

Women Veterans Report



The Past, Present and Future of Women Veterans

Department of Veterans Affairs

National Center for Veterans
Analysis and Statistics

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

Prepared by:

Office of Data Governance and Analytics

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For Women Veterans everywhere

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Executive Summary

Since the time of the All-Volunteer Force, the number of women serving in the military has grown. Ultimately, these women make the transition from Service member to Veteran. In 2015, women comprised 9.4 percent of the total Veteran population in the United States. By 2043, women are projected to make up 16.3 percent of all living Veterans. This report summarizes the history of women in the military and as Veterans, profiles the characteristics of women Veterans in 2015, illustrates how women Veterans in 2015 used some of the major benefits and services that are 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 communicate 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.

Data Sources

Various data sources were used in this report. This report includes Veteran Population Projection Model (Vetpop2014), the U.S. Census Bureau's American Community Survey, Veterans Benefits Administration (VBA) administrative data, USVETS, Veterans Health Administration (VHA) administrative data, National Cemetery Administration (NCA), and data from the Department of Defense (DoD). The reference period for most of the administrative data is fiscal year 2015.

Demographic Characteristics

- The total population of women Veterans is expected to increase at an average rate of about 18,000 women per year for the next 10 years. Women Veterans currently are and will continue to be an important part of the Veteran community and an important part of VA.
- Approximately 2 million Veterans in the United States and Puerto Rico were women. Women represented about 9.4 percent of the total Veteran population in 2015.
- Twenty-five percent of all living women Veterans served only during peace times. Fifty-six percent of all women Veterans have served during the Gulf War Era (August 1990 to the present).
- The median age of women Veterans in 2015 was 50, compared with 46 for non-Veteran women.
- In 2015, 19 percent of women Veterans were African American, compared with 12 percent of non-Veteran women. African American women are also overrepresented compared to African American men in the military. In contrast, the percentage of women Veterans who were Hispanic was almost half that of non-Veterans (9 percent compared with 16 percent). The percentage of women Veterans who were Asian is less than half that of non-Veterans (2 percent compared with 5.5 percent).
- 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.
- Women Veterans were more likely to have ever married than non-Veteran women. In 2015, 84 percent of women Veterans were currently married, divorced, widowed, or separated compared with 72 percent of non-Veteran women.
- In 2015, 23.4 percent of all women Veterans were currently divorced compared with 12.6 percent of non-Veteran women.
- In 2015, 28.6 percent of all women Veterans under the age of 65 had children 17 years old or younger living at home, and 29.9 percent of non-Veteran women had children 17 years old or younger living at home.

Socioeconomic Characteristics

- Twenty-one percent of all women Veterans had a high school diploma or less as their highest level of educational attainment in 2015, compared with 40 percent of non-Veteran women. To join the military now, candidates must have a high school diploma or GED, but that requirement has not always been in place.

- More women Veterans had some college as their highest level of education compared with non-Veteran women (44 percent compared with 32 percent, respectively). Overall, a higher percentage of all women Veterans (34.5 percent) than non-Veterans (28.1 percent) had completed a Bachelor's or advanced degree.
- In 2015, working-age women Veterans (i.e., those 17 to 64 years old) had a higher labor force participation rate (71.5 percent) than non-Veteran women (70.1 percent).
- A higher percentage of employed women Veterans 17 to 64 years old worked in the government sector (34 percent) than non-Veteran women (16 percent).
- Overall, women Veterans were less likely than non-Veteran women to be living in poverty in 2015. About 10 percent of all women Veterans and 15 percent of all non-Veteran women had incomes below the poverty threshold.
- About 4 percent of women Veterans were uninsured in 2015, compared with 9 percent of non-Veteran women.
- About 30 percent of insured women Veterans had more than one type of health insurance coverage in 2015, compared with about a 13.9% of non-Veteran women.

Use of VA Benefits and Services

- In 2015, 840,000 women Veterans used at least one VA benefit or service.
- The number of women Veterans who used at least one VA benefit or service has steadily grown from 31.2 percent in 2005 to 41.1 percent in 2015.
- Nearly 5,900 women Veterans received burial and memorial benefits in 2015. Of those, about 2,400 were buried in a VA national cemetery and 3,500 received a headstone or marker for interment in a state or private cemetery. In total, about 47,700 women Veterans have been interred in national cemeteries maintained by the National Cemetery Administration (NCA) since 1850. An additional 54,500 women Veterans have received a headstone or marker for interment in a state, private, or other cemetery since 1850.

Use of VA Health Care Services

- In 2015, 35.9 percent of 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.
- From 2005 to 2015, the number of women Veterans enrolled in VA health care increased 83.9 percent, from 397,024 to 729,989.
- From 2005 to 2015, the number of women Veterans using VA health care increased 46.4 percent, from 237,952 to 455,875. To put this in perspective, about 13.1 percent of all women Veterans in 2005 used VA health care compared with 22.4 percent of all women Veterans in 2015.

Use of Compensation and Pension Benefits

- In 2015, 405,418 women Veterans received compensation from VA for a service-connected disability, representing about 20.1 percent of the total population of women Veterans. Fifty-four percent of women Veterans receiving compensation had a combined disability rating of 50 percent or higher.
- The top four primary service-connected conditions for women Veterans (post-traumatic stress disorder, major depressive disorder, migraines and lower back pain) accounted for 29.9 percent of all service-connected disabilities for women Veterans in 2015.
- About 6 percent of women Veterans who received compensation for a service-connected disability were receiving Individual Unemployability compensation in 2015. This represents about 1.3 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.

Use of the Vocational Rehabilitation and Education Program

- Roughly 21 percent of Veterans participating in the Vocational Rehabilitation and Education (VR&E) program in 2015 were women (27,083 out of 131,607). 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 2015, 149,375 women Veterans used education benefits. This represented about 7.4 percent of the total population of women Veterans. Roughly, 61.2 percent of women Veterans who used education benefits did so from age 25 to 34 years old.





Women in Military History

Introduction

Women have formally been a part of the United States Armed Forces since the inception of the Army Nurse Corps in 1901, but have informally served since the inception of our nation's military. In 1948, Congress made women a permanent part of the military service.¹ The Women's Armed Services Integration Act of 1948 limited the proportion of women in the military to 2% of the enlisted force and 10% of officers.² This limit was repealed in 1967. 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. In 2014, there were 200,692 women in the Active component of the U.S. Armed Forces and 156,180 women in the Reserve and National Guard,³ representing 16.5% of the total military force. 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. The number of women Veterans is expected to increase while the overall number of Veterans is expected to decrease. In 2015, women made up 9.4 percent of the Veteran population, with an expected increase to 16.3 percent by the year 2042.⁴

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 socioeconomic 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 on page 2). 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 men, mainly as nurses, water bearers ("Molly Pitcher"⁵), 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.⁶ 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 contributions 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.⁷

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. An estimated 150,000 contract nurses served between 1898 and 1902 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 (ANC) was established. They

did not get full pay and rank. The ANC was followed in 1908 by the Navy Nurse Corps.⁸ The first Navy nurses were called the Sacred Twenty, shown here on the steps of the Naval Hospital in Washington, DC, shortly after their appointment in 1908.⁹



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

Military Conflict	Dates	Number Served ¹	Casualties ²
Spanish-American War	1898-1902	1,500	22
World War I	April 1917 to November 1918	21,480 in the Army Nurse Corps; 2,000 in the Navy Nurse Corps, 12,000 Yeomen(F), 305 Women Marines and 200 in the Army Signal Corps	500
World War II	September 1940 to July 1947	400,000 ³	400
Korean War	June 1950 to January 1955	50,000	2
Vietnam Era	August 1964 to May 1975	265,000. The 7,500 women deployed in theater included 36 women Marines, 421 women in the Navy, and 771 in the Air Force. The remaining women were in the Army. Army, Navy and Air Force nurses accounted for 80 percent of the total. ⁴	8
Pre-9/11 including Persian Gulf War	August 1990 to August 2001	374,000	15
Post-9/11 including Operation Enduring Freedom/Operation Iraqi Freedom	September 2001 or later	In 2015, 700,000 ⁵ women Veterans were Post-9/11 only	161

Source: *Note:* Statistics on the number of women in the military and casualty counts are difficult to determine. In 2013, 16.2% of the total military force was women. Approximate numbers of women serving at specific times are listed. The number killed by enemy action was: 4 (WW1); 16 (WW2), and 1 (Vietnam). (Iskra, 2010).

¹ Women in Military Service for America Memorial Foundation, "How many women have served in the American military?" <https://chnm.gmu.edu/courses/rr/s01/cw/students/leeann/historyandcollections/history/learnmoreques.htm>

² Source for these numbers vary from the Defense Manpower Data Center, Statistical Abstract of the United States, Congressional Research Service, and other publications (such as Darlene Iskra's "Women in the United States Armed Forces," 2010).

³ Average for year: 1941 (5,000); 1942 (16,000); 1943 (111,000); 1944 (211,000); 1945 (258,000); 1946 (76,000); and 1947 (22,000). Numbers are not mutually exclusive.

⁴ Number on Active Duty: 1964 (30,000); 1965 (31,000); 1966 (33,000); 1967 (35,000); 1968 (38,000); 1969 (40,000); 1970 (41,000); 1971 (43,000); 1972 (45,000); 1973 (55,000); 1974 (75,000); and 1975 (97,000).

⁵ In 2015, 200,000 women Veterans served in both Pre-9/11 and Post-9/11 and 500,000 served in Post-9/11 only.

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 World War I.¹⁰ 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 Yeomen¹¹ 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.¹² Women's service contributions in World War I showed that they either had, or could quickly learn, nontraditional skills needed by the military.¹³

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.¹⁴ 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.¹⁵ 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.

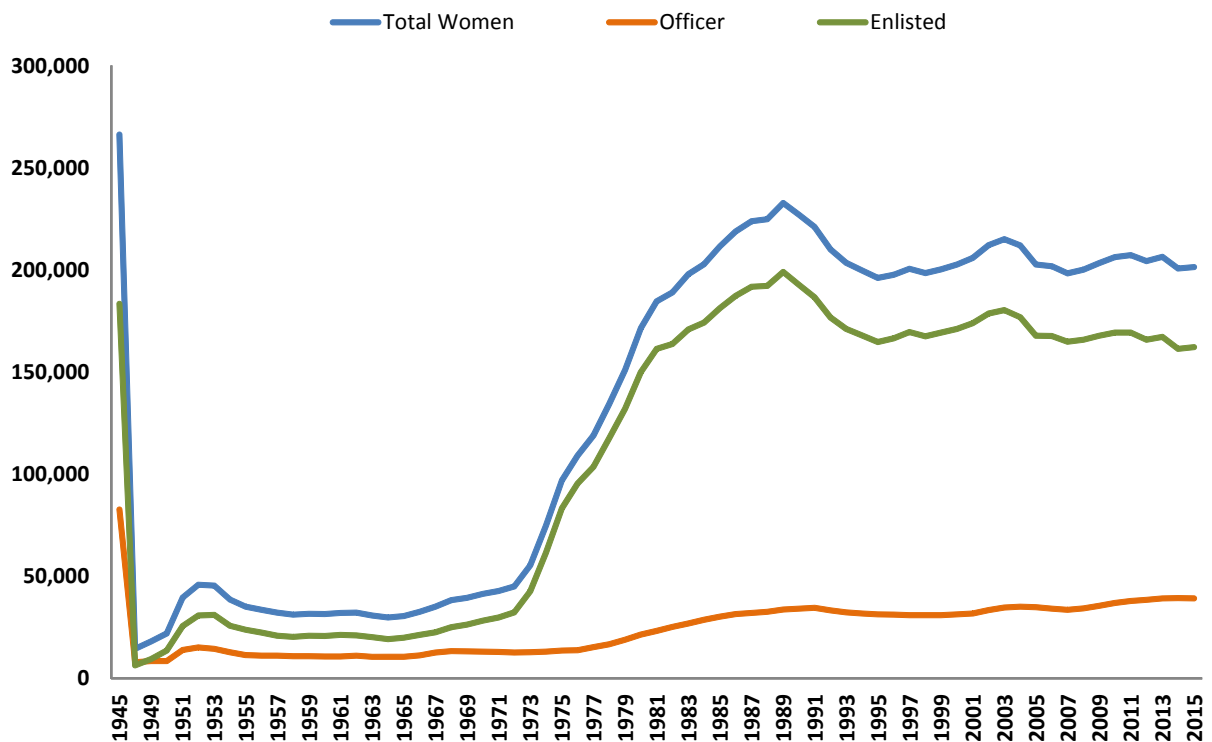
At the end of the war in 1945, of the approximately 12 million people remaining in the Armed Forces, about 280,000 were women.¹⁶ There were nearly 100,000 WACs, 86,000 WAVES, 18,000 Women Marines, 11,000 SPARs, 57,000 Army nurses, and 11,000 Navy nurses prepared for demobilization. The recruiting of 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.¹⁷

It was not until the passage of the Armed Services Integration Act of 1948 that women in addition to nurses 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.¹⁸

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.¹⁹ At that time, about 45,000 women were serving on active duty in the four Department of Defense branches of service.²⁰ In 1975, legislation was enacted that allowed women to be admitted to the three service academies.²¹ By 1980, the number of women serving on active duty had increased to 171,000 (8 percent of the active duty force)²² and by 2012 reached 202,876 (about 14.6 percent of the entire active duty force).²³ 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.²⁴ The policy changes in the military during this time period led to consistent increases in the number of women who volunteered to serve.

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 Tailhook²⁵ 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.²⁶ 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 aviators, remained high as opportunities for women in the military continued to expand.

Figure 1a.
Female Active-Duty Military Personnel: 1945 to 2015



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

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.²⁷ By the end of the 1990s, significant policy changes had been made toward women's increased integration into the military.

