

CRB

California's Women Veterans: The Challenges and Needs of Those Who Served

*By Lisa K. Foster,
Senior Policy Analyst
and
Scott Vince, Policy Intern*

*Requested by Senator Lois Wolk and
The California Commission
on the Status of Women*



California
STATE LIBRARY

FOUNDED 1850
PRESERVING OUR HERITAGE, SHAPING OUR FUTURE

www.library.ca.gov/crb

August 2009

CRB 09-009

California's Women Veterans: The Challenges and Needs of Those Who Served

*By Lisa K. Foster, Senior Policy Analyst
and
Scott Vince, Policy Intern*

ISBN 1-58703-257-0

California Research Bureau
900 N Street, Suite 300
P.O. Box 942837-0001
Sacramento, CA 94237-0001
(916) 653-7843 phone
(916) 654-5829 fax

TABLE OF CONTENTS

Acknowledgements	1
Executive Summary	3
Introduction	7
Women Veterans: An Overview	9
VETERANS IN TRANSITION.....	12
WOMEN VETERANS DESCRIBED	12
CRB SURVEY OF WOMEN VETERANS.....	21
Challenges and Needs of Women Veterans	23
RESPECT AND ACKNOWLEDGEMENT.....	24
PEER SUPPORT	24
FAMILY.....	26
PHYSICAL HEALTH	29
MENTAL AND BEHAVIORAL HEALTH.....	31
<i>Mental Health</i>	31
<i>Military Sexual Trauma (MST)</i>	33
<i>Post Traumatic Stress Disorder (PTSD)</i>	36
<i>Traumatic Brain Injury (TBI)</i>	38
<i>Depression</i>	39
<i>Suicide</i>	40
<i>Substance Use</i>	41
HOMELESSNESS AND HOUSING	43
<i>Housing</i>	43
<i>Homelessness</i>	43
EMPLOYMENT AND TRAINING.....	46
EDUCATION	50
NEEDS OF CALIFORNIA’S WOMEN VETERANS	52
The Federal Veteran Benefits and Services Structure	53
TRANSITION FROM ACTIVE DUTY TO VETERAN.....	53
U.S. DEPARTMENT OF VETERAN AFFAIRS	54
<i>Veterans Benefits Administration</i>	55
<i>National Cemetery Administration</i>	56
<i>Veterans Health Administration</i>	57
EXPERIENCES WITH VA HEALTHCARE: RESPONSES FROM THE SURVEY AND OTHER VETERANS.....	63
VA PROGRAMS AND SERVICES FOR WOMEN VETERANS	65
<i>Advisory Committee on Women Veterans</i>	65
<i>Advisory Committee on Minority Veterans</i>	65
<i>Advisory Committee on OIF/OEF Veterans and Families</i>	65
<i>The VA Center for Women Veterans</i>	65
<i>The VA Center for Minority Veterans</i>	66
<i>National Summits on Women Veterans' Issues</i>	66
FEDERAL DEPARTMENTS PROVIDING SERVICES AND BENEFITS FOR VETERANS	66
<i>The Federal G.I. Bill</i>	69
FEDERAL LAWS AND LEGISLATION AFFECTING WOMEN VETERANS	70
California’s Veteran Benefits and Services Structure	73
STATE LEVEL VETERANS STRUCTURE	73
<i>California Department of Veterans Affairs (CalVet)</i>	73

<i>Interacting with CalVet: Responses from the Survey</i>	76
<i>Other State Departments That Provide Services and Benefits For California Veterans</i>	76
<i>California Veteran Benefits</i>	78
<i>Using Veteran Benefits: Responses from the Survey</i>	80
COUNTY LEVEL VETERANS SERVICES	81
<i>County Veteran Service Office (CVSO)</i>	81
<i>Veteran Service Organization (VSO)</i>	81
<i>Community Service Providers</i>	83
<i>Coordination of Services and Collaboration</i>	83
Barriers to Meeting Needs	85
INFORMATION AND OUTREACH	85
RESOURCES	86
ACCESS.....	87
FEDERAL AND STATE DATA	88
Appendix A – Women Veterans by County	89
CA WOMEN VETERAN POPULATION BY COUNTY	89
Appendix B – Survey and Responses	91
SURVEY QUESTIONS AND RESPONSES	91
DESCRIPTION OF SURVEY RESPONDENTS	105
Appendix C – Review of Report Recommendations Relating to Women Veterans	109
Appendix D – California Department of Veteran Affairs Organization	113
Resources	115
SELECTED WEBSITES AND OTHER RESOURCES.....	123
Endnotes	125

ACKNOWLEDGEMENTS

The authors gratefully acknowledge all of the women veterans who shared their experiences and insights with us. Thank you for participating in this report. And, thank you for your service.

We greatly appreciate the education we received from the numerous individuals who work with, and on behalf of, women veterans. Thank you all for helping us understand the issues and challenges faced by women transitioning out of the military, and the complex systems and barriers that confront them.

Thank you, also, to the CRB staff who played a role in producing this report.

We hope that this report proves useful to inform the policy discussions and efforts to ensure that women veterans receive the recognition and services they have earned and deserve.

EXECUTIVE SUMMARY

California is home to nearly 167,000 women veterans – eight percent of the state’s 2.1 million veteran population. The U.S. Department of Veterans Affairs projects the number of women veterans throughout the United States to grow to 14 percent in the next twenty years. Women veterans in California and nationally are both younger and more racially and ethnically diverse than their male counterparts. These veterans have served their country in the same capable fashion as their male comrades.

Most servicemembers transition from the military to the civilian world without major problems. However, many women and men returning home from the continuing wars in Iraq (OIF) and Afghanistan (OEF) share a range of transition challenges, including physical and mental health consequences resulting from their experiences in a combat environment. In addition, women veterans face some unique challenges. This report informs state policymakers and others about women veterans’ specific service-related challenges and needs. These are based on current research findings, interviews with veteran service providers and advocates, and the survey-based participation of more than 170 women veterans. The report describes the federal and state service structure for women veterans.

Challenges

Women veterans do not receive the recognition and respect for their military service, especially their combat experiences, that is afforded their male peers – they feel invisible. Women veterans commonly express the need for peer support from their sister veterans; however, accessing such support is a challenge. Re-establishing family relationships can be difficult for veterans transitioning back after long deployments. Women rarely take the decompression time they need to adjust and address their needs before caring for the needs of their own families.

I always get challenged on my veteran status because of my gender. People still seem to have that idea that only men can be vets.

CRB Survey
Respondent

Carrying heavy loads, the climate conditions, and lack of adequate personal hygiene contribute to the chronic pain and health conditions suffered by women veterans. Physical ailments of OEF and OIF servicewomen include joint, back trouble and other muscular ailments due, in part, to equipment designed for men. They return home with digestive illnesses and urinary system conditions. Women veterans seek gender-specific healthcare and healthcare staff that is knowledgeable about their experiences and needs.

Women veterans are at higher risk than males for developing mental health conditions, especially younger women. Military sexual trauma (MST) is widespread– an estimated 20 to 48 percent of women veterans have been sexually assaulted and up to 80 percent have experienced sexual harassment. Women with MST are more likely to experience other mental health conditions. Studies indicate that women are twice as likely as men to develop post traumatic stress disorder (PTSD) and that they typically experience more, longer lasting symptoms than their male counterparts. These symptoms are often accompanied by physical problems. Women are also experiencing increasing traumatic brain injuries as a result of

exposure to combat conditions. Depression is a major problem for women veterans, and substance abuse is common among women being treated for depression or PTSD.

Women veterans – and those with children – are at increasing risk of homelessness in the face of a high incidence of sexual assault, PTSD and other military trauma. Women veterans struggle with gender discrimination in the workforce, as well as balancing work and home lives – and often cannot find work that pays as well as the military. Women veterans with young children report that child care is a challenge; it is difficult for mothers to access the health, mental health and other services they need due to the lack of child care.

The barriers to meeting the needs of women veterans include: limited information on available services and benefits, limited resources (meaning services are not available or are not in adequate supply), limited access to available services (due to location, eligibility criteria, long waiting lists, and other factors), and gaps in state data for planning purposes.



U.S. Marines and Sailors take a break from live weapons fire training at Shadow Range, Iraq. They are undergoing training in the Lioness program, which gives units an all-female security team that provides culturally sensitive search methods to Iraqi women. (U.S. Marine Corps photo by Lance Cpl. Audrey Graham, March 25, 2009.)

Needs

The specific needs of California women veterans include:

- Recognition and respect for their military service.
- Opportunities to interact with other women veterans to share their experiences and provide/receive support.
- Support and services for themselves and for their families to re-establish family roles and relationships.
- Child care options.
- Access to high quality, gender-specific healthcare, separate spaces to receive care and treatment, and staff that are trained to understand and meet their needs.
- Access to high-quality mental and behavioral health treatment and services targeted to their specific issues and experiences, separate spaces to ensure privacy and safety, and staff that are trained to understand and meet their needs.
- Military sexual trauma (MST) care and treatment in separate spaces to ensure privacy and safety, staff that are trained to understand and treat military sexual trauma, and outreach about MST and services.
- Suitable and affordable housing. Those who are homeless, or at risk of homelessness, need gender-appropriate services, such as private and safe shelters and transitional housing; they also need health and mental/behavioral health services.
- Education, and employment and training opportunities that are targeted to meet their needs.
- Information about existing services and benefits; including specific outreach efforts directed at women veterans and focused on their areas of concern.

INTRODUCTION

Due to their increasing numbers in the U.S. Armed Forces – both active and reserve – women are the second-fastest growing segment of veterans (after elderly veterans). After serving in the military in support and combat missions, they are returning to their roles as wives, partners, mothers, caregivers, and workers, in unprecedented numbers. Our women veterans share many of the short- and long-term physical, mental, and emotional consequences and needs that their male counterparts face as a result of serving their country. In addition, they have unique experiences and needs as female veterans.

This issue was brought to the attention of the California Commission on the Status of Women at public hearings during 2006-07 when the Commission heard from women veterans and service providers about the experiences and service needs of homeless women veterans.¹ As a result, the Commission and Senator (then Assembly Member) Lois Wolk requested that the California Research Bureau (CRB) prepare a report to inform state policymakers about women veterans' specific service-related issues and needs.

California's Women Veterans: The Challenges and Needs of Those Who Served describes the state's more than 167,000 women veterans from all branches of the military, including the California National Guard and the military Reserves. This report honors the contributions and reflects the experiences and needs of California's women veterans from all eras. For future planning purposes, however, it focuses on the issues and needs of servicemembers who have served after September 11, 2001 in Operation Enduring Freedom in Afghanistan (OEF) and Operation Iraqi Freedom (OIF). It is this growing group of women who are forcing the necessary changes in federal, state, and local structures that serve veterans.

The report identifies the challenges women veterans face, the primary services they need, and barriers they encounter. It was informed by the participation of over 170 women veterans who shared their experiences and opinions through a survey. To better understand these experiences and issues, the report also provides a brief overview of women in the military and explains the federal, state, and local service delivery structures that provide the benefits and services available to veterans, including some targeted to women.

As an additional resource, the report includes a compilation of the recommendations and proposals relating to women veterans that have been put forth by both public and private commissions and organizations during the past several years. It also includes websites and other resources for further information.



The **VA Women Veterans Color Guard** (from left: Kathy Baca, Claudia Baldwin, Teri Mason, Wendy Ryan, Rosa Taylor-Bivings, Charlotte Hall, Laurie Chavez, and Sara Felix), employees at the VA Central California Healthcare System, Fresno, represent the diversity of staff and Valley veterans. They present flags from five branches of the military, and the VA, POW, California, and American flags. The Color Guard performs throughout the state and nationally. (Photograph by Jaime Arteaga, California Department of Veteran Affairs, September 2008.)

WOMEN VETERANS: AN OVERVIEW

Today's service woman is tomorrow's veteran. Following is a brief history of women serving in the military,² and a general overview of the structure of the U.S. Armed Forces.

Women, like men, join the military for various reasons. For some, it is a duty to their country; others are looking for adventure or travel, or, are seeking a career. Some women perceive the military as a way to get a college degree or acquire technical skills. Still others join in order to provide for their families. Researchers have found that a substantial number of women join the military to escape abusive and violent home environments and become independent.

Since the American Revolution, women have served their country in every war and conflict. Prior to the 1900s, they nursed the troops, engaged in espionage, and fought alongside their husbands or - disguised as men - fought as soldiers. In the early 1900s, women formally joined the U.S. Armed Forces through the newly established Army Nurse Corps and Navy Nurse Corps. They served in the Women's Army Corps and Women in the Air Force, established in 1942 and 1943 respectively. By the late 1970s, women serving in the military were assimilated into the regular branches of the Armed Forces.

One of the great difficulties transitioning from active duty was the reaction of civilians to women who served in the military. It is still something I see with women either in the service or coming out. People don't "get" why women enter the service in the first place. It is still very difficult for women to gain full acceptance for their work in the military, not only from civilians but from male veterans ...

CRB survey respondent
describing transition challenges

During the First World War, 33,000 women served. Almost 500,000 served in non-combat positions at home and overseas in World War II; 432 died and 88 were taken prisoners of war. During the Korean era, 120,000 women were in the Armed Forces. And, during the Vietnam era, 7,000 women were deployed "in country" as nurses and medical personnel in mobile field units and evacuation planes; they also flew planes and performed a variety of other support functions.

The number of women in the military greatly expanded once the All Volunteer Force was established in the early 1970s and recruitment efforts were ramped up to help fill its ranks. In addition to peacekeeping duties throughout the world, military women served in the invasions of Grenada and Panama. Close to 41,000 service women were deployed during the 1990-91 Persian Gulf War where they flew combat aircraft, manned missile placements, served on ships, drove convoys, and performed other roles in a combat environment.³

The experiences of women in Grenada, Panama, and the Persian Gulf helped change public perceptions and stereotypes that questioned women's fitness to serve and whether they should perform wider roles in the military. In the early 1990s, changes in law and policy opened up new positions and opportunities. Congress repealed the combat exclusion laws, making it possible for women to fly combat aircraft and serve on combat ships, and the Department of Defense (DoD) narrowed previous "risk rule" restrictions

to direct ground combat and removed obstacles to training and assignments to over 260,000 military occupational specialties previously closed to women. Women are currently serving in these positions all over the world.

About 1.8 million troops have been deployed in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom in Afghanistan (OEF); 11 percent are women. Combined, it is the largest wartime deployment for women. Over 120 military women have lost their lives to date, and more than 600 have been wounded – a large increase over previous wars. The number of female deaths that have occurred to date is far larger than those in the Korean War (17), Vietnam War (8), and Gulf War (16) combined.

Service women, like their male counterparts, are serving in combat support units as truck drivers, convoy security, gunners, medics, military police, and helicopter pilots; they are performing jobs in intelligence, maintenance, communications, and other logistical and

operational support areas. They also perform unique functions such as searching women at checkpoints and accompanying combat units during house-to-house searches which help diffuse the tensions between local civilians and soldiers.

While DoD rules do not allow women to be directly assigned to ground combat units such as the infantry or special operations, women are performing their duties in the midst of a combat environment and regularly encounter hostile situations. There are no traditional front and rear lines in the wars in Iraq and Afghanistan. All servicemembers are exposed to attacks with weapons such as improvised

explosive devices (IEDs), mortar attacks, suicide bombs and rocket-propelled grenades – regardless of their location and assignment. Like their male counterparts, women are coming home injured both physically and emotionally.

In general, OIF/OEF troops have served longer; nationally, over one-third of servicemembers have been deployed multiple times and tour lengths have increased from 12 to 15 months. Prolonged dangerous deployments increase stress on recent veterans and their families; they create additional risk for physical and mental health problems, and for economic hardships back home.

THE ARMED FORCES: ACTIVE AND RESERVE FORCES

The Armed Forces is made up of both the Active forces – the Army, Navy, Marine Corps, Air Force, and Coast Guard* – and the Reserve forces. More than 200,000 women are serving in the military in more than 80 percent of all jobs and in over 90 percent of all career fields (these percentages differ among the branches).

... rocket attack that landed 15 meters away from me. One of my best friends was killed by an IED. A lot of my close friends and people I worked with got hurt.

OIF/OEF Army veteran describing her combat-related trauma experienced while performing her duties

* Unlike the other four services within the U.S. Department of Defense, the Coast Guard is attached to the Department of Homeland Security.

Overall, women represent:

- Over 14 percent of the Active duty force
- 17.5 percent of the National Guard and Reserve forces
- 20 percent of new military recruits

The National Guard and Reserve components of the military have been activated on an unprecedented scale in Iraq and Afghanistan. Servicemembers from the Guard and Reserves have made up over half of those serving during these wars.

The Reserve components provide the Armed Forces with trained units and individuals in time of war or national emergency, or as required by “national security,” when needed to supplement the regular Active components. The Reserves, similar to the National Guard in most respects, are under the jurisdiction of the federal government. All five branches of the Armed Forces have their own reserve forces.

CALIFORNIA NATIONAL GUARD

The California National Guard (consisting of the Army National Guard and Air National Guard) is a militia force that is called up for active duty by the governor to help respond to domestic emergencies and disasters, such as those caused by fires and earthquakes. In times of war or national emergency, with the consent of the governor, state National Guard units or members may be called up for federal active duty.⁴ In this event, they become part of the National Guard of the United States, and serve in the Reserve components of the U.S. Army or the U.S. Air Force. (The term “National Guard” usually refers to both the state and federal National Guard.)

Guard members are otherwise civilians who have jobs and careers outside the military. Members usually go for training one weekend a month plus two weeks each year. When activated these servicemembers are given a short period of time – a matter of weeks – to leave their civilian employment or withdraw from school, and make family, financial and legal arrangements for an absence that can last up to 15 months. When they are deployed, they may go as part of a unit or may be sent to their assignment as individuals to join existing units.

The total force of the California National Guard – 22,058 – includes 3,326 servicewomen. Women represent over 14 percent of the Army National Guard, and 18 percent of the Air National Guard.⁵

Based on a 2009 survey of over 1,175 female California National Guard members, 74 percent of respondents indicated they had been deployed at least once, and 13 percent had been deployed at least twice, in the last three years. Over 62 percent stated that their most recent mobilization was at least 12 months long.⁶

VETERANS IN TRANSITION

When many Californians hear the word “veteran,” the image of a senior white male soldier comes to mind. While it may be statistically accurate, this image needs to be broadened to reflect today’s veteran. Veterans who served during the Vietnam era now make up the largest number of male veterans (age 55 and older), and this group includes veterans of diverse backgrounds, including Black and Hispanic veterans. Younger servicemen who served during peacetime, the Gulf War, and during OIF/OEF are increasingly joining the veteran ranks. And, servicewomen from all eras must be included.

However, in spite of their long history of military service, women have been hidden or left out of the picture altogether. Women were not asked if they had ever served in the U.S. Armed Forces until the 1980 Census; 1.2 million answered that they had.⁷

In 1996, the first “National Summit on Women Veterans Issues” in Washington, DC, brought together women veterans from across the country with policymakers and U.S. Department of Veteran Affairs officials to consider the experiences and needs of women veterans within a services delivery structure designed to serve men. Thirteen years later, the VA and policymakers continue to address the challenges women veterans face in accessing the services they need.

By 2000, the women veteran population had increased to 1.7 million; it continues to grow while the male veteran population gets smaller. This growth is due to:⁸

- an increasing number of women entering (and leaving) the military
- a more favorable survival rate of women compared to men at any given age
- the younger age distribution of women veterans compared to male veterans

WOMEN VETERANS DESCRIBED

The purpose of this section is to describe the number and characteristics of women veterans. Federal, and state data when available, is provided for basic demographic characteristics. Unless otherwise identified, data in this section comes from the U.S. Census Bureau (specifically VetPop 2007) and the U.S. Department of Veterans Affairs (VA) Office of Policy and Planning. Numbers in the charts are reported to the nearest 1,000 and percentages are generally rounded off.

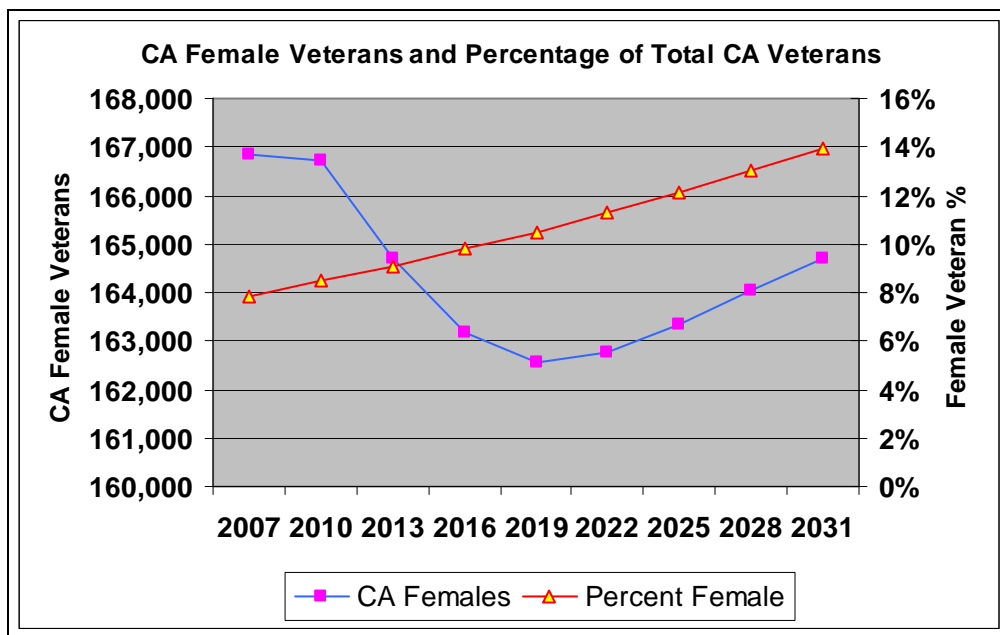
There are now over 1.8 million women veterans nationwide. Women veterans represent 7.5 percent of the total U.S. veteran population of 23.4 million.⁹ The VA projects that the proportion of women veterans will continue to grow – to 10 percent in 2020 and to almost 14 percent by 2030 – and the proportion of male veterans will continue to decline.

