



# WOMEN WARRIORS

## *Supporting She ‘Who Has Borne the Battle’*

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### EXECUTIVE SUMMARY

During his Second Inaugural Address, President Abraham Lincoln pledged America’s solemn obligation “To care for him who shall have borne the battle, and for his widow, and his orphan.” More than 140 years later, the spirit of Lincoln’s words are very much alive. However, women have joined the military’s ranks—serving in new roles, in greater numbers than ever before, and in combat. Like their male peers, women veterans have shown enormous dedication and courage in defending their country. But too often, they do not receive the same support, within the military and the Department of Veterans Affairs (VA).

While new positions and doors of opportunity have been opened for women in the services, they still face significant, unique challenges. Career progression is often slower for women and they are underrepresented in the military’s senior ranks. Challenges for women with young children and a perceived lack of opportunity for advancement have led many women to leave the service early in their careers. Inadequate military health care for women and staggering rates of sexual assault and harassment are also hindering some female troops from continuing their military careers. These challenges are not only bad for servicemembers’ well-being and reflect the military’s failure to properly protect its own, but they have a substantial impact on the mission readiness of the overall force.

When they come home, female veterans are confronted with new challenges. While it has made strides in recent years, the VA is still underprepared to provide adequate care to the surge of female veterans coming to its hospitals and clinics. In addition, women veterans face significant barriers when entering the civilian workforce, and homeless rates among female veterans are on the rise. Given the lack of support services for our women veterans, this comes as no surprise.

Female troops and veterans deserve the same access to high-quality health care, transitional resources, and benefits as their male counterparts. After honorably fighting abroad, they should not have to wage new battles here at home. In order to fully honor their outstanding contributions to the military and service to the country, much more must be done to support our women warriors.

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## CHANGING ROLES FOR WOMEN

As early as the Revolutionary War, and in every other major American conflict thereafter, women have served honorably and courageously on behalf of the country. In Iraq and Afghanistan especially, the health of our force relies heavily on a sustained and strong female population. More than 212,000 female servicemembers have been deployed during Operation Iraqi Freedom and Operation Enduring Freedom, making up 11 percent of our force there.<sup>1</sup> Over 120 of those women have given their lives, and more than 600 have been wounded in action.<sup>2</sup>

However, women have not always had an officially recognized role in the military. It was not until June 12, 1948, when President Harry Truman signed the Women's

Armed Services Integration Act, that females were allowed to serve a permanent role in the active and reserve branches and were no longer relegated to serving in "women's components" during times of war.<sup>3</sup>

During the Equal Rights Movement, many of the remaining limitations on female participation in the Armed Forces disappeared, particularly with the advent of the All-Volunteer Force in 1973. The need to fill the ranks without a draft led to targeted recruitment of women.<sup>4</sup> By 1976, women had gained admittance to all of the service academies.<sup>5</sup> In the last two decades, legislative and DOD directives have created even more options for women. Currently, more than 80 percent of all DOD positions are now available to women, and these opportunities vary by service.<sup>6</sup> For example, 99.7 percent of Air Force specialties are open to women.<sup>7</sup>



### GENERAL ANN E. DUNWOODY—PROFILE IN SERVICE

On Nov 14, 2008, General Ann E. Dunwoody became the first woman to be promoted to the rank of four star general. Over the course of her 34-year career, Dunwoody has consistently proven to be an exceptional leader with wide-ranging experience.

In 1975, Dunwoody graduated from the State University of New York at Cortland and received her commission as a Second Lieutenant. Since then, she has served in a variety of roles within the military, including head of logistics for the storied 82nd Airborne Division during the Gulf War. In addition to being an accomplished logistician, she is a former battalion commander and master parachutist.

In her new role as Commander of the Materiel Command of the Army, Dunwoody is in charge of supplying soldiers with military hardware, repairing armored vehicles and sustaining combat operations in Iraq and Afghanistan.

General Dunwoody is an example of the limitless potential of women in the Armed Forces, and she is an inspiration to this generation of warriors—male and female—and all Americans.

However, the Department of Defense specifically prohibits women from serving in assignments “whose primary mission is to engage in direct combat on the ground.”<sup>8</sup> While there is no law actively barring women from engaging in combat, women cannot be assigned to positions that are likely to engage in direct ground combat, such as infantry.<sup>9</sup> But, women can now serve as combat pilots in all service branches and on naval vessels, except for submarines.<sup>10</sup>

While restrictions remain on certain combat roles for women, the military provides many opportunities for rewarding careers. And unlike in the civilian world, female troops receive equal pay for equal service.<sup>11</sup>

“[THE MILITARY IS] A GREAT OPPORTUNITY TO LEARN ABOUT YOURSELF AND WHAT YOU ARE CAPABLE OF.”

— APRIL, AFGHANISTAN VETERAN

## BARRIERS FACING FEMALE TROOPS

The military would not be able to perform its mission without the continued contributions of female troops. Although a growing number of women are serving in the military today, females are leaving the military at higher rates than males,<sup>12</sup> and proportionately fewer women plan to serve until retirement.<sup>13</sup> While many factors can negatively impact the decision of women to remain in the military, women have expressed concerns about the opportunities for career advancement, balancing a military career and family life, inadequate military health care for female troops, and staggering rates of sexual assault and harassment.