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 conflicts, representing more than 11 percent of the forces that have been deployed in support of these operations.²⁸ These operations 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 were 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 remained 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 2011.²⁹ By mid-2012, 25 women had been assigned to submarines³⁰ and in December 2012, three Sailors became the first female unrestricted line officers to qualify in submarines.³¹ In August 2015, two women graduated from the Army's Ranger School. They were the first two women service members to receive the prestigious Ranger tab.³²

According to the Congressional Research Service, approximately 299,548 female service members were deployed for contingency operations in Iraq and Afghanistan between September 2001 and February 2013, over 800 women have been wounded, and over 130 women have died.³³ On January 24, 2013 the Secretary of Defense announced the rescission of the 1994 Direct Ground Combat Definition and Assignment Rule for Women and that the Department of Defense plans to remove gender-based barriers to service. In making the announcement, it was stated, "The Department of Defense is determined to successfully integrate women into the remaining restricted occupational fields within our military," while adhering to certain guiding principles developed by the Joint Chiefs of Staff.³⁴

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.

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.³⁵ 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 same 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.³⁶

To reduce the possibility of postwar depression brought about by an estimated 15 million discharged male and female service members being unemployed, the National Resources Planning Board, a White House agency, recommended a series of programs for education and training.³⁷ The American Legion then designed the main features of what became the Serviceman’s Readjustment Act of 1944 and pushed it through Congress. The President signed the bill into law on June 22, 1944. The G.I. 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 G.I. 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 G.I. Bill was to avoid the mishaps of World War I by giving Veterans greater opportunities to assimilate into civilian life following their military obligation.³⁸

Unlike male Veterans, World War II women Veterans faced barriers in accessing the G.I. 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.³⁹ Of the estimated 350,000 women Veterans who served in the Armed Forces at that time and were eligible for all GI Bill rights, it is unclear how many women Veterans actually used various parts of the G.I. Bill.

One woman Veteran who benefited from the G.I. Bill said, “I first heard about the G.I. Bill when I was being mustered out. They were talking about the advantage of being discharged, because so many of the people were unhappy to be leaving, but at the end of the war, all the women were being discharged so I didn’t know if they just thought it would soften the blow or what. But then I realized the G.I. Bill was legitimate, that you could actually go to college and have your tuition and books paid for. Even the fact that you got some extra money didn’t seem to make much of an imprint. But, the fact that you got your tuition and books which is a big item. So that was my plan to use that. Without the G.I. Bill I couldn’t have possibly had a college degree.”⁴⁰ Many other women Veterans, however, were unaware of their eligibility or made no claim to it even if they went to school.⁴¹

The establishment of the G.I. 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.⁴² Since 1944, Congress has continued to create education 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 G.I. Bill 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 under the G.I. Bill.

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.⁴³ This opened the doors for women to take advantage of programs, opportunities, and benefits from the Federal and state governments, including VA, and 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 institutions that were 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 over 9 percent.⁴⁴

Throughout the 1980s and 1990s, the Federal government and especially 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.⁴⁵

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. 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.⁴⁶ 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 GAO recommendations in their 1992 report entitled "VA HEALTH CARE FOR WOMEN: Despite Progress, Improvements Needed";⁴⁷ VA worked to ensure greater accessibility for women's health and allowed treatment for PTSD to include care for sexual trauma associated with military duty.⁴⁸

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) that defined Veteran minority group members as 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.⁴⁹

One year later, in November 1994, Public Law 103-446 established the Center for Women Veterans (CWV) 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 "monitor and coordinate VA's administration of health care and benefits services, and programs for women Veterans, serve as an advocate for a cultural transformation (both within VA and in the general public) in recognizing the service and contributions of women Veterans and women in the military, and raise awareness of the responsibility to treat women Veterans with dignity and respect."⁵⁰ 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 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.⁵¹

In 2000, for the first time, VA allocated funds (\$3 million) to support programs specifically for women Veterans who were homeless. Three-year demonstration programs were designed at 11 locations across the country. In the same year, the Veterans Benefits and Health Care Improvement Act of 2000, PL 106-419, authorized Special Monthly Compensation (SMC) for women Veterans with a service-connected hysterectomy and/or mastectomy or loss of creative organ. Additionally, it provided benefits for children with birth defects born to women Vietnam Veterans.

Over the past 40 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.⁵² 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 III of the VHA Sourcebook are presented in this report (see the section titled 'Utilization of the Department of Veterans Affairs Benefits and Services').

In late 2009, The Department of Veterans Affairs has made ending homelessness for Veterans a strategic initiative and offers several programs for homeless Veterans. It was unclear whether these programs have the capacity to meet the housing needs of all homeless women Veterans and their families. In 2011, GAO investigated the homelessness of women Veterans and found that they face barriers when accessing and using Veteran housing, including lack of awareness of these programs, lack of referrals for temporary housing while awaiting placement in housing, limited housing for women and children, and concerns about personal safety.⁵³ One Homeless woman Veteran stated, "I found myself sleeping out there on the streets...If it wasn't for a couple of Veterans that were out there that told me about this place, I'd still be out there...I was stopped by a couple of cops. They said...there are lots of places for Veterans. I asked where; they couldn't tell me."⁵⁴ VA concurred with GAO's recommendations.

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.⁵⁵ 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?



Today's Women Veteran

About the Veteran Data

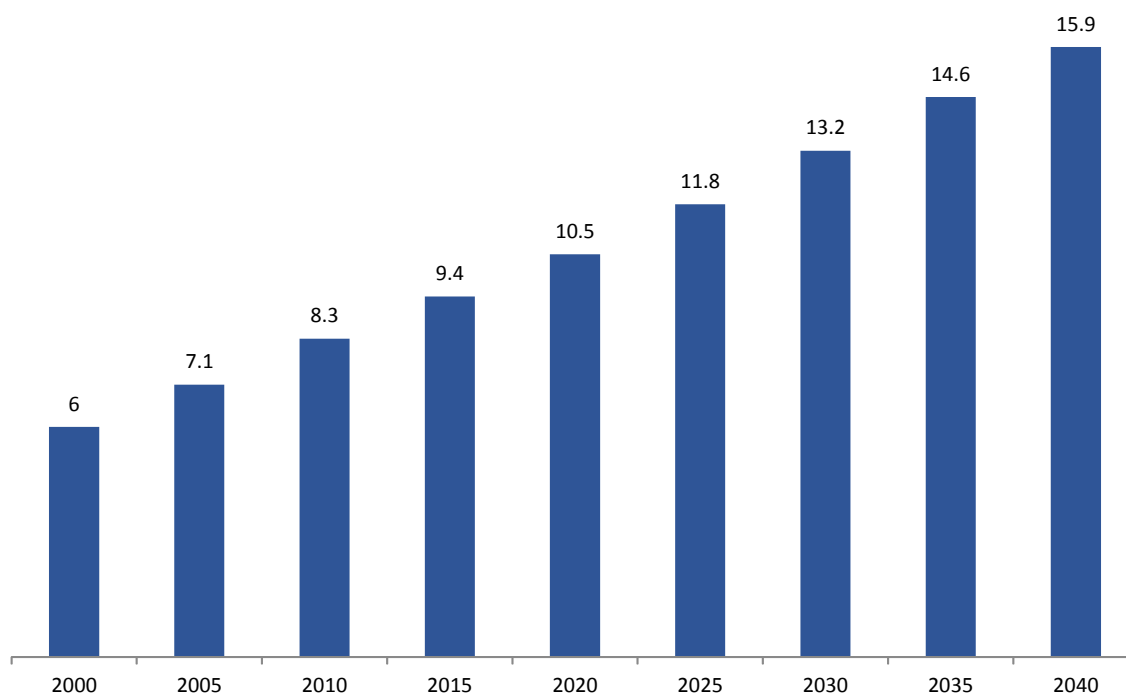
Data for veteran population comes from two sources.

VetPop Data for this section of the report come from the 6th generation Veteran Population Projection Model 2014 (VetPop2014) that provides Veteran population projection from fiscal year 2014 to 2043. This model is developed by the Data Governance and Analytics (DGA) of VA. Using the best available Veteran data by the end of FY2013, VetPop2014 provides living Veteran counts by key demographic characteristics such as age, gender, period of service, and race/ethnicity at various geographic levels. VetPop data includes Veterans residing in states, US territories and foreign countries. VetPop2014 is a bottom-up model which projects future Veteran population at the county level as a starting point. The county-level projections are then aggregated to provide Veteran information at larger geographic units such as congressional districts, states, and at the national level. The VetPop2014 actuarial model uses both Veteran record-level data and survey data from a wide variety of sources including VA, Department of Defense (DOD), U.S. Census Bureau's American Community Survey (ACS), Department of Treasury's Internal Revenue Service (IRS), and the Social Security Administration (SSA). For more information about the Vetpop2014, see http://www1.va.gov/vetdata/Veteran_Population.asp.

U.S. Veterans Eligibility Trends and Statistics (USVETS) dataset is developed by the Data Governance and Analytics of VA. USVETS is a data environment consisting mainly of data sources from VA programs and the Defense Manpower Data Center. This dataset contains information about individual Veterans including demographics, details of military service, VA benefit usage, and more. USVETS data includes Veterans residing in states, US territories and foreign countries. This Veteran dataset contains one record per Veteran. It includes all living and deceased Veterans that DGA have accumulated through VA, Department of Defense (DoD) and commercial data sources. This data environment is used by the VA Office of Policy and Planning to conduct statistical analysis, predictive modeling, and reporting.

Women serve in every branch of the military, representing 15.5 percent of active duty military and 19.0 percent of National Guard and Reserve forces in 2015.⁵⁶ The total Veteran population in 2015 was about 21.7 million Veterans. About 2 million or 9.4 percent of the total Veteran population were women Veterans. Women are now the fastest growing cohort within the Veteran community. Figure 2 shows the percent increase in women Veterans from 2000 to 2040. The percent of Veteran who are women is projected to increase to about sixteen percent of the total Veteran population in 2040 from six percent in 2000. The overall Veteran population is decreasing at a rate of about 1.5% per year, and the women Veteran population is increasing at a rate of 1% per year.

Figure 2.
Women Veterans as a Percent of the Veteran Population



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

Demographic Indicators

About the Data

Data for this section of the report come from the 2014 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. ACS does not include Veterans and non-Veterans residing in other US territories and foreign countries. 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).

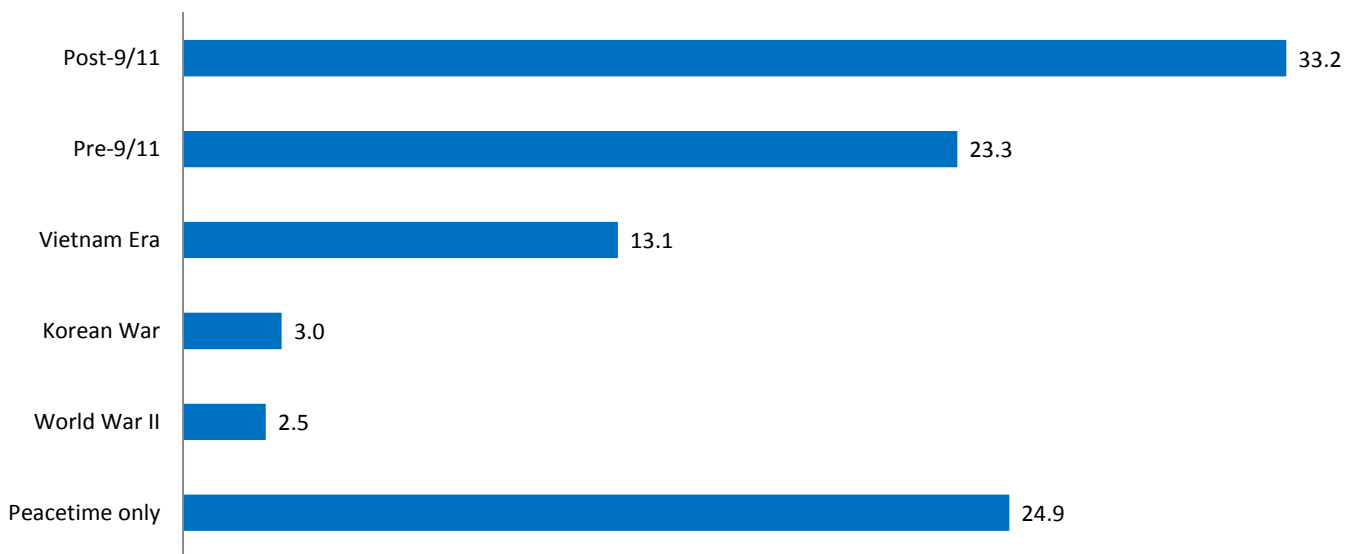
For more information about the ACS, see: <http://census.gov/programs-surveys/acs/about.htm>

Women Veterans are a diverse group and they differ in many ways from their counterparts who never served in the military. Data from the 2015 American Community Survey (ACS) provide an in-depth profile of demographic and socioeconomic characteristics of the approximately 1.6 million women Veterans living in the U.S. and Puerto Rico today.⁵⁷ A complete table of the detailed characteristics from the ACS can be found in Appendix E to this report.

Period of Military Service

Most women Veterans alive today served only during Post-9/11 period of military service or September 2001 to Present (Figure 3). Over 55% of women Veterans served during the Gulf War Era (August 1990 to Present). Roughly 25% of women Veterans served only in peacetime. The largest peacetime period since the advent of the All-Volunteer Force (AVF) was from May 1975 to July 1990.