California has the greatest proportion of female veterans in the country (9.5 percent).¹⁰

There are close to 167,000 women veterans among the state veteran population of almost 2.1 million. Women veterans represent about eight percent of the state’s veteran population.¹¹

Like male veterans, the majority of women veterans are located near military and VA facilities – San Diego (25,000), Los Angeles and Ventura (36,000), Riverside and San Bernardino (18,000), Orange (10,000) the Bay Area and East Bay (16,000), Sacramento (10,000), and Kern and Fresno (9,000).¹² The breakdown of women veterans by county is provided in Appendix A.

The VA projects that, like their counterparts nationwide, the percentage of women veterans in California is increasing. It is expected to increase from eight percent to 11 percent in the next ten years, and to 14 percent in the next twenty years (by 2030).¹³



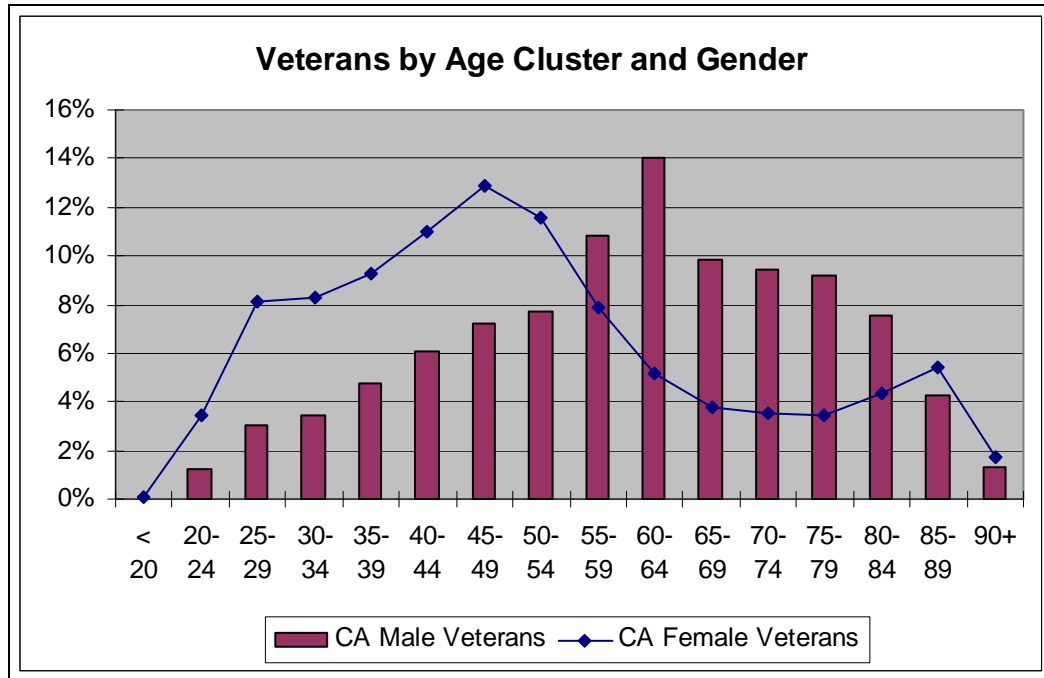
Source: VetPop 2007

The total number of female veterans in California, however, will begin a modest decline after 2009. It will begin to rise again around 2020 (see the chart above). Although the number of California female veterans will decline, it will not decline as fast as the number of California male veterans. As a result, the percentage of California veterans who are female will continue to steadily increase.

Other states that are comparable to California (Florida, Texas, and New York) are experiencing growth both in the number of women veterans overall and the percentage of veterans that are female. VA demographers report that veterans are shifting from heavy concentrations in places such as the West Coast where military bases have closed to larger concentrations in the southeastern states where bases remain (veterans tend to settle near a military installation). In addition, they report that Vietnam era veterans are also shifting from urban areas like the Bay Area to rural states such as Idaho and Utah.¹⁴

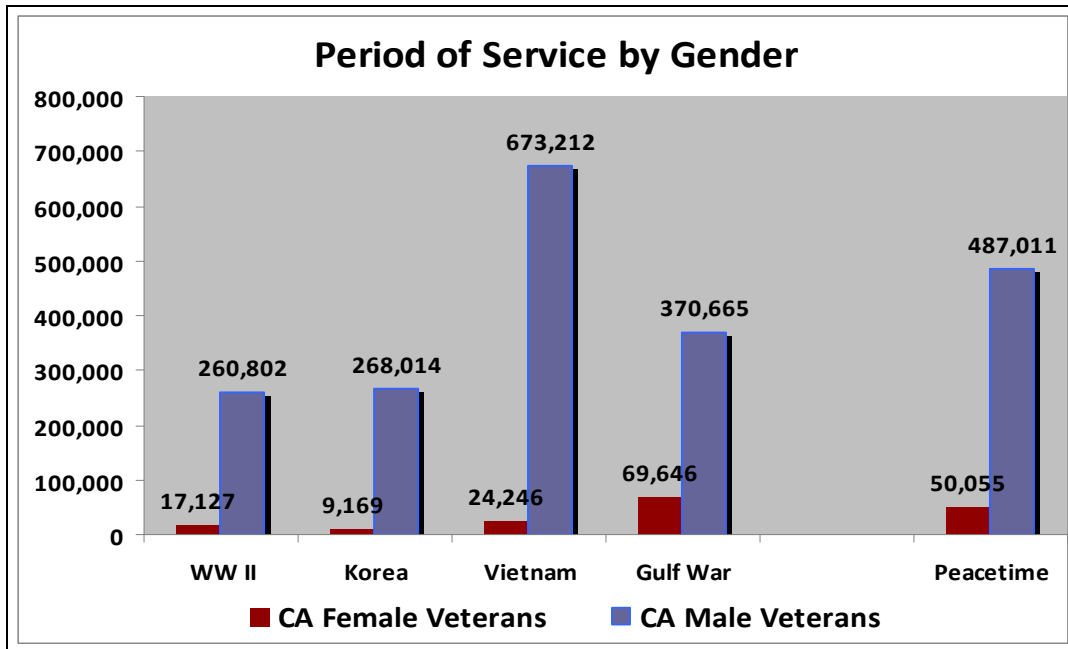
AGE AND PERIOD OF SERVICE

Women veterans nationally are younger, taken as a whole, than their male counterparts. In 2007, the estimated median age of all U.S. women veterans was 47 while that of male veterans was 61. Although the median age of women veterans is projected to steadily increase over the next two decades, women veterans are projected still to be younger than male veterans in the aggregate. California's veterans reflect U.S. veterans in terms of age. (See chart below.)



Source: VetPop 2007

The age difference between males and females is reflected in their period of service. Women are more likely to have served in the Gulf War period (which is ongoing) and during peacetime. In contrast, the greatest number of male veterans served during the Vietnam era (see chart on opposite page).



Source: VetPop 2007

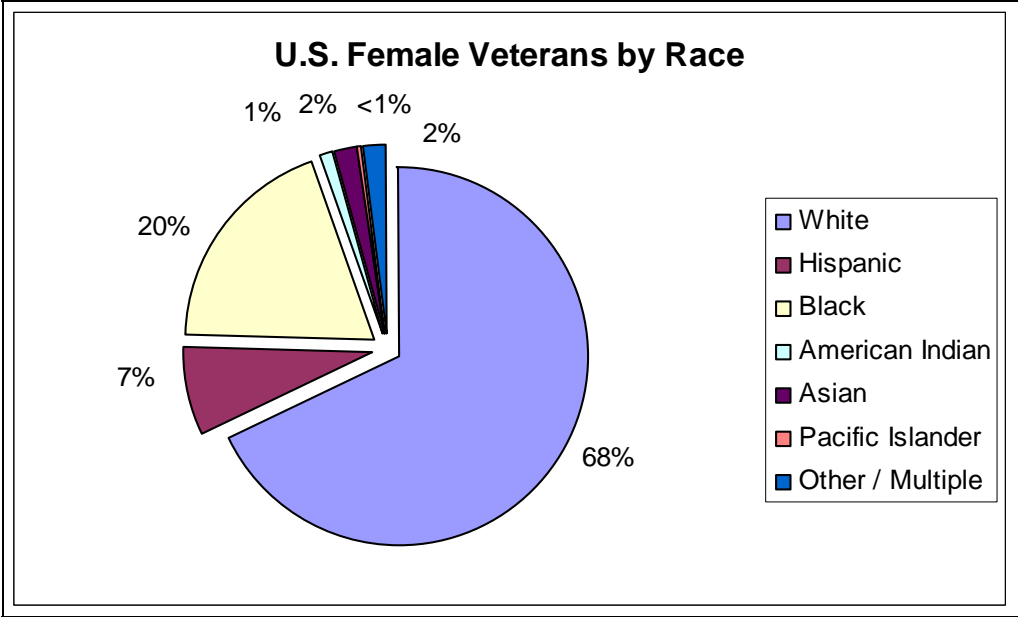
RACE/ETHNICITY

The military is seen by many not only as a way of serving the nation but also as an opportunity to learn job skills, to reap educational benefits, and to enhance life skills in general for use in the civilian world. Members of racial and ethnic minorities, particularly in an all-volunteer force, have availed themselves of those opportunities in relatively large numbers. VA Office of Policy and Planning, 2007

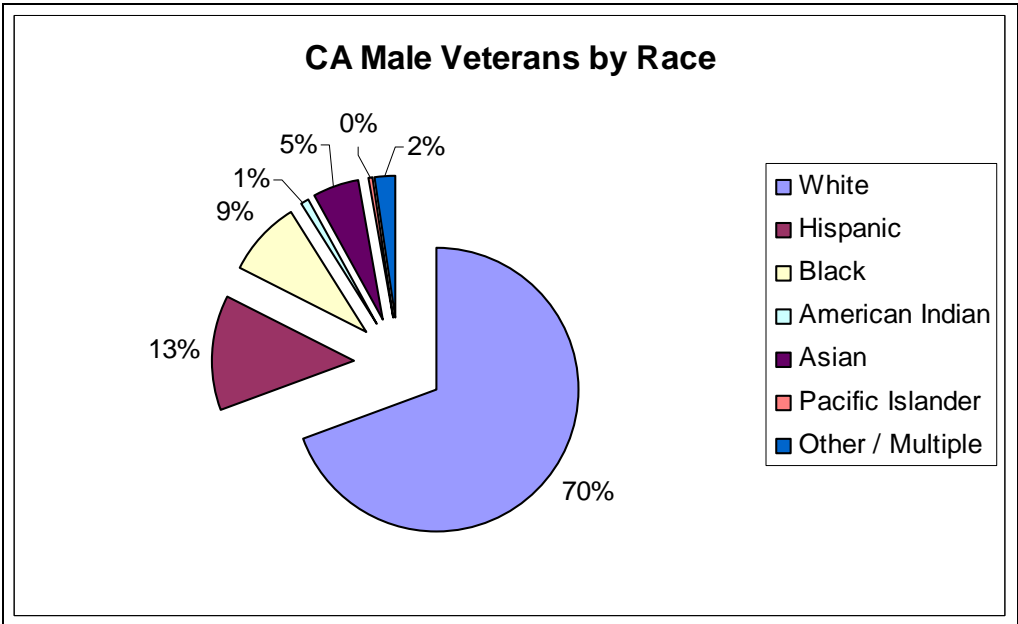
Female veterans are more likely than their male counterparts to identify themselves as a racial minority both nationally and in California.

On a national level, servicemembers of Hispanic ethnicity and non-White races (including multiple races) are projected to make up an increasing share of the total veteran population, with an even higher share for women veterans.

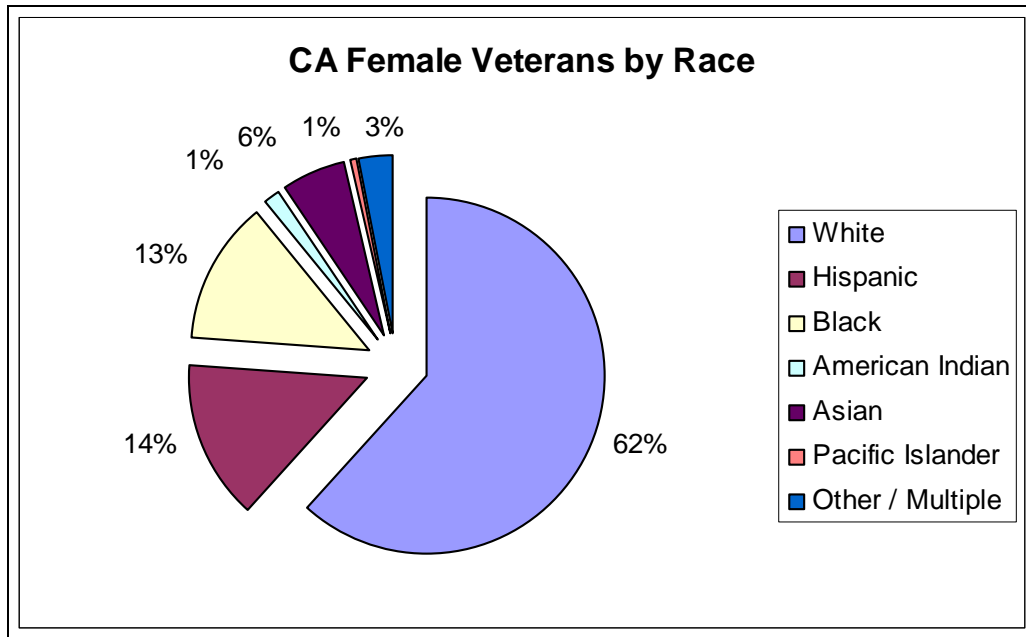
In California, compared with the national level, there is a larger percentage of female veterans of racial and ethnic minorities, with the exception of Black female veterans. The state is home to over 18 percent of the nation's Hispanic female veterans, 32 percent of the nation's Asian female veterans and over 14 percent of the nation's female veterans identifying their race/ethnicity as multiple or other. (See charts on following pages.)



Source: VetPop 2007



Source: VetPop 2007



Source: VetPop 2007

California Hispanic women veterans are projected to increase to nearly 15 percent in 2010 and to almost 17 percent in 2020 (in comparison with less than 14 percent and just over 16 percent for their male counterparts). Total non-white female veterans are expected to increase from less than 40 percent in 2010 to over 44 percent in 2020 (in comparison with less than 32 percent to close to 37 percent for their male counterparts).

MARITAL STATUS/CHILDREN

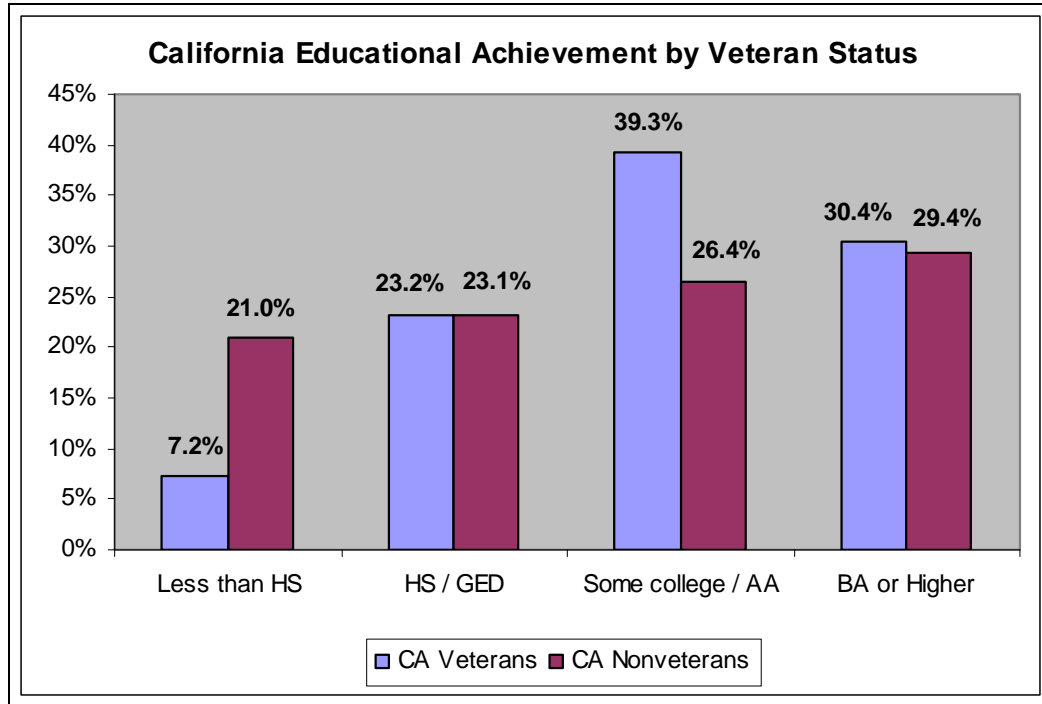
Nationally, women veterans are just as likely to be married as non-veterans: 52 percent of veterans are married compared to 53 percent of non-veterans. This is the same for all age groups. It is unclear what proportion of those who are not married were ever married.

Data on marital status are not available on women veterans. However, data on military women may have some implications for women veterans: larger proportions of men than women servicemembers are married, but significantly greater proportions of women servicemembers are partners in dual-service marriages (both spouses are in the military), 51 percent of married women vs. eight percent of married men.¹⁵

Data are not available on women veterans with children. However, data on military women may again have some implications for women veterans: nearly 38 percent of women in the active duty force have children, compared to 44 percent of active duty men. Women are more likely than men to be single parents; approximately 11 percent of women in the military are single mothers compared to four percent of single fathers.

EDUCATIONAL ATTAINMENT

Compared with non-veterans, U.S. veterans generally have higher levels of education in terms of having some college or an Associate of Arts (AA) degree: 34 percent for veterans vs. 27 percent for non-veterans. California veterans have even higher levels of education in this area: over 39 percent of veterans have some college or an AA degree vs. 28 percent of the civilian population in the state. See chart below.



Source: American Community Survey, 2007

Nationally, women veterans have attained higher educational levels than male veterans. Over 70 percent have some college experience, and 40 percent of these veterans have a bachelors degree. About one-quarter finish high school as the highest level of education; only four percent have no high school diploma or equivalency.

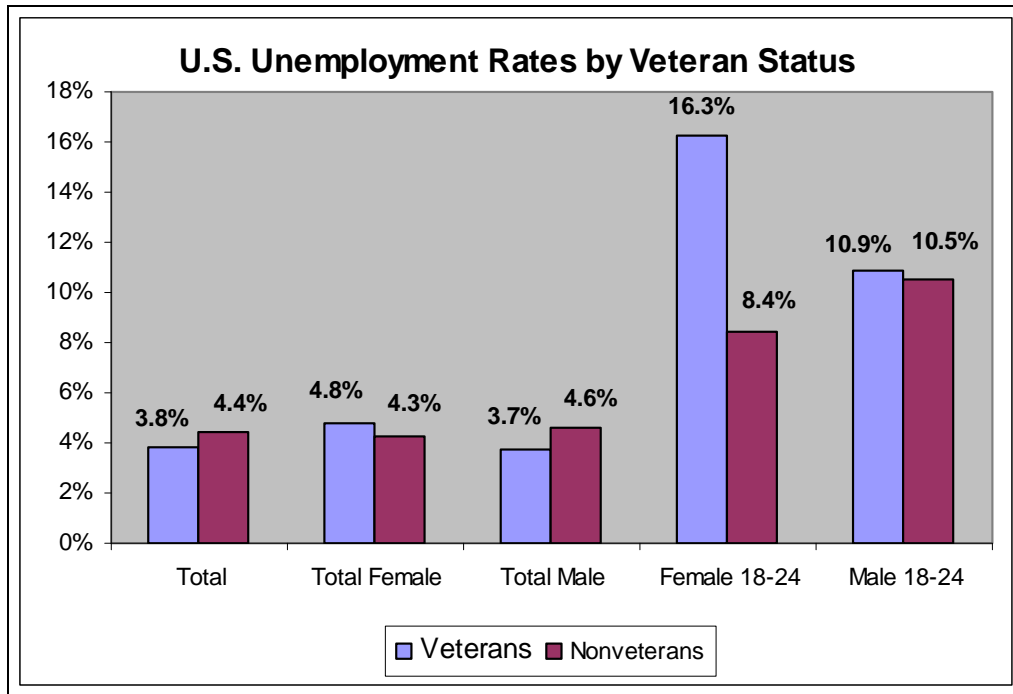
In contrast, 57 percent of male veterans have some college, including 16 percent who have a bachelors degree. Over ten percent have no high school diploma or equivalency (this difference can be explained, in part, by the older age distribution of male veterans; many male veterans entered the military service at a time when the education requirements were not as high as they have been in recent years).

EMPLOYMENT STATUS

According to the U.S. Bureau of Labor, the overall national unemployment rate for veterans was almost four percent in 2007. Female veterans and non-veterans experienced a similar level of unemployment (4.8 vs. 4.3 percent). However, female veterans age 18-24 had twice the unemployment rate of their non-veteran counterparts

(16.3 vs. 8.4 percent). In comparison, male veterans age 18-24 experienced a slightly higher unemployment rate than non-veterans. (See chart below.)

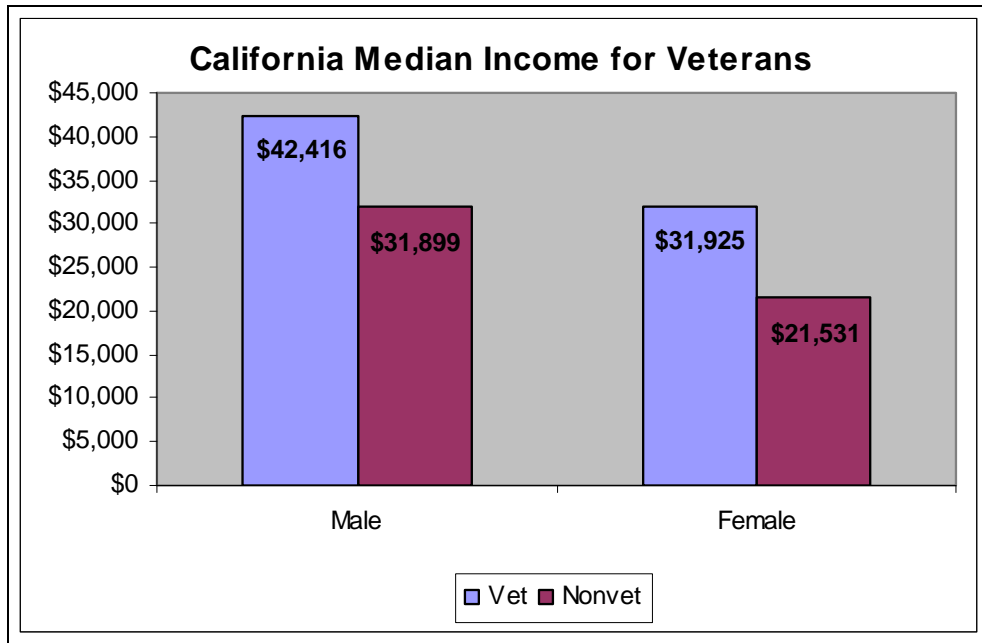
It is important to note that 2007 employment data do not reflect the impact of the increasingly difficult economic situation and rising unemployment rates both nationally and in California.