### Career Progression Challenges

According to the military’s Advisory Committee on Women in the Services (DACOWITS), women are underrepresented in the higher ranks of the military,<sup>14</sup> and have lower promotion rates than their male counterparts.<sup>15</sup> According to the RAND Corporation, the Army’s ban on women serving in direct ground combat may be one major factor affecting opportunities for promotions and selection for command.<sup>16</sup>

Many female troops doubt their own opportunities for career advancement within the military.<sup>17</sup> According to a 2008 DOD survey:

- Only 36 percent of female enlisted soldiers agreed or strongly agreed with the statement, “(I will) get assignments needed for promotion,” compared to 44 percent of male soldiers.<sup>18</sup>
- Only 55 percent of female enlisted soldiers (versus 61 percent of their male counterparts) agreed or strongly agreed with the statement, “(I am) confident I will be promoted as high as warranted.”<sup>19</sup>
- Female soldiers, both officers and enlisted, consistently rate their superiors more negatively than their male peers on categories like “quality of leadership at place of duty” and “amount of respect received from superiors.”<sup>20</sup>

## Balancing Family and Service

In addition to career concerns, both male and female servicemembers can experience challenges balancing military and family life. According to the Government Accountability Office (GAO), “Family satisfaction with military life can influence a service member’s decision whether to remain in the military.”<sup>21</sup>

For female servicemembers, who like their civilian counterparts often assume the role of primary caretaker for their children, balancing a military career and a family can be especially challenging. More than 40 percent of women on active-duty have children.<sup>22</sup> According to Army officials, “the constraints on reproduction, child-rearing and family are a key factor leading many female soldiers to quit the Army, and have discouraged many civilian wom-

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**MORE THAN 30,000  
SINGLE MOTHERS  
HAVE DEPLOYED  
TO IRAQ AND  
AFGHANISTAN.**

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en from considering enlistment.”<sup>23</sup> DOD surveys have also found that even though male troops are more likely to be married and have children than female servicemembers, a larger percentage of female soldiers cite “the amount of time

separated from family” as the most important reason for leaving the military before retirement.<sup>24</sup> Female troops are also less likely to receive support from their family when they decide to stay in the military.”<sup>25</sup>

These work-life conflicts are compounded by the long and frequent combat tours in Iraq and Afghanistan, and the lack of adequate “dwell-time” or rest between deployments. These long and repeated tours weigh especially heavy on female troops and their families. Divorce rates for female servicemembers are high and rising (see Inset on page 5), and a recent study found that military mothers’ deployments can have a negative effect on the health and behavior of both the women and their adolescent children.<sup>26</sup> For single parents in the military, multiple tours can be especially hard. Female servicemembers are much more likely to be a single parent than male troops, and more than 30,000 single mothers have deployed to Iraq and Afghanistan as of March 2009.<sup>27</sup>

The current operational tempo has created considerable pressure to change the Defense Department’s maternity policy. According to the GAO, “about 10 percent of women in the military become pregnant each year, and 75,000 military offspring are younger than one,” as of 2002.<sup>28</sup> The military gives new mothers six weeks of maternity leave before they have to return to work or training. However, each service branch has its own post-birth deferment-from-deployment policy. The Army, which has the longest tours of duty at 12 months, gives women just 4 months to stay stateside with their newborns before deploying to the warzone, leaving little time to bond with or nurse their infants. Other military branches grant longer stays and have shorter deployment lengths. For example, the Marines offer 6 month deferments and their tours average 7 months.<sup>29</sup> According to Maj. Gen. Gayle Pollock, former acting Army surgeon general, the Army should increase its maternity deferments to at least 8 months, with 12 months being the most ideal: “We need to look at the fact that many women want to serve but they also want to be mothers. It’s a medical issue, it’s a mental health issue. Your ability to bond with your children is...very important.”<sup>30</sup> Congress has also asked the Pentagon to fix the disparity that exists between the service branches,<sup>31</sup> but no official action has been taken to date.

**“I WAS TOLD THAT I COULD NOT BE  
BOTH A SOLDIER AND A MOTHER AT  
THE SAME TIME.”**

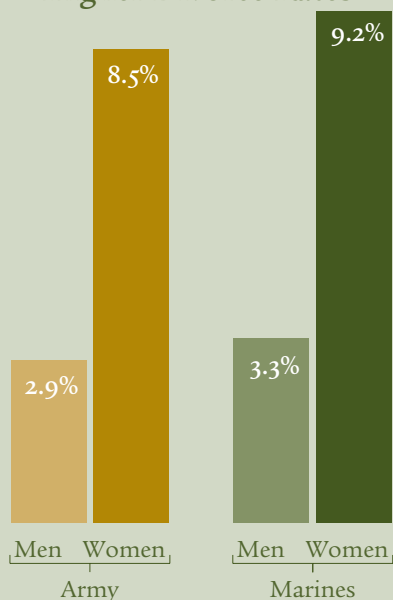
— MELISSA, IRAQ VETERAN

## HIGHER DIVORCE RATE FOR FEMALE SERVICEMEMBERS

Despite a spike in divorces at the start of the Iraq War,<sup>32</sup> today's divorce rates in the active-duty military are not dramatically higher than either the national divorce rate or the peacetime military divorce rate. A recent RAND study<sup>33</sup> concluded that rates of military divorce in 2005 had only risen to the levels observed in 1996. In the past three years, however, divorce rates have continued to rise, reaching 3.5 percent in the Army in 2008 – approximately the same as the national divorce rate for 2005 (the last year for which national data is available).<sup>34</sup>