Figure 3.
Distribution of Women Veterans, by Period of Military Service: 2015
(in percent)

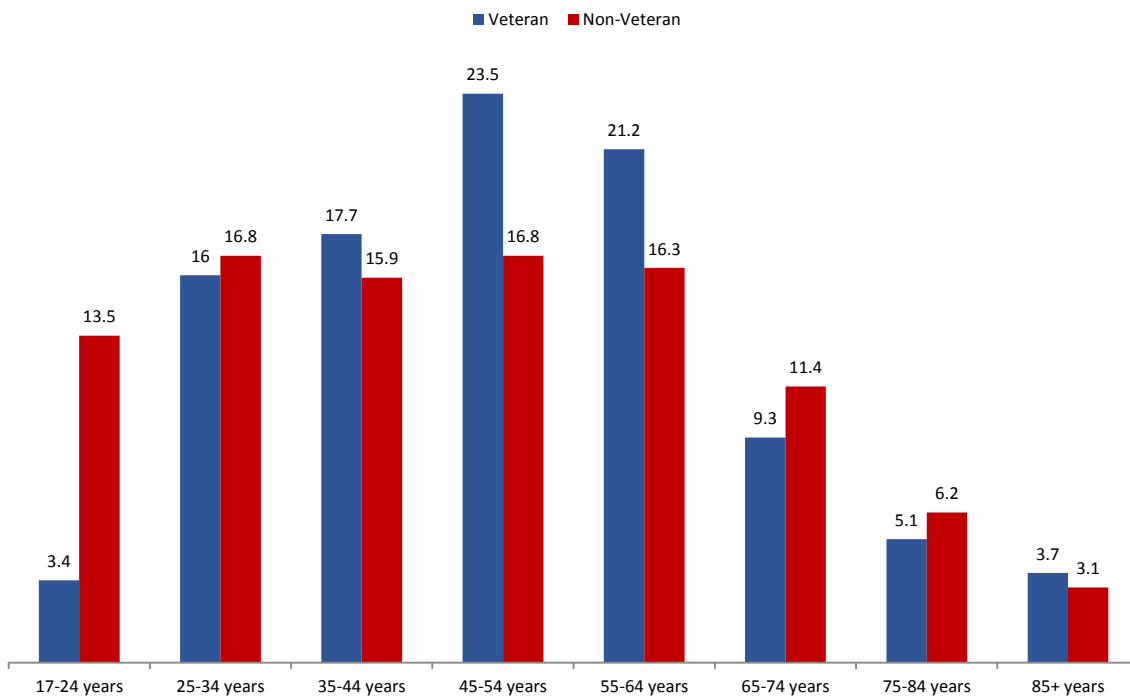


Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

Age

On average, women Veterans were older than non-Veteran women in 2015. The median age of women Veterans was 50 compared with 46 for their non-Veteran counterparts. A higher percent of women Veterans are between 35 to 64 years old than women non-Veterans (Figure 4). Women who entered the military between 1979 and 1984 at the typical age of 18 would have been between 48 and 54 years old in 2015. Figure 4 also shows that the youngest women (17 to 24 years old) have not yet become Veterans since these are the ages that most people are serving in the military.

Figure 4.
Age Distribution of Women, by Veteran Status: 2015



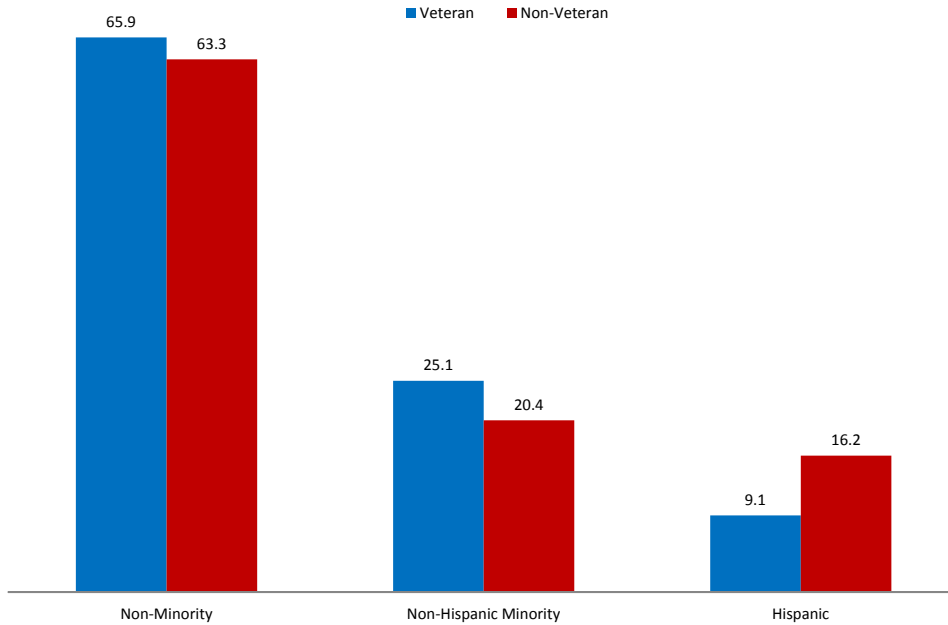
Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
 Prepared by the National Center for Veterans Analysis and Statistics



Race and Hispanic Origin

In 2015, a higher percentage of women Veterans than non-Veterans were Black or African American non-Hispanic (19 percent compared with 12 percent). The racial composition of women in the military explains some of these differences. In contrast, the percentage of women Veterans who were Hispanic was a little more than half that of non-Veterans (9 percent compared with 16 percent).

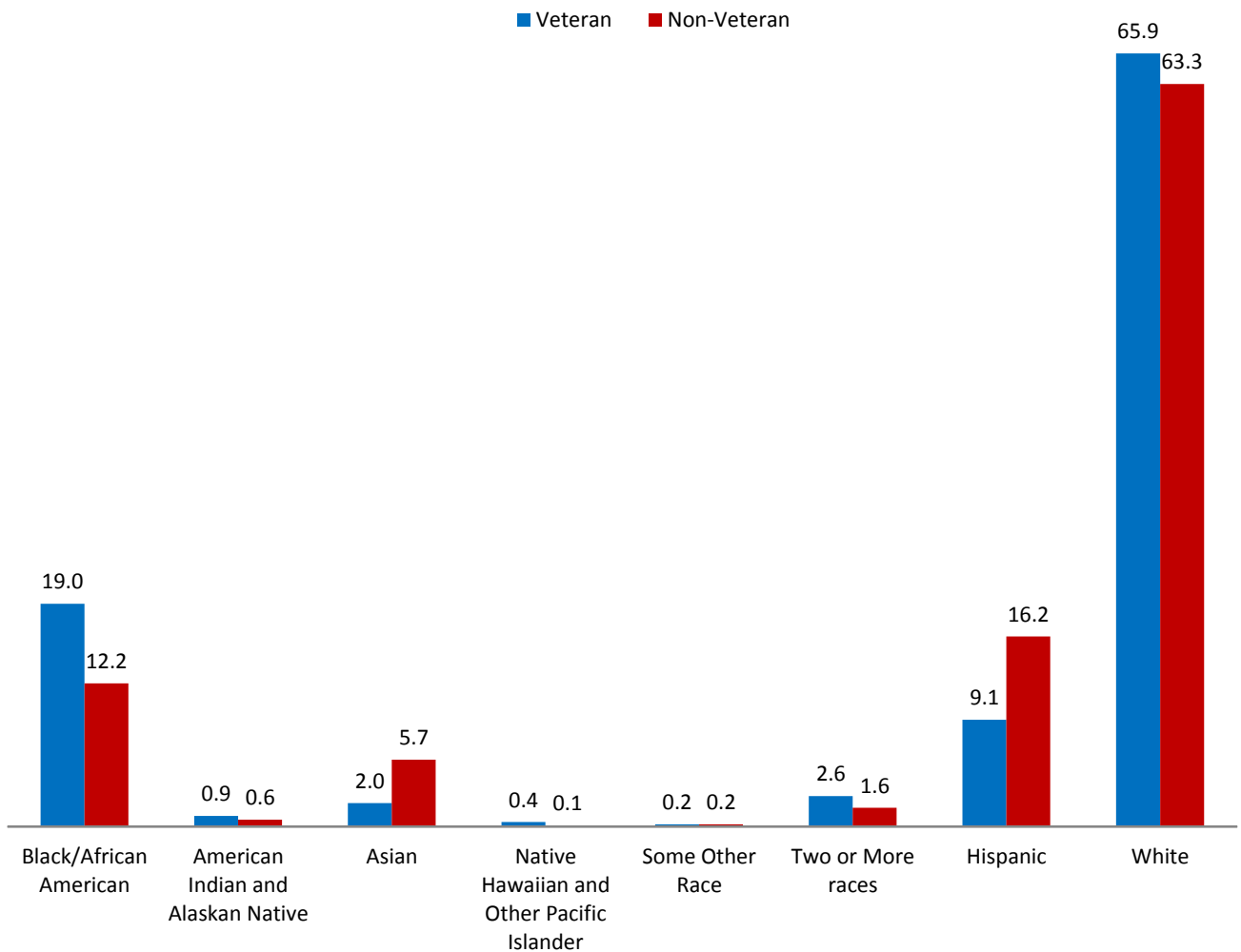
Figure 5.
Race and Ethnicity of Women, by Veterans Status: 2015
(in percent)



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics



Figure 6.
Distribution of Women, by Minority and Veteran Status: 2015



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
 Prepared by the National Center for Veterans Analysis and Statistics

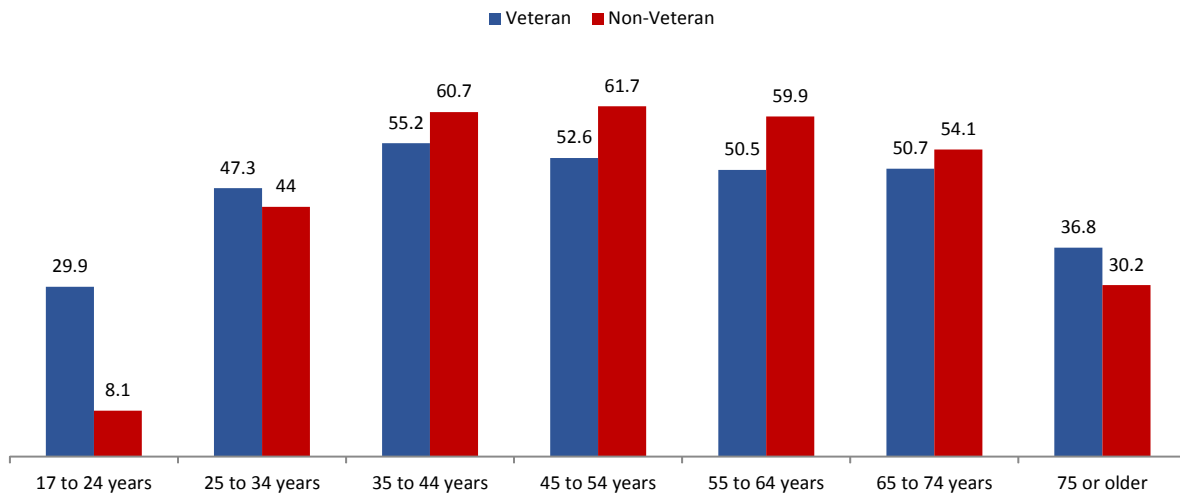
Marriage and Divorce

Women Veterans were more likely to have ever married than non-Veteran women. In 2015, 84 percent of women Veterans were currently married, divorced, widowed, or separated compared with 72 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 7). Thirty percent of 17- to 24-year-old women Veterans were currently married, compared with only 8 percent of non-Veteran women of the same ages. Higher percentages of non-Veteran women age 35 to 74 years old 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 27.1 for women in 2015.⁵⁸ 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.

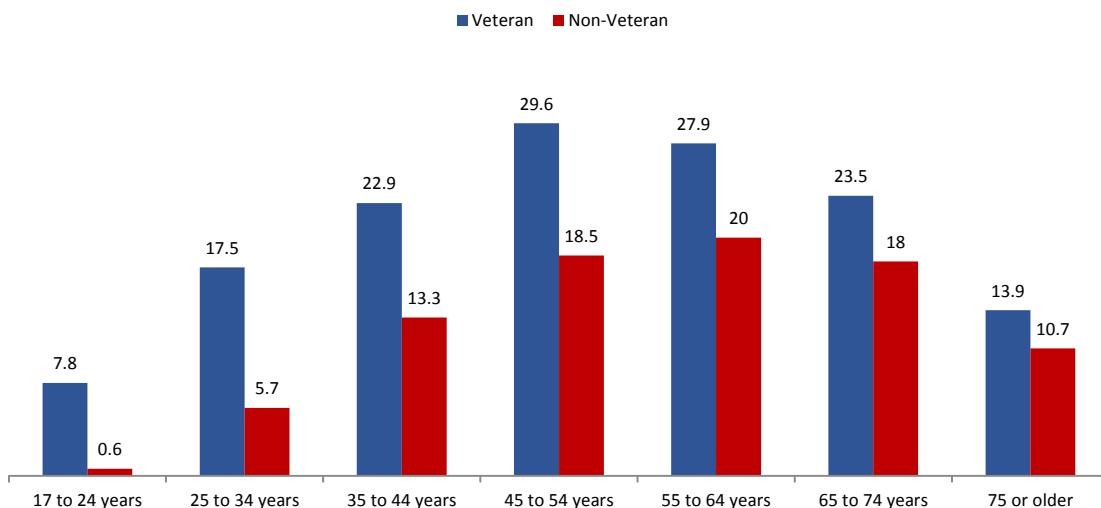
Figure 7.
Percentage of Women Who Were Currently Married, by Age and Veteran Status: 2015



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

In 2015, 23.4 percent of all women Veterans were currently divorced compared with 12.6 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 8). Eight percent of 17- to 24-year-old women Veterans were divorced, compared with less than 1 percent of similar women 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. In 2015, 16.2 percent of women Veterans who had ever married have been married more than once, compared with 28.5 percent of non-Veteran women.