Source: Bureau of Labor Statistics, 2007

PERSONAL AND FAMILY INCOME

The median personal income of veterans overall is higher than non-veterans: \$41,819 compared to \$26,173. The median income for male veterans in California is \$42,416 vs. \$31,899 for non-veterans. The median income for female veterans in California vs. their non-veteran counterparts is \$31,925 compared to \$21,531. In comparison with their male counterparts, however, women veterans' median income is more than \$10,000 lower. (See chart on following page.)



Source: American Community Survey, 2007

In general, women veterans and non-veterans have comparable family income. Women veterans are less likely than non-veterans to be at the low end of the family income distribution (ten percent vs. 14 percent have family incomes less than \$15,000). The distribution between the two groups for income from \$15,000-\$40,000 is the same; for income from \$40,000-\$75,000, the distribution of women veterans is higher than non-veterans (33 percent vs. 28 percent); and the distribution is basically the same (28 vs. 29 percent) at the high end of the scale, \$75,000 or more.

A 2008 Census study found that while women veterans had higher salaries than women with no military experience, they also worked more full-time hours. The study suggests that military education and work experience may translate into higher paying civilian jobs than women with a high school diploma would normally expect.¹⁶

The descriptions of the women veteran and male veteran populations highlighted in this section show clear distinctions between the genders in age distribution, era of service, race composition, and income. These differences affect the challenges and needs faced by women veterans. They also affect outreach, services, and service delivery, and dictate different approaches. These issues will be discussed in the following sections.

CRB SURVEY OF WOMEN VETERANS

The *Survey for CRB California Women Veterans Report* provided a means for women veterans in the state to share their challenges and needs. The purpose of the survey was to learn about the range of experiences from a large number of individual women veterans. We asked women about accessing VA benefits and using VA and other veteran services. We included questions about health, mental health, employment and other concerns, and about specific issues such as experiencing sexual or other trauma. We asked – and heard – about their challenges:

Not being recognized as a veteran. Stigma and stereotypes about women who join the military. Missing male and female comrades. Readjusting to “appropriate” behavior for women in civilian life. Difficulty receiving female-specific healthcare – many facilities not equipped to be sensitive to female issues.

We also asked the survey respondents to tell us what information and services they needed when they transitioned out of the military and what they continue to need. (Appendix 2 contains the *Survey for CRB California Women Veterans Report* questions and responses.)

In spite of their increasing numbers and expanded role in the military, women veterans remain largely invisible to the public and overlooked by the media. Women, especially younger women, are not perceived as “veterans” – some do not even consider themselves to be veterans. And while news media descriptions of OIF/OEF servicemembers commonly include references to “servicemen and women,” our research for this report reinforced the statements of veterans that the majority of stories about servicemembers and veterans continue to focus on the experiences of men and do not highlight or reflect those of women. As one survey respondent stated:

We may not really have different needs but it would be nice to receive the same respect and visibility. I realize that we females make up only 15 percent of the military, but it seems that we are still ignored. Most news stories are about the father/husband leaving his children or wife. What about the female leaving her husband/children? Where are the programs for the husbands that are left behind? What about the single female returning from a deployment? We are lost in the shuffle as not important enough to notice. We have done the same job and many times as good as or better than our male counterparts, but we continue to be invisible.

Because women veterans are generally hidden within the larger population and not easily accessible, we used a social-networking type methodology for the CRB survey.[†]

[†] In this “snowball sampling” methodology, study subjects recruit future subjects from among their acquaintances (thus the sample group appears to grow like a rolling snowball). As the sample builds up, enough data is gathered to be useful for research. This type of sampling is efficient in terms of getting respondents from a hidden population; the major limitations include the loss of randomness and the reliance on individuals to personally recruit others for the survey, which may lead to selection bias.

The survey was formally introduced to participants at the first statewide California Department of Veterans Affairs Women Veterans Conference in August 2008. It was distributed in both online and hard-copy formats to federal, state, and county providers of veteran services (such as VA women’s clinics), and private veteran organizations and groups. Most commonly, it was passed on by women veterans to their own networks of contacts.

Over 170 women, ranging in age from 18 to over 61, shared their experiences. They represent a range of ranks among the different branches of the military. The largest number (over 30 percent) served in the Navy and 25 percent served in the Army; about 14 percent served in the Reserves or National Guard. Almost one-third of those who responded to the survey served during OIF/OEF. (The *Description of Survey Respondents* is included in Appendix B.)

The CRB survey respondents are not a random sample of California veterans; that was not the intent of the survey. The women veterans who answered our survey are slightly older than the state women veteran population. They have a higher level of educational achievement. The survey did not request information on race or income.

It is important to note that, due to the nature of the survey, most of the women who participated are already connected in some way to veteran services or organizations. This means that the experiences, challenges, and needs of women veterans who are not connected – perhaps those most in need and/or the least informed about services and benefits – are likely not reflected in the survey responses.

The experiences of the women veterans surveyed are summarized within the report. Descriptions of the survey responses are bolded in blue, and survey participants’ quotes are in blue and italicized. Respondents did not answer every question so the response rate to each differs.

CHALLENGES AND NEEDS OF WOMEN VETERANS

Most servicemembers transition from the military to the civilian world without major problems. As veterans, they continue to carry on the values of serving the common good and remain role models.

As a female veteran, I have not encountered any challenges transitioning from active duty to civilian life. On the contraire, being a female veteran has empowered me tremendously.

However women and men returning from long, stressful deployments may find it difficult to assimilate back into a civilian and family lifestyle. Their transition will likely depend upon their experiences and the support systems they have that can help them. And, while women veterans share a myriad of challenges with their fellow male servicemembers; they also face issues unique to their gender.

Whether we are talking deployment or simply serving, there is a struggle to transition back to civilian life, like Post-Service Trauma. The two worlds are night and day: civilian and military life.

After separation from service (not after deployment), it was difficult to become a civilian again, and after deployment, I had gynecological issues because of the physical and mental stress of being deployed.

This section of the report discusses the challenges and needs of women veterans as identified by service providers and veteran representatives, the research literature, and survey participants. The survey specifically asked about the challenges women faced when making the transition from active duty, as well as the information or services they wish they had available to them both during transition and currently. (See Appendix B for survey responses for these questions.)

In the past few years, reports produced by government, research, and advocacy organizations have highlighted these challenges and needs, and have presented a range of recommendations and proposed actions to address them. The content of these reports are reflected in this section, and the specific report recommendations are provided as a resource in Appendix C.

The following two sections describe the federal and state level service delivery structures, and include examples of programs and services available to women veterans.

I worked so hard not to be different from the other soldiers for most of my career.

About 45 percent of the 147 participants who responded to the CRB survey said that they did not have different needs than their male counterparts and that they came back facing the same, or many of the same, transition issues. Based on this response and the overall survey comments, women veterans are not interested in standing out and receiving special treatment. They have served their country in the same fashion as male servicemembers – they have been as capable and as patriotic. They are expecting the same level of recognition and quality of services afforded all servicemembers.

RESPECT AND ACKNOWLEDGEMENT

Women veterans feel invisible and that their service in the military is not recognized or respected. This comes across clearly in the large number of responses to different survey questions that conveyed this feeling and related experiences. In fact, it ranks as the primary transition challenge identified by survey respondents.

Sometimes I think we don't get the respect, recognition and services as men because many view women – especially younger women – as not being a person that could be a veteran. People just don't ask or outreach like they do with men, even other women.

I always get challenged on my veteran status because of my gender. People still seem to have that idea that only men can be vets.

No one looks at women as veterans worth honoring for serving ... So rare when I get "Thank you for serving ... It is a really sore subject for people regarding women who served ... We do not see ourselves as veterans and neither does the community.

Women veterans face ignorance and misconceptions about their roles. They express concern about the public's view of women in the military and report that they continue to contend with stereotypes about their roles and fitness for duty. OIF/OEF veterans come home to a public that often does not understand that they served alongside their male comrades in combat conditions.

The general public does not expect a female to serve and when they find out you did they discount your military experiences ... they assume you were only a secretary in the military, that you must have been exempt from the hard work and demands of active duty.

A lot of the same issues as male veterans (misunderstanding, negative military stereotypes, etc.) but as a female, civilians think that I must've had to battle constant sexism and that all the guys were evil sexist pigs trying to sexually abuse us all the time. I personally didn't experience too much sexism and was never abused, though I know it happened to many of my friends. It just pisses me off when this stereotype overtakes the public view of female military experience.

PEER SUPPORT

Many veterans find that social interaction with civilian friends – and new people they meet – is difficult and leaves them feeling isolated. Women veterans describe missing their comrades, both male and female; some miss the support structure provided by

being in the military. In facing readjustment challenges, or mental or physical health conditions, support from those who have faced the same experiences can be vital.

The biggest difficulty is the culture change. Military culture is VERY different from civilian. Once in the civilian world you feel lost because you think the others around you do not have the same experiences.

... Being a vet sets you apart from other women who have not had that experience. Many more men share the experience.

Knowing there aren't many women who have had my experiences ... That is why groups such as SWAN (Service Women's Action Network) have been so helpful. It's put me in touch with other women vets who understand what I've been through. It's a good support system.

Women veterans commonly express the need for peer support, or just the opportunity to talk and socialize with other veterans. In fact, programs operated by the VA, veteran service organizations, community agencies, and private groups recognize their importance and commonly use peer support groups as a treatment approach or service. However, most are *veteran* peer groups that include males and females.

Women veterans seek and need support from female veterans who can understand and relate to their own experiences. There are many issues that group members may not share or address in a mixed gender population. Veteran Kayla Williams provided the following testimony at the House Committee on Veterans Affairs roundtable discussion on "The Growing Needs of Women Veterans: Is the VA Ready?" in May, 2009.¹⁷

... there are things about my experience as a woman in a war zone that my male peers do not understand. They cannot truly know what it is like to fear not only the enemy, but also sexual assault from your brothers-in-arms. They may be aware of, but not be able to fully empathize with, the challenges of facing regular sexual harassment. And they certainly do not understand what it is like to feel invisible as a veteran, as many women veterans do ...

RESOURCES FOR WOMEN VETERANS

Vets4Vets, a private peer support organization for OIF/OEF veterans, provides free weekend workshops, including retreats specifically for women, focusing on peer support. During these workshops, veterans get to relive the camaraderie that was experienced throughout their military service, and discuss their experiences and challenges with fellow servicemembers who understand them.

A new online social network, Grace After Fire, was recently founded to ease reintegration and provide a safe place for women veterans to support each other. (See Selected Websites and Other Resources on page 122.)

FAMILY

Military deployments cause great stress within families. In addition, the anticipation of homecoming often causes idealistic and unrealistic expectations and pressures. After being gone for months or years, returning to family roles as spouses, partners, mothers, daughters, and sisters – and rebuilding relationships – can be difficult, especially with traumatic experiences and injuries that they bring home from war.

LESSONS FROM OPERATION DESERT STORM

Research from Operation Desert Storm on the challenges faced by mothers in the military due to longer deployments found that mothers and their children have readjustment needs after deployment. Women with children reported a higher rate of emotional health problems, including anxiety and difficulty readjusting (close to 65 percent), than women without children (about 40 percent). Women with children, more than single women and their male counterparts, reported a substantial decline in health and well-being after deployment. Children also reported an increase in emotional stress during their parents' absence. Mothers reported difficulty accessing appropriate services which negatively affected their relationship with their children and their emotional health.

Helping Military Moms Balance Family and Longer Deployments; Presented to the Joint Economic Committee, U.S. Congress, May 2007

It is difficult to go from a constant stress, self-aware environment to being a trusting spouse.

After a six-month or more deployment – the spouse left behind picks up the duties of the deployed member. As a mother, especially of very young children, it can be difficult to accept that the bond that previously existed will not be there. It takes a lot of time to renew that relationship and it can be very disheartening to a mother if her child does not even call her mommy. Many years ago, when my ship deployed, we had a female sailor whose son was nine months old when we left. When we returned he didn't know she was Mom and cried. That was devastating to the young lady and took time to mend. That type of separation is much different than deploying fathers' experiences.

Parenting reintegration after deployment is a very difficult issue. Where are the boundaries that were redrawn while deployed? How does the child adapt to Mom coming back? Spouse integration – massive communication issues upon return.

I was very sad. It felt as if there was a big hole in my heart. I didn't know what to do. Also I went from being paid well and having medical for my children to having nothing ...

Women veterans face the additional challenges of having families and small children, and being married to men serving in the military. Women are more likely to have a primary parenting role and generally shoulder the greater burden of domestic responsibilities. When male servicemembers come home, they can often depend on help from a wife or mother. When women come home, they are often expected to handle child care and work around the house, in addition to holding down a job. Some also take on the caregiving responsibilities for their military spouse or partner.

According to the Joint Economic Committee report (see box on previous page) and service providers, OIF/OEF mothers report a high level of emotional trauma and describe difficulty adjusting back to family life after deployment for both themselves and their families.¹⁸ Women veterans describe the transition from soldier back to mother and caregiver as often being the most difficult.

Once home and in the process of re-establishing relationships, women often do not take the time to decompress from their experiences, or seek the support or help they and their families need. When they do seek help, they report limited access to specific services, including women's healthcare services, post-deployment readjustment and counseling services, and especially, family counseling and mental health services.¹⁹

With kids it is hard. How do you reengage. I think we should have more organized programs for families on how they can reconnect with kids.

Thirty-one of the survey respondents have children. Thirteen identified “stressors of single parenting” and 10 identified “guilt for leaving family for deployment” as the health/mental health area they were most concerned about. Several other respondents included comments about these issues in other sections of the survey.

CHILD CARE

Child care is a major challenge for military women and women veterans with children. Women veterans and service providers identify the need for subsidized child care services to enable women to go to school and work. This care is also essential for women who need to access mental health and healthcare appointments and other services, both on a periodic and ongoing basis.

In addition, respite child care for veterans dealing with emotional and physical issues – as is common during transition – is needed. This care is especially expensive and difficult to find.

CHILDHOOD AND ADULT TRAUMA EXPERIENCES

A large number of women enter the military with significant trauma histories. Studies suggest that more than half of female veterans experience some type of trauma or abuse before they join the military (escaping a neglectful or abusive home environment is one reason women join the military). A large number experience further trauma while in the military. This is consistent with research findings that prior trauma exposure is predictive of future trauma.²⁰

At least one-third of women veterans report being sexually abused as a child; the rates of adult sexual assault are similar. Women veterans are more likely than their civilian counterparts to have a history of child or adult sexual assault.²¹ (See pages 33-35 for a discussion of military sexual trauma and its effect.)

Women veterans are also more likely than their civilian counterparts to have had a history of child or adult physical abuse, or have suffered some form of physical assault. Current studies estimate that over one-third have been physically abused. In addition, about half of female veterans experience some form of physical assault during their lifetimes (significantly higher than the civilian population estimates which range from seven to 12 percent).²²

I find the difficulties I face are not because of being a woman but because of being raised in a poor, neglectful environment. It produces a mindset that is difficult to overcome.

WOMEN VETERANS AND TRAUMA

Female veterans experience higher rates of trauma exposure in comparison to the general population. Based on a review of several studies, they have been exposed to the following:

- 81%-93% any type of trauma
- 38%-64% lifetime sexual assault (the higher estimates use broader definitions)
- 27%-49% child sexual abuse
- 24%-49% adult sexual assault
- 35% child physical abuse
- 46%-51% physical assault
- 18%-19% domestic violence

H. Zinzow and others, "Trauma Among Female Veterans: A Critical Review," *Trauma Violence Abuse*, 2007

Over 30 percent of the 167 CRB survey participants who responded to this question had experienced emotional or physical neglect or abuse, or sexual assault/abuse prior to joining the military.

Domestic violence has been a widespread problem in all branches of the military service. For women in the military, the isolation that they may have experienced in changing duty stations, or being in an unknown community may have heightened the potential to be in an abusive relationship. Women who have been previously abused are at greater risk to be harmed by a partner. Military women are reluctant to report being assaulted by their partner because of the isolation, lack of social supports, and fear that reporting the attack will harm their career and adversely affect the family's economic welfare.

In a 2002 survey of active duty military women, over one-in-five of the women reported physical and/or sexual assault by intimate partners. Thirty-six percent reported some type of abuse (including emotional) by intimate partners during their

military service: 43 percent were abused by an active duty service member and 38 percent had been abused by a retired member of the military. Stronger risk factors for abuse were having children and enlisted rank (though researchers noted that higher-ranked women may be more reluctant to report).²³

Although domestic violence reports had generally been decreasing, the Miles Foundation, which provides domestic violence assistance to military families, reported in 2007 that the organization's caseload had tripled since the Iraq war had begun.²⁴

There is little data available on domestic violence rates by and among veterans, especially women veterans. However, instances of domestic abuse occur at a higher rate among veterans when compared to their civilian counterparts.²⁵ In addition, servicemembers and veterans who have been diagnosed with severe depression or post traumatic stress disorder (PTSD) are at particularly high risk of becoming perpetrators of domestic violence.²⁶

The prevalence of child abuse also has been poorly documented among veterans. Recent evidence suggests that this has become an increasingly serious issue, particularly after the onset of the wars in Iraq and Afghanistan. Prior to October 2002, military families demonstrated a lower rate of occurrence of abuse, neglect and maltreatment when compared to non-military families. However, after increasing deployments, which commonly result in family stress, substantiated instances of child abuse/neglect increased by over 40 percent.²⁷

RESOURCES FOR WOMEN VETERANS AND THEIR FAMILIES

Veterans with families generally use community-based services to address family issues, including county mental health departments, private programs, or individual clinicians. While some veterans use VA mental health services to address their needs, their families are typically excluded from VA medical and clinical services. The veteran must act as the conduit for their family members to access the limited services that may be available.

Vet Centers in some locations have services for family members, such as couples therapy and group therapy for spouses of veterans with PTSD. However, increased demand is forcing many Vet Centers to reduce, rather than expand, family services.²⁸

PHYSICAL HEALTH

While the majority of veterans – female and male – are in good health, military service is associated with increased odds for a variety of health conditions and illnesses. Most women veterans do not use VA resources for their healthcare; they use either private or other public sources like clinics. However, the percentage using VA healthcare services is increasing and is on track to double in less than five years, from five to ten percent. (The VA women's healthcare system is described starting on page 59.)

The most common physical health problems of OIF and OEF veterans are musculoskeletal ailments, principally joint and back disorders. Female servicemembers are returning with:²⁹

- back trouble, arthritis and other muscular ailments (42 percent)
- digestive illnesses (33 percent)
- genital or urinary system problems (29 percent)

Carrying heavy loads, the climate conditions, lack of adequate personal hygiene, and the many risk factors for traumatic brain injury contribute to the chronic pain and health conditions suffered by women veterans. Healthcare providers explain that ill-fitting boots and equipment (like body armor) that are not designed for women result in physical problems. Women are also coming home with urinary-tract infections from “holding it” instead of urinating: women do not want to stop convoys, and some refuse to go to the toilet at night, or in an isolated area, because they may be sexually assaulted.³⁰

Many women come to VA clinics for menopausal care and hormone replacement therapy, infertility services, and birth control options; others come for preventive care, including yearly pelvic exams and Pap smears, mammograms, and other screenings. Healthcare for older women veterans includes managing chronic problems such as diabetes, high blood pressure, and high cholesterol.

Healthcare and other providers also report that they are seeing women veterans with migraines and eating disorders, along with obesity and nutrition issues. Service providers identify the need for dental services for women veterans, especially those that are homeless.

Survey respondents most often identify the following as the healthcare areas of greatest concern:

- **Sleep disorders – 35 percent**
- **Gynecological problems – 30 percent**
- **Musculoskeletal disorders – 23 percent**
- **Adjusting to physical limitations – 21 percent**
- **Diabetes – 17 percent**

Other health conditions are head injuries, cardiac conditions, urological problems, and amputations.

I was medically discharged. My greatest challenge has been literally starting my life over ...

No female doctors. Too many men.

A number of women veterans describe feeling uncomfortable in the mostly male VA environment; they describe negative experiences with staff and medical personnel who are disrespectful and insensitive to their needs, and who are not knowledgeable about women’s health conditions. At a recent U.S. House Veterans Affairs Committee Roundtable to address issues confronting women veterans, veteran participants described how VA staff fail to acknowledge them as veterans and understand their military experience; one veteran described how a VA doctor questioned that a woman could have been in combat.³¹

A June 2008 congressionally-mandated internal review found that the VA is making strides in terms of quality of care at its facilities. These efforts include establishing women’s clinics at most medical centers, creating onsite mammography services, and

attempting to recruit more clinicians with training in women’s care. However, the review also found that women veterans were not receiving the same quality of outpatient care as men at about one-third of VA facilities. It concluded that there is a clear need for more physicians trained in women’s care and more equipment to meet women’s health needs.³²

About ten percent of women veterans specifically cited the desire for gender-specific care in their survey responses and/or comments. Interestingly, over three times as many women said they desire gender specific services now versus upon separation. This may indicate that they have spent time navigating the available services and found them lacking.

MENTAL AND BEHAVIORAL HEALTH

MENTAL HEALTH

While it is true that the majority of soldiers become productive and effective veterans, even maturing and growing from their service experiences, it is also true that chronic post service mental health problems, such as PTSD and associated psychosocial dysfunction, are pernicious and disabling and represent a significant public health problem. Brett Litz, “The Unique Circumstances and Mental Health Impact of the Wars in Afghanistan and Iraq,” 2008

According to the 2007 Rand report on the “Invisible Wounds of War,” many OIF/OEF servicemembers have returned, or will return, with significant mental health conditions.³³ According to the VA, post traumatic stress disorder (PTSD) and traumatic brain injury (TBI) are considered “signature” injuries of the wars in Iraq and Afghanistan. Depression is a prevalent mental health issue among veterans.

