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, 16 percent of personnel serving on active duty, and 19 percent of the National Guard and reserve forces. By 2040, VA estimates that 16 percent of veterans will be women.

• 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.

• Likewise, the number of women veterans seeking VA health care services continues to increase. In 2018, 517,000 women used VHA health care—more than 298,000 for gender-specific services. By 2020, VA estimates it will treat 559,000 women veterans—326,000 for gender-specific health needs, which projects more than 8% growth in the women’s patient population and 8.9% growth in women seeking gender-specific care in two years.

• 63% 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, about 73% of women veterans between the ages of 18 and 44 who used VHA received compensation for a service-connected disability.

The Challenge

• DAV’s special report: Women Veterans: The Long Journey Home, as well as its follow on report, Women Veterans: The Journey Ahead, highlight gaps in services for women across the landscape of current federal programs. Both reports note 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.