When military divorce data is broken down by gender, however, a very troubling pattern emerges. Marriages of female troops are failing at almost three times the rate of male servicemembers.<sup>35</sup>

Female Troops Face Much Higher Divorce Rates



Source: Department of Defense data, FY2008, via the Associated Press

Female servicemembers are bearing the brunt of military divorces. In fact, the overall rise in divorce rates between 2005 and 2008 primarily reflects a significant rise in the female servicemembers' divorce rates. Between 2005 and 2008, Army women saw an increase in their divorce rate of 2 percent, compared to 0.1 percent for men. In the Marines, the divorce rate has jumped 3 percent for women, compared with 0.5 percent for men.<sup>36</sup>

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### MARRIAGES OF FEMALE TROOPS ARE FAILING AT ALMOST THREE TIMES THE RATE OF MALE SERVICEMEMBERS.

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Unfortunately, much of the data on military divorce includes *only troops who are still serving* – not the more than one million Iraq and Afghanistan veterans who have left the active-duty military.<sup>37</sup> In addition, there is little data about the causes of marital strain and high divorce rates among servicemembers and veterans. Further study is needed to evaluate stressors such as multiple deployments, mental health injuries, dual-military marriages, and gaps in family support programs, particularly for the families of female troops and veterans.

## Inadequate Health Care for Women

The military's health care system, TRICARE, provides a full range of health care benefits to female servicemembers. According to the GAO, TRICARE is consistent with the national clinical guidelines for women's health developed by The American College of Obstetricians and Gynecologists and comparable to benefits for women offered by the widely-used Federal Employees Health Benefits Programs.<sup>38</sup> However, TRICARE's capacity to deliver has been challenged by the growing number of active-duty and reserve women in a system that has in the past primarily served male troops.

According to a DOD survey, male and female active-duty servicemembers who use TRICARE generally share the same level of satisfaction with the health care provided by the system.<sup>39</sup> However, younger males generally rate their doctors more highly than their female counterparts, and females are "substantially less satisfied with their ability to find a personal doctor than are male personnel, a difference that is pronounced in all age groups."<sup>40</sup> Furthermore, it appears that active-duty women are more likely to report that they do not get enough time or are not treated with the proper respect by their doctors.<sup>41</sup>

Female servicemembers may also experience limited access to routine health care or appropriate medical supplies while deployed. Due to limited space, some women have raised concerns over privacy, and adequate access to feminine hygiene products or gender-specific prescriptions such as birth control pills while in theatre.<sup>42</sup> Female servicemembers also express dissatisfaction over a lack of access to a preferred provider, for example a female doctor that specializes in women's health issues.<sup>43</sup>

The attitude of some commanders toward women's unique needs can also have a negative impact on the health of female servicemembers. According to the DOD, "some line commanders, including officers and senior enlisted personnel, may not understand the importance of women's health care."<sup>44</sup> Commanders may not readily allow them time away from their duty station to obtain gender-specific health care, and female servicemembers may avoid seeking care rather than disclose a private health condition to a commanding officer, particularly if that officer is male. Others stay silent about physical ailments in an effort to prove their toughness to

their male comrades. Both female servicemembers and commanders could benefit from more training on the importance of women's basic health care and its effect on readiness. In addition, the military must renew its commitment to providing full-service health care to female servicemembers.

**"IT WAS ALWAYS DIFFICULT TO GET TO MEDICAL FACILITIES, ESPECIALLY FOR MORE SENSITIVE ISSUES THAT YOU DIDN'T WANT A MALE MEDIC TO TREAT."**

— SARAH, IRAQ AND AFGHANISTAN VETERAN

## Sexual Assault and Harassment

In the military, women have been coping with significant and underreported sexual assault and harassment for decades. In FY2008, there were 2,908 reports of sexual assault involving servicemembers.<sup>45</sup> Overall, reports of sexual assaults were up 9 percent from the year before.<sup>46</sup> Even in the warzone, troops cannot escape the threat of sexual assault; in Iraq and Afghanistan, 163 sexual assaults were reported in 2008.<sup>47</sup> While these numbers are alarming, they may be only the tip of the iceberg. Experts estimate that half of all sexual assaults go unreported.<sup>48</sup> In addition, almost one-third of female servicemembers, and six percent of male servicemembers, have experienced sexual harassment while serving, which can be devastating to troops' health and morale.<sup>49</sup>

Sexual assault and harassment threaten not only the individual victim; they undermine military cohesion, morale, and overall effectiveness. The majority of assailants are older and of higher rank than their victims,<sup>50</sup> and abuse not only their authority but the trust of those they are responsible for protecting. When reporting an incident of sexual assault or harassment, some women fear unauthorized repercussions from their chain of command or from within their unit. Other victims are concerned that in an effort to protect their safety, a commander will remove

them from their unit, rather than removing the perpetrator. Even worse, if they are too scared to come forward or if no administrative action is taken, victims could be forced to serve alongside their attacker.

In an effort to increase the number of victims who report assaults, the DOD recently introduced the option of restricted reporting for servicemembers who wish to seek medical treatment from the military but not pursue action against the attacker. However, even for restricted reporting, the victim must report their rank, gender, age, race, branch of service, and information about the assault, including date, time, and location.<sup>51</sup> In many cases, this makes actual anonymity impossible. Moreover, although victims can opt to preserve evidence in case they decide to change their report from restricted to unrestricted,<sup>52</sup> evidence kits will only be stored by the military for one year. Unfortunately, it may take longer than that for victims to decide to change their reporting option.