Figure 8.
Percentage of Women Who Were Currently Divorced, by Age and Veteran Status: 2015



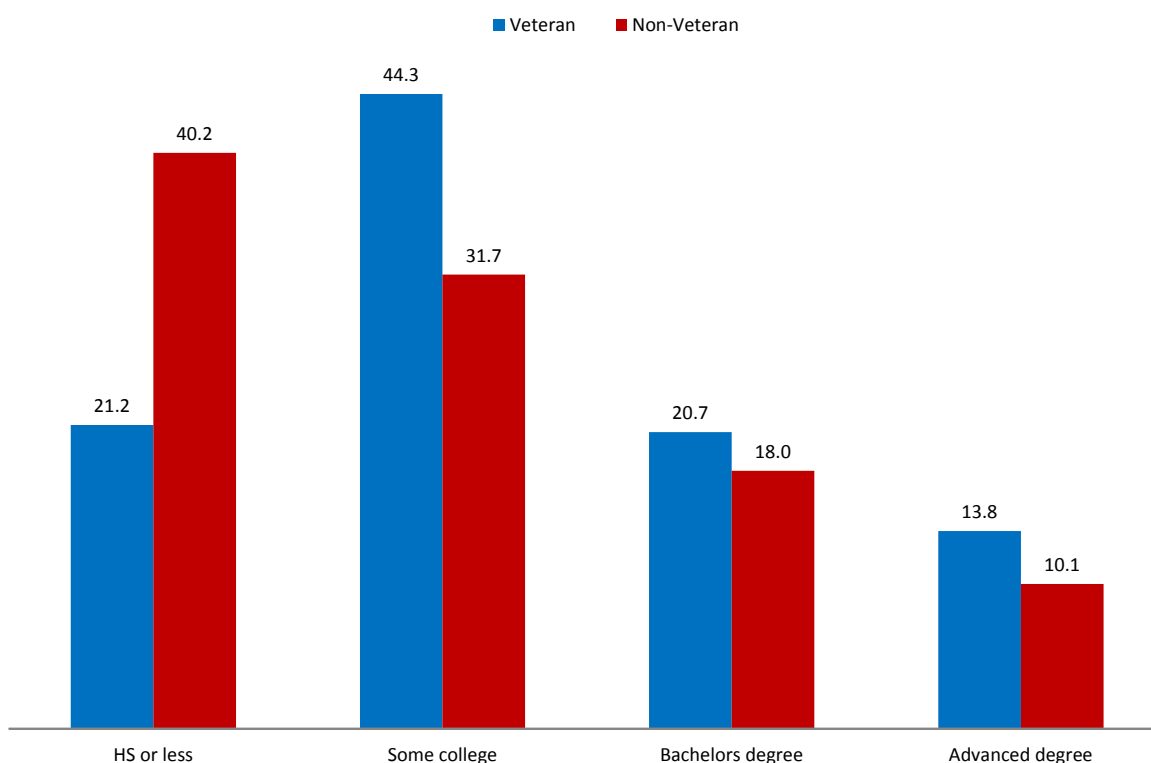
Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

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. In 2015, 21 percent of all women Veterans had a high school diploma or less as their highest level of educational attainment, compared with 40 percent 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. Forty-four percent of women Veterans had some college as their highest level of education compared with 32 percent of non-Veteran women. 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 (35 percent) than non-Veterans (28 percent) had completed a Bachelor’s or advanced degree.

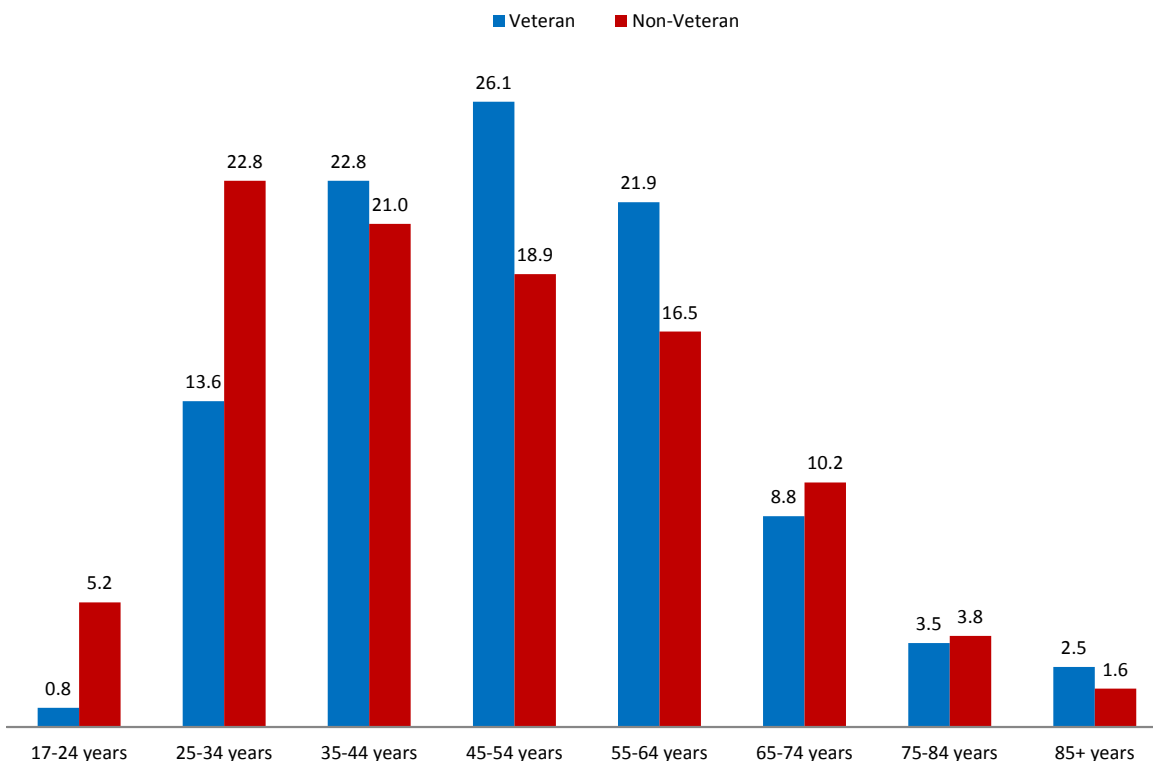
Figure 9.
Distribution of Women’s Educational Attainment by Veteran Status: 2015



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

Of those women with a Bachelor’s Degree or Higher, non-Veterans tend to get their degree at an earlier age (prior to 34 years old) than Veterans (28 percent compared with 14 percent). Most women Veterans (e.g., 71 percent) attain the Bachelor’s Degree or Higher between the ages of 35 to 64 years (Figure 10).

Figure 10.
Age Distribution of Women with a Bachelor's Degree or Higher, by Veteran Status: 2015

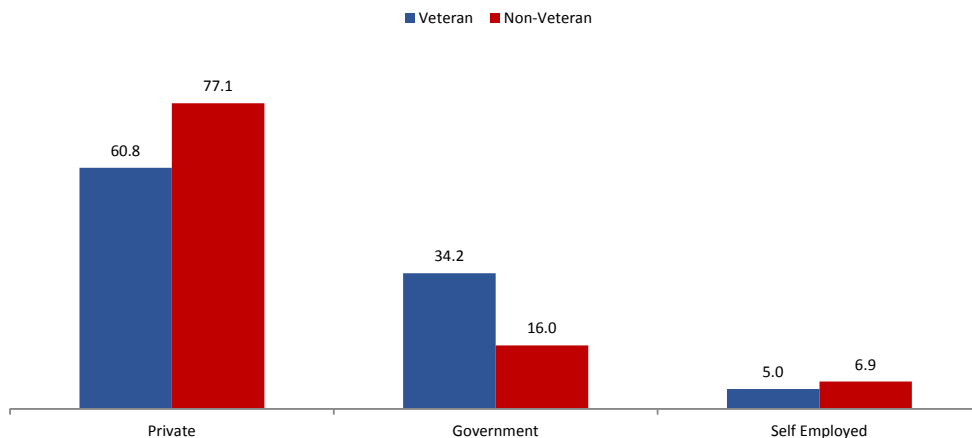


Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
 Prepared by the National Center for Veterans Analysis and Statistics

Occupation

A higher percentage of employed women Veterans 17 to 64 years old worked in the government sector (34 percent) than non-Veteran women (16 percent). This includes local, state, and Federal government workers (Figure 11). There are several initiatives in place to actively recruit Veterans for jobs in the Federal government, which may explain some of the difference.

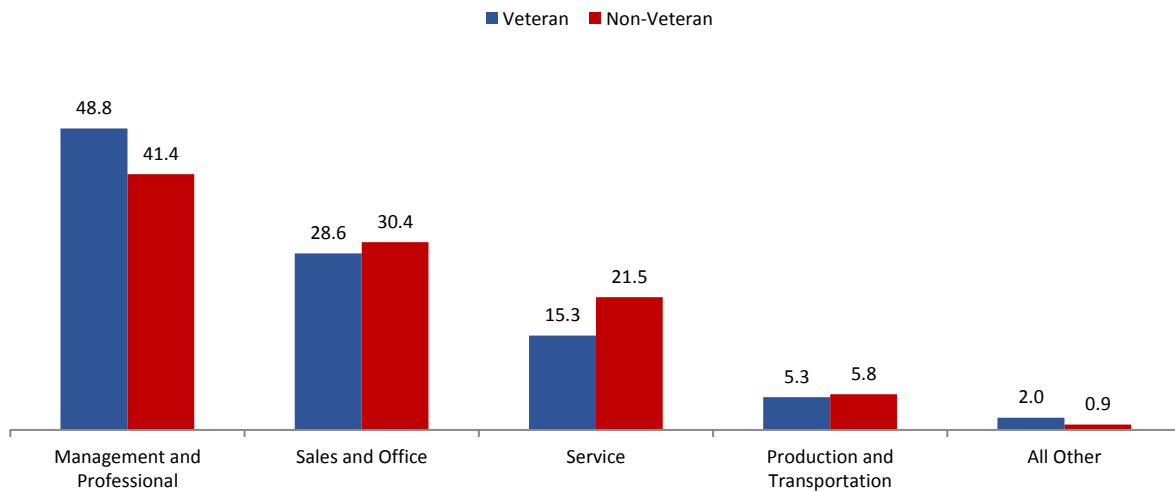
Figure 11.
Work Category of Employed Women by Veteran Status: 2015



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
 Prepared by the National Center for Veterans Analysis and Statistics

Women Veterans and non-Veterans also differ in the specific kinds of work they do in their jobs. Almost half of employed women Veterans (49 percent) worked in management, professional, or other related occupations, compared with 41 percent of non-Veteran women. A lower percentage of women Veterans than non-Veterans (29 percent compared with 30 percent) worked in sales and office occupations. This category includes jobs such as cashiers, retail salespeople, receptionists, office clerks, and mail carriers.

Figure 12.
Occupation of Women by Veteran Status: 2015



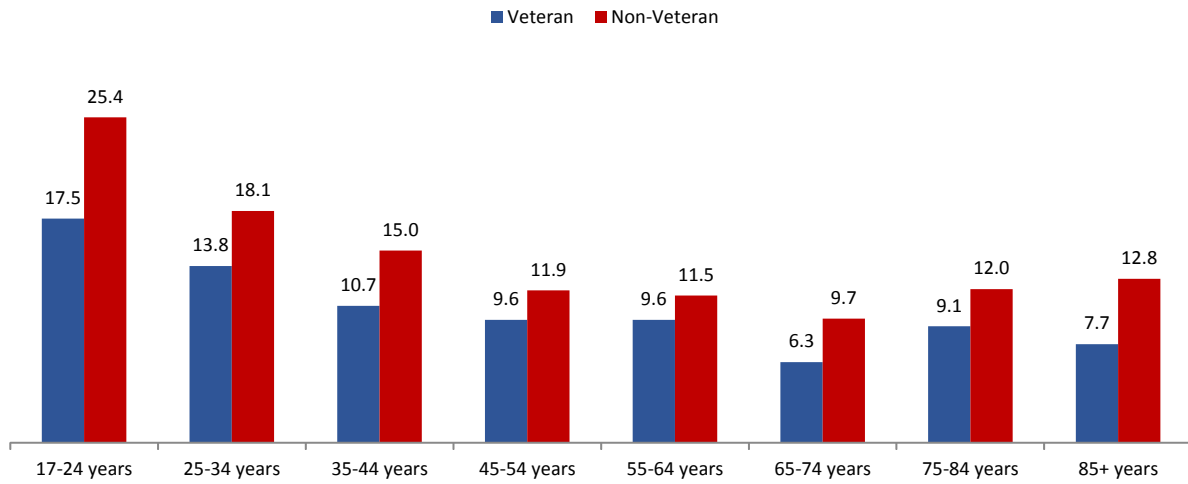
Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

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 population 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 2015. About 10 percent of all women Veterans and 15 percent of all non-Veteran women had incomes below poverty. In 2015, poverty rates were highest for the youngest women ages 17 to 24 years old (17.5 percent of Veterans, and 25.4 percent of non-Veterans), and decreased for all women up to the age of 755 (Figure 13). In every age group, the poverty rates were lower for women Veterans than those of non-Veterans.



