico and Weinstein, *Gender Camouflage*.

¹¹Ibid.

¹²Ibid.

¹³Jeanne M. Holm and Judith Bellafaire, eds. *In Defense of A Nation: Servicewomen in World War II* (Washington, DC: Military Women’s Press, 1998).

¹⁴Ibid.

¹⁵Department of Defense, *Defense Department Advisory Committee on Women in the Services: 2009 Report* (Washington, DC: Office of the Deputy Under Secretary of Defense, 2009).

¹⁶David R. Segal and Mady Wechsler Segal, “America’s Military Population,” *Population Bulletin* 59, no. 4 (2004).

¹⁷The four branches of service that are part of the Department of Defense are the Army, Navy, Air Force, and Marines. The numbers for the U.S. Coast Guard, part of the Department of Transportation in 1973, were not available.

¹⁸“FedStats: Defense Manpower Data Center, Statistical Information Analysis Division,” Defense Manpower Data Center, accessed June 10, 2011, http://www.fedstats.gov/key_stats/index.php?id=DMDC

¹⁹Marlene A. Lee and Mark Mather, “U.S. Labor Force Trends,” *Population Bulletin* 63, no. 2 (2008).

²⁰The Tailhook association is nonprofit social and professional organization for the naval aviation community, specifically named after combat pilots who land on aircraft carriers.

²¹Iskra, *Women in the United States Armed Forces*; Lory Manning, *Women in the Military: Where They Stand, Sixth Edition* (Arlington: Women’s Research and Education Institute, 2008).

²²Segal and Segal, *America’s Military Population*.

²³Military Leadership Diversity Commission, *From Representation to Inclusion: Diversity Leadership for the 21st Century Military* (Arlington: National Defense Authorization Act, 2011).

²⁴Commander, Submarine Group 10 Public Affairs, “Navy Welcomes Women to Serve in Submarines,” *United States Navy Website*, last modified April 30, 2010, http://www.navy.mil/search/display.asp?story_id=52990

²⁵“Statistics on Women in the Military,” Women in Military Service for America Memorial.

²⁶Department of Defense, *Population Representation in the Military Services 2009* (Washington, DC: Office of the Under Secretary of Defense, Personnel and Readiness, 2009). Accessed at:

<http://prhome.defense.gov/MPP/ACCESSION%20POLICY/PopRep2009/>

²⁷The Defense Advisory Committee on Women in the Services (DACOWITS) was established in 1951 to provide recommendations on matters related to recruitment, retention, treatment, employment, integration, and well-being of women in the military.

²⁸Department of Defense, *Defense Department Advisory Committee on Women in the Services: 2009 Report*

²⁹Ibid.

³⁰Ibid.

³¹June A. Willenz, *Women Veterans: America's Forgotten Heroines* (New York: Continuum, 1983).

³²Ibid.

³³Iskra, *Women in the United States Armed Forces*; Willenz, *Women Veterans: America's Forgotten Heroines*.

³⁴Kelly Ann Holder, Counting Women Veterans: Sources of Data from the U.S. Census Bureau, U.S. Census Bureau, 2008, last accessed August 2, 2011, http://www.census.gov/hhes/veterans/publications/files/women_vets_paper.pdf

³⁵Department of Veterans Affairs, *Women Veterans—A Proud Tradition of Service* (Washington, DC: Advisory Committee on Women Veterans, September 2010).

³⁶Department of Veterans Affairs, *Women Veterans—A Proud Tradition of Service*; "Center for Women Veterans: Advisory Committee on Women Veterans," U.S. Department of Veterans Affairs, last modified on May 25, 11, <http://www.va.gov/womenvet/ACWV.asp>

³⁷Department of Veterans Affairs, *Women Veterans—A Proud Tradition of Service*.

³⁸D'Amico and Weinstein, *Gender Camouflage*.

³⁹"Center for Women Veterans: About Us," U.S. Department of Veterans Affairs: Center for Women Veterans, last modified November 5, 2010, <http://www.va.gov/womenvet/about.asp>

⁴⁰"Center for Women Veterans," U.S. Department of Veterans Affairs, last accessed August 2, 2011, <http://www.va.gov/womenvet/>

⁴¹Susan M Frayne, Ciaran S. Phibbs, Sarah A. Friedman, Eric Berg, Lakshmi Ananth, Samina Iqbal, et al. (2010). Sourcebook: Women Veterans in the Veterans Health Administration. Volume I. Sociodemographic Characteristics and Utilization of VHA Care. Washington DC: Department of Veterans Affairs.

⁴²Department of Veterans Affairs, *Women Veterans—A Proud Tradition of Service*.

⁴³Estimates derived from the American Community Survey (ACS) data are based on a sample of the total population and may differ from the true population values because of sampling variability. As a result, apparent differences between the estimates for Veterans and non-Veterans may not be statistically significant. All comparative statements in the text using data from the ACS have been statistically tested at the 90-percent confidence level. Margins of errors were calculated to determine the confidence interval around each estimate. These error terms indicate a 90-percent certainty that the estimate and the population value differ by no more than the value of the MOE.

⁴⁴Estimates of the total women Veteran population from the American Community Survey (ACS) will always differ from the projected annual estimates in the Veteran Population Projection Model 2007 (Vetpop). The ACS provides estimates as of the year in which the data were collected. Vetpop produced projections into the future using a baseline Veteran population from Census 2000. Because ACS and Vetpop estimates were produced at different times, using different methodologies and sources of data, the total population estimates will not agree. Because of the timeliness of the data, survey estimates produced from data collected in a given year are preferred over projections when doing this type of analysis. No matter which source of data, users should be reminded that both ACS and Vetpop provide an estimate of the population, not a true count.