Despite congressional hearings, media attention, and the increasing number of women coming forward publicly about their trauma, the military has been slow to establish programs to prevent and respond to sexual assault. According to the GAO, the military's mandatory sexual assault prevention and response training programs are not

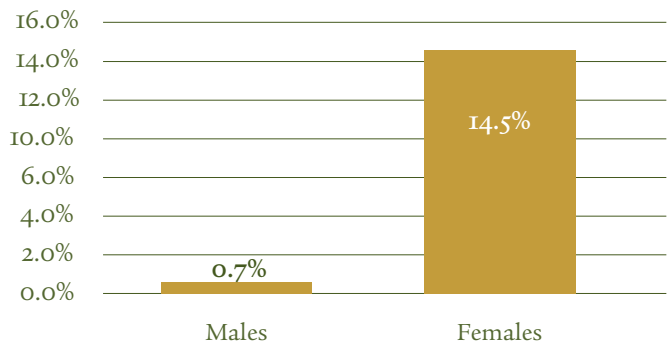
**HALF OF ALL  
SEXUAL ASSAULTS  
GO UNREPORTED.**

“consistently effective”; shortages of mental health care providers are limiting victims’ access to mental health services; there is no directive from the DOD on how to operate the programs in a deployed environment; and no oversight framework to evaluate whether the programs are working.<sup>53</sup>

The prosecution rates of sexual assault are also alarmingly low. In 2007, only 8 percent of sexual assailants were referred to courts martial, or military court, compared with 40 percent of similar offenders prosecuted in the civilian court system.<sup>54</sup> In 2004, Congress directed the DOD to form a special task force on sexual assault, but it took more than 4 years for the committee to begin its review, and no findings had been released as of July 2009.<sup>55</sup>

Many female troops wait until after they leave active-duty to receive care and counseling for injuries stemming from sexual assault or harassment. Since 1999, the VA has been screening all veterans seeking care at the VA for Military Sexual Trauma (MST), a term the VA uses to encompass sexual harassment and assault.<sup>56</sup> As of May 2007, almost 15 percent of female Iraq and Afghanistan veterans who have gone to the VA for care have screened positive for MST.<sup>57</sup>

**Iraq and Afghanistan Veterans  
Screening Positive for MST at the VA**



Source: Department of Veterans Affairs.

Veterans of previous generations have reported even higher rates of MST: almost one-third of female veterans of all generations say they have been sexually assaulted or raped while in the military, and more than 70 percent say they experienced sexual harassment while serving.<sup>58</sup>

MST can lead to the development of major health problems, such as depression, eating disorders, miscarriages, and hypertension.<sup>59</sup> For its part, the VA provides care to any veteran that has experienced MST.<sup>60</sup> However, the VA’s Inspector General is currently reviewing the billing practices of VA health facilities and clinics after it was revealed that patients at one Texas clinic were being improperly charged for MST-related care.<sup>61</sup>

## HOMEcomings CHALLENGES

### VA Health Care Stretched

While experts agree that the VA health care system is “equivalent to, or better than, care in any private or public health-care system,” in the United States,<sup>62</sup> the VA has been challenged in recent years to care for female veterans, who make up 12 percent of Iraq and Afghanistan veterans seeking VA health care.<sup>63</sup>

While they currently represent 8 percent of the veteran population, women have historically made up an even smaller

portion of veterans who use the VA for health care.<sup>64</sup> As a result, VA facilities have been designed primarily to serve male patients. But with the changing demographics of the military, female Iraq and Afghanistan veterans are enrolling in VA health care in historic numbers. Already, 44.2 percent of eligible women veterans from Iraq and Afghanistan have turned to the VA for health care, utilizing VA services at a much higher rate than other veterans, including their male counterparts and older generations of women veterans.<sup>65</sup> And they are remaining in the system; almost 85 percent of these women have visited the VA more than once for outpatient treatment.<sup>66</sup>



### TAMMY DUCKWORTH—PROFILE IN SERVICE

As Battle Captain and Assistant Operations Officer, Tammy Duckworth helped with planning, assigning and tracking combat missions of a 500-soldier aviation taskforce in Iraq, and flew over 200 combat hours as a Blackhawk pilot. In November 2004, she was flying a mission when a rocket-propelled grenade struck the cockpit of her helicopter and exploded. She suffered grave injuries, losing both legs.

Since coming home from Iraq, Tammy has remained active in the public arena, speaking to veterans’ groups, running for a U.S. Congressional seat, and continuing to serve her country as a Major in the Illinois National Guard. She has also testified several times before Congress on issues of medical care and seamless transition from the military to the VA for wounded warriors.

From 2006-2008, she served as Director of the Illinois Department of Veterans’ Affairs where she established her reputation as a tireless advocate for reform and modernization of veterans’ care. During her time in Illinois, Tammy revolutionized the state’s approach to issues such as mental health and access to care for rural veterans.

In March 2009, her leadership on veterans’ issues reached national attention. Tammy Duckworth was selected to serve as the Assistant Secretary for Public and Intergovernmental Affairs at the Department of Veterans Affairs in Washington DC, where she directs VA’s public affairs, internal communications and intergovernmental relations.