The Rand study found that about 19 percent of servicemembers report experiencing symptoms of TBI during deployment (the majority are mild); and about 18.5% experience symptoms of PTSD or depression. About one-third of those previously deployed have at least one of these three conditions and about five percent report symptoms of all three.

The presence of any of these conditions can impair health, work productivity, and family and social relationships. Co-occurring problems are substance abuse, homelessness, and suicide. Roughly half of those who need treatment seek it, but only slightly more than half who receive treatment get minimally adequate care.³⁴

Based on a study of national VA data, 37 percent of the OIF/OEF veterans receiving VA health care from 2002 to 2008 received a mental health diagnosis, including PTSD (22 percent), and depression (17 percent). Active duty veterans younger than 25 years had higher rates of PTSD

MENTAL HEALTH CONCERNS OF ACTIVE VS. RESERVE FORCES

Based on the 2007 Rand report and other studies, reserve component members have higher rates of concern about mental health than active service members after a long deployment. This may be attributed to factors such as losing the day-to-day support from unit and peers, coming back to civilian instead of military communities, and often living far from VA facilities.

and alcohol and drug use compared with active duty veterans older than 40 years. In addition, women were at higher risk for depression than were men, but men had over twice the risk for drug use disorders.³⁵

Women face a unique set of challenges associated with their military service. Female veterans are more likely than male veterans to have experienced serious psychological distress.³⁶ Serious psychological distress is an overall indicator of past-year mental health problems such as anxiety and/or mood disorders.

Women who use the VA also present with higher rates of mental health conditions than their male counterparts: 37 percent of women veterans have a mental health diagnoses.³⁷ Women have complex mental health needs, including depression, PTSD, TBI, and parenting and family issues. In addition, women veterans face high rates of military sexual trauma (MST).

Experienced first incidents of anxiety attacks in the military and shortly after discharge from active duty. The fear and uncertainty of returning to civilian life was very daunting. Found it very difficult to get help.

Younger women veterans are at highest risk for developing mental health conditions. According to the most recent National Survey data, an annual average of seven percent of veterans age 18 or older experience serious psychological distress. Younger veterans, aged 18 to 25, are more likely than older veterans to have higher rates; and female veterans are twice as likely as male veterans to have serious psychological distress (15 vs. seven percent).³⁸

In addition, deployed female veterans show greater risks for PTSD, drug-related disorders, accidental deaths, higher levels of generic psychiatric distress, and more frequent physical complaints compared with female veterans who did not deploy.³⁹

Stigma in the military remains pervasive and often prevents servicemembers from seeking needed care. Department of Defense Task Force on Mental Health, 2007

Fear and shame often keep women and men in the military from reporting mental health concerns and trauma, and seeking care to help them recover. Servicemembers frequently cite fear of personal embarrassment, fear of disappointing comrades, fear of losing the opportunity for career advancement, and fear of other than honorable discharge as motivations to hide the symptoms of mental illness from colleagues, friends, and family. According to a study of Iraq war veterans and service providers, servicemembers – even higher ranking officers – who do seek mental health services while on active duty are ostracized by their peers.⁴⁰

Women veterans face challenges in accessing mental health services, exacerbated by the lack of recognition and understanding of their military and combat experiences. As Tia Christopher, Women Veterans Coordinator for the Iraq Veteran Project, pointed out about the predominantly male VA health services system: “A sea of male faces when

female veterans are seeking mental health services in particular can only further exacerbate their trauma.”⁴¹

Close to one hundred survey respondents expressed concern about one or more mental health issues. Half identified depression; over 40 percent identified anxiety; over one-third listed PTSD, and over 25 percent listed sexual assault.

Only the horrible memories of all the battered bodies I cared for ... CRB survey response to “mental healthcare areas of concern”

MILITARY SEXUAL TRAUMA (MST)

Dealing with the impact and trauma of sexual assault in the military, and its aftermath, continues to be a serious challenge for women veterans. The Department of Defense (DoD) introduced new education and prevention programs and hired additional attorneys as a result of mandates by law (specifically Public Law 108-375, 2004) and congressional hearings in 2008 and 2009. According to the most recent DoD report on sexual assault in the military, the Department received close to 3,000 reports of rape and other sexual assaults involving servicemembers in 2008; an eight percent increase from the previous year. The DoD considers this jump to be an encouraging sign of greater reporting and not necessarily an increase in sexual assaults. However, a large number of sexual assaults routinely go unreported.⁴²

A national survey of 558 female veterans serving in the Vietnam and subsequent eras found that among the 30 percent of participants who reported being raped, three-fourths of the women did not report the incident to a ranking officer. One third said they did not know how to make a report, and one fifth believed that rape was to be expected in the military.⁴³

Lots of sexual harassment – from people in my shop to officers propositioning me for sex. On the amphib I was on, it was so rampant it was useless to report it. When the “mess deck rumor” about me changed from “slut” and “freak” to “dike” I was relieved, maybe I could be left alone. I need more space for this one.

MILITARY SEXUAL TRAUMA DEFINED

The VA defines military sexual trauma (MST) as “sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator.”

U.S. Representative Jane Harman, D-California, described her visit to the Los Angeles VA Hospital before a 2008 House panel investigating the way the military handles sexual assault reports:

My jaw dropped when the doctors told me that 41 percent of the female veterans seen there say they were victims of sexual assault while serving in the military. Twenty-nine percent say they were raped during their military service. They spoke of their continued terror, feelings of helplessness and downward spirals many of their lives have taken since. We have an epidemic here, women serving in the U.S. military today are more likely to be raped by a fellow soldier than killed by enemy fire in Iraq.

”Sexual Assault in Military ‘Jaw-Dropping,’ Lawmaker Says,” *CNN.com*, July 31, 2008.

Subtle degradation over time by males. Affecting my self esteem and self-worth. Sexual verbal comments and harassment.

The estimated prevalence of military sexual assault ranges from 20 to 48 percent among women veterans. (Rates vary depending upon the sample, method of obtaining data, and the definition of “sexual assault” used). A majority of service women – 80 percent – have reported being sexually harassed.⁴⁴

A review of the VA medical records of OIF/OEF women veterans indicate that about 20 percent screened positive for MST.⁴⁵ While military sexual trauma is primarily considered an issue that affects women, the incidence of sexual harassment and assault reported by men during military service is also significant. The VA reports that just over one in 100 men screened reported experiencing MST. Due to the large number of men in the military, this represents more than half of the military sexual trauma reports: 48,000 men and 46,000 women reported MST in 2007.⁴⁶

The rates of sexual assault in the military are higher than those in the civilian world. According to the DoD, about one-in-three military women have been sexually assaulted, compared to one-in-six civilians.⁴⁷ Women who enter the military at younger ages and those of enlisted rank appear to be at increased risk for MST. In addition, women who have had previous assaults report higher incidences of MST.⁴⁸

Sexual trauma is unique in a military setting, both during peacetime and war, for several reasons. The presence of weapons in the military makes the event more traumatizing. MST survivors commonly live and work with their perpetrators, during and after their trauma. Many are dependent on, or report to, their perpetrators. This power dynamic makes it difficult to report for fear of retribution. Sexual assault by a superior is commonly called “command rape.”

MST survivors also face serious stigmas related to reporting assault or harassment. They may not be trusted by their counterparts, and are often accused of breaking unit cohesion or are harassed by others for sexual favors. In addition, if a woman is sexually assaulted in the military, there is the perception that it is at least a little bit her fault because she does not really belong there to begin with. Even other women may blame the MST survivor for “allowing” herself to be sexually assaulted and creating a “bad name” for all service women.

Reporting sexual harassment or assault may affect the MST survivor’s military career, such as lowering the possibility of advancement. Survivors may be encouraged to remain silent to safeguard their career. According to a 2008 Government Accounting Office report, only 51 of 103 OIF/OEF servicemembers who had been assaulted within the preceding 12 months at 14 military installations reported the crime to the authorities; the remainder worried that coming forward would hurt their careers.⁴⁹

I was sexually assaulted while on active duty but since I was afraid to go to the security police, nothing was ever done about it.

MST IMPACT

More than a decade after being raped or physically assaulted in the military, women veterans have reported severely decreased health-related quality of life, with limitations of physical and emotional health. A. Suris and others, "Mental Health, Quality of Life, and Health Functioning in Women Veterans," *Journal of Interpersonal Violence*, 2007

Women who have experienced MST are at high risk for developing PTSD. Some studies have found that MST is more likely to lead to PTSD than other military or civilian traumatic events, including combat exposure.⁵⁰ Women veterans with MST have been found to be nine times more likely to develop PTSD when compared to women with no sexual assault histories.⁵¹

Among women veterans treated at the VA Women's Comprehensive Healthcare Center in Los Angeles, 60 percent of those who experienced MST had a diagnosis of PTSD.⁵² And, according to a review of the literature, the estimated prevalence of military sexual assault is over 70 percent among women veterans seeking a PTSD disability.⁵³

While the reason is unknown, one explanation is that servicemembers face high levels of stress that may increase the likelihood that PTSD develops when a traumatic event such as MST is experienced. Women have reported that they felt the added pressure of having to prove themselves and always being under the scrutiny of males. Another factor may be the lack of access to support or medical and mental health services following the sexual trauma, putting them at risk for PTSD.

Sexual assault and harassment have several other long-term mental health implications, including increased rates of major depression and alcohol abuse. MST survivors may also suffer long-term sexual dysfunction, and an increased suicide risk. They may have difficulties with their social lives and in their jobs. MST is also associated with an increased number of physical problems, impaired health, and more chronic health problems, such as obesity.⁵⁴

Over half of the 173 respondents to the CRB survey experienced sexual harassment, assault, or trauma while serving in the military. These women served during different eras and in all of the branches of the military: Army (40 percent), Navy (23 percent), Air Force (20 percent), Marine Corps (13 percent), and Coast Guard (three percent).

Among the veterans who identified the type, 67 experienced verbal harassment and 24 experienced physical assaults, including eight rapes.

RESOURCES FOR WOMEN VETERANS

The VA medical centers are required to provide MST treatment and services, along with MST Coordinators to help women veterans access the care they need. In addition, although not widely known, there is a special MST eligibility requirement: if a veteran

screens positive for MST, they are eligible for treatment regardless of their discharge type or length of service.⁵⁵

Some VA mental health centers and clinics have made the changes necessary to provide a separate space that affords privacy and security for MST (and other mental health) services. Several provide access to female doctors and staff. (See the “GAO Report on VA Services for Women Veterans” box on page 62.)

However, women veterans and advocates report that, because VA facilities are still male-dominated institutions, women may be reluctant to seek services there, regardless of the quality of care available. In addition, at some VA facilities, staff are not adequately trained about the issue of sexual trauma within the military culture.

Community providers such as rape crisis centers, private hospitals, and clinics also offer service and care options for sexual trauma survivors. They are knowledgeable and experienced in working with women, and can provide a gender-appropriate environment. However, staff in the community often lack training in military culture or in the specific issues related to military sexual trauma.

POST TRAUMATIC STRESS DISORDER (PTSD)

PTSD AND WOMEN: FINDINGS FROM THE NATIONAL VIETNAM VETERANS STUDY

During and after the Vietnam War, mental-health and behavioral professionals noticed adjustment problems in some veterans. In 1980, the American Psychiatric Association recognized this condition as *Post Traumatic Stress Disorder*, or PTSD.

The National Vietnam Veterans Readjustment Study, the only national study of Vietnam veterans that included women, found that over one-fourth of women veterans suffered from PTSD sometime during their postwar lives. Researchers found that high levels of social and emotional support played an important role for women; those who reported that they had friends and family available to them were less likely to have symptoms of PTSD.

Lynda King and Daniel King,
Traumatic Stress in Female Veterans,
National Center for PTSD

PTSD is an anxiety disorder that results from exposure to extreme trauma; it is a recurring emotional reaction to a terrifying, uncontrollable or life-threatening event. In some cases, symptoms occur soon after a traumatic event; in many cases, signs of potential mental health conditions do not surface for months, or even years.

According to the VA, 23 percent of veterans have received a preliminary diagnosis of PTSD.⁵⁶ In comparison, the civilian rate of PTSD is estimated to be less than four percent.⁵⁷ PTSD is thought to be higher for National Guard and Reserve servicemembers, and rises to one in three among those wounded in action. Risk for PTSD also increases for those who are deployed more than once.⁵⁸

Women veterans made up 14 percent of the 27,000 new veterans treated for PTSD in 2006. Studies indicate that women are twice as likely as men to develop PTSD, and they typically experience more PTSD symptoms than men and endure a longer course of illness, often accompanied by physical problems.⁵⁹

Non-combat women from the Viet Nam era seem to be passed over for serious consideration of PTSD diagnosis.

One of my assignments in Germany was to examine any accidents that caused damage to equipment or people; some of the accidents were horrible. I was involved in a training accident that causes me daily pain. As a drill sergeant and platoon sergeant I saw some pretty awful accidents that caused great bodily harm and death. My nightmares are mostly about these deaths and mutilations. It seems that since I never served in combat, my experiences are not considered serious.

Women veterans report that they face difficulty and resistance from the VA when being assessed and diagnosed for PTSD because they are not considered to have been in combat – in spite of being exposed to combat conditions and other trauma(s) associated with war and the military.⁶⁰

A substantial number of new PTSD cases are expected due to the continuing numbers of servicemembers deployed and exposed to combat.

Veterans suffering from PTSD experience a range of symptoms, including:

- Sleep disturbances and nightmares
- Emotional numbing and instability
- Feelings of fear and anxiety
- Hyper-vigilance
- Impaired concentration
- Flashbacks
- Depression

PTSD TREATMENT MODELS

Gender-specific treatment for PTSD is an important issue. Several therapies and medications, have been developed or adapted for PTSD and are being used to treat the disorder. In August 2008, the DoD funded a five-year, estimated \$25 million effort – the Strong Star Multidisciplinary Research Consortium – to study and identify the best treatments for PTSD. The effort includes eight randomized clinical trials and involves military, VA, and civilian researchers.

PTSD is also associated with impairing veterans' abilities to function in family and social life. It can have a debilitating effect on relationships with family and friends, leading to marital problems and divorce, family discord and difficulties in parenting. PTSD symptoms can impact going to school and maintaining employment.

RESOURCES FOR WOMEN VETERANS

Women veterans generally receive out-patient treatment and services for their PTSD through public or private community programs, or through the VA mental health services.

The VA's Women's Trauma Recovery Program (WTRP), located in Menlo Park, is an intensive, residential, 60-day program with a strong emphasis on interpersonal skills.

Many of the women who participate were sexually assaulted during their military service. A maximum of ten women veterans go through the program as a group; they work together to solve problems, learn effective communication, and better manage their PTSD and/or MST symptoms. The WTRP, attached to the Palo Alto VA Healthcare System, is one of the few national VA resources for women veterans with PTSD.

TRAUMATIC BRAIN INJURY (TBI)

Traumatic Brain Injury (TBI) is caused by blunt force injury to the head and/or the concussive force of explosions which severely shake or compress the brain within the skull. For troops in Iraq and Afghanistan, a TBI is usually caused by blast injuries that result from mortar attacks and roadside or suicide bombs.

In severe cases, TBI causes permanent brain damage and requires lifelong care and rehabilitation. Veterans who were in the vicinity of a blast or involved in even a minor military vehicle accident can suffer a milder form of TBI that may have long-term mental and physical health consequences. In addition, many experienced multiple concussions throughout their tours of duty, which increase the likelihood and severity of traumatic brain injury.

The prevalence of TBI is higher in OEF and OIF veterans compared to veterans of earlier wars. This is likely due in part to advances in body armor and helmet technology that result in higher survival rates. According to the DoD Centers of Excellence for Psychological Health and Traumatic Brain Injury, among the 1.8 million troops who have served in Iraq and Afghanistan, up to 360,000 veterans may have suffered brain injuries, including up to 90,000 whose symptoms persist and need specialized care. A breakdown by gender is not available.

This estimate is based on military health-screening programs that show that 20 percent of infantry and ten percent of other troops have at least mild brain injury. (Three to five percent have persistent symptoms that require specialists.)⁶¹ However, mild TBI is difficult to identify; service providers and veteran advocates report that many OIF/OEF veterans suffer mild brain injuries/concussions that are not being diagnosed, and that symptoms will show up later.⁶²

TBI results in a broad range of physical, cognitive, behavioral, and social challenges. Those who survive head injuries often suffer from a range of problems including:⁶³

- Hearing loss, vision, and speech problems
- Difficulty with memory, information processing, and attention/concentration
- Anger management issues
- High rates of depression, anxieties, and alcohol use

Like their male counterparts, women are suffering a range of brain injuries during their military service. When they return home to their communities, many to small towns and rural areas, women veterans who may appear normal from the outside face varying degrees of increased difficulty with transitioning back to their previous life and

functioning in their previous roles. This may be especially difficult for women with children and those who are in caretaking roles. Women also face the challenge of not having their injuries recognized as resulting from military service.

In September 2008, the VA acknowledged that even mild TBI sustained by servicemembers is a serious problem likely to affect their ability to make a living. As a result, compensation for such injuries was increased.

DEPRESSION

I experienced depression brought on by the stress of leaving the service and becoming a civilian. Prior to separation, I saw several psychiatrists after failing a post-deployment health assessment. As a woman, it is particularly difficult to make the transition from being a soldier to a civilian woman.

Depression, a type of mood disorder that affects thoughts and behavior and interferes with daily functioning, is another mental health condition affecting OEF/OEF servicemembers and veterans. Although not generally considered a combat-related injury, the 2007 RAND report suggests that depression is highly associated with combat exposure.⁶⁴ A family history of depression and negative life experiences such as loss, trauma, serious illness and stress can contribute to its onset.

Individuals who are depressed often experience difficulty in performing their job, caring for their children, and in their personal relationships. Depression adversely affects physical health; it can occur in conjunction with substance abuse, suicide, and homelessness.⁶⁵

Depression is one of the top three problems reported by women veterans treated by the VA.⁶⁶ The 2008 National Survey on Drug Use and Health Report data on veterans aged 21 to 39 indicate that:⁶⁷

- An estimated nine percent of all veterans experienced at least one major depressive episode. Female veterans are twice as likely as their male counterparts (17 vs. eight percent) to have experienced a major depressive episode.
- Of these, over half reported severe impairment in at least one of four areas (home management, work, close relationships with others, and social life), and nearly one quarter reported very severe impairment in at least one of these areas.
- Sixty percent received treatment for depression in the past year.

Over half of the survey respondents identified depression as the mental health issue of most concern.

SUICIDE

Numerous news stories in the past few years have documented suicides among servicemembers returning from Afghanistan and Iraq. Nationwide, there are more than 30,000 suicides annually. Recent data show that about 20 percent of suicide deaths nationwide could be among veterans.⁶⁸ It is not known what proportion of these deaths is among OIF/OEF veterans; the gender breakdown is also not known.

The risk of suicide among male U.S. veterans is about twice that of the general population.⁶⁹ While most studies do not include women, the few that do find that women veterans (like all women) are generally at lower risk of suicide than their male counterparts, but are at much greater risk than their civilian counterparts.

In 2007, CBS News reported on national veteran suicide rates using 2005 data it gathered from the VA and 45 states (including California).⁷⁰ CBS calculated the suicide rate at 20 per 100,000 veterans vs. nine per 100,000 non-veterans. They calculated the rate for males at 33 veterans vs. 18 non-veterans; and for females at 12 veterans vs. five non-veterans.

A small longitudinal study and large cross-sectional study of data from 2003-2006 also concluded that women veterans are two to three times more likely to commit suicide than non-veteran women. The cross-sectional study found that the peak age for suicide among veterans is much younger: suicide is greatest among veteran women ages 18 and 34 (it is greatest among non-veteran women between ages 35 and 64).⁷¹

A recent Congressional Research Service report points out that comparing suicide rates between veterans and the general population may not be the most useful comparison.⁷² Veterans have a number of risk factors that increase their chance of attempting suicide. These include exposure to combat and extreme stress, service-related injuries, PTSD and other mental health problems, TBI, and poor social support structures. They have greater access to lethal means. MST is also a risk factor.

VETERANS HOTLINE

The VA established a suicide prevention hotline in 2007 in partnership with the Department of Health and Human Services Substance Abuse and Mental Health Services Administration and the National Suicide Prevention Lifeline. The Veterans Hotline provides veterans in emotional crisis with free, 24/7 access to trained counselors. Veterans call the Lifeline number, 1-800-273-TALK, and press "1" to get to the Veterans Hotline. The Hotline averages 220 calls daily.

Some studies have found that female servicemembers with PTSD, depression, and TBI, have a higher risk of suicide than males with these conditions.⁷³

VA Prevention Efforts

The VA operates a suicide prevention hotline (see box). In 2008, the Army, in collaboration with the National Institute of Mental Health (NIMH), announced a five-year, \$50-million research project to identify the causes and risk factors of suicide. The largest single study on the subject of suicide that NIMH has undertaken, it will include the role that combat and multiple deployments play in suicide, and

follow-up surveys of soldiers – both male and female – to show how risk factors evolve over time.

SUBSTANCE USE

Substance use is another side effect of mental health conditions; alcohol and other drugs become a coping mechanism when stress, depression and anxiety build. A recent study of military servicemembers before and after deployment found that:⁷⁴

- Those returning from combat in Iraq and Afghanistan are more likely to use alcohol than those who did not see combat.
- National Guard and Reserve members, and younger servicemembers, are most likely to increase their drinking and develop alcohol-related problems that interfere with work or other responsibilities.
- Servicemembers with depression and PTSD are more likely to develop problem drinking behaviors than those without these mental health issues.
- Women are somewhat more at risk (1.2 times) of heavy weekly drinking than men (but they are not very likely to experience changes in binge-drinking habits or in alcohol-related problems).

Increased alcohol use after returning from deployment to the Persian Gulf. Joined AA in 1997 and have not had a drink in 11 years. Have sought mental and emotional help from civilian services early in my career, paying for it out of my own pocket for fear of reprisal, reprimand or being discharged. Alcohol and emotional health issues escalated after Persian Gulf war.

