ISSUE BRIEF: WOMEN VETERANS

The Situation

• Today, women are serving in greater numbers in the U.S. military and make up 20 percent of new recruits, 15.9 percent of the 1.3 million personnel serving on active duty, and 19.3 percent of the National Guard and reserve forces.

• Women are now eligible to serve in all military occupations, giving way to increased exposure to combat and hazardous occupations, which result in increased risk for serious injuries such as amputations, traumatic brain injury, war-related environmental exposures as well as the consequent risks of developing post-traumatic stress or other post deployment behavioral health issues.

• The number of women veterans seeking VA health care services continues to increase. Currently, 500,000 women use VHA health care—more than 271,669 for gender-specific services. By 2020, VA estimates it will treat 557,938 women veterans—295,182 for gender specific health needs which projects more than 13.5 percent growth in the women’s patient population and 8.7 percent growth in women seeking gender specific care in three years.

• 57 percent of women veteran patients in VHA have a service connected disability, and are eligible for a lifetime of treatment, compensation, education and other VA benefits. In 2015, 405,418 women veterans received compensation from VA for a service-connected disability, representing about 20.1 percent of the total women veteran population. Of the women veterans receiving compensation for a service-connected disability, roughly 72 percent were between the ages of 25 and 54.

The Challenge

• DAV’s special report: Women Veterans: The Long Journey Home, as well as it’s follow on report, Women Veterans: The Journey Ahead highlights gaps in services for women across the landscape of current federal programs. The report notes that one of the most persistent problems is a military and veterans’ culture that is not perceived by women as welcoming and does not afford them equal consideration.

• Current wartime deployments and the recent integration of women into all military occupations have resulted in new transition and reintegration challenges for women veterans. For example, VA research indicates there are higher rates of homelessness and suicide among women veterans relative to non-veteran women peers and that women veterans are high users of VA mental health services.

• A rapid increase in the number of women veterans seeking VA medical care has resulted in challenges in providing timely, gender-specific primary care at all VA facilities, further compounded by a shortage of primary care providers with expertise in women’s health capable of providing high quality comprehensive care for this patient population.
The Solution

• We urge Congress to enact legislation that is in line with the 45 key recommendations made in DAV’s most recent women veterans report, *Women Veterans: The Journey Ahead* to ensure all federal programs are meeting the needs of women veterans, and equal in effectiveness and health outcomes when compared to the services provided to male veterans.

• We urge Congress to conduct oversight, hold hearings, and provide the necessary resources to correct identified deficiencies, gaps in services and improve programs and services to meet the unique needs of women veterans.