Women veterans are the fastest growing segment of the veteran population, and their enrollment in VA health care is expected to more than double in the next 15 years.<sup>67</sup> With this growth comes an even higher demand on existing services for female veterans. Moreover, because the vast majority of female veterans returning from Iraq and Afghanistan are of child-bearing age, responding to these patients will require a “significant shift in provision of health care.”<sup>68</sup>

“THE VA HOSPITALS ARE USED TO DEALING WITH MALE VIETNAM, KOREA AND WWII VETS — THE QUALITY OF CARE FOR A FEMALE AT A VA HOSPITAL IS VERY LOW.”

— LARAE, IRAQ VETERAN

## Distinct Health Care Needs of Women Veterans

Women veterans face unique health care issues. Despite the fact that they are, on average, younger than male patients,<sup>69</sup> 74 percent of women veterans who use the VA suffer from at least one chronic medical condition.<sup>70</sup> They are also more likely to have poor health status compared to male veterans who use the VA.<sup>71</sup>

As a result of their service, women veterans also have different health care needs than their nonveteran peers. However, the health consequences for women deployed to a combat theatre are still largely unknown, as no long-term studies on this topic have been completed. To address this knowledge gap, the VA currently has several studies underway regarding women veterans, their VA usage, and health concerns.

In addition, the VA is in the early stages of a longitudinal study of Iraq and Afghanistan veterans; the first results are tentatively due by 2012. The VA hopes to develop a better understanding of new veterans’ issues, including the high rates of mental health injuries.

## High Rate of Mental Health Injuries among Women Veterans

Although they are technically excluded from ground combat positions, many female troops have regularly seen combat while serving in Iraq and Afghanistan. As a result, female servicemembers and veterans, like their male peers, are suffering from mental health injuries, such as Post Traumatic Stress Disorder and major depression. According to a landmark 2008 study by the RAND Corporation, nearly 20 percent of Iraq and Afghanistan veterans, or about 300,000 people, report symptoms consistent with a diagnosis of Post Traumatic Stress Disorder or depression.<sup>72</sup>

Although in the general population, women develop PTSD as a result of traumatic experiences at more than twice the rate of men,<sup>73</sup> it is not yet known whether female Iraq and Afghanistan veterans are experiencing higher rates of combat stress than their male peers. Some studies suggest that, historically, female servicemembers are more prone to mental injuries than their male counterparts.<sup>74</sup> However, the Army’s Mental Health Advisory Team, which has been monitoring the morale and mental health of soldiers in Iraq since 2003, found that: “Female soldiers are no more vulnerable than male soldiers in how combat can affect their mental health and well-being.”<sup>75</sup>

The recent study by RAND offered the first look at the differences between genders in Iraq and Afghanistan veterans, finding that women were at a higher risk for reporting symptoms consistent with a diagnosis for PTSD and major depression.<sup>76</sup> However, RAND researchers were not able to determine if other types of traumas or stressors aside from exposure to combat, such as military sexual trauma, could have contributed to the increased risk. According to the VA, MST leads to a 59 percent higher risk for mental health injuries.<sup>77</sup> Further study is needed to explore these initial findings.

Within the VA, female patients are more likely to have mental health issues than male patients,<sup>78</sup> but that may be because female veterans are more likely to seek treatment for their psychological injuries than their male counterparts.

One of the biggest challenges facing the VA in the coming years is how to address the distinct health care needs of

women veterans. Unfortunately, the VA is currently under-prepared to meet this demand, and many female veterans are experiencing significant barriers to care.

### Significant Barriers to Care

The VA acknowledges that women veterans have been chronically underserved.<sup>79</sup> Despite the fact they are more likely to have lower incomes and poor health, and are less likely to have private health insurance, women veterans fulfill their health care needs outside of the VA more often than men do.<sup>80</sup> The key barrier that women face at the VA is the fragmentation of women’s services. Other barriers include lack of knowledge about eligibility and benefits, the perception that the VA is “unwelcoming” to women or does not provide adequate safety and privacy standards, and access to childcare. These impediments will likely worsen, as the number of women veterans utilizing VA health care continues to grow.

The VA has taken some critical steps in recent years. As of June 2009, every VA hospital now has a full-time Women Veterans Program Manager to coordinate services for women veterans. In addition, Dr. Michael Kussman, former VA Under Secretary for Health, instituted a work-group in March 2008 to establish women’s health at every facility according to the following guidelines: “That every women veteran has access to a VA primary care provider who can meet all her primary care needs, including gender-specific care, in the context of an ongoing patient-clinician relationship.”<sup>81</sup> However, despite its commitment, the VA has still not established a deadline for its facilities to meet the requirement of comprehensive primary care for women veterans, and some VA officials are even unclear on the steps needed to implement this new plan.<sup>82</sup> Even with these measures, much more remains to be done to ensure that women veterans receive equitable, high-quality VA health care.