Figure 13.
Poverty Rates of Women, by Age and Veteran Status: 2015



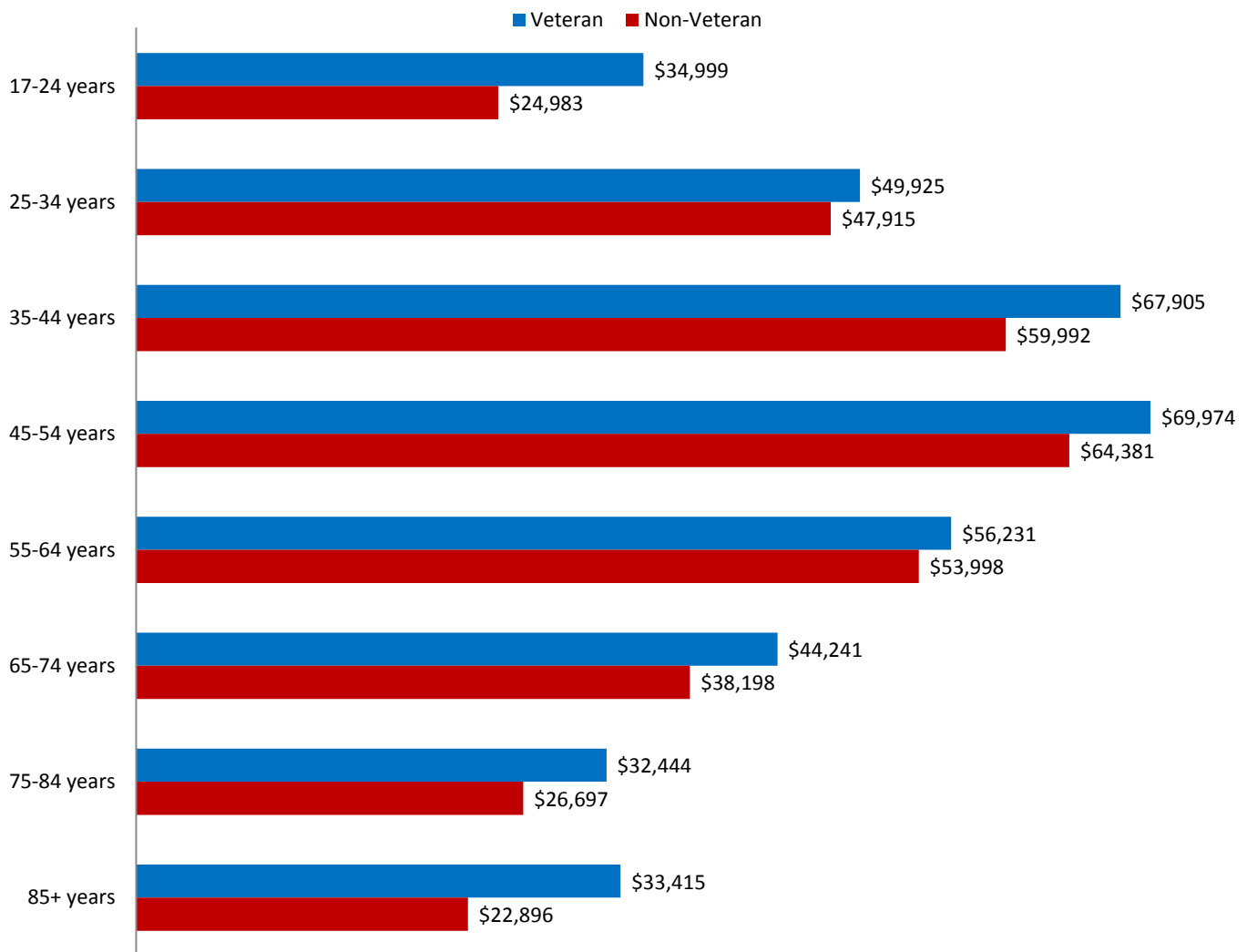
Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics



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 \$55,000 in 2015, compared with \$47,000 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 14). 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.

Figure 14.
Median Household Income of Women, by Age and Veteran Status: 2015

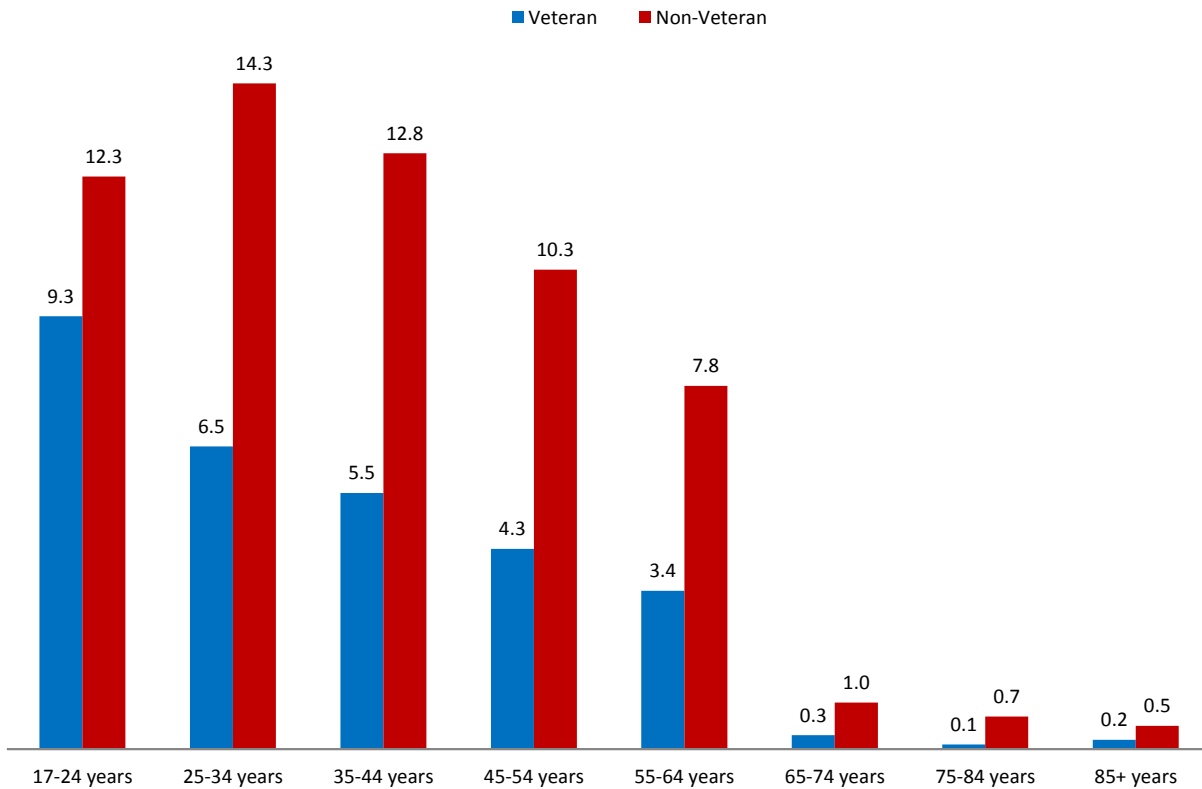


Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

Health Insurance Coverage

Overall, 4 percent of women Veterans were uninsured in 2015, compared with 9 percent of non-Veteran women (Figure 15).

Figure 15.
Uninsured Rates of Women Population, by Age and Veteran Status: 2015

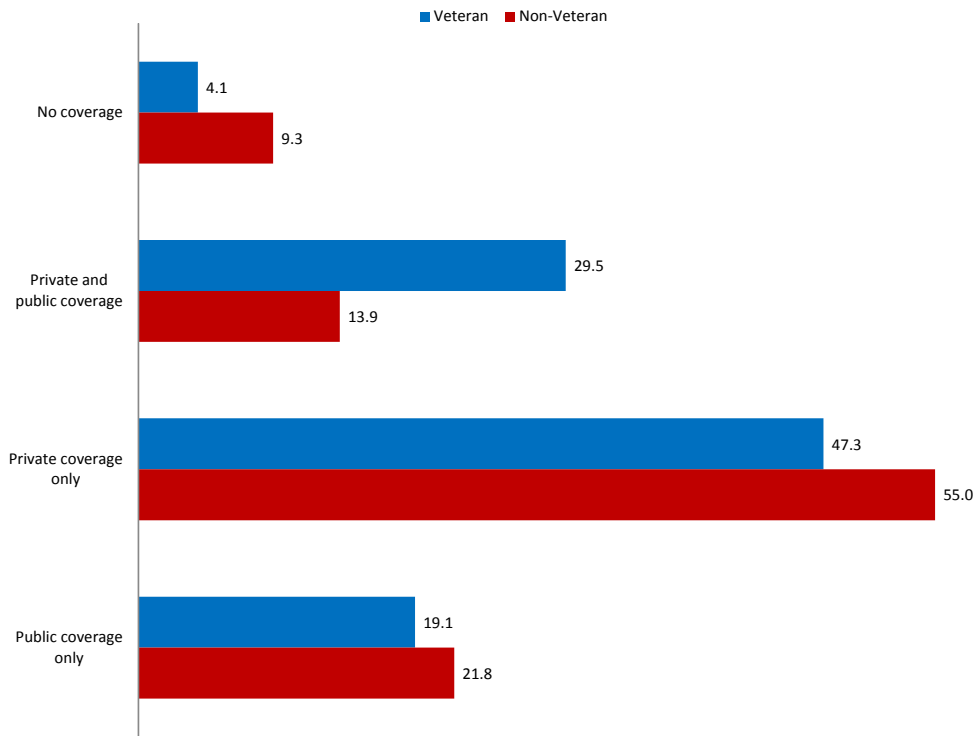


Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

The uninsured rates for women varied by age. Women Veterans under the age of 25 had the highest uninsured rates, at about 9 percent (Figure 16). 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 women Veterans 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 Veterans over 65 were uninsured.



Figure 16.
Health Insurance Coverage of Insured Women, by Veteran Status: 2015



Source: U.S. Census Bureau, American Community Survey, Public Use Microdata Sample, 2015
Prepared by the National Center for Veterans Analysis and Statistics

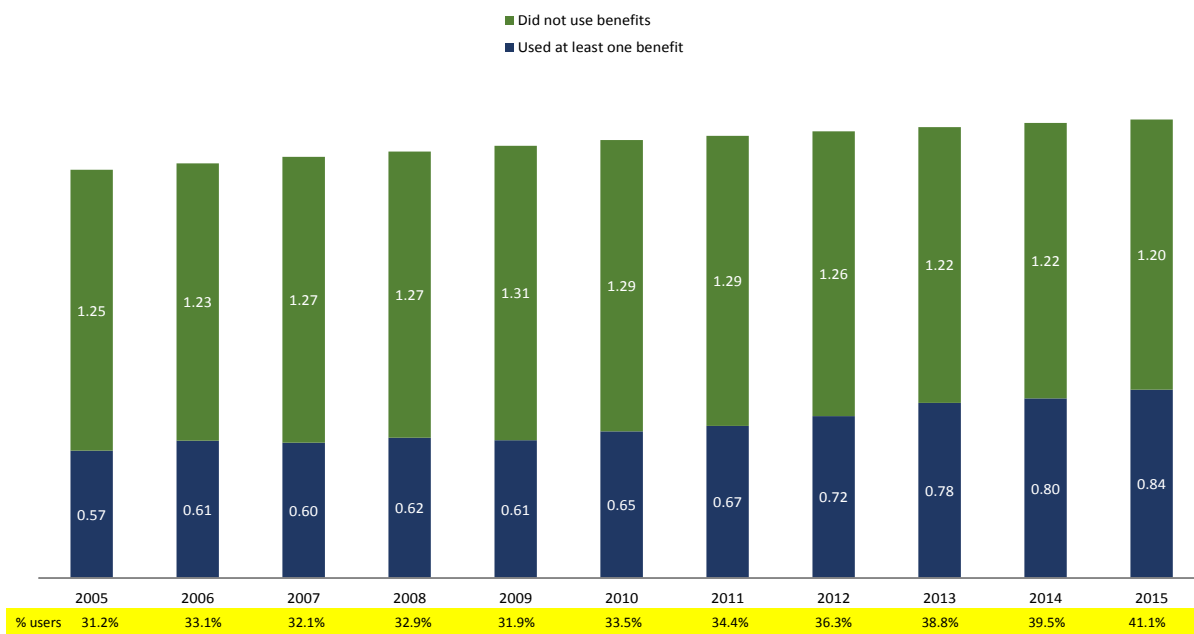


Utilization of the Department of Veterans Affairs Benefits and Services

The Department of Veteran Affairs (VA) administers and delivers a wide array of federally authorized benefits and services to eligible veterans and their dependents and survivors. These benefit programs are overseen by three administrations within the VA – Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA). This section of the report describes the utilization characteristics and trends of the Women Veterans. In 2015, 23.4 percent of women Veterans had a service-connected disability.⁵⁹

Figure 17 presents information about unique Veteran users. A unique Veteran user is defined as any Veteran who has received at least one VA benefit or service during fiscal year 2015. A Veteran may have received multiple benefits or services from VA but are only counted once in the total number of unique Veterans. In 2015, 840,000 women Veterans used at least one VA benefit or service. The number of women Veterans who use at least one VA benefit or service has steadily grown from 31.2 percent in 2005 to 41.1 percent in 2015.

Figure 17.
Benefits Utilization of Women Veterans: 2005-2015



Source: U.S. Veterans Eligibility Trends and Statistics, 2015
Prepared by the National Center for Veterans Analysis and Statistics

Figure 18 shows the types of benefits and services VA provides and the number of veterans who used each benefit during FY 2015. Of the total women Veteran population in 2015, approximately 456,000 used VA health care and roughly 8,000 were interred in a VA state or national cemetery or received a grave marker from VA. Of the 687,000 women Veterans who used programs administered by VBA, 44 percent received disability payments, 28 percent had a home loan guaranty, 9 percent had a life insurance policy administered or supervised by VA, 16 percent used education benefits, and 3 percent participated in or completed a vocational rehabilitation training program during 2015.

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 use VA health care services must apply for enrollment first. This is easily done by completing VA form 10-10EZ online, or calling 1-877-222-VETS or by a visit 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 for health care if they have a 50 percent or higher VA service-connected disability rating, if they are seeking care for a VA-rated disability only, or if they were discharged within the last year for a disability that was caused or worsened in military service but has not yet been rated by VA.

Eligibility

Eligibility is determined as part of the enrollment process and is not automatic. Basic eligibility is determined based on type of service and discharge status. Many veterans must also satisfy a minimum duty requirement. Veterans are then generally assigned to one of eight priority groups based on different factors such as length of service, level of disability, and level of income. These priority groups help VA allocate its available health care resources among Veterans. VA priority groups range from 1 to 8 with priority group 1 as the highest priority for access to VA health care and priority group 8 as the lowest priority. Assignment to certain priority groups is based largely on income. Increases or decreases in income may affect future priority group determination and copayment obligations for services. VA uses a process of means testing to determine eligibility.

Priority group 3 is typically determined for veterans who are former Prisoner of War (POW), in receipt of the Purple Heart Medal, in receipt of the Medal of Honor, etc. The complete list can be found on <http://www.va.gov/healthbenefits/apply/veterans.asp>.