Yes, started drinking after joining the service. Then started remembering/flashbacks of being molested. Started having problems sleeping, depressed.

I did have my time when I was drinking a lot, but quit myself after a few unpleasant occasions and rarely drink now that I'm out of the service.

Based on National Survey data and other research, veterans are more likely than non-veterans to use alcohol and other drugs more heavily, and to develop drug dependency.⁷⁵ Compared with their male counterparts, women veterans are less at risk for substance abuse disorders. However, some studies find substance abuse common among women in the VA healthcare system; this abuse is associated with younger age and with other conditions.⁷⁶

In addition to the impact of their military experiences, women tend to become addicted to substances through the significant others in their lives. Service providers report that program recidivism rates are higher for women due to relationship issues.

...(I) lost children due to drug abuse.

The impact of substance abuse can be great. Some women veterans lose their employment and their homes. After months or years of addiction, they lose the support of family and friends. Some women lose custody of their children due to their addiction.

The majority of the 143 women who responded to this question on the CRB survey – 90 percent – stated that they had not been treated for, nor were they concerned about their use of, drugs or alcohol. About half of those with a history of/concern about substance use identified their substance use as service related. As one respondent stated: *I would think so. I survived a war.*

RESOURCES FOR WOMEN VETERANS

While some veterans use VA services or programs for help with substance abuse, they generally rely on general medical or other programs. Or, according to the literature and service providers, they avoid treatment altogether.

The New Directions Women's Programs in Los Angeles offers a residential drug and alcohol treatment program for women veterans who are dealing with homelessness, trauma, and addictions. Along with counseling and treatment, the program provides classes in parenting and anger management, vocational assistance, remedial education and computer instruction, and help with obtaining permanent housing. New Directions also assists with legal and financial issues; the program helps mothers navigate the legal system to regain custody of their children.



Lance Cpl. Ashley R. Ramirez, with the Regimental Combat Team-2 (RCT-2) Lioness Program, flies to Al Asad Air Base in Iraq. RCT-2, deployed in the Al Anbar province, develops Iraqi Security Forces, facilitates the rule of law through democratic reforms, and a market based economy centered on Iraqi reconstruction. (U.S. Marine Corps photograph by Lance Cpl. Charles S. Howard, July 9, 2007.)

HOMELESSNESS AND HOUSING

HOUSING

Veterans' number one unmet need is the lack of affordable permanent housing, according to the 2008 CHALENG report (see box on page 45). In addition, while veterans as a group can afford their monthly housing costs,[‡] and are more likely to be homeowners, there is a subset of veterans who rent housing and have severe housing burdens (this means they are paying more than 50 percent of their income toward housing costs).⁷⁷

Women veterans are more likely to experience severe housing cost burdens. They represent close to 14 percent (compared to 10 percent for males) of all veterans with severe housing cost burdens.

Severe housing cost burdens among veterans also differs among states. California is in the top three: Hawaii (4.1 percent), Nevada (3.5 percent), and *California* (3.4 percent).

Twelve percent of the 164 women responding to the CRB survey report problems with housing.

HOMELESSNESS

Homelessness encompasses a variety of situations. It can refer to being on the street, living in “non-traditional housing” like campers, short stays in shelters, or long-term homelessness. Many individuals and families move in with relatives or friends – doubling up – to avoid becoming homeless.

It is important to note that estimates of homelessness vary due to difficulties in counting this population. In addition, there is limited information on homeless women veterans. Historically, research on homeless veterans and annual homeless counts have not identified women veterans as a separate target population.

Current population estimates suggest that about 154,000 veterans across the country – over 29,000 in California – are homeless on any given night. And up to twice as many experience homelessness at some point during the course of a year.⁷⁸ Veterans are disproportionately more likely to be homeless; they represent about 25 percent of the total homeless population, while representing only 11 percent of the total population, age 18 and older.

Most homeless veterans are male; over 55 percent are Black or Hispanic; and the vast majority are single. About 45 percent are coping with a mental illness and, with overlap, more than 70 percent have a problem with substance abuse.⁷⁹

[‡] Only four percent of veterans pay more than 50 percent of their income for housing compared with eight percent of the general population.

According to the National Coalition of Homeless Veterans, there are about 7,000 to 8,000 homeless women veterans throughout the United States, and women veterans represent approximately four percent of the homeless population.⁸⁰ However, they are four times more likely than their civilian counterparts to become homeless (in comparison, male veterans are 1.25 times more likely to be homeless than their civilian counterparts).⁸¹

The VA recently reported that the number of women veterans has grown from three percent a decade ago to five percent. In addition, the share of younger homeless women veterans is almost double – nine percent of homeless veterans under age 45.⁸²

“Homelessness can happen very quickly, if they don't get the help they need. Their mental health will get worse, they will become more depressed. We are seeing Iraq and Afghanistan veterans, who are homeless, coming in very quickly. After Vietnam, it generally took about five to ten years to end up on the streets. We're seeing people on the streets three months after they come home.”

Amy Fairweather, Swords to Plowshares

Nationally and statewide, service providers report that OIF/OEF veterans – including women and veterans with children – are already seeking help with finding shelter and

STAND DOWNS FOR VETERANS

In times of war, exhausted combat units requiring time to rest and recover were removed to a safe environment where they were able to take care of personal hygiene, get clean uniforms, enjoy warm meals, receive medical and dental care, mail and receive letters, and enjoy the camaraderie of friends.

Today, Stand Down refers to a grassroots, community-based program designed to help homeless veterans “combat” life on the streets. Homeless veterans are brought together in a single location for one to three days and are provided access to the community resources needed to begin addressing their individual problems and rebuilding their lives.

During 2008, Stand Downs were held in nine locations throughout the state. More women veterans are attending these programs. For example, the East Bay Stand Down reported 32 women veterans, the largest number since it started in 1999.

services. The VA estimates that about 2,000 OIF/OEF veterans have already become homeless since returning home. Women make up 11 percent of the OIF/OEF veterans that have been seen in VA homeless programs during the past three years. While this number is still small, it is growing.

When times get tough, women, in comparison to men, tend to have more access to services and closer social networks that they can use to get help to keep themselves housed. By the time they become homeless, women have already used their “family and friends” resources and other services available to them. As a result, their mental health issues are more severe than those of homeless men who do not have such a support structure.⁸³

Women veterans face challenges that contribute to their risks of homelessness, such as high incidents of sexual assault, PTSD, and other trauma or mental health issues. Once homeless, they face daily struggles to meet their basic survival needs. Safety is an issue for homeless women; several women describe being fearful while on the streets or in a shelter environment

with men, others are victims of physical assaults.

Almost one-fourth of the veterans in the VA's homelessness programs have children under 18 years old.⁸⁴ Not all women have custody of their children; some have lost them due to issues such as substance use that are interwoven with homelessness. However, there are increasing numbers of women veterans with children who are homeless or at risk of homelessness.⁸⁵

According to CHALENG reports over the past years (see box), child care is one of the highest unmet needs. Many VA-funded housing programs, including shelters, are veteran-specific, so multiple agencies must be involved to meet the families' needs. None of the veterans shelters accept children. To receive help, mothers must find someone else to care for their children, or try to locate one of the few community shelters that accept children. Project CHALENG coordinators identify the need for more programs targeting women and veterans with families.⁸⁶

When I got out, there were no homeless services and I had to make some very tough choices based on lack of appropriate resources for my situation. I think it has improved somewhat.

RESOURCES FOR WOMEN

Homeless women veterans use VA- and other-funded services provided by veteran, community, and faith-based organizations. There are only 16 funded projects nationwide that target women. For example, Vietnam Veterans of California (Santa Rosa), Salvation Army (Los Angeles), United Veterans Initiative (Long Beach), and Vietnam Veterans of San Diego receive VA funding from the Homeless Providers Grant and Per Diem Program to provide services for women veterans, including those with children. (The VA homeless programs are described in Table 1 on page 67.) Other veteran organizations, like Swords to Plowshares (described on page 81), and St. Vincent de Paul in San Diego, provide housing and services to women.

Some homeless programs provide separate housing; however, most women are housed at facilities that serve male veterans. Homeless programs generally provide services for substance abuse, and employment and training. Many offer women's groups, parenting classes, and legal services for women veterans who are trying to regain custody of their children.

PROJECT CHALENG

Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) is a VA program for homeless veterans designed to enhance the continuum of care provided by the VA and community service organizations through coordinating services and actions.

The annual CHALENG report includes the results of local surveys conducted by VA staff and community participants (local government, service providers, and homeless veterans). The report includes several measures that relate to women and families, including women's health, child care, and family counseling.

The CHALENG report is at:

<http://www1.va.gov/homeless/page.cfm?pg=17>

There are concerns about housing women veterans with homeless male veterans and combined programs. Service providers and women veterans cite the importance of providing safe, secure places for woman – especially those who have experienced sexual or other trauma – and offering services and treatment that are designed to address their challenges and needs.

Among the 164 women who responded to this CRB survey question, 16 had been homeless for some period; three are currently homeless. In addition, seven respondents specifically thanked their family and friends for preventing them from being homeless in tough times. (An additional 20 women report having problems with housing which may indicate that they are at risk of homelessness.)

EMPLOYMENT AND TRAINING

... veterans aren't really received with a “welcome home” attitude in the job market.

Some companies do not see women as veterans and don't see the job skills we learned on active duty translate into real world skills.

As a medical Laboratory Technician from the Army it was very difficult for the CA Department of Health Services to recognize my training and experience. It took approximately 6 months for them to allow me to take the licensing exam.

Due to the economy and adjustment problems (PTSD?), many vets find it difficult to maintain a job for a long period of time.

According to a 2008 report prepared for the VA, recently separated servicemembers face challenges transitioning into – or back to – employment and training.⁸⁷ Female and male veterans, especially young veterans (ages 20-24), face similar difficulties finding a job or immediately pursuing a career when they leave the military. These include:

- Lack of work experience outside the military; this is a common problem among younger veterans who joined the service immediately after high school.
- Translating the skills and experience gained from their “military occupational specialty” to the employment opportunities available – military training often does not correlate to the same job requirements and training in the private sector. As a result, though a veteran may have performed the same job function while in the service, she may not be qualified, or she may be perceived by the employer to not be qualified, to perform the civilian job.
- Difficulty maintaining their composure and self-control throughout the work day whether they suffer with PTSD or are simply working through normal readjustment after exposure to combat; TBI and physical health issues also affect employment.

In addition, women veterans must negotiate the same societal challenges faced by civilian women in the workforce, such as gender discrimination, a lack of equal pay for equal work and difficulty balancing work and home lives.

In late 2007, the Business and Professional Women's Foundation (BPW) launched the "Women Veterans in Transition" research project to understand the issues that women veterans face in transitioning to the civilian workforce. Based on a survey completed by over 1,600 women veterans, the psychological transition from the military to the civilian workforce is a process that takes place over an extended period – even for those who have successfully secured post-military employment.

In addition, the needs of women veterans mirror other women workers; they seek employment that offers fair compensation relative to male counterparts, opportunities for advancement, benefits, and flexibility to balance work and caregiver roles. The research also finds that women veterans are not a homogenous group. They differ in at least three ways that heavily influence their success in entering the civilian workforce: educational achievement, marital status and the presence or lack of dependents.⁸⁸

Women veterans with college degrees have more success than younger veterans without college degrees and only limited military careers. A larger percentage of women veterans with college degrees began their job search prior to leaving the military (64 vs. 42 percent); this translated to finding a job three months sooner on average. Marital status played a role in the speed of finding a job – six months for unmarried vs. ten months for married women veterans. Women veterans with dependents tended to take slightly longer to find employment and were more likely to have started job hunting while still in the military.

Other notable influences on finding a job included participation in the Transition Assistance Program workshops before leaving the military (described on page 53), taking classes to improve job-specific skills, attending job fairs, working with a mentor during the job search, and expressing high levels of comfort with job skills learned in the military.

EMPLOYMENT CHALLENGES

A 2007 nationwide survey by Military.com found that, while 60 percent of the 287 hiring managers and recruiters surveyed report favorable attitudes toward employing veterans, over 60 percent do not believe they have a complete understanding of the qualifications ex-servicemembers offer. In addition, 64 percent feel that veterans need additional assistance to make a successful transition into the civilian job-seeking market, and 27 percent cite the need for stronger interviewing skills.

The survey also found that 36 percent of the employers are largely uninformed about the legal obligations concerning employees who are reservists or National Guard members.

Over 80 percent of the 4,442 military and veteran survey respondents feel that they are not prepared to enter the civilian workforce. More than 75 percent report that they are unable to effectively translate their military skills to civilian terms; over 70 percent feel unprepared to negotiate salary and benefits, and 55 percent are not sure how to network.

Military.com Study Reveals Profound Disconnect between Employers and Transitioning Military Personnel
<http://www.military.com/aboutus/twocolumn/0,15929,PRarticle110507,00.html>

Other findings from the BPW survey include:

- On average it took close to eight months after separation to secure a job in the civilian workforce.
- Over 90 percent of women veterans surveyed stated that they did not use a women's network, veterans' service organization, or professional organization to help secure a job.
- Seven years after leaving the military, 44 percent of respondents said they still did not feel adjusted to participation in the civilian workforce.
- Over 35 percent of survey respondents said they served in a combat/war zone.

I am having a very hard time finding a company to pay me enough to provide for my home and to pay for childcare. It is very hard as a single mother with no experience. My first and only job was the Military.

Incredibly challenging to find employment with equal pay.

After coming back from overseas, it is difficult to fit back into society. Finding employment with a salary comparable to that of the military is difficult if your job on active duty is not transferable to the civilian sector. Going back to school to retrain while trying to support yourself on low-paying, entry-level positions is nearly impossible.

Women veterans often face difficulties finding a job that matches the pay they had while on active duty. Data on salaries show that disparity still exists in the job market between

pay for men and women. As a result, women must consider their earning potential in the private sector as they leave active duty.

USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) prohibits discrimination against persons because of their military service, and prohibits an employer from denying any employment benefit on the basis of an individual's military service. The USERRA also protects the right of veterans, reservists, National Guard members, and certain other members of the uniformed services to reclaim their civilian employment after being absent due to military service or training.

38 United States Code, Section 4301

IMPACT OF SERVICE IN NATIONAL GUARD/RESERVES

Federal law (see box) requires employers of any size business to re-employ Guard and Reserve veterans after their discharge from active duty. However, many Reserve component troops are returning to find that employers are not honoring this right and most veterans cannot afford to pursue legal remedies or wait until their claims are processed by the DOL. Reserve component veterans also report that employers are hesitant to employ them because of the possibility of future deployments.

Some veterans return to find their jobs no longer exist, in their absence their employers have closed, downsized, or relocated. There is no recourse under the USERRA in this case. It also does not assist small business owners and the self-employed.

RESOURCES FOR WOMEN VETERANS

Women Joining Forces: Closing Ranks, Opening Doors, a private, nonprofit program of Business and Professional Women/USA, provides employment and career advancement resources to assist women veterans as they transition from military service to civilian life. (The website is found at: <http://www.bpwusa.org/i4a/pages/index.cfm?pageid=4707>.)

Service providers and advocates report that some veterans are re-enlisting because they are discouraged by the lack of opportunity in the local job markets and are unable to find employment.

The respondents rated employment and career services among the top two areas about which they wish they had information and services when they separated from military service. Currently, a little over half of the 137 women veterans ages 18-60 years are employed. While this percentage is the same for women veterans age 18-24 years, fewer than 40 percent of women veterans ages 25-30 are employed. Around ten percent of the 147 respondents identified *going back to their old job*, and about 14 percent identified *getting a job as a combat veteran*, as areas in which their needs were different than male veterans.



U.S. Navy Rear Adm. Michelle Howard, commander of Expeditionary Strike Group 2, visits with junior enlisted Sailors during a visit to the amphibious dock landing ship USS Fort McHenry. (U.S. Navy photo by Mass Communications Specialist 1st Class Kristopher Wilson, July 7, 2009.)

COLLEGE LIFE

“Yessica Lupica served as an Arabic interrogator/translator. Her family has a tradition of military service and she joined during peace time when she was 17. The plane attacks of 9/11 took place while she was in basic training.

By the time she was 19, she was "in charge of other people's lives."

During her military service, Lupica lost many friends, she said, including a person she was dating. The losses continue, she said. "Until everybody is home, it's not over."

One of the issues with transitioning to college has been shifting from serious work to the more casual environment.

"Every morning what I did mattered," she said, including decisions that "lives were riding on."

When transitioning to college, it was difficult to feel like things mattered. "I had a Tuesday morning group project and three people were hung over," she said. She thinks about people who are still fighting a war, and "I'm sitting in biology class."

Lupica also still gets jumpy. On New Year's Eve "someone threw firecrackers and I jumped out of my skin," she said.

She also is irked by professors who make comments about the war. She was there, and has more firsthand knowledge than her professors, she said.

Robinson asked the veterans what students could do to be more supportive.

Lupica suggested not asking veterans if they have killed someone. "That's an intensely personal question," she said."

Excerpt from "Veterans face challenges upon becoming students," H. Hacking, *Chico Enterprise Record*, 3/30/2009.

EDUCATION

My job was not transferable to civilian life. I had to return for more education.

...I have A LOT of transition issues with school and being back in an environment where its all 18 year olds, and me being a lot older with a lot of experience, it wasn't noticed especially because I look like a 18 year old, and I definitely don't look like I've been in the military before. I feel it is just the way they think and the little things that they worry and complain about don't compare to dealing with things in the real world and deployment. I know it shouldn't, but it frustrates me so much to have to listen to them in class talking about it.

Education is important in the lives of many veterans; it affects their life chances in general, and income and employment in particular. The experience of going or returning to school is part of the transition of re-entering civilian life, and it comes with its own set of challenges.

Students who are veterans are different from other college students, especially young students, many of whom have just graduated from high school with limited world experience and are on the "five-year plan" to experience college life and explore options for their future. Veterans are generally older and come with a particular set of priorities; they need to complete their education during a specific timeframe and get into the workforce.

College can be difficult without support, but for a veteran who is not just changing lifestyles but changing cultures and careers, this challenge can be much more intense.

Student veterans go from a structured military environment to a largely unstructured college environment with different values and expectations. They are surrounded by students and faculty with very different life experiences. Veterans come from the

military world where the “unit” is all-important, to an academic environment that is based on individual focuses and efforts.

Veteran students report common feelings of isolation – and difficulty reconciling school life with the wars in Iraq and Afghanistan. Some are hesitant to join campus groups because of negative reactions to women in the military, and networking opportunities are lacking. Others report that lack of information, coordination, and resources result in personal frustration and barriers.⁸⁹

A Northern California community college Veteran Counselor (a veteran herself) observes that women veterans often downplay their own experiences in the presence of male veterans because they feel that although they went through tough times in the military, it could not have been as bad as what the men went through.⁹⁰ (However, another reason could be that women veterans are reflecting and reacting to the larger perception that their experiences and service are not worthy of recognition.)

Women veterans struggle with PTSD and TBI symptoms and other service-related issues. While women may have an easier time reaching out for help in the educational system, as they are generally more open about their feelings than male veterans, the Veteran Counselor points out that several are single mothers and must perform a balancing act to complete their studies. Many also have to cope with the impact of MST, which is “taken as a given for female veterans going back to school.”⁹¹

SOME RESOURCES

Student Veterans of America (SVA), a coalition of student veterans groups from college campuses across the United States, has chapters on both public and private California campuses. SVA and non-SVA-affiliated student veteran groups throughout the state provide support for male and female veterans.

In a recent newsletter, SVA highlighted the Chico State SVA, active both on campus and in the veteran community. It presents on-campus panel discussions on PTSD and other veteran issues; it also successfully advocated for priority registration for veterans and a new summer orientation. The group is focused on social supports for student veterans through regular social activities and volunteering at community events. A current member project is establishing a support group for women veterans in Butte County.⁹²

The state Troops to College Initiative was created to attract more veterans to California's public colleges and universities, and to ease their transition to an academic environment. This program is described on page 77.

Survey respondents identified “continuing education” as the number two area in which they feel that, as women veterans, they have different needs than their male counterparts.

NEEDS OF CALIFORNIA'S WOMEN VETERANS

Here are some needs I feel that are necessary: Women Veterans Building; Outreach program for women veterans; Resource information phone line; "Safety" consciousness for women; PTSD Group for Women; Classes on who, what, when and where for medical needs/gender-specific @ VA facilities; Women Veterans Coordinator's accessibility for knowledge of benefits/entitlements; Housing; Segregate the waiting rooms so women aren't alone among a mass of men; Supported Services/Referrals for women w/children and families; Weekly Women's Social Support Group; Transportation; Clothing room for women only & Hygiene Care/Items; Women's Arts and Crafts; Women Veterans Retreat; Transitional needs.

Women veterans share transition challenges and needs with their fellow male veterans. They also have challenges and needs related to being females in institutions and service structures that – in spite of undergoing slow changes to accommodate them – were designed for males.

Based on their challenges, California's women veterans need:

- Recognition and respect for their military service.
- Opportunities to interact with other women veterans to share their experiences and provide and receive support.
- Support and services for themselves and for their families to re-establish family roles and relationships.
- Child care options.
- Access to high quality, gender-specific healthcare, separate spaces to receive care and treatment, and staff that are trained to understand and meet their needs.
- Access to high-quality mental and behavioral health treatment and services targeted to their specific issues and experiences, separate spaces to ensure privacy and safety, and staff that are trained to understand and meet their needs.
- MST care and treatment in separate spaces to ensure privacy and safety, staff that are trained to understand and treat military sexual trauma, and outreach about MST and services.
- Suitable and affordable housing. Those who are homeless, or at risk of homelessness, need gender-appropriate services, such as private and safe shelters and transitional housing; they also need health and mental/behavioral health services.
- Education, and employment and training opportunities that are targeted to meet their needs.
- Information about existing services and benefits; including specific outreach efforts directed at women veterans and focused on their areas of concern.

THE FEDERAL VETERAN BENEFITS AND SERVICES STRUCTURE

Women veterans receive services from the U.S. Department of Veterans Affairs (VA) and other federal departments. This section provides an overview of the benefits and services structure for all veterans at the federal level, and it identifies services and legislation targeted and relevant to women veterans.