⁴⁵Segal and Segal, *America's Military Population*.

⁴⁶Mady W. Segal, Meredith H. Thanner, and David R. Segal, "Hispanic and African American Men and Women in the U.S. Military: Trends in Representation," *Race, Gender & Class* 14, no. 3/4 (2007).

⁴⁷Segal and Segal, *America's Military Population*.

⁴⁸Segal, Thanner, and Segal, *Hispanic and African American Men and Women in the U.S. Military*.

⁴⁹"Estimated Median Age at First Marriage, By Sex: 1980 to the Present," U.S. Census Bureau, last accessed August 2, 2011, www.census.gov/population/socdemo/hh-fam/ms2.xls

⁵⁰ Jennifer Hicke Lundquist, and Herbert L. Smith, "Family Formation Among Women in the U.S. Military: Evidence from the NLSY," *Journal of Marriage and Family* 67 (February 2005).

⁵¹ Benjamin R. Karney and John S. Crown, *Families Under Stress: An Assessment of Data, Theory, and Research on Marriage and Divorce in the Military* (Santa Monica: RAND, 2007).

⁵² Lundquist and Smith, *Family Formation Among Women in the U.S. Military*.

⁵³ Ibid.

⁵⁴ "Educational Attainment in the United States: 2010 – Detailed Tables," U.S. Census Bureau, last modified April 26, 2011, <http://www.census.gov/hhes/socdemo/education/data/cps/2010/tables.html>

⁵⁵ Greg A. Greenberg and Robert A. Rosenheck. (2007) "Are Male NonVeterans at Greater Risk for Nonemployment than NonVeterans?" *Monthly Labor Review* 130(12): pp. 23-31; David S. Loughran and Jacob Alex Klerman "Explaining the Increase in Unemployment Compensation for Ex-Servicemembers During the Global War on Terror." *RAND Technical Report, 2008*; Bogdon Savych, Jacob Alex Klerman, David S. Loughran, "Recent Trends in Veteran Unemployment as Measured in the Current Population Survey and the American Community Survey." *RAND Technical Report, 2008*.

⁵⁶ Individuals are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to start a job. The 'percent unemployed' is not the same thing as the 'unemployment rate.'

⁵⁷ The median household incomes of women Veterans and non-Veterans ages 17 to 24, 25 to 34, 35 to 44, 45 to 54, and 55 to 74 were not statistically different.

⁵⁸ The question on the American Community Survey (ACS) asks respondents to choose their health care coverage from a list of six categories with the option of writing in a type of coverage that was not listed. The category for VA coverage reads "VA (including those who have ever used or enrolled for VA health care)." The ACS estimates should therefore be expected to be somewhat higher than VA utilization estimates since some women may mark that option if they are enrolled but not using during the survey year.

⁵⁹ Department of Veterans Affairs, *Strategic Plan Refresh FY2011-2015* (Washington, DC: Office of the Secretary, 2010).

⁶⁰ Patricia Hayes, PhD, (Chief Consultant, VA Women Veterans Health), in discussion with authors, April 2011.

⁶¹ Department of Veterans Affairs, *Federal Benefits for Veterans, Dependents & Survivors*, (Washington, D.C.: U.S. Department of Veterans Affairs, 2010 Edition); Department of Veterans Affairs, *FY 2012 Budget Submission - Volume 2* (Washington, DC: Office of Management, 2011).

⁶² Unlike survey data from the U.S. Census Bureau which refer to a calendar year, VA data refer to the fiscal year. ACS data cover the period January through December, 2009. VA fiscal year 2009 data cover the period October 1, 2008 through September 30, 2009.

⁶³ For consistency throughout this report, all remaining references to the total women Veteran population in 2009 refer to the estimated 1.5 million women from the American Community Survey.

⁶⁴ Department of Veterans Affairs, *Federal Benefits for Veterans, Dependents & Survivors*; Department of Veterans Affairs, *FY 2012 Budget Submission - Volume 2*.

⁶⁵ Donna L. Washington, MD, MPH, Principal Investigator, "Assessment of the Health Care Needs and Barriers to VA Use Experienced by Women Veterans: Findings from the National Survey of Women Veterans," *Journal of General Internal Medicine* 21, S3 (2009).

⁶⁶ Data from the *Sourcebook: Women Veterans in the Veterans Health Administration* refer to fiscal years 2000 and 2009.

⁶⁷ Frayne et al., *Sourcebook: Women Veterans in the Veterans Health Administration*.

⁶⁸ U.S. Census Bureau, Census 2000 Summary File 3, Table P39, <http://factfinder.census.gov> last accessed 8/11/2011. ; U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2009.

⁶⁹ Frayne et al., *Sourcebook: Women Veterans in the Veterans Health Administration*.

⁷⁰ Donna L. Washington, "Assessment of the Health Care Needs and Barriers to VA Use Experienced by Women Veterans: Findings from the National Survey of Women Veterans."

⁷¹ Department of Veteran Affairs, *Women Veterans in Veterans Health Administration - Volume 1*, (Washington, D.C.: U.S. Department of Veterans Affairs, Veterans Health Administration, 2011).

⁷² Department of Veterans Affairs, *FY 2012 Congressional Budget Submission*.

⁷³ Frayne et al., *Sourcebook: Women Veterans in the Veterans Health Administration*.

⁷⁴ Ibid.

⁷⁵ Only women Veteran VHA users with non-missing ages between 18 and 100 were included in this part of the VHA analysis. The total population with non-missing values was 292,878 women.