Means Testing

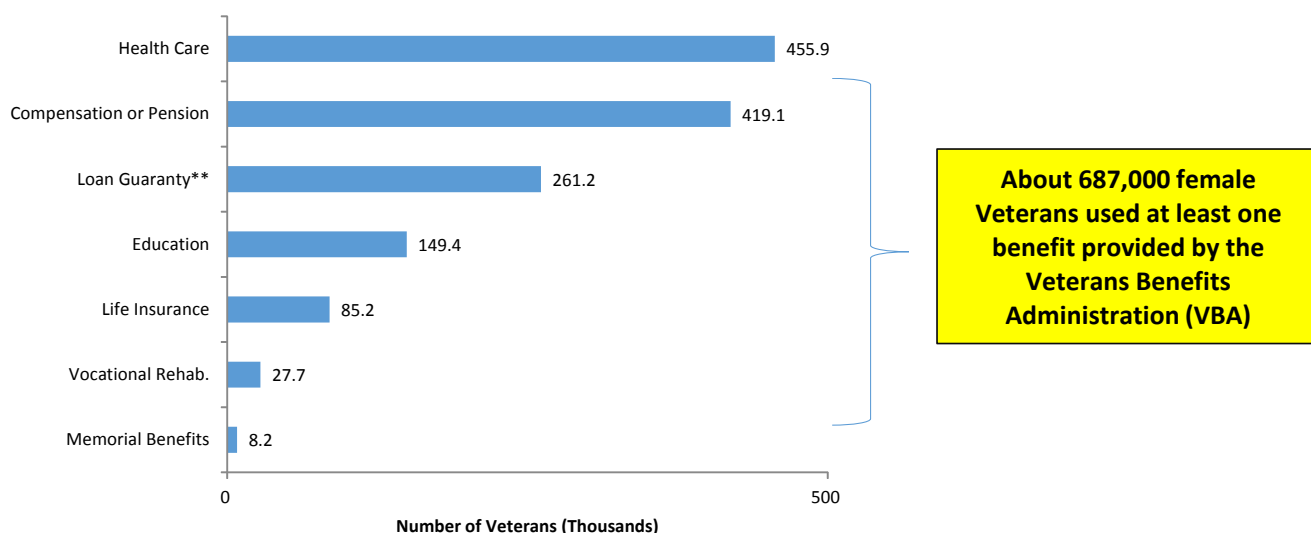
VA's means testing applies both national and geographic income limits in determining priority groups. For low income Veterans, Congress added geographic income limits to the existing national income limit to expand services for those who live in high-cost areas. For higher income Veterans, VA assigns Priority Group 8 for those who were enrolled prior to 2003, or who have income that exceeds current income limits by more than 10 percent and who agree to pay the applicable copayment. Below are some examples to illustrate how means testing works.

In 2010, a Veteran with no dependents living in Dupage County, Illinois would qualify for placement in Priority Group 7 with copay for health care services on an income basis if the gross household income is below the 2008 VA National Income Threshold of \$29,402, or below the 2008 VA National Geographic Income Threshold of \$42,100 for her area.

Changes in the number of dependents can influence priority group status. For example, if this same Veteran's income was \$48,100 and she had a child in 2009, her priority group would change due to higher income limit extensions for dependents. Separate income limit extensions are available for up to 7 children.

Unemployment or other common losses to income may increase available benefits. For example, if income drops below \$11,830 there may be eligibility for free medications and travel benefits to VA facilities.

Figure 18.
Benefits Utilization by Program and Gender Status: 2015



Source: U.S. Veterans Eligibility Trends and Statistics, 2015
Prepared by the National Center for Veterans Analysis and Statistics

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 144 VA Hospitals, 1,232 VA Outpatient Sites, and 300 Vet Centers.⁶⁰ The number of VA Outpatient Sites does not include temporarily deactivated sites.

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 care at VA is not feasibly available or the requirements of VA's care in the community authorities are otherwise met, VA may furnish care through community providers. 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 has been increasing 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 to women Veterans.

In 2015, 35.9 percent of women Veterans were enrolled in the Veterans Health Administration (VHA) health care system. Of the 729,989 enrolled women Veterans, 455,875 used VA health care in 2015. Not all women who enroll in the healthcare system ultimately become health care users (Figure 18). This could be due partly to eligibility requirements. Not all women 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 additional information). Responses from women Veterans in the 2010 National Survey of Veterans (NSV) indicated that the top three reasons for having never used VA health care benefits were: eligibility of care, unfamiliarity with application process, and inconvenience of VA facility locations.

According to Figure 19, from 2005 to 2015, the number of women Veterans using VA health care increased 46.4 percent, from 237,952 to 455,875. To put this in perspective, about 13.1 percent of all women Veterans in 2005 used VA health care compared with 22.4 percent of all women Veterans in 2015.

Various Department of Veterans Affairs Education Programs: Post-Vietnam Era Veterans

Veteran Education Assistance Program (VEAP):

VEAP was the first G.I. Bill 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.

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 declared by the President or Congress. The National Defense Authorization Act of 2016 ended REAP on November 25, 2015. Some individuals will remain eligible for REAP benefits until November 25, 2019, while others are no longer eligible for REAP benefits.

Montgomery G.I. 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 G.I. 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 G.I. Bill-Selected Reserve (MGIB-SR) is the first G.I. 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 G.I. Bill:

The Post-9/11 G.I. 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 G.I. Bill, Veterans must have received an honorable discharge. The Post-9/11 G.I. 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 G.I. Bill offers Servicemembers who qualify have the opportunity to transfer their unused educational benefits to their spouses and children.

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

Figure 19.
Number of Women Veterans Enrolled in VHA Health Care System: 2005 - 2015

	Enrolled		Not Enrolled	Total
	Uses VAHC	Does not use VAHC		
2005	237,952	159,072	1,415,079	1,812,103
2006	251,022	173,710	1,415,859	1,840,591
2007	263,932	186,884	1,418,240	1,869,056
2008	278,853	198,447	1,415,511	1,892,811
2009	299,026	215,400	1,404,111	1,918,537
2010	323,794	231,095	1,389,088	1,943,977
2011	344,962	246,266	1,371,206	1,962,434
2012	369,662	261,240	1,351,722	1,982,624
2013	398,293	274,141	1,328,818	2,001,252
2014	429,155	286,987	1,303,935	2,020,077
2015	455,875	274,114	1,305,224	2,035,213

Source: U.S. Veterans Eligibility Trends and Statistics, 2015
 Prepared by the National Center for Veterans Analysis and Statistics

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.

Most Prevalent Service-Connected Disabilities

Of the top ten conditions for women Veterans in 2015, the top five (post-traumatic stress disorder, major depressive disorder, migraine, lumbosacral or cervical strain and uterus and ovaries, removal of, complete) accounted for roughly 33 percent of all service-connected disabilities for women Veterans (figure 20).



Figure 20.**Ten Most Prevalent Primary Service-Connected Disabilities for Women Veterans: 2015**

Condition	Frequency	Percentage
Post-Traumatic Stress Disorder	47,931	11.8
Major depressive disorder	26,501	6.5
Migraine	24,030	5.9
Lumbosacral or cervical strain	22,201	5.5
Uterus and Ovaries, Removal of, Complete	12,708	3.1
Uterus removal of, including corpus	10,467	2.6
Asthma, bronchial	10,403	2.6
Intervertebral disc syndrome	10,314	2.5
Degenerative arthritis of the spine	9,568	2.4
Tinnitus	9,411	2.3
Total – Most Prevalent Disabilities	183,534	45.4
Total – All Other Disabilities	221,109	54.6
Total – Number of Disabilities	404,643	100
Total – Unique Beneficiaries	849,835	

Source: U.S. Veterans Eligibility Trends and Statistics: 2015
Prepared by the National Center for Veterans Analysis and Statistics

Post-Traumatic Stress Disorder: In 2015, nearly 48,000 women Veterans received compensation for PTSD. PTSD accounted for roughly 12 percent of all service connected disabilities for women Veterans. According to the Department of veterans Affairs National Center for PTSD, PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. It’s normal to have upsetting memories, feel on edge, or have trouble sleeping after this type of event. At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months. If it’s been longer than a few months and you’re still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.⁶¹

Major Depressive Disorder: In 2015, roughly 26,500 women Veterans received compensation for major depressive disorder. According to the National Institute of Mental Health, depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks. Some forms of depression are slightly different, or they may develop under unique circumstances, such as: (1) persistent depressive disorder, (2) perinatal depression, (3) psychotic depression, and (4) seasonal affective disorder.⁶²

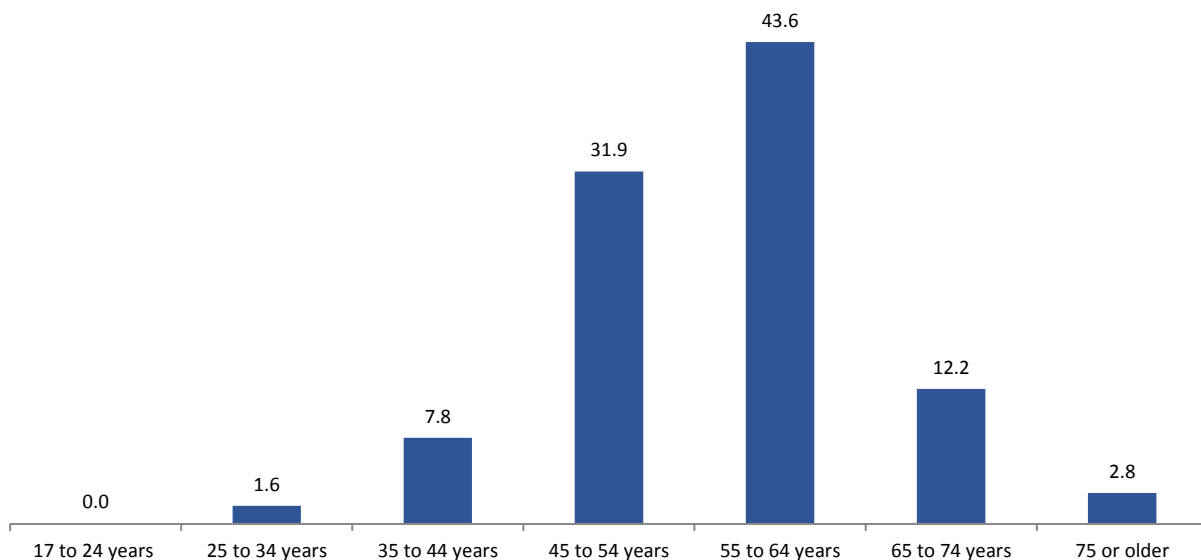
Migraine: In 2015, over 24,000 women Veterans received compensation for migraines as a disabling condition. According to the Mayo Clinic, migraines often begin in childhood, adolescence or early adulthood. Migraines may progress through four stages: prodrome (subtle changes that warn of an upcoming migraine); aura (usually visual disturbances that may occur before or during migraines), headache (usually lasts from 4 to 72 hours); and post-drome (some may feel drained while others may feel elated after a migraine attack), though you may not experience all stages.⁶³

Lower Back Pain (Lumbosacral or cervical strain): In 2015, roughly 22,200 women veterans received compensation for lower back pain. According to the Cleveland Clinic, Center for Continuing Education, low back pain can best be described in terms of specific accompanying features. Low back pain is acute if it has a duration of about 1 month or less. Chronic low back pain is usually defined by symptoms of two months or more. Both acute and chronic low back pain can be further defined by the

presence or absence of neurologic symptoms and signs. Nonspecific or nonradicular low back pain is not associated with neurologic symptoms or signs. In general, the pain is localized to the spine or paraspinal regions (or both) and does not radiate into the leg. In general, nonspecific low back pain is not associated with spinal nerve root compression. Nonspecific low back pain might or might not be associated with significant pathology on magnetic resonance imaging (MRI) and is often a result of simple soft tissue disorders such as strain, but it can also be caused by serious medical disorders arising in the bony spine, parameningeal, or retroperitoneal regions.⁶⁴

Uterus and Ovaries, Removal of, Complete: In 2015, roughly 12,700 women Veterans had the complete removal of their uterus and ovaries. Roughly an additional 10,500 women Veterans had the removal of their uterus that included their corpus. According to the U.S. Department of Health and Human Services, Office of Women’s Health, a hysterectomy is a surgery to remove a woman’s uterus (also known as the womb). The uterus is where a baby grows when a woman is pregnant. During the surgery the whole uterus is usually removed. The doctor may also remove your fallopian tubes and ovaries.⁶⁵

Figure 21.
Age Distribution of Women Veterans with a Hysterectomy as Their Primary condition: 2015

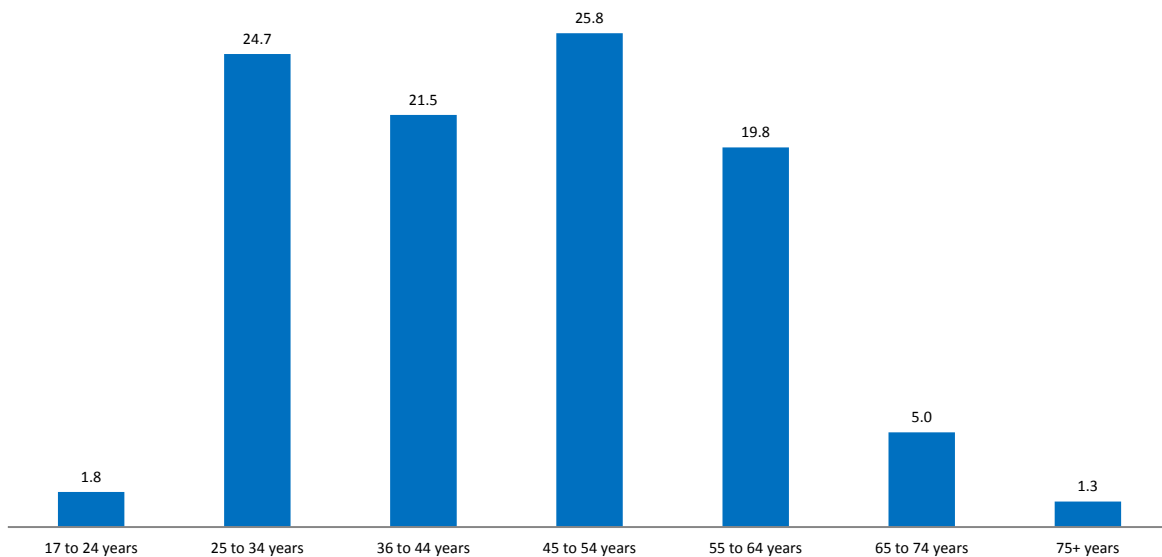


Source: U.S. Veterans Eligibility Trends and Statistics: 2015
Prepared by the National Center for Veterans Analysis and Statistics

Age Distribution for Women Veterans Receiving Compensation

Of the women Veterans receiving compensation for a service-connected disability, roughly 72 percent were between 25 and 54 years old (Figure 22). Women ages 45 to 54 made up 26 percent of the total population of women Veterans receiving service-connected disability compensation in 2015.