TRANSITION FROM ACTIVE DUTY TO VETERAN

By law, after serving 180 or more days of continuous active duty, servicemembers – including National Guard and Reserve forces – must receive transition counseling no less than 90 days prior to leaving active duty. Servicemembers are entitled to receive transition assistance up to six months following their release from active duty.⁹³

The DoD, the VA, and the Department of Labor (DOL) jointly administer the Transition Assistance Program (TAP) which is intended to help service men and women adjust from military service to civilian life. The TAP generally consists of four components.

The *Pre-separation Counseling* is the only mandatory component; conducted by the DoD, it includes sessions on employment opportunities, services, and assistance. *Transition Assistance Program Employment Workshops* are voluntary sessions facilitated and sponsored by the DOL. *Veterans Benefits Briefings* are voluntary briefings facilitated and sponsored by the VA. The VA also provides the *Disabled Transition Assistance Program* – a separate, voluntary component for servicemembers who have, or suspect they have, a service-connected disability, injury, or illness that was aggravated by service.

The California National Guard provides the *Yellow Ribbon Reintegration Program* for Guard men and women returning from active duty. The program provides servicemembers and their families with information, education, referral, and services. It encompasses resources such as the Joint Family Support Assistance Program that provides support throughout military life, including reintegration after deployment.⁹⁴

The TAP program was great, I took it seriously. Someone reviewed my medical records during the program and showed me what I could submit a claim for. He gave me great directions and info, paperwork. I was able to apply myself and got service connected on the first try.

Help with TDRL [Temporary Disability Retirement List]. No one on the active duty base or my home unit knew what to do. I also called the active duty help desk which referred me to the guard help desk which referred me back to the active duty help desk. Eventually, things got worked out but I was on base for several weeks after my actual retirement date at my own expense.

Veteran organizations and service providers report regularly hearing concerns from veterans about the “hand off” from the DoD to the VA.[§] The delivery method and participation level in the TAP components vary among service branches and between the Active and Guard/Reserve forces. Based on the experiences of veterans, the program differs in quality and content, depending upon the location and branch of service.⁹⁵

Generally, TAP utilization is low. Nationally, about 60 to 65 percent of separating active duty servicemembers attends TAP employment seminars; only 30 percent of separating Reservists and National Guard members attend some portion of the TAP briefings.⁹⁶ Some TAP classes are not available and time constraints associated with demobilization can make attending classes difficult when they are available.

U.S. DEPARTMENT OF VETERAN AFFAIRS

The VA’s mission is “*to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive medical care, benefits, social support, and lasting memorials.*”⁹⁷ The VA, formerly known as the Veterans Administration, provides services and benefits to qualified veterans in the form of medical care, disability compensation, vocational rehabilitation, education benefits, and others.

The federal VA is a massive bureaucracy: it is the second largest federal department with over 260,000 employees in the central office and field facilities located throughout the country. It operates the nation’s largest integrated healthcare system with more than 1,400 sites of care; including hospitals, community clinics, nursing homes, residential rehabilitation treatment programs, readjustment counseling centers, and various other facilities. To deliver services and benefits, the Department is structured into a central office and three major agencies: Veterans Benefits Administration, National Cemetery Administration, and Veterans Health Administration. (The VA Organizational Brief Book is available at: <http://www.va.gov/ofcadmin/docs/vaorgbb.pdf>.)

The federal VA structure and services were established to serve and meet the needs of male veterans; the VA has been evolving to respond to its growing female veteran population. By all accounts, the VA was not prepared to serve the large number of servicemembers transitioning out of the military after completing tours of duty in the Iraq and Afghanistan wars. It is still dealing with a backlog of claims from veterans for benefits, and ramping up services for this population, including addressing the unique needs of women.

According to the VA, 36 percent of the United States veteran population received VA benefits and services in 2008: seven percent female, 84 percent male, and nine percent gender unknown. Most veterans, 68 percent, only used one program; 32 percent used multiple programs. Over 60 percent used VA healthcare.

[§] In addition to the TAP classes, those working with veterans report other concerns, such as paperwork “lost” between DOD and the VA, that affect service members’ transition.

In comparison, a greater number of the OIF/OEF veteran population – over half – received VA benefits and services in 2008: 12 percent female and 88 percent male. Most OIF/OEF veterans, 56 percent, used only one program; 44 percent used multiple programs. Over half, 53 percent, used VA healthcare.⁹⁸

VETERANS BENEFITS ADMINISTRATION

The Veterans Benefits Administration (VBA) administers the VA's programs that provide non-healthcare benefits – direct cash payments and other forms of assistance – to veterans, their dependents, and survivors. Major benefits include veterans' compensation, veterans' pension, survivors' benefits, rehabilitation and employment assistance, education assistance, home loan guaranties, and life insurance coverage.

The VBA delivers benefits through a nationwide network of **Veteran Benefits Regional Offices (VBRO)**. Four VA Regional Office locations serve California's veteran population:

- Los Angeles Regional Office – serving Inyo, Kern, Los Angeles, San Bernardino, San Luis Obispo, Santa Barbara, and Ventura counties
- San Diego Regional Office – serving Imperial, Orange, Riverside, and San Diego
- Oakland Regional Office – serving all CA counties not served by the Los Angeles, San Diego, or Reno VA Regional Offices
- Reno Regional Office – serving Alpine, Lassen, Modoc, and Mono counties

Veterans are not automatically eligible for benefits; they must apply for specific benefits and meet eligibility criteria. VA benefits have specific requirements (see box) and different timelines. Some, such as home loans, and medical care and compensation, are available during the veteran's lifetime. Other benefits, such as insurance and education, are only available within a certain period of time after retirement or separation from active duty. (The most recent *Veterans Benefits Timetable* is available at: www.vba.va.gov/pubs/forms/21-0501.pdf.)

ELIGIBILITY FOR VETERANS BENEFITS

The service member's discharge status determines veteran status and potential eligibility for benefits and services. Military discharges range from *honorable*, *general*, *other than honorable*, *bad conduct*, to *dishonorable*.

The VA defines a 'veteran' as an individual discharged from the military, naval, or air service under conditions other than *dishonorable*.

Generally the requirements for benefits and services are an *honorable* or *general discharge* in combination with having served 24 continuous months. Some VA medical and dental services, and other benefits, also require the presence of a service connected disability.

FEDERAL BENEFITS FOR RESERVE AND NATIONAL GUARD VETERANS

Reservists who serve on active duty establish veteran status and may be eligible for the full-range of VA benefits. Their eligibility depends upon the length of active military service and the conditions of their discharge or release. In addition, reservists not activated may qualify for some VA benefits.

National Guard members can establish eligibility for VA benefits if they have been activated for federal service during a period of war or domestic emergency. Guard members who have been activated for purposes other than federal service do not qualify for all VA benefits. Reserve and National Guard veterans also may be eligible for specific programs and benefits.

There are two support structures in place to assist Reserve and National Guard veterans:

- **Army Reserve Warrior and Family Assistance Center (ARWFAC)** – Established in 2007 to ensure that reservists receive appropriate support, the center helps Army reserve soldiers, veterans, families, and units resolve medical and other issues, and provides education on programs and available benefits. It also provides sponsors to soldiers and families assigned to a Warrior Transition Unit, Community Based Healthcare Organization, or VA Poly Trauma Center.
- **National Guard Transition Assistance Advisors (TAAs)** – Two TAAs serve as advocates for Guard members and their families throughout the state. Located at the California National Guard State Joint Forces Headquarters, they also serve as advisors on veteran issues for the Family Programs and Joint Forces Headquarters staffs. The TAAs help Guard members and their families access care at VA and TRICARE facilities. They also work with the California Department of Veterans Affairs and other partners to integrate service delivery to veterans.

FEDERAL BENEFITS FOR WOMEN VETERANS

Women veterans are eligible for the same VA benefits as male veterans. According to the VA, nine percent of women veterans in California received service-connected compensation in 2006, compared with 11 percent of male veterans (despite male veterans' greater average age and exposure to combat service). Although women veterans made up almost eight percent of California veterans in 2006, they were awarded six percent of the total dollar awards from the VA.⁹⁹

Women Veterans Coordinators (WVCs) are assigned to the four VA Regional Offices to assist women veterans with developing their claims. WVCs are a key point of contact for women veterans entering the VBA system. They have been trained to assist in handling claims for gender-specific conditions and claims based on sexual trauma. (The VA is developing a comprehensive WVC training program for 2009, including a national training conference.)

NATIONAL CEMETERY ADMINISTRATION

The National Cemetery Administration (NCA) maintains 125 national cemeteries. Seven are in California: Fort Rosecrans National Cemetery, Golden Gate National Cemetery, Los Angeles National Cemetery, Riverside National Cemetery, Sacramento Valley VA National Cemetery, San Francisco National Cemetery, and San Joaquin Valley National Cemetery. In addition, the National Cemetery Act of 2003 authorized a new national cemetery in the Bakersfield area because it has a veteran population

exceeding 170,000. Construction began in 2008 and the first burials are scheduled for summer 2009.

NCA's memorial programs provide in-ground and cremation burial, grave markers and headstones, and Presidential certificates. It also administers the State Cemetery Grants Program which is intended to complement the federal system of national cemeteries and increase burial services to veterans. The Northern California Veterans Cemetery is funded by an NCA grant along with state and county funds. This cemetery – the first state-owned and operated veteran cemetery – serves the veteran population in 18 Northern California counties.

MILITARY HEALTHCARE COVERAGE

TRICARE is the DoD's healthcare program for active duty servicemembers, National Guard and Reserve members, retirees, and their families. It provides healthcare resources and services, and supplements these with networks of civilian healthcare professionals, institutions, pharmacies and suppliers. Veterans may be eligible for both TRICARE and VA benefits and can choose which benefits to use.

Like their male counterparts, women veterans discharged from the Armed Forces under conditions other than dishonorable are eligible for burial in a VA national cemetery. In 2006, three percent of the veterans who were interred in national cemeteries across the country were women veterans, and one percent of the headstones and markers were for women veterans.¹⁰⁰

VETERANS HEALTH ADMINISTRATION

The VHA provides medical, surgical, and rehabilitative care through 21 Veterans Integrated Service Networks (VISNs). The VISN structure was implemented in the mid-1990's to decentralize VHA's bureaucracy and bring staff closer to patient care. Since that time, the VHA has also moved from an inpatient model of care, characterized by care provided in the large VA hospitals, to an outpatient model with 153 hospitals and about 745 community-based outpatient clinics (C-BOCs).

Most veterans who use VA healthcare services receive routine medical care at a CBOC or at one of many clinics located inside VA medical centers. The VHA also provides specialized clinics (for drug and alcohol treatment, prosthetics devices, and other care) and pharmacies.

Two VISNs serve California (except for Del Norte County which is served by the Northwest Healthcare Network, VISN 20):

VA HEALTHCARE ELIGIBILITY

VA healthcare is not an entitlement program. The provision of healthcare to veterans is dependent upon available resources.

Hospital care and medical services are provided through an enrollment system based on priorities:

- Veterans with service-connected disabilities, former prisoners of war, veterans exposed to toxic substances and environmental hazards such as Agent Orange, veterans whose income and net worth are not greater than an established "means test," and WWI veterans are generally considered "higher priority" or "core" veterans.
- Veterans in the "other" category are those with no service-connected disabilities and with income above the means test.

- VISN 21 – Sierra Pacific Healthcare Network – serves veterans residing in northern and central California (and northern Nevada, Hawaii, the Philippines, and several Pacific Islands including Guam and American Samoa). The VA healthcare systems and medical center that serve California veterans are located in:
 - Fresno – VA Central California Healthcare System
 - Sacramento – VA Northern California Healthcare System
 - Palo Alto – VA Palo Alto Healthcare System (*Polytrauma Rehabilitation Center, War-Related Illness and Injury Study Centers*)
 - San Francisco – San Francisco VA Medical Center (SFVAMC has the largest medical research program in the national VA system)
 - Reno – VA Sierra Nevada Healthcare System
- VISN 22 – Desert Pacific Healthcare Network – serves veterans residing in southern California (and southern Nevada) with four VA healthcare systems in California:
 - Loma Linda – VA Loma Linda Healthcare System
 - Long Beach – VA Long Beach Healthcare System
 - Los Angeles – VA Greater Los Angeles Healthcare System (*Polytrauma Network Site*)
 - San Diego – VA San Diego Healthcare System

A veteran must be “service-connected” by the VBA or be receiving a veterans pension to be treated free of charge at a VHA facility. A service-connected rating is an official ruling by the VA that the veteran has an illness or condition that is directly related to their active military service. These ratings are established by VA Regional Offices.

Most veterans, including National Guard and Reservists, who served in a combat theater after November 11, 1998 are eligible for free VHA healthcare for combat-related conditions and enhanced enrollment priority for five years after they separate from active duty.¹⁰¹ Each VA healthcare system is required to have an OIF/OEF Program Manager who is responsible for helping to coordinate the care of returning OIF/OEF combat servicemembers and veterans. This “seamless transition,” process includes a point of contact at each VA medical facility and benefits regional office to help meet their needs.

READJUSTMENT COUNSELING SERVICE VET CENTERS

There are 22 VA-funded and staffed Readjustment Counseling Service Vet Centers throughout California. While organizationally under the umbrella of the VHA, they operate as semi-independent organizations. Established in 1979, these Vet Centers are community-based, veteran-focused and staffed storefronts that provide a range of readjustment counseling services to help combat veterans successfully transition from military service to civilian life; PTSD treatment is a core mission. Some Centers have a designated women veteran program.

VA HEALTHCARE PROGRAMS FOR WOMEN

While historically the vast number of VA patients have been men, the number of women veterans using VA healthcare services is steadily growing. Over 281,000 women veterans received services in 2008, an increase of 12 percent since 2006. This number is expected to grow by 30 percent in the next five years.

Women entering the VA healthcare system are younger and have health needs distinct from their older male counterparts. Due to OIF/OEF, well over half – 56 percent – are less than 45 years of age.

Over 40 percent of OIF/OEF women veterans have sought healthcare at least once at a VA facility, compared with only 14 percent of older female veterans. Almost all of these women are under age 40; 58 percent are under age 30 (primary childbearing years).¹⁰²

All VA healthcare systems provide routine preventive and primary care for women veterans, either at the VA facility or through referral to a community resource. Services include the following below:

- Gynecological care
- Family planning & birth control (the VA does not provide abortion or abortion-related service)
- Maternity care (although the VA only provides newborn care for the first two weeks)
- Infertility evaluation & treatment
- Midlife & menopause issues
- Osteoporosis
- Wellness & healthy living (nutrition, weight management, smoking cessation)
- Cancer screenings/Mammograms

VA healthcare systems provide a range of mental health services at VA facilities or through referral to community facilities. Services include treatment for post traumatic stress disorder (PTSD), treatment for substance abuse, and military sexual trauma

VA WOMENS' HEALTH CARE HISTORY

In response to their growing number, in 1988 the VA created an office to address the unique health care needs of women veterans.

The 1992 Veterans Health Care Act authorized new and expanded services for women veterans, including counseling for sexual trauma, Pap smears, mammograms, and general reproductive health care at many VA medical facilities. The Veterans' Health Care Eligibility Reform Act of 1996 expanded services further to include maternity and infertility benefits.

The first full-time director for the Women Veterans Health Program was appointed in 1997. The program's mission is to promote the health, welfare and dignity of women veterans, and their families, by ensuring equitable access to timely, sensitive and quality health care.

Ten years later, the program was elevated to the Women Veterans Health Strategic Health Care Group, moving the focus beyond gender-specific care to *comprehensive care of women and women's health* as a subpopulation of all veterans. It increased the focus on quality of care issues and longitudinal care for women veterans.

counseling. There are also programs and services for homeless women veterans, survivors of domestic violence, and those needing vocational rehabilitation.

Each VA healthcare system has a women's health center or clinic. In 2009, the VA established a policy that requires all medical centers and CBOCs to move toward making comprehensive primary care (complete primary care from one provider at one site) available for women veterans.

In addition, the VA requires that a Women Veterans Program Manager (WVPM) be available at each VA medical center to assess the needs of women veterans, and assist in the planning and delivery of services and programs to meet those needs. Effective December 2008, this formerly part-time responsibility is required to be a full-time position. At the majority of medical centers, the WVPM is basically responsible for everything related to women veterans, such as providing clinic oversight, addressing complaints and privacy concerns, conducting outreach, organizing meetings for OIF/OEF veterans, and assisting homeless veterans.

Following are specialized women's programs at California healthcare systems.

■ VA Palo Alto Healthcare System

The Women Veteran's Health Center (WVHC) has been designated a *Center of Excellence in Women's Health* (this VA designation recognizes those clinical programs that provide exceptional quality while meeting the highest standards of clinical care, patient satisfaction, education and training, and research). The WVHC provides a full range of primary and preventive care, and educational services.

The Women's Mental Health Center was created in 2002 in recognition of women veterans' right for gender-sensitive, high quality mental healthcare. The Center provides individual and group therapy, and the range of services previously described. In addition, the Center performs research – current areas involve stress, end-of-life issues, depression, PTSD and military sexual trauma counseling – and provide training about the mental health issues of women veterans.

The Women's Prevention Outreach and Education Center (WPOEC) provides gender-specific services to women veterans of all eras. WPOEC offers a full range of services targeting various military and civilian experiences, from everyday stress to significant life events. Services include screening and assessment, case management, health promotion, mental health, outreach, and education. Women veterans can participate in group and individual treatment.

The Women's Trauma Recovery Program (WTRP) opened in 1992 as part of the National Center for Post Traumatic Stress Disorder (see box on opposite page). The program treats women veterans throughout the country with post traumatic stress disorder from a range of experiences, including war zone trauma and military sexual trauma. Approximately 80 percent of the women served come from out-of-state.

■ VA San Francisco Medical Center
VA Greater Los Angeles Healthcare System

These two centers are each Women Veterans Comprehensive Health Centers (WVCHC). In 1992, Public Law 102-585 authorized and funded eight centers nationwide to serve as prototypical healthcare centers for women veterans with new and enhanced programs focusing on their unique healthcare needs, and to conduct research on medical and psychosocial gender-specific issues. While these centers no longer receive exclusive funding for women's healthcare, they remain prototypes of healthcare delivery and best practices in the field.

The WVCHCs currently provide a full range of inpatient and outpatient services for women veterans. Every woman has a primary care provider who manages and coordinates all aspects of her care and works as part of a team that provides preventive healthcare, most acute and chronic medical care, and mental healthcare as well as social services.

**VA NATIONAL CENTER FOR
POST TRAUMATIC STRESS
DISORDER**

The mission of the National Center for Post Traumatic Stress Disorder (NCPTSD) is to advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. The NCPTSD, created by PL 98-528, consists of seven VA academic centers of excellence across the United States, including the Women's Health Sciences Division, located in Boston. Resources can be found at:
<http://www.ncptsd.va.gov/ncmain/information/>.

■ VA Long Beach Medical Center

A collaborative effort between the VA Medical Center and the U.S. Veterans Initiative – the Long Beach Renew Program serves both homeless and non-homeless female veterans. It offers treatment for women from across the country who have experienced military sexual trauma or sexual trauma prior to joining the military. The program provides 12 weeks of intensive therapy and practical skills to deal with the issues resulting from being a victim of rape. Many of the participants also experience PTSD.

The Renew Program is a part of the ADVANCE Women's Program, a residential program with 30 beds for homeless female veterans.

(The Renew Program is featured in *Angie's Story*, a video documentary about the impact of the wars in Iraq and Afghanistan on the people at home. Look under Season 1 for this video at In Their Boots at: <http://www.intheirboots.com/itb/>.)

Veteran service providers, advocates, and veterans agree that the VA generally provides good quality healthcare; in addition, gender appropriate healthcare, mental healthcare and other services for women are improving. A common observation is that consistency and quality of services and staff is tied to specific facilities.

OTHER VA WOMEN VETERANS HEALTH PROGRAM COMPONENTS

■ Education and Training

The VA is the largest healthcare system providing education and training to health professionals. The Women Veterans Health Program provides Women's fellowship programs, resident training, Allied Health academic training, clinical updates in contemporary women's health issues, and sensitivity training.

■ Research

The VA's Office of Research, Development, Health Services Research and Development Service supports a comprehensive women's health research agenda. VA policy requires that all applicants for research funding must consider and document the inclusion of women in proposed studies. Currently, the VA is funding 27 projects that examine the health and health care of women veterans, including: the consequences of military sexual trauma and other military traumas; PTSD treatment; screening and utilization as well as post deployment access and reintegration issues; outcomes and quality of care related to ambulatory care; chronic mental and physical illness, alcohol misuse, breast cancer and pregnancy outcomes. One study is examining its approaches for delivering care to women veterans, another is assessing the implementation and sustainability of VA women's mental health clinics.¹⁰³

GAO REPORT ON VA SERVICES FOR WOMEN VETERANS: PRELIMINARY FINDINGS

The U.S. General Accounting Office (GAO) issued preliminary findings on its ongoing national study of physical and mental health care services for women veterans at 18 VA medical centers and CBOCs, including some California facilities.

The GAO found that basic services (like pelvic examinations) are being provided and that patients have access to female providers for gender-specific care at most facilities.

The report also found that health care services vary among VA facilities; however, none fully meet VA standards for ensuring privacy (such as during the check-in process and in exam rooms). For example, only one-third of veterans' facilities offer a separate space for women to receive gynecological, mental health, and social work services.

VA officials identified a number of challenges in providing VA services to the increasing numbers of women veterans, including space constraints, and finding and hiring providers with specific training and experience in women's health and mental healthcare.