⁷⁶ Only women Veteran VHA users with a non-missing service-connected disability status were included in this part of the VHA analysis. The total population with non-missing values was 292,108 women.

⁷⁷ Frayne et al., *Sourcebook: Women Veterans in the Veterans Health Administration*.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

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⁸² Ibid.

⁸³ Ibid.

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⁸⁵ Department of Veterans Affairs, *Federal Benefits for Veterans, Dependents & Survivors*.

⁸⁶ "National Center for PTSD," U.S. Department of Veterans Affairs, last modified July 25, 2011, <http://www.ptsd.va.gov/index.asp>

⁸⁷ "Military Sexual Trauma: Issues in Caring for Veterans," U.S. Department of Veterans Affairs, last modified June 15, 2010, <http://www.ptsd.va.gov/professional/pages/military-sexual-trauma.asp>

⁸⁸ Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families, Board of Health of Selected Populations, Institute of Medicine of the National Academies, *Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families*, (Washington, D.C.: The National Academies Press, 2011).

⁸⁹ "National Center for PTSD," U.S. Department of Veterans Affairs.

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⁹² Department of Veterans Affairs, Individual Unemployability Fact Sheet, retrieved July 27, 2011 from www.vba.va.gov/VBA/benefits/factsheets/serviceconnected/iu.doc

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Selected Women “Firsts” in United States Military History

Acronyms

ANC = Army Nurse Corps
 ANG = Air National Guard
 JG = Junior Grade
 NNC = Navy Nurse Corps
 USA = Army
 USAR = Army Reserve
 USAF = U.S. Air Force
 USAFR = U.S. Air Force Reserve
 USCG = U.S. Coast Guard
 USMC = Marine Corps
 USN = Navy
 USNR = Navy Reserve
 WAC = Women's Army Corps
 WAF = Women in the Air Force
 WAVES = Women Accepted for Voluntary Emergency Service
 XO = Executive Officer

The selected “firsts” shown here are not an exhaustive list of all their accomplishments, but rather highlights of what women have achieved in their long history of service. This list is not meant to assign greater significance to any particular woman or event. Generally, multiple firsts for the same person were not included, only their “first” first.

Each woman who has served in the military deserves recognition and honor for her place in history.

1775

First woman to be killed in action was Jemima Warner on December 11, 1775 during the siege of Quebec.

1779

Margaret Corbin became the first woman in the U.S. to receive a pension from Congress for her injuries due to military service.

1865

Surgeon Mary Walker was the first and only woman, to date, to be awarded the Medal of Honor, the nation's highest honor.

1889

Dr. Anita Newcomb McGee became the first woman to ever hold the position of Acting Assistant Surgeon General of the Army. She was later asked to write legislation to establish a permanent corps of nurses.

1917

Loretta Walsh of Philadelphia became the first female to serve in a non-nursing occupation when she enlisted as a Yeoman in the Navy.

Genevieve and Lucille Baker, formerly of the Naval Coastal Defense Reserve, became the first uniformed women in the Coast Guard.

1918

Opha Mae Johnson became the first woman to “free a man to fight” by joining the Marine Corps Reserve.

Francis Elliot Davis became the first African American nurse admitted to the Red Cross Nursing Service. One month after Armistice Day, 18 African American nurses were finally appointed to the Army Nurse Corps.

1920

Julia Stimson, ANC, became the first woman to achieve the rank of major in the Army.

1941

First Lieutenant Annie G. Fox became the first woman to receive the Purple Heart as a result of combat while serving at Hickam Field during the Japanese attack on Pearl Harbor.

1942

Mildred H. McAfee, USNR, Director of the WAVES, became the first female line officer in the Navy when she was promoted to lieutenant commander.

1944

Lieutenant JG Harriet Ida Pickens and Ensign Frances E. Will, USN, became the first African American women commissioned in the Navy.

Mary Roberts Wilson became the first woman to be awarded the Silver Star for gallantry in combat for her actions during the Battle of Anzio.

1948

Mrs. Esther McGowin Blake became the "First Woman in the Air Force" when she enlisted in the first minute that regular Air Force duty was authorized for women.

Mary Agnes Hallaren, USA, became the first female regular Army officer as the director of the Women's Army Corps.

1949

Annie Neal Graham became the first African American woman to enlist in the Marine Corps.

1953

Dr. Fae Margaret Adams, an Army Reserve officer, became the first female physician to be commissioned a medical officer in the regular Army.

1960

Chief Master Sergeant Grace Peterson, USAF, became the first female chief master sergeant.

1961

Bertha Peters Billeb became the first woman to be promoted to sergeant major in the Marine Corps.

1964

Margaret E. Bailey, ANC, became the first black nurse to be promoted to lieutenant colonel and later to colonel in the Army Nurse Corps.

1967

Master Sergeant Barbara J. Dulinsky, USMC, became the first woman Marine ordered to a combat zone (Vietnam).

1968

Sergeant Major Yzetta Nelson, USA, became the first woman promoted to command sergeant major.

1970

Anna Mae Hays, chief of the Army Nurse Corps, was promoted to brigadier general, becoming the first woman and first nurse in the history of the Army to attain general officer rank.

Elizabeth Hoisington, director of WAC, was the second woman and first WAC officer to be promoted to brigadier general.

1971

Jeanne Holm, director of WAF, was promoted to brigadier general, becoming the first woman in the history of the Air Force to attain general officer rank.

E. Ann Hoefly, chief of the Air Force Nurse Corps, was promoted to brigadier general, becoming the first woman in the Air Force Nurse Corps to attain general officer rank.

1972

Arlene Duerk, a World War II and Korean War Veteran, became the first woman in the Navy Nurse Corps to be promoted to rear admiral.