Figure 22.
Age Distribution of Women Veterans Receiving Compensation



Source: U.S. Veterans Eligibility Trends and Statistics: 2015
Prepared by the National Center for Veterans Analysis and Statistics

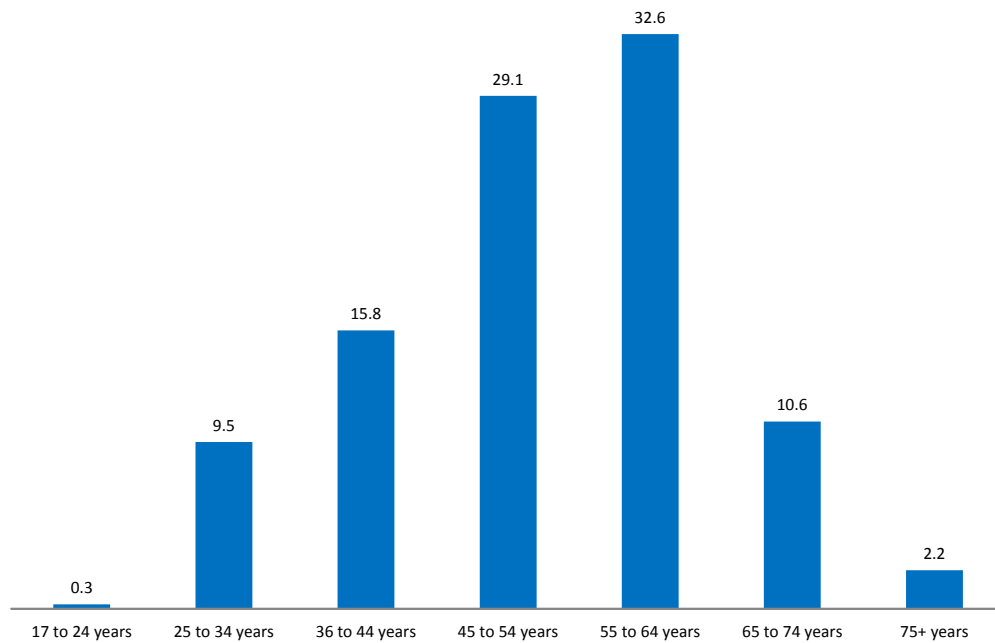
Individual Unemployability Compensation

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. Veterans 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.

In 2015, about 6 percent of women Veterans who received compensation for a service-connected disability were receiving IU compensation. This represents about 1 percent of the total women Veteran population. Of all the women Veterans receiving IU compensation in 2015, roughly 62 percent were between the ages of 45 and 64 (Figure 23). Approximately 10 percent of women Veterans receiving IU compensation from VA were under the age of 34.



Figure 23.
Age Distribution of Women Veterans Who Received Individual Unemployment Compensation in 2015

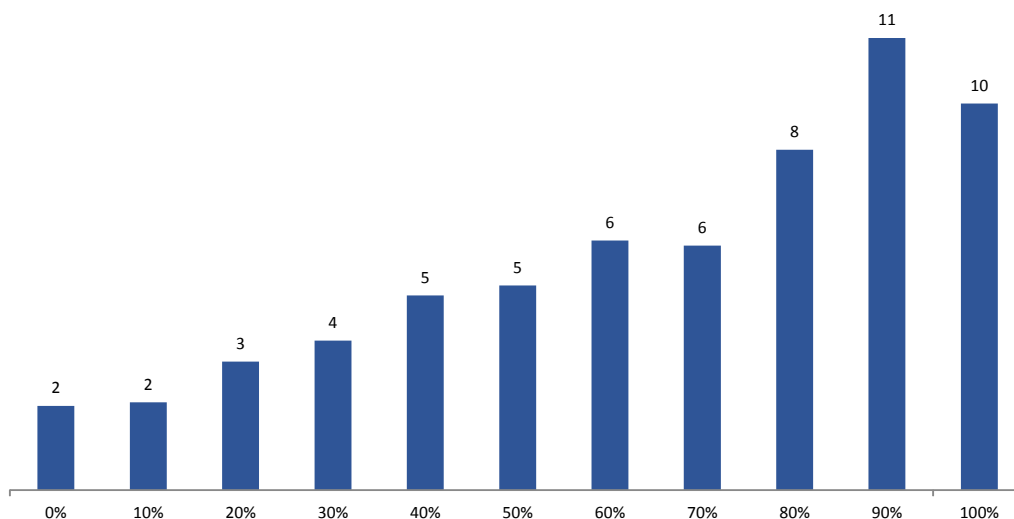


Source: U.S. Veterans Eligibility Trends and Statistics: 2015
 Prepared by the National Center for Veterans Analysis and Statistics

Degree of Disability

Figure 23 shows the average number of service-connected disabilities by combined degree of disability for women Veterans in 2015. 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 11 conditions in 2015. Women Veterans at the 100-percent rating have fewer, yet more serious disabling conditions.

Figure 24.
Average Number of Service-Connected Disabilities, by Combined Degree of Disability: 2015



Source: U.S. Veterans Eligibility Trends and Statistics: 2015
 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. Roughly twenty-one percent of Veterans participating in the VR&E program in 2015 were women (27,083 out of 131,607). 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.⁶⁶

Pension Program

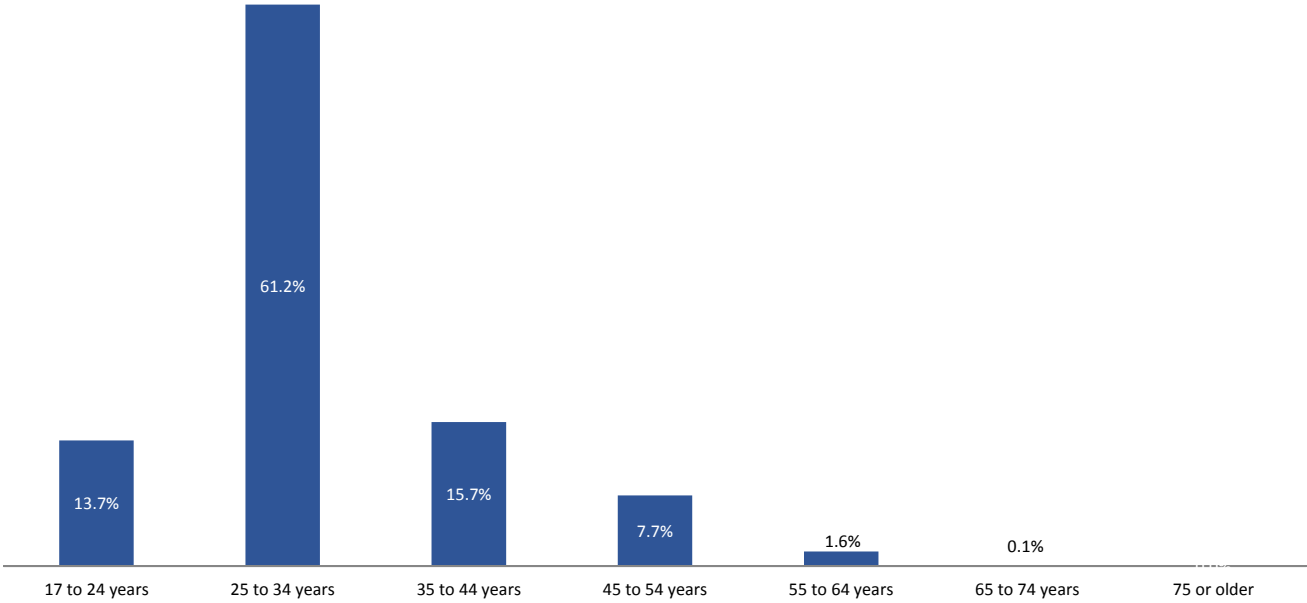
Pension benefits are payable to wartime Veterans who meet certain eligibility requirements. Generally, in order to qualify for a disability pension, Veterans must meet the following criteria: (1) discharged under conditions other than dishonorable, (2) served at least 90 days of active service, one of 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.⁶⁷ In 2015, roughly 12,320 women Veterans were receiving a VA pension.

Education Benefits

There are many benefits available to advance the education and skills of Veterans and Servicemembers (see text box “Various Department of Veteran Affairs Education Programs” for more information.) The establishment of the G.I. Bill in 1944 was fundamental in creating educational benefits for those who have served this nation, a goal that continues as a high priority today. Since 1944, Congress has continued to create education programs in order to reflect the changing times of service and to better serve the needs of current Veterans.

In 2015, 149,375 women Veterans used education benefits. Education benefits reported here excludes Veterans who receive Reserve Education Assistance Program benefits. This represents 7.4 percent of the total population of women Veterans. Roughly 61.2 percent of women Veterans who used education benefits did so from age 25 to 34 years old and less than 0.1 percent of all women Veterans who used education benefits did so from age 65 or older 2015.

Figure 25.
Age Distribution of Education Benefits Used by Women Veterans: 2015



Source: U.S. Veterans Eligibility Trends and Statistics: 2015
Prepared by the National Center for Veterans Analysis and Statistics



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 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 growing and more women are looking to use benefits and services that VA provides, giving even more importance for VA to anticipate and address the challenges that women Veterans are currently facing. The most recent cohort of women Veterans, those who have served in Afghanistan and Iraq, are using VA benefits at historically high rates. 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.

The MyVA Transformation, initiated by Secretary Robert M. McDonald, was designed to: put Veterans in control of how, when, and where they wish to be served; make VA a world-class service provider; measure success by the ultimate outcome for the Veterans; and integrate across programs and organizations, to optimize productivity and efficiency. The Center for Women Veterans (Center) is heading a MyVA initiative for FY 2017 that specifically impacts women Veterans--“Equitable Services for Women Veterans.” This initiative provides the Center with an exciting new avenue to make progress on reducing disparities in wait times, outcomes, and utilization between men and women Veterans.

Institutional Advocates

Across the nation, all VA medical centers have women Veterans 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.

Homelessness

In 2009, VA announced a plan to end and prevent homelessness among Veterans and their families. While the overall number of homeless Veterans is declining, the number of homeless women Veterans is increasing. This led the Department of Labor to introduce the Trauma-Informed Care for Women Veterans Experiencing Homelessness guide and approximately \$8.6 million in reintegration grants for homeless women Veterans and Veterans with children. Among women, military service is associated with a two to four times increased likelihood of experiencing homelessness. Among women Veterans, several factors have been found to be associated with the experience of homelessness, including unemployed, disabled and low-income; to have experienced military sexual trauma (MST); to be in fair or poor health; to have diagnosed medical conditions; and to screen positive for an anxiety disorder, posttraumatic stress disorder (PTSD); or tobacco use. 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 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.

Outreach and Education

VA is improving its outreach to women Veterans by making women more visible in VA publications, marketing materials, posters, and messages. The Department created a social media directory (<http://www.va.gov/opa/socialmedia.asp>) that links the user to all VA organizations currently using Facebook, Twitter, YouTube, Flickr, and blogs. The Center for Women Veterans (Center) has recently enhanced its social media presence, by posting regular blogs on gender-specific initiatives and informing women Veterans about access services and benefits that may be unfamiliar to them. The Center continues to disseminate and collect information relevant to women Veterans, by conducting outreach at events hosted by VSO, Federal, state, and local partners that serve Veterans and by leading and participating in internal and interagency committees and work groups. In 2016, the Center implemented a new email subscription service through GovDelivery, so women Veterans and other Stakeholders can learn about updates on the topics and services impacting women Veterans—such as events, research, and other relevant news on benefits and services. In addition, the Center will continue increasing its digital presence as a cost-effective way to reach a broader audience.

VA as a whole is diligently working to educate women Veterans about the benefits and services for which they may be eligible. VHA's Women's Health Services conducts monthly campaigns to raise awareness of women Veterans' health care needs and the high-quality care VA provides through toolkits that include items such as brochures, fact sheets, FAQs, health campaign materials, and videos for download. VBA has developed a Web page with information specific to women Veterans' benefits, including education and training, home loans, and employment. 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. NCA representatives provide outreach through word of mouth at conferences focused on women Veterans, and outreach to women Veterans through their webpage with regards to burial benefits. 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.

Pre-Need Burial Eligibility Determination

The Department of Veterans Affairs (VA) implemented the pre-need burial eligibility determination program to assist anyone who would like to know if they are eligible for burial in a VA national cemetery. VA is promoting pre-need eligibility determinations to encourage Veterans and their eligible family members to plan in advance to use VA burial benefits that Veterans have earned through their military service. Planning in advance for a Veteran's or loved-one's final resting place can eliminate unnecessary delays and reduce stress on a family at a difficult time. Veteran families will have increased confidence that their loved ones are eligible for burial in a VA national cemetery at their time of need. Interested individuals may submit VA Form 40-10007, Application for Pre-Need Determination of Eligibility for Burial in a VA National Cemetery, along with a copy of supporting documentation of military service such as a DD214, if readily available, by: toll-free fax at 1-855-840-8299; email to PreNeed@va.gov; or mail to the National Cemetery Scheduling Office, P.O. Box 510543, St. Louis, MO 63151. For additional information or to download the VA Form 40-10007 visit <http://www.cem.va.gov/CEM/pre-need/>.