Preliminary Findings on VA's Provision of Health Care Services to Women Veterans, GAO, July 2009 <http://www.gao.gov/new.items/d09884t.pdf>

EXPERIENCES WITH VA HEALTHCARE: RESPONSES FROM THE SURVEY AND OTHER VETERANS

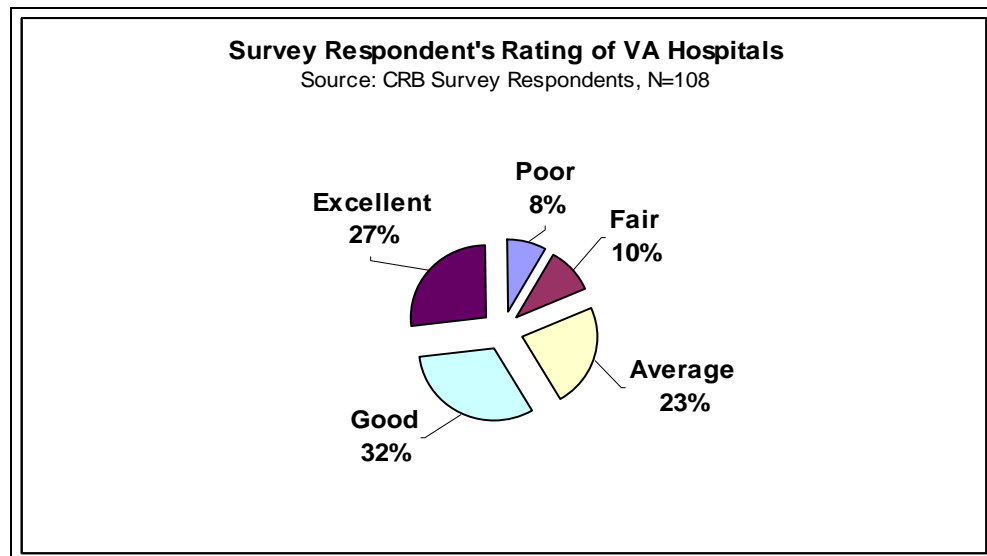
Several women veterans from the Vietnam and earlier eras commented in the survey about positive changes within the VA in relation to serving women veterans.

The VA saved my life by early diagnosis of breast cancer and subsequent treatment at the WLA VAMC! In the early years, circa 1956-1980, there were inadequate provisions for female vets care. However, beginning sometime in the 80s or early 90s I noticed vast improvement with the establishment of special clinics for female vets.

The VA system has definitely improved from the early 1980s in their treatment of Women Veterans. There are still some problems with individual doctors though.

Over 60 percent of the 173 survey respondents have used VA facilities. However, close to 40 percent report that they do not use VA hospital or clinic services due to appointment delays (19 percent), not eligible for service (16 percent), preference for non-VA facility (16 percent), poor service/quality of care (10 percent), and distance (11 percent). About 80 percent of the respondents live within 30 miles; fewer than 20 percent live from 30-60 miles.

Over half of the respondents who use VA facilities report positive (good or excellent) experiences. Those with experiences ranging from “average” to “poor” generally describe difficulties with long wait times in clinics and in getting appointments, lack of staff and clinic resources, and continuing bias against women veterans. They also identify variability in the quality of services among VA facilities and staff (such as doctors).



I have received excellent services from the VA on all fronts, there isn't anything that has not been provided. I believe I am so blessed to be living in an enlightened era.

My experiences have been positive, however, obtaining appointments can be a discouraging experience. The standard of care for mental health medication follow up is generally once a quarter and my appointments are twice a year.

I just think these are under manned. One thing that really bothers me, is you have the first appointment in the day at 8 am, and the Clinic doesn't even open till 8am, thus you will be seen around 8:20-8:30 am. Just some common sense would be good.

I feel more comfortable as a female going to a civilian provider. Overwhelming number of male patients, old men. I don't like feeling like I'm the only female and believe the VA hospitals need to be torn down and rebuilt to the standards and design of today's hospitals. We deserve better.

(Note: Except for the Palo Alto Healthcare System and San Francisco Medical Center, the authors found it difficult to locate the WVPM and women's health services online at any of the VA healthcare systems in California.)

VA PROGRAMS AND SERVICES FOR WOMEN VETERANS

ADVISORY COMMITTEE ON WOMEN VETERANS ADVISORY COMMITTEE ON MINORITY VETERANS

The Advisory Committee on Women Veterans, and the Advisory Committee on Minority Veterans, advise the Secretary and Congress on the VA's administration of benefits and healthcare needs of women and minority women veterans. Members represent a variety of military career fields and possess extensive military experience.

Two members represent California on the Advisory Committee on Women Veterans. Barbara Ward, CalVet Deputy Secretary for Women and Minority Veterans Affairs and a former staff nurse in the Air Force, and Davy Coke, a retired Navy second-class petty officer who served in Vietnam, were appointed to the Committee in October 2008.

During the past two years, the Advisory Committee on Women Veterans conducted town hall meetings with women veterans and site visits in three states: California, New Jersey, and Illinois. The 2008 Report of the Advisory Committee on Women Veterans – reports are submitted every two years – provides recommendations that address a range of issues. These recommendations are included in Appendix C.¹⁰⁴

ADVISORY COMMITTEE ON OIF/OEF VETERANS AND FAMILIES

In 2007, the Secretary established the Advisory Committee on OIF/OEF Veterans and Families to provide advice and recommendations regarding healthcare, benefits and related family support issues that servicemembers confront during their transition from active duty to veterans' status. The Committee is directed to assess both the effectiveness of existing programs and the demand for new initiatives. One of its priorities is addressing issues of concern to female OIF/OEF veterans; current recommendations are included in Appendix C.¹⁰⁵

THE VA CENTER FOR WOMEN VETERANS

The Director of the Center for Women Veterans, Irene Trowell-Harris, acts as the primary advisor to the Secretary of the VA on policies, legislation, programs, issues, and initiatives affecting women veterans.

The purpose of the Center is to ensure that women veterans receive benefits and services on par with male veterans, VA programs are responsive to the specific needs of women veterans, and women veterans are treated with dignity and respect. Established in 1994, the Center conducts outreach and education; reviews policies and programs, coordinates women veterans services with the county, state, and other federal providers; and monitors VA research related to women veterans.

THE VA CENTER FOR MINORITY VETERANS

The VA Center for Minority Veterans was established at the same time as the Center for Women Veterans. Director Lucretia McClenney advises the VA Secretary on policies and programs affecting minority veterans in order to ensure that all veterans receive equal service. Like Women Veteran Program Managers and Coordinators, Minority Veteran Program Coordinators advocate for minority veterans by identifying gaps in services and making recommendations to improve service delivery within VA facilities.

NATIONAL SUMMITS ON WOMEN VETERANS' ISSUES

Held every four years since 1996, the most recent 2008 women's summit focused on how to ensure the VA meets women-specific health needs and how to inform more women veterans of their VA benefits. Due to the high number of women mobilized, special emphasis was placed on Guard and Reserve veterans.

Summit participants also reported on the progress of seven ongoing workgroups established during the 2004 summit: Healthcare, Benefits, Employment and Transition, Mental and Behavioral Health, Minority Women Veterans, and Veterans Service.

FEDERAL DEPARTMENTS PROVIDING SERVICES AND BENEFITS FOR VETERANS

The VA provides a range of employment and education services to veterans, as well as several services targeted at homeless veterans. Other federal departments serve veterans through specific benefits, services and programs. Only a very few target women veterans.

The Department of Housing and Urban Development (HUD) and Department of Labor (DOL) join with the VA to serve homeless veterans; and the DOL and Small Business Administration (SBA) deliver a range of employment and training programs. The DoD, the Department of Agriculture (USDA), the Social Security Administration (SSA), and the Citizen and Immigration Services (USCIS) provide benefits to eligible veterans.

Specific services and benefits by department are listed in the tables on the next pages. The primary educational benefit – the G.I. bills – are described following these tables.

Table 1. FEDERAL PROGRAMS FOR HOMELESS VETERANS

DEPT.	PROGRAM NAME	DESCRIPTION
VA	<i>Grant and Per Diem</i>	Authorizes the VA to make grants to public and nonprofit organizations providing temporary housing to veterans. The GPD program is the largest VA homelessness initiative.
	<i>Grant and Per Diem for Homeless Veterans with Special Needs</i>	Targets grants to housing for women, women with children, frail, terminal illness veterans, and those with chronic mental illnesses.
	<i>Healthcare for Homeless Veterans</i>	Conducts outreach and provides medical, psychiatric and substance abuse care to homeless veterans.
	<i>Domiciliary Care for Homeless Veterans</i>	Provides rehabilitation services for physically and mentally ill or aged veterans.
	<i>Compensated Work Therapy/Therapeutic Residence</i>	Provides work opportunities to veterans through private or nonprofit organizations; provides housing for those with mental health or substance abuse problems.
	<i>Loan Guarantee for Multifamily Transitional Housing</i>	Provides guaranteed loans to organizations to construct rehabilitate or acquire multifamily housing for veterans.
	<i>Acquired Property Sales for Homeless Veterans</i>	Allows the VA to dispose of homes acquired through foreclosures to benefit homeless veterans.
VA/ HUD	<i>HUD-VA Supportive Housing (HUD-VASH)</i>	Provides Section 8 vouchers for homeless veterans with mental health or substance abuse issues; current priority women and families.
HUD	<i>HUDVET, The Veteran Resource Center</i>	Works in partnership with national veteran's service organizations to serve as a general information center on all HUD sponsored housing and community development programs and services; focus is on homeless veterans.
DOL/ VA/ Others	<i>Stand Downs for Homeless Veterans</i>	Provides food, clothing, and medical care for homeless veterans.
DOL	<i>Homeless Veterans Reintegration</i>	Assists veterans in gaining employment, and in developing a service delivery mechanism to address problems faced by homeless veterans.
	<i>Incarcerated Veterans Transition Program Demonstration Grants</i>	Provides job training and placement services for veterans leaving prison.

Table 2. FEDERAL EMPLOYMENT PROGRAMS FOR VETERANS

DEPT.	PROGRAM NAME	DESCRIPTION
VA	<i>Vocational Rehabilitation and Employment Service (Voc-Rehab)</i>	Provides individual rehabilitation programs for disabled veterans, with an emphasis on employment counseling and services.
VA/ SBA	<i>Veterans Transition Franchise Initiative</i>	Offers 30 percent off franchising fees for veterans on more than 350 businesses.
SBA	<i>Patriot Express Pilot Loan</i>	Offers low-interest capital to veteran entrepreneurs.
	<i>Military Reservist Economic Injury Disaster Loan</i>	Provides loans for self-employed Reservists whose small businesses may have been damaged through extended absences of the owner or essential employee as a result of activation to military active duty.
	<i>Office of Veterans Business Development</i>	Promotes small business programs and policies, conducts outreach to veterans, service-disabled veterans, and Reserve Component members, and provides assistance to veteran-owned small businesses.
	<i>Veterans Business Outreach Centers</i> <i>Small Business Development Centers</i>	Offers business counseling, training, and loan programs at five Veterans Business Outreach Centers, and 1,000+ Small Business Development Centers; every SBA District Office has a Veterans Business Development Officer.
	<i>Women's Business Center</i>	Provides 100 Women's Business Centers nationwide.
DOL	<i>Local Veterans Employment Representatives (LEVR)</i> <i>Disabled Veterans Outreach Program Specialists (DVOPS)</i>	Provides veteran LEVRs and DVOPs in most local employment offices to help veterans navigate the civilian job market (creating a resume, job searching, networking, and using state EDD tools). DVOPs target veterans with significant employment barriers, such as disability or training needs.
	<i>REALifelines</i>	Provides individualized job training, counseling, and reemployment help to injured OIF/OEF veteran and family members.
	<i>America's Heroes at Work</i>	Encourages the employment of veterans with TBI and PTSD by educating employers and offering tools to help accommodate these veterans.
	<i>Women's Bureau</i>	Provides information on women in the labor market and resources for women looking for employment.
DOL/ DoD	<i>Transition Assistance Program (TAP)/</i> <i>Disabled TAP</i>	Provides employment and training information, counseling programs for transitioning servicemembers and families. Online help at: www.TurboTap.org .

Table 3. FEDERAL PROGRAMS FOR VETERANS

DEPT.	PROGRAM NAME	DESCRIPTION
VA	<i>GI Bills</i> (Education)	The original GI Bill of 1944 provided college education funding for WW II veterans. In 1984, the Montgomery GI Bill (MGIB), Chapter 30, was introduced, and the 2008 Post 9/11 GI Bill targets veterans serving after 9/11/2001.
	<i>Veterans Educational Assistance Program (VEAP)</i> (Education)	Provides educational benefits through a voluntary, contributory plan for servicemembers who entered service between January 1977 and June 1985. Part of MGIB.
	<i>Reserves Educational Assistance Program (REAP)</i> (Education)	Provides educational benefits through a voluntary, contributory plan for members of the Reserve components called or ordered to active duty after 9/11/2001. Part of MGIB.
DoD	<i>Exchange and Commissary Privileges</i>	Makes exchange and commissary store privileges available to eligible disabled veterans.
USDA	<i>Loans for Farms and Housing</i>	Provides veterans preferences for loans and guarantees to buy, improve or operate farms, or for housing in towns generally up to 20,000 in population.
SSA	<i>Retirement, Survivor, and Disability Benefits</i>	Pays monthly retirement, disability and survivor benefits to eligible veterans and dependents.
	<i>Supplemental Security Income</i>	Pays monthly Supplemental Security Income (SSI) payments to eligible veterans. States may supplement the federal payments to eligible persons.
USCIS	<i>Citizenship and Naturalization Services</i>	The Immigration and Nationality Act provides for individuals who have honorably served in the U.S. Armed Forces September 11, 2001 and after to naturalize without having to meet requirements on residency or physical presence in the United States.

THE FEDERAL G.I. BILL

One of the best known military and veteran benefits is the collection of educational benefits collectively known as the Montgomery G.I. Bill.¹⁰⁶ Chapter 30 is this G.I. Bill's primary program; it provides educational benefits for college, vocational training, and other types of training and education. Servicemembers must make contributions toward this benefit during active duty.

Since 1984, the Montgomery G.I. Bill has provided training for over 166,000 California veterans – including over 23,000 female veterans. The majority of female veterans have entered college (21,566); over half (11,000) at community colleges.¹⁰⁷ In 2008, close to 39,000 servicemembers and veterans were utilizing Chapter 30 benefits in California. The breakdown by gender is not available.¹⁰⁸

The Post-9/11 G.I. Bill (Chapter 33) targets veterans serving after September 11, 2001. Starting August 1, 2009, it offers wide-ranging education benefits to veterans and active members of the Armed Forces, and provides benefits to those in the National Guard and Reserve. This bill is the most comprehensive education benefit package since the original G.I. Bill was signed into law in 1944. At its maximum, it includes a housing allowance, an annual books and supplies stipend of \$1,000, and tuition equal to the most expensive in-state public higher education. (It does not pay for non-degree vocational training.)

Information about the G.I. Bills and programs is available on the VA Welcome to the G.I. Bill website at: http://gibill.va.gov/GI_Bill_Info/benefits.htm#CH33.

FEDERAL LAWS AND LEGISLATION AFFECTING WOMEN VETERANS

The following tables highlight federal legislation passed during the past 25 years – through 2008 – that is important to women veterans. The 2008 legislation includes legislation both affecting and focusing on women veterans; additional legislation that impacts women veterans has been introduced (and re-introduced from last session) in the 111th Congress.

In January 2009, Representatives Jane Harman (D-CA) and Michael Turner (R-OH) introduced House Concurrent Resolution 28, which directs the DoD to develop a comprehensive strategy to prevent rape and sexual assault in the military.

The Women Veterans Health Improvement Act of 2009, S. 597, was introduced as bipartisan legislation to address many of the unique needs of female veterans, particularly those returning from Iraq and Afghanistan. The provisions of this and a similar House bill – H.R. 1211 – require the VA to implement a program to train and certify VA mental health professionals to care for women with sexual trauma. It authorizes two pilot programs: one providing child care to women veterans seeking VA mental healthcare services, and a second one providing readjustment counseling to women veterans in group retreat settings. This legislation also requires a comprehensive assessment of the barriers women are facing in accessing care at the VA and a report to Congress on the effects the Iraq and Afghanistan wars have had on the physical, mental, and reproductive health of women who have served there.

In addition, the Homeless Women Veterans and Homeless Veterans with Children Reintegration Grant Act of 2009 (H.R. 293) provides for the Secretary of Labor to make grants, subject to available funds, to programs and facilities that provide dedicated services to homeless women veterans and homeless veterans with children.

**Table 4. FEDERAL LAWS AFFECTING
WOMEN VETERANS 1983 - 2004**

DATE	SUBJECT	CITE	NAME	DESCRIPTION
1983	Advisory Committee	Public Law (P.L.) 98-160	<i>Veterans Healthcare Act</i>	Established the Advisory Committee on Women Veterans.
1992	Broadened PTSD Context	P.L. 102-585	<i>Veterans Healthcare Act</i>	Made specific provisions for women's health and broadened the context of PTSD to include care for the aftermath of military sexual trauma.
1994	Center for Women Veterans	P.L. 103-446	<i>Veterans Improvement Act</i>	Established the Center for Women Veterans and the Center for Minority Veterans.
1996	Maternity/ Infertility Benefits	P.L. 104-262	<i>Veterans Health Care Eligibility Reform Act</i>	Expanded services to include maternity and infertility services.
2000	Breast Health/ Children of Vietnam Vets	P.L. 106-419	<i>Veterans Benefits and Healthcare Improvement Act</i>	Authorized compensation for veterans with a service-connected mastectomy and benefits to children of mothers who served in Vietnam born with specific birth defects.
2002	Benefits / Breast Health	P.L. 107-330	<i>Veterans Benefits Act</i>	Authorized compensation for women veterans who have lost twenty-five percent or more of tissue from a single breast or both breasts in combination or has received radiation.
2004	Military Sexual Trauma	P.L. 108-422	<i>Veterans Health Improvement Act</i>	Extended VA's authority permanently to provide MST counseling and treatment to active duty servicemembers.

**Table 5. FEDERAL LAWS AFFECTING
WOMEN VETERANS 2008**

DATE	SUBJECT	CITE	NAME	DESCRIPTION
2008	Physical and Mental Healthcare	P.L. 110-181	<i>Defense Authorization (FY2008)</i>	Includes provisions to improve medical care for Armed Forces and veterans, and to address the physical and mental health problems women veterans experience as they transition to civilian life.
2008	Entrepreneurship and Small Business	P.L. 110-186 (Amended P.L. 106-50)	<i>Military Reservist and Veteran Small Business Re-Authorization and Opportunity Act</i>	P.L. 106-50 requires that the SBA, VA, DOL, DoD, and others coordinate assistance to veterans. P.L. 110-186 directs the agencies to improve efforts, and requires that the SBA establish a Women Veterans Business Training Resource Program.
2008	Brain Injury (TBI)	P.L. 110-206	<i>Traumatic Brain Injury Act</i>	Provides for the expansion and improvement of traumatic brain injury programs.
2008	Education	P.L. 110-252	<i>Post-9/11 Veterans Educational Assistance Act</i>	Adds a new Chapter 33, which expands the educational benefits for those who have served since 9/11/2001; includes funding 100% of public four-year undergraduate education for veterans with three years on active duty.
2008	PTSD/ Substance Abuse	P.L. 110-387	<i>Veterans' Mental Health and Other Care Improvements Act</i>	Improves VA treatment and services to veterans with PTSD and substance use disorders, and other purposes.
2008	Compensation/ Housing	P.L. 110-389	<i>Veterans Benefits Improvement Act</i>	Improves and enhances compensation and pension, housing, labor and education, and insurance benefits for veterans, and other purposes.

CALIFORNIA'S VETERAN BENEFITS AND SERVICES STRUCTURE

STATE LEVEL VETERANS STRUCTURE

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS (CALVET)

I did not know there was a CA VA. I thought the VA only worked at the Federal level.

The California Department of Veterans Affairs (CalVet) is a state agency with a different function than the VA. This is a major source of confusion to veterans and the public who commonly view the state department as an extension of the federal VA.

CalVet (also commonly known as the CDVA) promotes and delivers specific benefits to California veterans and their families, and helps veterans obtain federal veteran benefits. The Department provides veterans with direct low-cost loans to acquire homes, and the state's aged or disabled veterans with residential, rehabilitative, and medical care and services at the California Veterans Homes.

Over one-third of CalVet's budget goes to infrastructure; another third funds the care of Veterans Homes' residents.¹⁰⁹

Under the direction of the Secretary and Undersecretary, four of the department's seven divisions are responsible for veteran benefits and services: Veterans Homes, Farm and Home Purchases, Veteran Services Division, and Women Veterans and Minority Affairs. In addition to the Sacramento headquarters office, CalVet's approximately 1,760 employees are located in district offices and at Veterans Homes throughout the state. (See Appendix D for the Department's organization chart.)

THE CALVET HOME LOAN PROGRAM

The CalVet Home Loan program provides low-interest financing to qualified veterans who are purchasing homes (including condominiums and mobile homes) in the state for use as their primary residence. Construction loans are available to purchase a home site and build a single family residence, and rehabilitation loans are also available to purchase a home in need of repairs or renovation.

The CalVet Home Loan program is self-supporting and has served more than 400,000 California veterans since it began in 1924. The Veterans Bond Act of 2008, passed by voters in November, authorizes the issuance of \$900 million to provide for the program's continuance.

CALIFORNIA VETERANS BOARD

The seven-member California Veterans Board, part of CalVet, serves as an advocate for veterans, identifying needs and working to ensure and enhance the rights and benefits of California veterans and their dependents. The Board members, all veterans, are appointed by the Governor, subject to Senate confirmation. The Board determines policies for CalVet, and reviews/decides appeals by veterans who have been denied benefits.

VETERANS HOMES OF CALIFORNIA

CalVet operates three Veterans Homes; five new homes will be opening beginning with Ventura and Lancaster in 2009 and West Los Angeles in 2010. Planning is underway for homes in Fresno and Redding. Veterans Homes are live-in facilities that provide complete healthcare within a home-like environment to eligible veterans age 62 or older (or younger if disabled).

- Veterans Home of California –Yountville: This is the oldest (founded in 1884) and largest veterans home in the United States with around 1,100 veterans (177 women). It offers Residential Care (assisted living), and three levels of inpatient healthcare: Intermediate, Skilled Nursing, and General Acute.

Yountville also houses *Pathway Home, California Transition Center for Care of Combat Veterans*, a new residential treatment/recovery program for men of all ages who have served in OIF/OEF. The average length of stay is 60 days. Weekend retreats, with treatment, are planned to start in the near future for women veterans.

- Veterans Home of California – Barstow: This 400-bed long-term care facility with Independent Living and Intermediate Care is home to 19 women veterans.
- Veterans Home of California - Chula Vista: This is a 400-bed long-term care facility with Independent Living, Intermediate Care, and Skilled Nursing Care. Residents include 47 women.