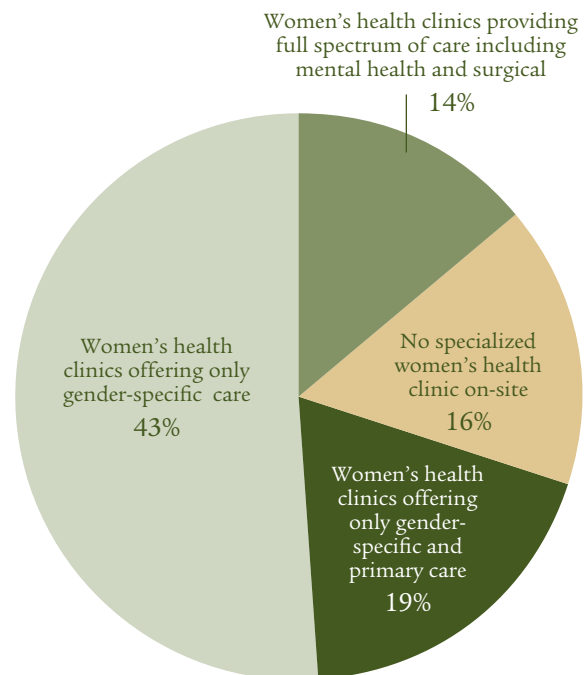
### Fragmentation of Women Veterans’ Health Care

In 2003, the VA made it mandatory for all VA hospitals and clinics to provide a minimum level of women’s health services, but only “where feasible.”<sup>83</sup> In addition, according to Dr. Patricia Hayes of the VA’s Women Veterans Health Strategic Health Care Group, “the health care services delivered to women veterans have grown up in a patchwork fashion, with the delivery model based in part on the academic leanings of the women’s health champion on

site.”<sup>84</sup> As a result, the availability and quality of VA care for female veterans varies widely across the system.

Onsite offering of gender-specific care has actually *declined* since 2003.<sup>85</sup> Female veterans may be forced to travel more than 2 hours to receive routine gynecological care, such as a pap smear or a breast exam.<sup>86</sup> Where gender-specific care is available, it is often in multiple settings and performed by multiple providers, leading to fragmented care.<sup>87</sup> For most women, this translates into having a primary care physician handle general health care while a second clinician may handle gender-specific needs, and in some cases, a third provider may address mental health issues. Unfortunately at the VA, comprehensive women’s primary care clinics are “the exception rather than the rule.”<sup>88</sup> Only 14 percent of VA facilities offer specialized, comprehensive women’s health clinics that serve as one-stop shops for primary care, gender-specific care, mental health services, and surgical services.<sup>89</sup> In general, women’s clinics typically operate half-time, and more than 40 percent offer only gender-specific exams.<sup>90</sup>

Types of Women’s Health Clinics at VA Facilities



Source: FY2010 Independent Budget.

In addition, women veterans often lack access to skilled providers in *women's health*, a term which encompasses gender-specific reproductive health care, care for health problems that are more common in women (like osteoporosis and depression), and care for health problems that affect women differently (like heart disease).<sup>91</sup> According to the GAO, the VA's ability to provide consistent and timely care to female veterans is being compromised by shortages of qualified women's health and mental health providers.<sup>92</sup> Research shows that women veterans are significantly more satisfied with VA health care when they have access to a women's health provider, especially if the provider is female and when the care can be provided by a gender-specific clinic.<sup>93</sup>

Overall, women who had received treatment in women's health clinics were "more likely to rely solely on the VA for their health care, were more likely to have seen other VA-providers, and were less likely to report using non-VA physicians."<sup>94</sup> They also are more likely to report excellent satisfaction than those seen in traditional primary care clinics.<sup>95</sup> Additional research should be undertaken to determine the optimum model of health care delivery for female veterans.

Another challenge that women veterans face is ensuring the continuity of their care across multiple health care systems. 51 percent of women VA users are splitting their care between the VA and an outside health care system.<sup>96</sup> For many of these women, especially those in rural areas, there has been little evaluation of the overall quality of their care. Even less is known about the care that women veterans receive when they opt not to use the VA system.

### *Other Barriers to Care*

While access to care is the primary obstacle for female veterans, they can also experience other barriers. The VA has traditionally been a passive system, and veterans must overcome tremendous bureaucratic hurdles to get the benefits and services that the VA provides. Female veterans, in particular, often do not know what they are eligible for.

Some women also perceive the VA as unwelcoming to them, as it relates to privacy and safety issues and quality of gender-specific services. In one VA study of female veterans who do not use the VA, researchers found that non-users described the VA as "dated Hollywood images of old soldiers in ward beds, antiquated facilities, and less qualified doctors."<sup>97</sup>

Other females have expressed concern about receiving care in the overly male-dominated VA environment.

In addition, despite its assurances, the VA is still not meeting privacy standards for women veterans at its facilities. In July 2009, the GAO found instances where women's exam room tables faced doors instead of walls, and where women patients had to walk through waiting rooms to use restrooms, as opposed to having them located next to exam rooms as required by VA policy.<sup>98</sup> Some hospitals under review also did not guarantee access to private and secure bathing areas or visual and auditory privacy at check-in.

## **Underemployment and Homelessness**

After they leave the military, women veterans have dramatically different employment experiences than men. On average, female veterans earn statistically more than their non-veteran peers, unlike their male counterparts.<sup>99</sup>

According to the U.S. Census Bureau, this may be because "military education and work experience may translate into higher paying civilian jobs than women with a high school degree would normally expect."<sup>100</sup> In addition, since women cannot hold ground combat jobs, their military skills may be more readily transferable to the civilian world than those of male veterans.<sup>101</sup> In order to enjoy this earnings advantage, however, women veterans work longer hours and more weeks a year than women who have not served in the military.<sup>102</sup> Additionally, female veterans on average earn almost \$10,000 less a year than male veterans,<sup>103</sup> and they often struggle to find jobs that pay what their military career did.<sup>104</sup>

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**FEMALE  
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These lower incomes may be a factor in why women veterans are more likely to experience a severe housing cost burden than male veterans,<sup>105</sup> placing them at significant risk for homelessness.