1973

Lieutenant Florence Dianna Pohlman, USN, became the first female chaplain in any of the services.

Lieutenant Sally Murphy, USA, became first military helicopter pilot.

1974

Brigadier General Coral Pietsch, USA, became the first female general officer in the Judge Advocate General corps. She was also the first Asian American female general officer in the Army.

Lieutenant Barbara Allen Rainey, USN, became the first woman pilot in the military. She was also the first woman jet pilot in the Navy.

Second Lieutenant Sally D. Woolfolk, USA, became the Army's first female military pilot.

1975

Donna M. Tobias, USN, became the first female Navy Deep Sea Diver.

1976

Fran McKee, USN, became the first female line officer to be promoted to rear admiral.

1977

Sergeant Cheryl Sterns, USAR, became the first female member of the Army's Golden Knights parachute team. She went on to hold the most women's skydiving championships and world records.

Ensign Janna Lambine, USCG, became the first woman helicopter pilot in the Coast Guard.

1978

Colonel Margaret Brewer, USMC, became the first woman appointed to brigadier general in the Marine Corps.

Navy nurse Joan C. Bynum became the first African American woman promoted to the rank of captain.

1979

Hazel Johnson, ANC, became the first African American

woman brigadier general in the history of the Armed Forces.

Lieutenant JG Beverly Kelley, USCG, became the first woman to command a U.S. military vessel, the USCGC Cape Newhagen.

Ensign Susan Trukken, USN, became the first woman special operations officer, a navy diving and salvage specialist.

Ensign Susan Fitzgerald, USN, became the first woman to qualify as an explosives ordinance disposal officer in the Navy.

1980

Roberta "Bobbi" McIntyre, USN, became the first woman to obtain surface warfare officer qualification.

Sergeant Major Eleanor L. Judge, USMC, became the first female Marine appointed as the Sergeant Major of Marine Corps Base Camp Pendleton.

Captain Frances T. Shea, USN, became the first female Navy nurse to command a naval hospital. (In 1985, the first male Navy nurse took command of a naval hospital).

1983

Lieutenant Colleen Nevius, USN, became the first woman to graduate from the Navy's Test Pilot School at Patuxent River Naval Air Station, Maryland.

1984

Kristine Holderied became the first woman to graduate at the top of the class at the U.S. Naval Academy.

1986

Lieutenant Susan Cowan, USN, became the first woman assigned as XO afloat, aboard the USS Quapaw. She was part of the first class of women to graduate the Naval Academy in 1980.

Captain Julia O. Barnes, USN, became the first black female Navy nurse to command a naval hospital.

1988

Senior Chief Boatswain's Mate Diane Bucci, USCG, became the first enlisted woman to command afloat

when she became officer in charge of the tugboat, USCGC Capstan.

Lieutenant Commander Kathryn Sullivan, USNR, was the first woman selected to be a Navy astronaut and, later, the first American woman to walk in space.

Captain Jacquelyn S. "Jackie" Parker, USAFR, was the first female Air Force pilot to attend U.S. Air Force Test Pilot School at Edwards Air Force Base, California.

1989

Cadet Kristin Baker became the first female brigade commander and captain of the West Point Corps of Cadets at the U.S. Military Academy.

Aviation Machinist's Mate Airman Apprentice Joni Navarez, USN, became the first woman sailor to graduate from Rescue Swimmer School.

Major General Angela Salinas, USMC, became the first woman in the Marine Corps to command a recruiting station.

1990

Commander Rosemary Mariner, USN, became the first woman to command a naval aviation squadron.

Lieutenant Commander Darlene Iskra, USN, became the first woman to command a surface ship in the Navy, the USS Opportune.

Rear Admiral Marsha J. Evans, USN, became the first woman to command a Naval Station—Treasure Island, San Francisco, California.

1991

Lieutenant Pamela Davis Dorman, USN, became the first female chaplain deployed to a war zone with the Marine Corps.

Midshipman Julianne Gallina, USN, became the first woman to be named brigade commander, U.S. Naval Academy.

1992

Lieutenant Commander Barbara Scholley, USN, became the first woman to assume command of a Reserve ship, the USS Bolster.

1993

Lieutenant Shannon Workman, USN, a pilot, and Lieutenant Terry Bradford, USN, a naval flight officer, became the first two women to report to Tactical Electronic Warfare Squadron 130.

Major Susan J. Helms, USAF, became the first U.S. military woman in space. She was a member of the space shuttle Endeavour crew.

Lieutenant Colonel Patricia Fornes, USAF, became the first woman to command a combat squadron upon taking over the 740th Missile Squadron, Minot Air Force Base, North Dakota.

Sheila Widnall became the first and only woman, to date, to be named Secretary of the Air Force.

Senior Chief Mary Bonnin, USN, became the first and only woman, to date, to qualify as Master Diver in the Navy.

Irene Trowell-Harris, ANG, became the first African American female in the history of the National Guard to be promoted to a general officer.

1994

Major Jackie Parker, ANG, became the first female Air National Guard F-16 combat pilot.

First Lieutenant Jeannie Flynn, USAF, became the first female USAF F-15E combat pilot.

Carol Mutter, USMC, became the first female major general in the Marine Corps and the most senior woman on active duty in the Armed Forces.

1995

Lieutenant Commander Mary Townsend-Manning, USN, became the first woman to complete submarine engineering duty officer qualifications and became eligible to wear "dolphins."

Captain Lin V. Hutton, USN, became the first woman to assume command of a Naval Air Station, NAS Key West, Florida.

Major Sarah M. Deal, USMC, became the first female pilot in the Marine Corps.