Surveys

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. The population demographics highlights the need for VA services that are gender, age, and culturally appropriate. The high rates of cardiovascular and other chronic disease risk factors, particularly among VA users, means VA should and address prevention to delay onset of complex chronic conditions and monitor risk reduction efforts by gender. 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 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. In 2015, the VHA’s conducted the “Barriers to Care” survey, in response to Public Law 111-163, Section 201 of the Caregivers and Veterans Omnibus Health Services Act of 2010. VHA contracted with Altarum Institute to execute the survey of women Veteran users and women Veterans non-users over a given period of time, over 21 Veterans Integrated Service Networks or VISNs. The study highlighted actionable areas where VA can invest effort and resources to improve comprehension, access to care, and delivery of services in ways that will influence women Veterans’ decisions to seek care through VA.

Concluding Remarks

Although not officially recognized as members of the armed forces until 1901, the involvement of women in the military dates back to the Revolutionary War. Each year, the population of women Veterans grows steadily due, in part, to the increasing number and proportion of women entering and leaving military service. Most women Veterans possess those traits that are valued in military service: steady nerves, sound judgment, courage, tenacity, patriotism, and sacrifice. Women bring strong attributes to the workforce, and they are one of the fastest growing populations among Veterans: while women Veterans comprise about 9.8 percent of the overall Veteran population (2.1 million of 21.4 million), women comprise 17.9 percent of the Post-9/11 only period of service (533,050 of 2,985,460). From the Revolutionary War to the present, women Veterans have been invisible heroines. They are examples to future generations that securing our country’s liberty and freedom are everyone’s responsibility – and we here at VA are committed to serving all Veterans equitably. For more information about women Veterans and what VA does to serve them, visit the Center for Women Veterans website; www.va.gov/women/vet/ to learn more about Office of Data Governance and Analytics research and reports, visit our website www.va.gov/vetdata/.



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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 women of event. Generally, multiple first 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 women 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.

Appendix A

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

2003

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

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

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 Salina, 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.

2013

In 2013, then Defense Secretary Leon e. Panetta lifted the barriers that have prevented military women from serving in direct combat roles.

2014

Michelle Janine Howard became the first woman to attain the rank of four-star Admiral in the Navy's 238-year history.



Ruby Bradley

Colonel Ruby Bradley was one of the most decorated women in United States military history. She was a native of Spencer, West Virginia but lived in Falls Church, Virginia, for over 50 years.

Born: December 19, 1907, Spencer, WV

Died: May 28, 2002, Hazard, KY

Nationality: American

Place of burial: Arlington National Cemetery, Arlington, VA

Awards: Florence Nightingale Medal, Legion of Merit (2), Bronze Star Medal (2), Commendation Medal (2)

Battles and wars: World War II, Korean War

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, including 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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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.

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.

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.

¹ Women 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.

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.

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.

1980s

In 1980, the first women graduated from the service academies (first admitted in 1976).

The Defense Officer Personnel Management Act called for the consolidation of officer promotion systems and uniform laws for managing the officer career structures in the different services. Gender-separated promotion lists were abolished and women were allowed to command men for the first time in history.

In 1988, the Department of Defense (DoD) announced its "Risk Rule" which identified a universal standard used in evaluating the positions and units open to women and resulted in the opening of roughly 30,000 new billets. Any units in support of ground combat operations continued to be closed to women.

By the end of the decade, women were entering the military in even greater numbers and were being sent to sea and aircraft squadrons.

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.

2015

Lieutenants Kristen Griest and Shaye Haver are the first female graduates of the Army's Ranger School.

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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/docs/25FAQs_web_version_April2010.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.publichealth.va.gov/womenshealth>)

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/flslist-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 the 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.

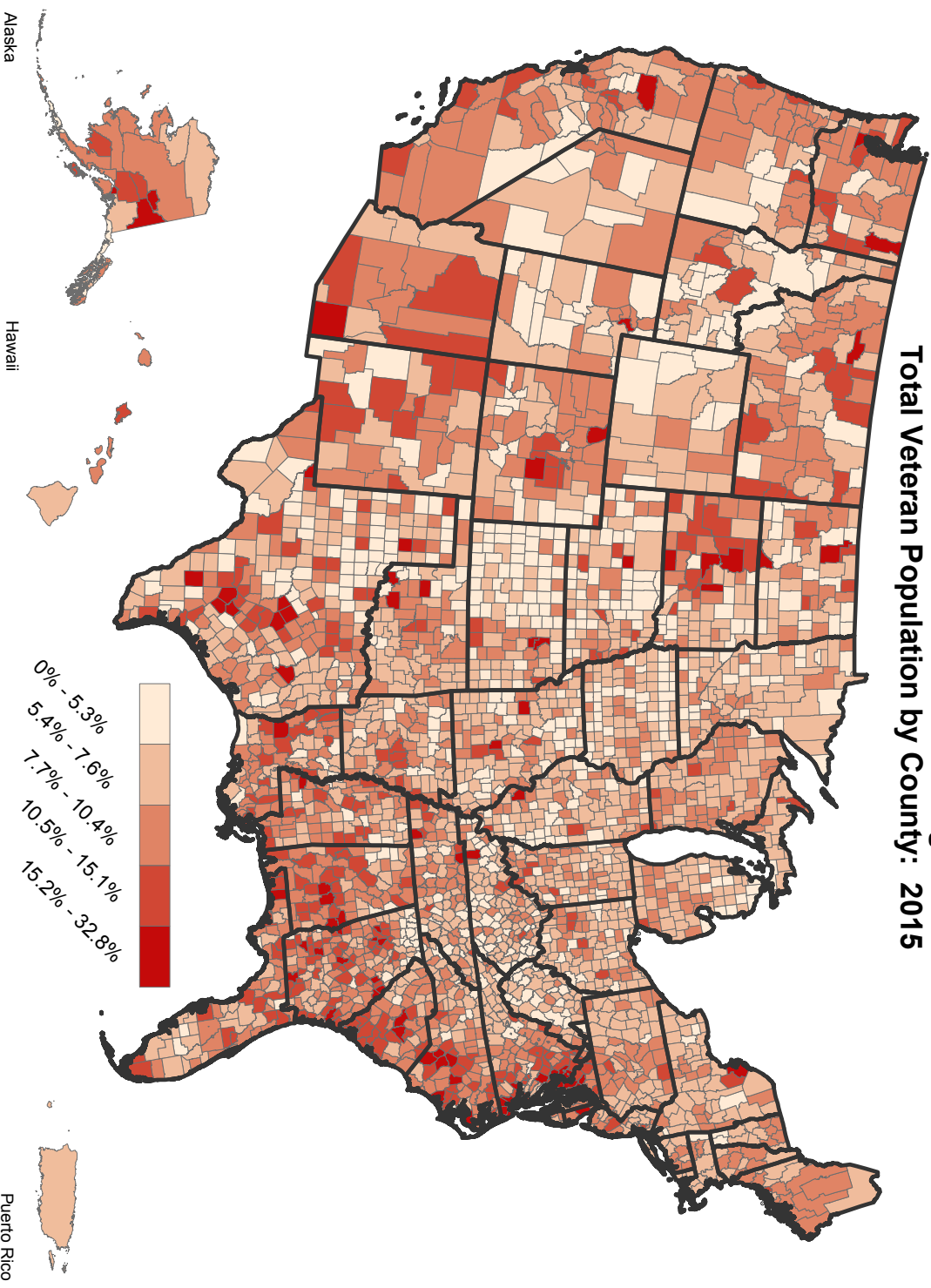
VA Plans, Budget, and Performance

(<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 D

Women Veterans as a Percentage of
Total Veteran Population by County: 2015



Source: Department of Veterans Affairs, Data Governance and Analytics, Veteran Population Projection Model (VelPop14), as of 9/30/2015

Prepared by the National Center for Veterans Analysis and Statistics

Characteristic	Women Veterans		Women Non-Veterans		Significant
	Estimate	Percent	Estimate	Percent	
Total Population, 17 years and older	1,592,221	100.0	129,264,583	100.0	N/A
Age					
17 to 24 years	53,602	3.4	17,456,230	13.5	*
25 to 34 years	255,450	16.0	21,702,092	16.8	*
35 to 44 years	282,609	17.7	20,558,770	15.9	*
45 to 54 years	374,616	23.5	21,741,694	16.8	*
55 to 64 years	337,916	21.2	21,057,123	16.3	*
65 to 74 years	147,832	9.3	14,750,823	11.4	*
75 and older	140,196	8.8	11,997,851	9.3	*
Median age	49.9	--	46.3	--	*
Race					
White non-Hispanic	1,049,132	65.9	81,832,336	63.3	*
Black non-Hispanic	302,464	19.0	15,820,039	12.2	*
American Indian/Alaska Native non-Hispanic	13,562	0.9	790,063	0.6	*
Asian non-Hispanic	32,005	2.0	7,388,909	5.7	*
Native Hawaiian or other Pacific Islander non-Hispanic	5,647	0.4	185,613	0.1	*
Some other race, non-Hispanic	3,428	0.2	232,400	0.2	*
Two or more races	40,726	2.6	2,123,754	1.6	*
Hispanic	145,257	9.1	20,891,469	16.2	*
Period of Military Service					
Gulf War II	529,032	33.2	146,206	100.0	*
Gulf War I	371,280	23.3			
Vietnam Era	208,567	13.1			
Korean War	47,336	3.0			
World War II	39,774	2.5			
Peacetime only	396,232	24.9			
Marital Status					
Married	787,241	49.4	61,081,540	47.3	*
Widowed or Separated	173,803	10.9	15,056,833	11.6	*
Divorced	372,510	23.4	16,259,260	12.6	*
Never married	258,667	16.2	36,866,950	28.5	*
Presence and Age of Children					
Has children under age 18	261,162	28.6	17,515,329	29.9	*
Has no children	652,975	71.4	41,076,673	70.1	*
Educational Attainment					

Appendix E Continued

Less than high school		Only =<HS		Only =<HS	
High school		Only =<HS		Only =<HS	
Some college	704,853	44.3	40,945,785	31.7	*
Bachelor's degree	329,614	20.7	23,277,821	18.0	*
Advanced degree	220,510	13.8	13,112,439	10.1	*
Percent enrolled in school	189,814	11.9	12,518,956	9.7	
Poverty Status					
In poverty	162,731	10.3	18,763,245	14.9	*
100 to 149% of poverty	84,388	5.3	9,307,050	7.2	*
150 to 199% of poverty	108,271	6.8	10,470,431	8.1	*
200 to 299% of poverty	251,571	15.8	21,070,127	16.3	
300 to 399% of poverty	243,610	15.3	18,484,835	14.3	
400% of poverty or higher	799,295	50.2	57,522,739	44.5	*
Health Insurance					
No health insurance coverage	65,258	4.1	11,989,739	9.3	*
Has private coverage only	753,409	47.3	71,141,437	55.0	*
Has public coverage only	304,571	19.1	28,201,272	21.8	*
Has private and public coverage	468,983	29.5	17,932,135	13.9	*
VA Healthcare					
Uses VA	483,167	30.3	460,770	0.4	*
Does not use VA	1,109,054	69.7	128,803,813	99.6	*
Disability Status					
Has one or more disability	341,844	21.5	20,593,897	15.9	*
No disability	1,250,377	78.5	108,670,686	84.1	*
Service-connected Disability Status					
Has service-connected disability	372,559	23.4	22,743	0.0	*
No service-connected disability	1,219,662	76.6	129,241,840	100.0	*
Region					
Northeast	177,720	11.2	23,223,727	18.0	*
Midwest	289,903	18.2	26,967,517	20.9	*
South	768,739	48.3	48,021,574	37.1	*
West	351,330	22.1	29,574,733	22.9	
Puerto Rico	4,529	0.3	1,477,032	1.1	*

Appendix E Continued

Total Working-Age Population, 17 to 64 years old	1,304,193	100.0	102,364,921	100.0	N/A
Employment Status					
Employed	879,875	67.5	67,250,232	65.7	*
Unemployed	53,116	4.1	4,527,946	4.4	
Not in labor force	371,202	28.5	30,586,743	29.9	*
Labor Force Participation Rate	932,991	71.5	71,778,178	70.1	*
Work Status of Employed Women					
Worked year-round, full-time	656,634	74.6	43,094,600	64.1	*
Worked less than year-round, full-time	223,241	25.4	24,155,632	35.9	*
Personal Earnings of Employed Women (in 2009 inflation-adjusted dollars)					
Less than \$20,000	289,531	22.2	34,599,343	33.8	*
\$20,000 to \$39,999	383,433	29.4	30,811,841	30.1	
\$40,000 to \$59,999	281,706	21.6	17,606,766	17.2	*
\$60,000 to \$79,999	160,416	12.3	9,008,113	8.8	*
\$80,000 to \$99,999	87,381	6.7	4,401,692	4.3	*
\$100,000 or more	101,727	7.8	5,834,800	5.7	*
Median personal earnings	\$29,497	--	\$17,593	--	
Class of Worker of Employed Women					
Private	534,537	60.8	51,874,797	77.1	*
Government	300,905	34.2	10,765,421	16.0	*
Self-employed	44,433	5.0	4,610,014	6.9	*
Occupation of Employed Women					
Management, professional, and related	429,155	48.8	27,869,799	41.4	*
Service	134,449	15.3	14,475,191	21.5	*
Sales and office	251,594	28.6	20,425,464	30.4	*
Construction, extraction, maintenance, repair	16,199	1.8	354,780	0.5	*
Production, transportation, material moving	46,783	5.3	3,888,020	5.8	
All Other	1,695	0.2	236,978	0.4	*

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