As of September 2009, the VA estimated that there are 13,100 homeless female veterans.<sup>106</sup> Women veterans are up to four times more likely to be homeless than nonveteran

women.<sup>107</sup> Unfortunately, as more women join the Armed Forces, they are also swelling the ranks of the homeless. According to Pete Dougherty, director of homeless programs at the VA, “while the overall numbers [of homeless vets] have been going down, the number of women veterans who are homeless is going up.”<sup>108</sup>

Thousands of Iraq and Afghanistan veterans are joining over 100,000 veterans of other generations living on the streets and in shelters. Preliminary data from the VA suggests that Iraq and Afghanistan veterans make up 1.8% of the homeless veteran population.<sup>109</sup> As of September 2009, more than 3,700 Iraq and Afghanistan veterans have already been seen in the Department of Veterans Affairs’ homeless outreach program.<sup>110</sup> Of homeless Iraq and Afghanistan veterans, more than 10 percent are women.<sup>111</sup> Not all homeless Iraq and Afghanistan veterans use VA services however, so the real number of homeless Iraq and Afghanistan veterans may be considerably higher. In addition, because the homeless population is transient, and because many people may experience homelessness off-and-on over months or even years, correctly measuring the homeless population is difficult.<sup>112</sup>

**“I CAME BACK TO A CRUSHED SMALL BUSINESS, THEREFORE NO JOB AND NO INCOME, NOWHERE TO LIVE. I DIDN’T EXPECT TO HAVE THIS MUCH STRUGGLE GETTING BACK ON TRACK.” — JENNIFER, IRAQ VETERAN**

Female homeless veterans tend to have more severe mental health problems than homeless male veterans,<sup>113</sup> in part because they are more likely to experience sexual trauma while serving in the military.<sup>114</sup> The VA reports that about 40 percent of the homeless female veterans of recent wars say they were sexually assaulted by a fellow servicemember while in the military.<sup>115</sup>

But programs for homeless female veterans, and especially for those with children, have been “slow to materialize,”

according to the VA Advisory Committee on Homeless Veterans.<sup>116</sup> Even the VA acknowledges that existing programs for women veterans are “probably not yet sufficient.”<sup>117</sup> With only about a dozen female-only facilities nationwide,<sup>118</sup> women veterans often have to travel long distances or outside their state in order to have access to these options. Within the VA’s homeless shelter system, only 60 percent of shelters can accept women, and less than 5 percent have programs that target female veterans specifically or offer separate housing from men.<sup>119</sup>

Adding to the challenge is the increasing number of female veterans with families in need of homeless services; 23 percent of female veterans in the VA’s homelessness programs have children under 18 years old.<sup>120</sup> Since the VA cannot provide direct care to children or spouses of veterans,<sup>121</sup> providing suitable housing for homeless veterans with families falls under the responsibility of multiple agencies, and coordinating this care can be extremely challenging.<sup>122</sup> Homeless veterans have continually cited child care as their number one unmet need.<sup>123</sup>

## **SUPPORTING SHE ‘WHO HAS BORNE THE BATTLE’**

Throughout America’s history, women have served honorably and sacrificed tremendously. And they continue this effort in Iraq and Afghanistan today. Yet, the nation is not doing enough to support them here at home.

Collectively, bold steps must be taken to improve health care for female troops and veterans—taking their unique health care needs into account—and expand existing support services and transitional resources. Female veterans should no longer have to choose between a homeless shelter and the streets at night. The military must also work aggressively to eliminate sexual assault and harassment from within its ranks, and widen career opportunities for women. This will make our military stronger and our country more secure.

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**WOMEN  
VETERANS ARE  
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NONVETERAN  
WOMEN.**

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With more female troops enlisting and returning home from combat every day, there is not a more urgent time to heed the words of Lincoln and care for she ‘who has borne the battle’. The brave women who answer our country’s call deserve nothing less.

For IAVA’s recommendations on women veterans’ issues, see our Legislative Agenda available at [www.iava.org/dc](http://www.iava.org/dc).

## RECOMMENDED READING AND ONLINE RESOURCES

To learn more about troops’ and veterans’ psychological injuries, please see the 2009 IAVA Issue Report, “Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans.” For more information about the housing and employment issues that new veterans are facing, see the 2009 IAVA Issue Reports, “Coming Home: The Housing Crisis and Homelessness Threaten New Veterans” and “Careers After Combat: Employment and Educational Challenges for Iraq and Afghanistan Veterans.” All IAVA reports are available for download at [www.iava.org/reports](http://www.iava.org/reports).

You can also learn more about female troops and veterans’ issues from the following sources:

- Defense Department Advisory Committee on Women in the Services, 2008 Report, Second Draft, November 14, 2008.
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- Patricia M. Hayes, Ph.D., Women Veterans Health Strategic Health Care Group, “The Evolution of Women’s Health Care Services in VA,” VA Office of Research & Development, November 2008: <http://www.hsr.d.research.va.gov/publications/forum/nov08/Nov08-1.cfm>.
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## ENDNOTES

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<sup>8</sup> Margaret C. Harrell et al., “Assessing the Assignment Policy for Army Women,” RAND Corporation, August 7, 2007: <http://www.rand.org/pubs/monographs/MG590-1/>.