Colonel Eileen Collins, USAF, became the first female

pilot of a space shuttle, Discovery, on the first flight of the new joint Russian-American Space Program.

1996

Captain Roseanne Milroy, USNR, Nurse Corps, became the first Nurse Corps officer to command a fleet hospital, the Naval Reserve Fleet Hospital in Minneapolis, Minnesota.

Captain Bonnie B. Potter, USN, Medical Corps, became the first female physician in the Navy, Army, or Air Force to be selected for flag rank.

Vice Admiral Pat Tracey, USN, became the first woman in the military promoted to three stars, becoming the most senior woman in the military.

Lieutenant General Carol Mutter, USMC, made history again by becoming the first female Marine to be promoted to three stars.

1997

Rear Admiral Bonnie Potter, USN, became the first woman to assume command of National Naval Medical Center in Bethesda, Maryland.

Colonel Maureen LeBoeuf, USA, became the first woman named as head of an academic department at the U.S. Military Academy.

Lieutenant General Claudia Kennedy, USA, became the Army's first three-star general.

Sergeant Heather Johnson, USA, became the first woman to stand watch at the Tomb of the Unknown in Arlington National Cemetery, Virginia.

1998

Commander Maureen Farren, USN, became the first woman to command a surface combatant, the USS Mt. Vernon.

Captain Deborah Loewer, USN, became the first woman selected for a major afloat command when she assumed command of the USS Camden.

Lieutenant Kendra Williams, USN, was credited as the first female pilot to launch missiles in combat while in support of Operation Desert Fox.

Rear Admiral Lillian Fishburne, USN, became the first

African American woman to be promoted to flag rank.

1999

Commander Michelle Howard, USN, became the first African American woman to assume command of a surface combatant, the USS Rushmore.

Colonel Eileen Collins, USAF, became the first female shuttle commander of space shuttle, Columbia.

Lieutenant General Leslie F. Kenne, USAF, became the first female three-star general in the Air Force. This is the first time in history that all branches of the service had women at this rank.

2000

Technical Sergeant Jeanne M. Vogt, USAF, became the first enlisted woman to receive the Cheney Award.

2001

Captain Vernice Armour, USMC, became the first African American female combat pilot in the military during Operation Iraqi Freedom.

2002

Master Chief Jacqueline DiRosa, USN, became the first female force master chief for the Bureau of Medicine and Surgery.

2003

Specialist Shoshanna Johnson, USA, became the first African American female prisoner of war.

Master Chief Beth Lambert, USN, became the first female command master chief of an aircraft carrier, the USS Theodore Roosevelt.

2005

Sergeant Leigh Ann Hester, USA, became the first woman since World War II to earn the Silver Star for exceptional valor and the first woman ever to receive the award for close-quarters combat.

2006

Master Chief Jacqueline DiRosa, USN, became the first female fleet master chief at U.S. Fleet Forces Command, Norfolk, Virginia.

Vice Admiral Vivian Crea, USCG, became the first Coast Guard three-star admiral.

Mass Communication Specialist Jackey Bratt, USN, became the first female combat photographer to be awarded the Bronze Star for her service in Iraq.

Captain Nicole Malachowski, USAF, became the first female Thunderbird pilot.

Angela Salinas, USMC, became the first Hispanic female brigadier general in the Marine Corps.

2007

Sergeant Major Barbara J. Titus, USMC, became the first female Sergeant Major of Marine Corps Installations West.

Sergeant Monica Brown, USA, became the first woman to receive the Silver Star for combat in Afghanistan.

2008

General Ann Dunwoody, USA, became the first female four-star general officer in the military. (The rank of General of the Army, a four-star rank, was established in 1866 for Ulysses S. Grant).

Major Jennifer Grieves, USMC, became the first female pilot of Marine One, the president's helicopter.

2009

Command Sergeant Major Teresa King became the first female commandant of the Army Drill Sergeant School at Fort Jackson, S.C.

2010

Rear Admiral Nora Tyson, USN, became the first woman to command a Carrier Strike Group.

Commander Sara Joyner, USN, became the first woman selected to head a Carrier Air Wing.

2011

Rear Admiral Sandra Stosz, USCG, became the first woman selected to lead one of the U.S. military service academies.

Service with Honor

Colonel Ruby Bradley is considered one of the most decorated military women in U.S. history. She began her military career as a surgical nurse in the Army Nurse Corps in 1934. During World War II she was a prisoner of war for 37 months in a Japanese prison camp. Later in Korea, she was a frontline Army nurse when 100,000 Chinese soldiers overran American troops and closed in on her hospital tent.

Colonel Bradley has been awarded 34 medals for bravery, included two Bronze Stars, two Legion of Merit medals, two Presidential Emblems, the World War II Victory Medal, and the United Nations Service Medal. She was also the recipient of the Florence Nightingale Medal, the Red Cross' highest international honor. She retired from the military in 1963, but remained a nurse her entire working life.

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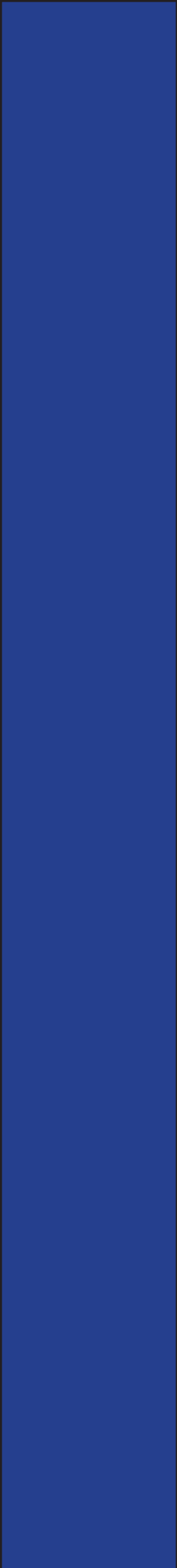
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Department of Veterans Affairs (VA) Resources on Women Veterans

Center for Women Veterans

(<http://www.va.gov/womenvet/>)

The Center for Women Veterans was established in 1994 to monitor and coordinate VA's health care, benefits, services, and programs for women Veterans. Information from the current and previous "National Training Summit on Women Veterans" is available here.

- **25 Most Asked Questions by Women Veterans about VA Benefits and Services**
(<http://www.va.gov/WOMENVET/25FAQs-March2011-FINAL.pdf>)

Veterans Health Administration Research Development: Women's Health

(http://www.research.va.gov/programs/womens_health/default.cfm)

This website provides information on VA's research agenda about women's health, including recent studies, informative videos, as well as other articles and resources.

Women Veterans' Health Care

(<http://www.womenshealth.va.gov/>)

This website provides information on health care services available to women Veterans, including comprehensive primary care as well as specialty care such as reproductive services, rehabilitation, mental health, and treatment for military sexual trauma.

- **Mental Health Care: Women Veterans**
(<http://www.mentalhealth.va.gov/womenvets.asp>)

National Center for PTSD: Issues Specific to Women

(<http://www.ptsd.va.gov/public/pages/fslist-specific-women.asp>)

This website includes information about women's issues related to post traumatic stress disorder (PTSD), including information about: sexual assaults against women in the military, traumatic stress in women Veterans, traumatic experiences and PTSD for women Veterans, and women's mental health services at VA.

Women Veterans' Issues

(<http://www.vba.va.gov/bln/21/topics/women/index.htm>)

This website compiles various links to VA websites pertaining to women Veterans.

VA Plans, Budget, and Performance

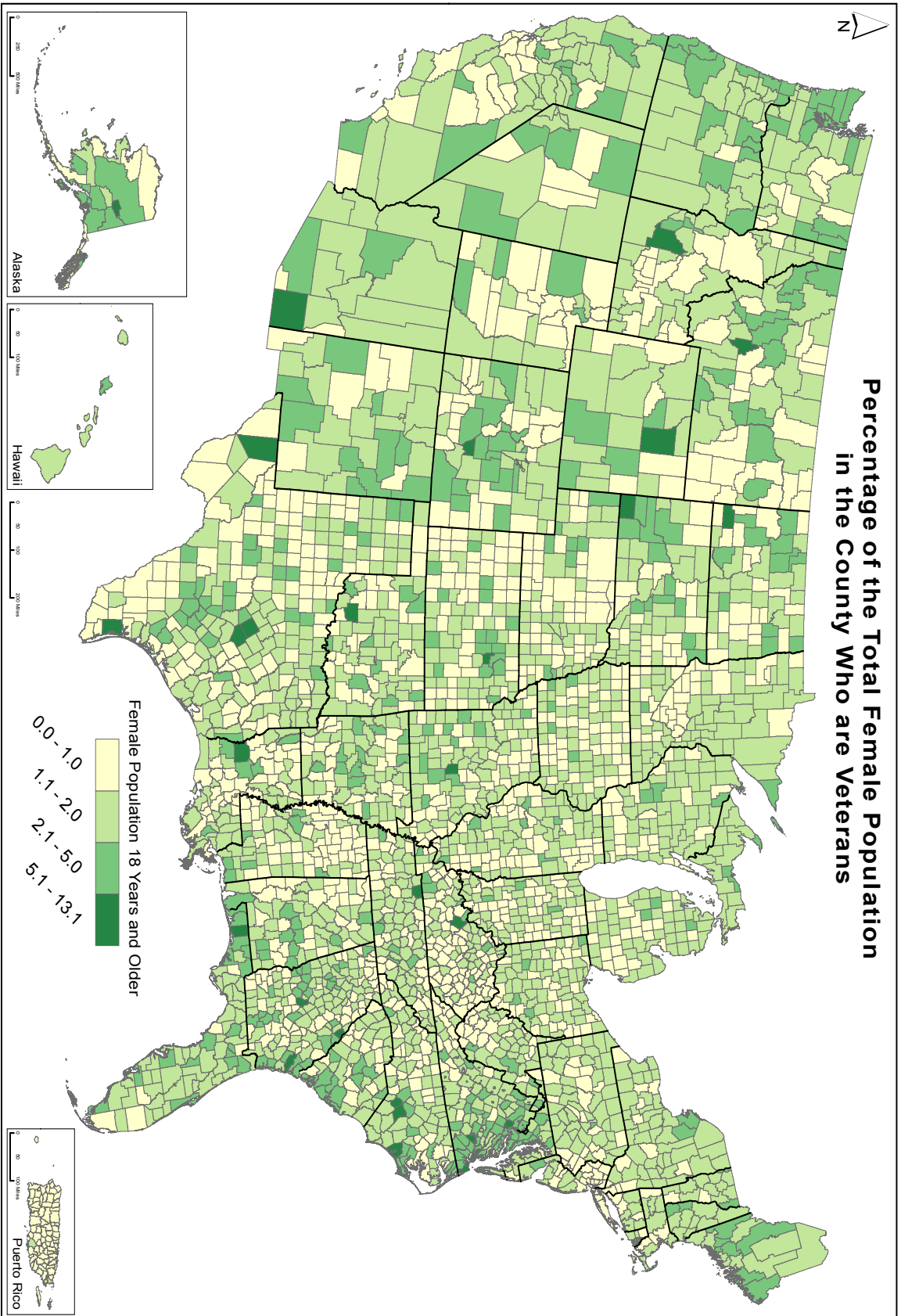
(<http://www.va.gov/performance/>)

This webpage contains links to reports (including the VA strategic plan) on VA's goals and performances, as well as budgetary and financial data. Documents such as the VA strategic plan and the VA budget submission contain information on current initiatives, programs, and budget submissions pertaining to women Veterans.