<sup>9</sup> “Women In Land Combat,” The Center for Military Readiness, November 18, 2004: <http://www.cmrlink.org/WomenInCombat.asp?docID=233>.

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<sup>11</sup> Institute for Women’s Policy Research, “The Gender Wage Gap: 2008,” Fact Sheet, Updated April 2009: <http://www.iwpr.org/pdf/C350.pdf>.

<sup>12</sup> Defense Department Advisory Committee on Women in the Services (DACOWITS), 2008 Report, Second Draft, November 14, 2008, p. 4-5.

<sup>13</sup> According to the fall 2007 Sample Survey of Military Personnel (SSMP) 66 percent of males, compared to 49 percent of females, reported that they “plan to stay until retirement.” DACOWITS, p. 5.

<sup>14</sup> Ibid., at 4-5.

<sup>15</sup> According to the Defense Department Advisory Committee on Women in the Services, “a higher percentage of men were promoted among both enlisted personnel and officers in FY04-FY06.” Ibid., at 7.

<sup>16</sup> RAND, p. 2.

<sup>17</sup> DACOWITS, p. 7.

<sup>18</sup> Ibid., at 10.

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- <sup>103</sup> One reason for this may be that the males surveyed averaged 51 years compared to an average age of 43 for the female veterans. Ibid.
- <sup>104</sup> American Legion, "Women Veterans: Identifying Risks, Services and Prevention," p. 3: <http://www.legion.org/documents/pdf/womensguide.pdf>.
- <sup>105</sup> Mary Rooney, Program Specialist, Homeless Veterans Programs, and Deborah Lee, VISN 6 Network Homeless Coordinator, U.S. Department of Veterans Affairs, presentation at the National Summit on Women Veterans Annual Conference, June 20-22, 2008, p. 14.
- <sup>106</sup> Thom Patterson, "U.S. seeing more female homeless veterans," CNN, September 25, 2009: <http://www.cnn.com/2009/LIVING/09/25/homeless.veterans/index.html>.
- <sup>107</sup> Male veterans are twice as likely to be homeless as their nonveteran peers. Gail Gamache, PhD, Robert Rosenheck, MD, and Richard Tessler, PhD, "Overrepresentation of Women Veterans Among Homeless Women," *American Journal of Public Health* 93 (7), July 2003, p. 1132-1136.
- <sup>108</sup> 108. Bryan Bender, "More female veterans are winding up homeless," *Boston Globe*, July 6, 2009.
- <sup>109</sup> Department of Veterans Affairs, "Community Homelessness Assessment, Local Education, and Networking Group (CHALENG) for Veterans: Fourteenth Annual Progress Report," p. 2.
- <sup>110</sup> Thom Patterson, "U.S. seeing more female homeless veterans," CNN, September 25, 2009: <http://www.cnn.com/2009/LIVING/09/25/homeless.veterans/index.html>.
- <sup>111</sup> This number is almost 2.5 times the rate of homeless women veterans of all generations. Email conversation with Pete Dougherty, Director, Homeless Veterans Programs, Department of Veterans Affairs, February 19, 2009.
- <sup>112</sup> For more information on the methods used to count the homeless, see Libby Perl, "Counting Homeless Persons: Homeless Management Information System," Congressional Research Service, April 3, 2008.
- <sup>113</sup> Erin Edwards and Hallie Martin, "Will more women vets be homeless?" Medill Reports, March 12, 2008: [news.medill.northwestern.edu/chicago/news.aspx?id=83199](http://news.medill.northwestern.edu/chicago/news.aspx?id=83199).
- <sup>114</sup> Erik Eckholm, "Surge Seen in Number of Homeless Veterans," *The New York Times*, November 8, 2007: [www.nytimes.com/2007/11/08/us/08vets.html?ex=1352178000&en=0a95aa78b612ae16&ei=5088&partner=rssnyt&emc=rss](http://www.nytimes.com/2007/11/08/us/08vets.html?ex=1352178000&en=0a95aa78b612ae16&ei=5088&partner=rssnyt&emc=rss).
- <sup>115</sup> Ibid.
- <sup>116</sup> Perl, p. 28.
- <sup>117</sup> Bina Venkataraman, "Help lags for homeless female veterans," *Christian Science Monitor*, July 18, 2007: [www.csmonitor.com/2007/0718/p02s01-usmi.html](http://www.csmonitor.com/2007/0718/p02s01-usmi.html).
- <sup>118</sup> James Hannah, "New Housing Serves Homeless Female Veterans," Associated Press, October 20, 2008: [www.portclintonnews.ahd.com/apps/pbcs.dll/article?AID=/20081020/UPDATES01/81020008](http://www.portclintonnews.ahd.com/apps/pbcs.dll/article?AID=/20081020/UPDATES01/81020008).
- <sup>119</sup> Ibid.
- <sup>120</sup> Rooney and Lee, p. 23. See also: National Alliance to End Homelessness, "Vital Mission: Ending Homelessness Among Veterans," p. 27. American Legion, p. 3.
- <sup>121</sup> American Legion, p. 3.
- <sup>122</sup> Department of Veterans Affairs, "Community Homelessness Assessment, Local Education and Networking Group (CHALENG) for Veterans: Fourteenth Annual Progress Report," p. 9.
- <sup>123</sup> Ibid., at 12.



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