Appendix C

Percentage of the Total Female Population in the County Who are Veterans



Source: U.S. Census Bureau, American Community Survey, Detailed Table B21001, 2005 - 2009

Prepared by the National Center for Veterans Analysis and Statistics

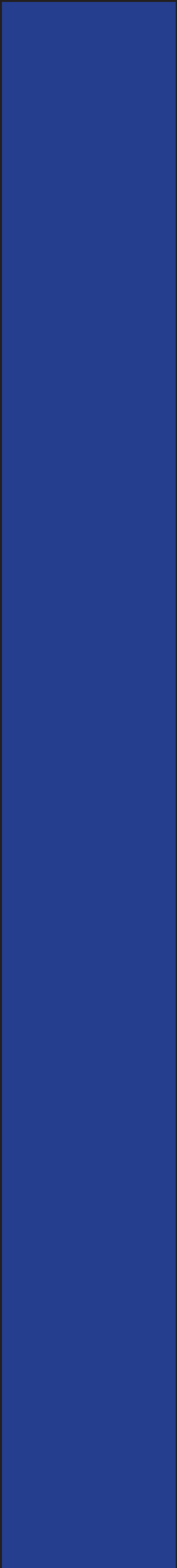


Table 1. Characteristics of Women Veterans and Non-Veterans from the American Community Survey: 2009

Characteristic	Veterans			Non-Veterans		
	Estimate	Percent	Margin of Error ¹	Estimate	Percent	Margin of Error ¹
Total population, 17 years and older	1,490,742	100.0	24,902	121,309,237	100.0	44,303
Living in group quarters	29,918	2.0	0.3	3,298,262	2.7	0.04
Age						
17 to 24 years	55,318	3.7	0.3	16,980,131	14.0	0.03
25 to 34 years	249,913	16.8	0.7	20,207,133	16.7	0.02
35 to 44 years	320,948	21.5	0.7	20,799,165	17.1	0.02
45 to 54 years	400,380	26.9	0.7	22,469,164	18.5	0.02
55 to 64 years	205,031	13.8	0.5	18,075,312	14.9	0.02
65 to 74 years	96,983	6.5	0.3	11,292,093	9.3	0.01
75 and older	162,169	10.9	0.4	11,486,239	9.5	0.01
Median age	48.0	--	0.3	46.1	--	0.02
Race						
White non-Hispanic	1,034,330	69.4	0.8	81,519,678	67.2	0.02
Black non-Hispanic	279,966	18.8	0.7	14,434,524	11.9	0.02
American Indian/Alaska Native non-Hispanic	13,875	0.9	0.2	743,214	0.6	0.01
Asian non-Hispanic	24,445	1.6	0.2	5,775,827	4.8	0.01
Some other race, non-Hispanic	37,305	2.5	0.2	1,740,597	1.4	0.03
Hispanic	100,821	6.8	0.4	17,095,397	14.1	0.01
Period of Military Service						
Gulf War II	322,799	21.7	0.6	N/A	N/A	N/A
Gulf War I	369,809	24.8	0.6	N/A	N/A	N/A
Vietnam Era	205,450	13.8	0.6	N/A	N/A	N/A
Korean War	55,311	3.7	0.3	N/A	N/A	N/A
World War II	98,663	6.6	0.3	N/A	N/A	N/A
Peacetime only	438,710	29.4	0.6	N/A	N/A	N/A
Marital Status						
Married	705,983	47.4	0.8	59,313,240	48.9	0.1
Divorced	349,258	23.4	0.7	14,758,611	12.2	0.1
Widowed or Separated	187,337	12.6	0.5	15,249,184	12.6	0.1
Never married	248,164	16.6	0.6	31,988,202	26.4	0.1
Presence and Age of Children²						
Has children under age 18	482,097	32.3	0.5	34,532,514	28.5	0.1
Has no children	978,727	65.7	0.7	83,478,461	68.8	0.1
Educational Attainment						
High school graduate or less	337,321	22.6	0.5	52,947,442	43.6	0.1
Some college	707,333	47.4	0.9	38,185,263	31.5	0.1
Bachelor's degree	274,155	18.4	0.7	19,824,168	16.3	0.1
Advanced degree	171,933	11.5	0.5	10,352,364	8.5	0.1
Percent enrolled in school	192,701	12.9	0.6	12,454,184	10.3	0.05
Employment Status						
Employed	881,938	59.2	0.8	66,457,564	54.8	0.1
Unemployed	82,091	5.5	0.4	6,550,157	5.4	0.04
Not in labor force	526,713	35.3	0.8	48,301,516	39.8	0.1
Labor Force Participation Rate	964,029	64.7	0.8	73,007,721	60.2	0.1

Table 1. Characteristics of Women Veterans and Non-Veterans from the American Community Survey: 2009

Characteristic	Veterans			Non-Veterans		
	Estimate	Percent	Margin of Error ¹	Estimate	Percent	Margin of Error ¹
Poverty Status³						
In poverty	141,587	9.6	0.4	17,328,845	14.6	0.1
100 to 149% of poverty	112,941	7.7	0.5	10,970,266	9.3	0.1
149 to 199% of poverty	122,396	8.3	0.5	10,725,579	9.1	0.1
200 to 299% of poverty	247,200	16.8	0.6	19,559,218	16.5	0.1
300 to 399% of poverty	222,463	15.1	0.7	16,004,137	13.5	0.1
400% of poverty or higher	624,166	42.4	0.8	43,922,223	37.1	0.1
Health Insurance						
No health insurance coverage	119,192	8.0	0.5	17,945,370	14.8	0.1
Has private coverage only	763,599	51.2	0.8	66,991,228	55.2	0.1
Has public coverage only	224,166	15.0	0.5	19,519,781	16.1	0.1
Has private and public coverage	383,785	25.7	0.6	16,852,858	13.9	0.1
VA Healthcare⁴						
Uses VA	344,816	23.1	0.6	N/A	N/A	N/A
Does not use VA	1,145,926	76.9	0.6	N/A	N/A	N/A
Disability Status						
Has one or more disability	304,306	20.4	0.5	19,437,199	16.0	0.1
No disability	1,186,436	79.6	0.5	101,872,038	84.0	0.1
Service-connected Disability Status						
Has service-connected disability	265,373	17.8	0.6	N/A	N/A	N/A
No service-connected disability	1,225,369	82.2	0.6	N/A	N/A	N/A
Region						
Northeast	186,445	12.5	0.5	22,476,514	18.5	0.01
Midwest	276,631	18.6	0.6	26,265,650	21.7	0.01
South	692,711	46.5	0.8	43,979,751	36.3	0.02
West	330,713	22.2	0.7	26,969,751	22.2	0.01
Puerto Rico	4,242	0.3	0.1	1,617,978	1.3	0.01
Median personal income (in 2009 inflation-adjusted dollars)⁵	\$ 30,151	--	\$ 435	\$ 20,337	--	\$ 41
Median household income (in 2009 inflation-adjusted dollars)⁵	\$ 60,272	--	\$ 864	\$ 54,516	--	\$ 154
Total Working-Age Population, 17 to 64 years old	1,231,590	100.0	23,228	98,530,905	100.0	38,895
Employment Status						
Employed	854,220	69.4	0.9	63,859,533	64.8	0.1
Unemployed	80,382	6.5	0.5	6,391,635	6.5	0.05
Not in labor force	296,988	24.1	0.9	28,279,737	28.7	0.1
Labor Force Participation Rate	934,602	75.9	0.9	70,251,168	71.3	0.1
Work Status of Employed Women⁶						
Worked year-round, full-time	638,446	74.7	0.9	40,540,732	63.5	0.1
Worked less than year-round, full-time	215,774	25.3	0.9	23,318,801	36.5	0.1

Table 1. Characteristics of Women Veterans and Non-Veterans from the American Community Survey: 2009

Characteristic	Veterans			Non-Veterans		
	Estimate	Percent	Margin of Error ¹	Estimate	Percent	Margin of Error ¹
Personal Earnings of Employed Women (in 2009 inflation-adjusted dollars)						
Less than \$20,000	191,240	22.4	0.8	23,096,491	36.2	0.1
\$20,000 to \$39,999	281,555	33.0	1.1	20,320,008	31.8	0.1
\$40,000 to \$59,999	189,978	22.2	0.8	10,876,730	17.0	0.1
\$60,000 to \$79,999	99,344	11.6	0.6	4,955,951	7.8	0.1
\$80,000 to \$99,999	46,019	5.4	0.5	2,139,436	3.4	0.04
\$100,000 or more	46,084	5.4	0.5	2,470,917	3.9	0.05
Median personal earnings	\$ 36,037	--	\$ 532	\$ 27,031	--	\$ 55
Class of Worker of Employed Women						
Private worker	538,896	63.1	1.0	48,078,661	75.3	0.1
Government	270,759	31.7	1.0	11,287,845	17.7	0.1
Self-employed	44,565	5.2	0.5	4,493,027	7.0	0.1
Occupation of Employed Women						
Management, professional, and related	404,914	47.4	1.0	25,159,116	39.4	0.1
Service	127,529	14.9	0.8	13,484,169	21.1	0.1
Sales and office	254,648	29.8	0.9	21,115,381	33.1	0.1
Farming, fishing, and forestry	1,711	0.2	0.1	182,676	0.3	0.01
Construction, extraction, maintenance, repair	14,522	1.7	0.3	357,513	0.6	0.02
Production, transportation, material moving	50,896	6.0	0.6	3,560,678	5.6	0.1

¹The margin of error (MOE) is a measure of the precision of an estimate. The MOEs in this table are calculated at the 90-percent confidence level. Adding and subtracting the MOE from the estimated percentage gives the confidence interval for the estimate.

²Only women who live in households are included in this section. Women in group quarters are excluded.

³Poverty status cannot be determined for individuals living in institutional group quarters (i.e., prisons or nursing homes), college dormitories, military

⁴Data in this section comes from the survey question "Is this person currently covered by any of the following types of health insurance or health coverage plans? (Employer-based, Direct purchase, Medicare, Medicaid, TRICARE, VA, Indian Health Service)

⁵"Income" refers to the total of earnings and all other sources of income such as pension, Supplemental Security Income, public assistance, VA payments, child support, alimony, unemployment compensation. Median personal income is calculated for the population with income greater than zero.

⁶"Year-round" is defined as 50 to 52 weeks worked per year. "Full-time" is defined as 35 hours or more worked per week.

Source: U.S. Census Bureau, American Community Survey, Public-Use Microdata Sample, 2009.

Prepared by the National Center for Veterans Analysis and Statistics.