VETERAN SERVICES

The Veteran Services Division administers or supports several state sponsored benefits. The 15 Veterans Claim Representatives (VCRs) located in the Sacramento headquarters office and in the three district offices in Oakland, Los Angeles, and San Diego provide counseling and

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PROGRAM

The Veteran Services Division is statutorily responsible as the statewide advocate to provide for marketing and outreach efforts for the DVBE Program, a program in which state agencies have a goal to expend not less than three percent of their annual contracts with DVBE firms. (Historically, most agencies have not met this goal and statewide participation rate is very low.)

CDVA Strategic Plan
FY 2004-2008

referral services for both federal and state veteran benefits. CalVet employees provide assistance to veterans and their families in filling out their claims for federal and state benefits; however, they are primarily involved in the appeals process of claims representation.

The department uses County Veteran Service Offices (CVSOs) as its network for initiating claims. CalVet Veteran Services Division staff work with and coordinate outreach and benefits through CVSOs. They also maintain informal partnerships with private Veteran Service Organizations (VSOs) throughout the state that provide support to local veterans. (See page 81 for a description of these organizations.)

Deputy Secretary Ted Puntillo is working with veteran stakeholders – veterans and families, veteran organizations, public and private agencies that serve veterans, and other state agencies – to expand existing

collaboratives (such as the California Statewide Collaborative discussed on page 84) and develop new ones in nine regions of the state.

PROGRAMS AND SERVICES FOR WOMEN VETERANS

The CalVet organizational structure includes a Deputy Secretary of Women and Minority Veterans Affairs. Deputy Secretary Barbara Ward's role is to ensure that issues important to women and minority veterans remain a priority in the planning and implementation of public policies. The primary goal of this CalVet section is to increase the utilization of available services at the federal, state and local levels by women and minority veterans.

The Deputy Secretary provides:

- a website and quarterly newsletter to provide information and resources (see box for website address)
- the California Women Veterans Roster, a confidential voluntary list that connects women veterans with the resources and benefits available to them and is used as a link among women veterans in the state
- a dedicated phone line to assist women veterans in accessing their benefits and services

She also conducts outreach activities throughout the state and partnerships with service providers from the VA, state, county, and community agencies.

In August 2008, CalVet held the first statewide Women Veterans Conference in more than ten years, "Continuing Our Legacy." Nearly 150 women veterans met in Sacramento to share experiences and learn about the changing trends for military women, the VA women's health programs, post traumatic stress disorder and military sexual trauma; they participated in workshops on health, mental health, employment, and benefits. The evaluations were overwhelmingly positive with many expressing appreciation for the opportunity to talk with other women veterans.

The second annual CalVet Women's Conference will be held in Los Angeles in September 2009; it has been expanded to two days.

I went to a women veterans thing they had at McClellan old Air Force Base. It might have been the Federal VA that put it on but the California VA was there. It was cool.

Barbara Ward
Deputy Secretary
*Women and Minority
Veterans Affairs*

1227 O Street, Ste. 300
Sacramento, CA 95814
(916) 653-2327

<http://www.cdva.ca.gov/Resources/Women.aspx>

INTERACTING WITH CALVET: RESPONSES FROM THE SURVEY

I work for the Federal Department of VA and interact with the State on a regular basis – all have been very positive interactions and there is an excellent relationship between the State VA and the VA Palo Alto Healthcare System.

As a Veteran Representative for the State Employment Development Department, I partner and do outreach at the California VA.

Among the 166 survey respondents, close to one-quarter report that they interact with the CalVet, the VA, or another vet resource once a month or more often; 35 percent interact more than once per year; and 20 percent once a year or less. Over one-fifth have not made contact.*

OTHER STATE DEPARTMENTS THAT PROVIDE SERVICES AND BENEFITS FOR CALIFORNIA VETERANS

CalVet's Veteran Services Division is the state's point of contact for state and other government agencies, community-based organizations, and California Stand Downs for homeless veteran issues. In addition to CalVet, several state departments, and some local agencies, provide services and benefits for California's veterans and their families.

The Department of Mental Health (DMH), CalVet, and other veteran stakeholders established a *Network of Care for Veterans and Service Members*, a virtual community and web portal for comprehensive, one-stop information resources specifically targeted to the mental health needs of returning veterans, their families, and their communities. The *Network of Care* website is at: <http://networkofcare.org/index2.cfm?productid=17&stateid=6>.)

Veterans receive the highest priority for state Employment Development Department (EDD) job services: a range of job-related training and resources. EDD provides Veteran Workforce Specialists – who are knowledgeable about veterans' employment issues and services, and Veteran Employment Service Specialists – who help disabled veterans meet their unique needs. In collaboration with other state agencies, EDD sponsors Hire a Hero, Hire a Vet job and resource fairs. Veterans receive a 24-hour priority on job listings on CalJOBS, an internet-based system for both employers and job seekers. Other EDD programs include the Transition Assistance Program, Providing Opportunities for Veterans (which places them in medical/health related jobs), and REALlifelines, which provides advisors for wounded veterans.¹¹⁰ The EDD website page for veterans is at: <http://158.96.229.240/eddv.asp>.

* Due to the confusion between the federal and state departments serving veterans, most of the survey respondents describe their interactions with the federal VA or other vet resources instead of, or in addition to, CalVet. As a result, we are interpreting the survey responses relating to this question to mean interactions with any VA or other veteran organization located in the state.

About 28 percent of the 167 survey respondents report that they have used State EDD Workforce Services Offices and One-Stop Career Centers. Among the majority of women who have not used these services, 20 percent said they did not need help and 17 percent did not know about them.

The Department of Industrial Relations, Division of Apprenticeship Standards provides veterans with opportunities for apprenticeships and on-the-job-training. It conducts outreach to veterans and works with them to find opportunities appropriate to their abilities and interests.¹¹¹ In addition, the Department of Rehabilitation provides vocational rehabilitation and career preparation services for disabled veterans. Services include counseling, training, and job placement.¹¹²

THE TROOPS TO COLLEGE INITIATIVE

The California Veterans Education Opportunity Partnership, better known as the “Troops to College Initiative” was created in 2006 to attract more veterans to California's public colleges and universities, and to ease their transition by making campuses more veteran friendly. The initiative is jointly coordinated by CalVet, the Office of the Secretary of Education, and the Labor and Workforce Development Agency. It highlights the full range of educational options – curriculums and services – available to veterans at the ten campuses of the University of California, the 23 California State University campuses, and the 109 California Community College campuses.¹¹³

Most campuses have veteran specific information to facilitate learning about educational programs and campus life. An increasing number have veteran service offices that help veterans and active duty members make full use of their benefits and take advantage of the opportunities offered on campus. Veteran counselors also offer guidance with transition issues.

In spite of the state's efforts to increase veterans' access to public colleges, specific data on enrollment of veterans – and women veterans – are largely unavailable. The California Community College system utilizes secondary data and reports to estimate the number of veterans in the system – however, none of the rough headcounts they use differentiate by gender.¹¹⁴ The California State University system has only recently begun tracking statistical information regarding female veterans and data will not be available until September 2009 or later.¹¹⁵

The University of California (UC) tracks veterans by gender using admissions documents, a system that relies on male and female veterans to self-identify. (There are problems with self-identification in that some veterans do not identify themselves and some who have never served list themselves as veterans).¹¹⁶ The following data is based on the number of UC enrollment applications by gender (freshman plus transfer applications), for the last three years: female veterans account for over 19 percent of female UC enrollment applications in each of the last three admission years (2007-2009).

CALIFORNIA VETERAN BENEFITS

Services and benefits provided by the state as California Veteran Benefits are subject to eligibility requirements. Most require a specific level of disability rating or special circumstance. For example, the free license plate benefit is available for those veterans awarded specific medals or who are Pearl Harbor/prisoner of war survivors. Another example is the College Fee Waiver Program, a state education benefit for the spouse and children of eligible veterans: a dependent child may be eligible for the fee waiver to California Community Colleges, the California State University or the University of California if he or she has a parent who is a disabled veteran (0 percent or more disability), or a spouse may be eligible if the veteran spouse is 100 percent disabled or deceased.

The tables on this and the following page list the services/benefits available by state or local entity; they include the current number of women veterans who are receiving the service or benefit, if available. The CalVet website (www.cdva.ca.gov) provides a description of the state benefits and the eligibility requirements for each benefit/service.

Table 6. CALVET SERVICE/BENEFIT FOR VETERANS 2008			
SERVICE/ BENEFIT	DESCRIPTION OF SERVICE/BENEFIT	TOTAL VETERANS SERVED	WOMEN VETERANS SERVED
<i>Veterans Claims Representation</i>	Professional representation during claims and appellate processes.	109,422	Not Collected
<i>Home and Farm Loans</i>	Direct loans from the state. Earthquake and disaster coverage.	1,066	64
<i>Veterans Homes</i>	Low cost residential, assisted living, and medical care facilities throughout California.	1,523	149
<i>California Veterans Cemetery</i>	Complete, professional burial services at no cost to veterans.	407	5
<i>College Tuition Fee Waivers for Dependents</i>	Waiver of mandatory system-wide tuition and fees at any CSU, UC or CCC campus.	15,893	Not Collected
<i>Non-Resident College Fee Waiver</i>	Waiver of nonresident fees (pay at California resident rate) at all CSU, UC or CCC campuses.	Not Collected	Not Collected
Description of state benefits and eligibility requirements are available on the CalVet website at www.cdva.ca.gov .			

Table 7. SERVICE/BENEFIT FOR VETERANS BY DEPARTMENT/LOCAL ENTITY

STATE DEPT/ LOCAL ENTITY	SERVICE/ BENEFIT	DESCRIPTION	TOTAL VETERANS SERVED	WOMEN VETERANS SERVED
Employment Development Department	<i>Employment and Unemployment Insurance Assistance</i>	Assistance in obtaining training and employment as well as receiving unemployment insurance.	Not Collected	Not Collected
Department of Fish and Game	<i>Fishing and Hunting Licenses</i>	Reduced annual fees for fishing and hunting licenses.	Hunting 1,465 Fishing Not Collected	Not Collected
Department of Motor Vehicles	<i>Motor Vehicle Registration Fees Waived & Free License Plates</i>	Waiver of registration fees and free license plates for one passenger or commercial motor vehicle, or motorcycle.	12,590	Not Collected
	<i>Disabled Veteran License Plates</i>	Waiver of registration fees and free "DV" handicap parking license plates for one motor vehicle, or motorcycle.	10,372	Not Collected
Department of Parks and Recreation	<i>State Parks Pass</i>	Lifetime California State Parks pass for \$3.50.	1,760	50
State Personnel Board	<i>Veterans Preference in California Civil Service Examinations</i>	Veterans and widows or widowers of veterans, as well as spouses of 100 percent disabled veterans, get a 10-15 point veterans' preference.	683	87+ (255 veterans gender un- specified)
Department of Rehabilitation	<i>Disabled Veteran Business Enterprise Opportunities</i>	Certified veteran-owned businesses can participate. State goal is to award three percent of state contracts to disabled veterans.	1,100	Not Collected
Local Licensing Authority	<i>Business License, Tax and Fee Waiver</i>	Waiver of municipal, county and state business license fees and taxes.	Not Collected by State*	Not Collected by State*
Local County Assessors Office	<i>Property Tax Exemption</i>	Property tax exemptions on the assessed value of a home.	Not Collected by State*	Not Collected by State*

*It is unknown if this data exists at local level.

Data were compiled by individual departments and provided to CalVet, Division of Veteran Services; provided to CRB by CalVet, 2008.

Description of state benefits and eligibility requirements are available on the CalVet website at www.cdva.ca.gov.

I will begin college this semester with the VR&E helping along with the free tuition program. I have taken classes at the DVBE and I love it. Great program, keep funding it because it works. I use the free State Park pass and I love it. Thank you for that.

USING VETERAN BENEFITS: RESPONSES FROM THE SURVEY

About 70 percent of the 167 survey participants have applied for veteran benefits (this survey question did not differentiate between federal and state benefits). They have used the following state benefits:

- **Tuition Fee Waiver (33 percent)**
- **Claims Representative (24 percent)**
- **Employment & Unemployment Insurance Assistance (21 percent)**
- **CalVet Farm & Home Loans (15 percent)**
- **Veterans Homes; Property Tax Exemption (14 percent)**
- **State Parks & Recreation Pass (12 percent)**
- **Non Resident College Fee Waiver and Waiver of Motor Vehicle Registration Fees (7 percent), Free License Plates (5 percent), Disabled Veterans Business Enterprise (2 percent), and Fishing and Hunting Licenses (1 percent)**

I know what benefits I rate. All you have to do is look and you can find out. I know other Lady Vets are going to say that they don't know what their benefits are, but they probably are too lazy to look or don't care.

Among those who have not applied for benefits, about 20 percent knew about their benefits but did not think they were eligible, ten percent report needing assistance to file a claim, and six percent state they have not yet had time to file for benefits. Over 65 percent of women veterans (33) participating in this survey – and who were generally already attached to veterans services or organizations – did not know what their benefits were.

I have used none of these. Most of them [state benefits] I was unaware of and I thought I was well informed. I wonder why many of these aren't common knowledge – that needs to change.

I was unaware of many of these benefits. When I think of all the motor vehicle registration fees I have paid since 1970 ... ouch! Same with license plates ... ouch! Same with non resident college fee waiver (when I first came to California in 1970 and enrolled in college) ... ouch! Same with unemployment insurance assistance ... ouch! Same with disabled vets business enterprise ... ouch!

COUNTY LEVEL VETERANS SERVICES

COUNTY VETERAN SERVICE OFFICE (CVSO)

County Veterans Service Offices (CVSOs) are government-funded agencies that assist veterans and their families in obtaining benefits. The Veterans Service Officer is often the initial contact in the community for veterans' services. CVSOs are located in 56 counties; in addition to the main offices, there are CVSO branch offices in 47 cities and towns throughout the state. They work in partnership with the VA, CalVet, and veterans organizations and are funded primarily by county (more than 84 percent) and state (15 percent) funds, with a small amount of federal dollars.¹¹⁷

CVSO staff are trained and accredited by CalVet and the VA; many also are accredited through one or more of the national Veteran Service Organizations. They work with veterans to initiate and develop claims for benefits and provide a local source of information. Additionally, they provide their counties with information on VA benefits provided to veterans who have applied for the Medi-Cal program or public assistance services.

They helped me file my initial claim. I went recently to learn about benefits rating decision. Martinez, CA VSO is FANTASTIC.

I did not get an ETS physical before I left the Army and I wanted to get seen with a provider to make sure I was okay and to go through my medical records, and he was the person I got referenced to. Very helpful, and the reason I have my job/work study today.

One-third of 165 respondents had used their CVSO for assistance or resources. Among the limited comments provided explaining why they did not, nine respondents said they were not aware of the CVSO and its services, and eight stated they do not use CVSO services due to prior negative experiences.

He is very busy. Does not return calls.

Last time I tried, they violated my privacy in the first 5 minutes.

VETERAN SERVICE ORGANIZATION (VSO)

Private, nonprofit veteran service organizations (VSOs), typically run by veterans – although there are several that are not – provide help with benefits and a range of services to veterans and their families. These include substance abuse treatment, transitional and supportive housing, and legal services. They are increasingly targeting services to meet the needs of women veterans.

Examples of VSOs include Swords to Plowshares (Swords), which provides counseling and case management, employment and training, housing, and legal assistance to homeless and low-income veterans in the San Francisco Bay Area and other parts of the state. It helps

veterans with any type of discharge status, and also assists with discharge upgrades. Swords' residential programs provide housing, rehabilitation, and counseling for male and female veterans. Swords has a Women Veterans Services component staffed by a Women Veterans Outreach Coordinator who works with women who have served in all eras.

Another example is the Vietnam Veterans of CA (VVC) which serves Northern California and operates resource centers in Sacramento, Santa Rosa, Eureka, and Menlo Park. VVC provides a range of housing, employment and training services, and drug/alcohol recovery services. It also offers a Veterans Business Outreach Center, one of only four Small Business Administration-funded business centers nationwide, for veterans who own or are interested in starting, a small business. The Sacramento Veterans Resources Center provides 52 on-site, and eight separate off-site supportive housing beds for homeless veterans.

VSOs include national membership organizations that are federally chartered, which means they are recognized or approved by the VA Secretary to serve as designated representatives to veterans who appoint these organizations to act on their behalf in obtaining benefits. Some also provide services. These VSOs include the American Legion, Disabled Veterans of America (DVA), American Veterans (AMVET), Iraq and Afghanistan Veterans of America (IAVA), Veterans of Foreign Wars (VFW), and the Military Order of the Purple Heart.

For most things ...Help with educational benefits and my disability claim. I have also referred friends and others for services like employment, housing and treatment programs.

Not services exactly, but it is great to connect with other vets for insight and advice.

Some VSOs provide services in specific counties; others serve a region of the state, or statewide. As a result, veterans in some parts of the state have access to multiple resources, both public and private. Veterans' resources in other areas – such as the Central Valley and northern parts of the state – are much more limited. Regardless of location, however, gender-specific services and other resources for women veterans are more limited than for male veterans.

The programs and services provided by these organizations are funded through a patchwork of government contracts, grants, and fundraising.

About one-fourth of the 168 respondents had used a VSO for services or assistance. The few that provide an explanation about why they do not, indicate that they are not aware of VSOs and the services they offer, or, their explanation indicates that the respondent has VSOs confused with VA resources.

Don't know where they would be found or what they offer.

I belong to American Legion VFW but never knew they provided services until last year.

COMMUNITY SERVICE PROVIDERS

Many veterans depend on community-based organizations, and private professionals, for the services they need. These organizations, agencies, and individuals provide care to veterans who are not eligible for VA services, and to those who choose not to use VA facilities. (For example, in addition to those MST survivors who want to avoid the mostly male environment, other veterans do not want to go to a facility associated with the military.)

Veterans and veteran service providers report that public and community agencies sometimes turn veterans away because they are under the false impression that veterans are not eligible for, or do not need, their services because they have VA resources. However, the need for services is far greater than the capacity of the VA. In addition, VA programs are often not located in rural and other communities.

One example of a community service provider is WestCare, a nonprofit organization located in several states that provides a range of health and social services for different populations. The WestCare organization also provides resources, including substance abuse treatment and services and employment training, to veterans in the Central Valley. It is increasing targeted services for women veterans.

Like veteran service organizations, these programs are often funded through a variety of government contracts, grants, and fundraising. In fact, veteran service organizations and community service providers may be in competition for the same limited funding sources to provide services to veterans.

In some cases, professionals, organizations, and community members have joined forces to develop services to assist veterans in reintegration. For example, The Coming Home Project, based in San Francisco, is made up of veterans, family members, psychotherapists, and interfaith leaders to support OIF/OEF veterans and their families. The program offers free individual and family counseling; education, training and consultation for service providers, and community forums. It also sponsors retreats – including sessions for women veterans – that are facilitated by licensed mental health professionals assisted by veterans.¹¹⁸

COORDINATION OF SERVICES AND COLLABORATION

Veterans' issues are interconnected; for example, a woman veteran returning from Iraq or Afghanistan needs a job, but that veteran also may need healthcare, mental health counseling, housing, education and training before she can find employment. And, if she has children, her challenges are increased by the need for child care and services for her family.

VETERANS AND PUBLIC AGENCIES/COMMUNITY SERVICES

Recent state legislation, AB 3083 (Chapter 591/2008), requires counties to provide mental health services to California veterans to the extent services are available to other adults regardless of the veteran's ability to obtain services through another entity.

It also expands the definition of a "serious mental disorder" to include post traumatic stress disorder for purposes of qualifying target populations for county mental health services.

Veteran services organizations, community service providers, the VA, and others working with veterans are coordinating their efforts to more effectively meet the myriad of needs. They are also collaborating to maximize resources, especially in these times of fiscal constraint.

One example is the California Statewide Collaborative for Our Military and Families which includes more than 100 members who represent public and private organizations – primarily in Northern California – and works closely with organizations across the country to advocate for a continuum of treatment and services for servicemembers, veterans and their families. The Collaborative provides a forum to share information and education, raise awareness, and promote strategic partnerships to streamline and improve access to services. It also provides a mechanism to network around specific issues, such as the needs of women veterans.¹¹⁹

Another example of local coordination is the Veterans Community Support Network (VCSN), formed to create an integrated network of services for veterans and their families within the greater Sacramento area. The network provides a mechanism for member organizations (both government and private) to collaborate, advocate, and educate veterans and the community about the needs of veterans and the services available to them. Among other goals, the VCSN is focusing on better meeting the needs of homeless women veterans.



Marines from Camp Pendleton, California, prepare to board an aircraft leaving March Air Reserve Base to an undisclosed destination in support of OEF. (Photo by SRA Jorge A. Rodriquiz, USAF, February 2003.)

BARRIERS TO MEETING NEEDS

The previous sections described federal, state, and local resources. However, there are specific barriers that affect women veterans' ability to meet their service needs. These include limited information, limited resources, and challenges accessing available resources. Limited data affects planning for identifying and addressing gaps in service to address needs.

INFORMATION AND OUTREACH

According to the preliminary results of the 2006 CalVet Veterans Survey, close to one-quarter of the veterans – both male and female – did not file for benefits because they didn't know about veteran's benefits.* In addition, veterans younger than age 50 rated their knowledge of benefits lower than older veterans.¹²⁰

Several CRB survey respondents highlight their own lack of information, especially about California's veteran benefits.

I was not aware of a lot of these benefits.

More about benefits, such as the ones I did not know about earlier that are California specific. (Response to question regarding information or services desired)

Many survey respondents also do not know about the federal and state level structures available to help them obtain benefits and needed services – in spite of most being already “connected” to services or a veterans group in some way. Those women veterans who are not connected are less likely to be aware of information about eligible benefits and services.

Participants at the 2008 CalVet Women's Conference voiced the need for more media attention about women veterans – to inform the public about who they are, and their roles and accomplishments in the military. They also want media outreach activities to inform women veterans about their benefits. Survey respondents also ask for:

More information out there in the public ...Radio, TV, newspapers.

Women veteran chapters need more news coverage, we need more news coverage for women vets and women vet organizations on TV and newspapers.

ACCESSING INFORMATION

About 57 percent of the CRB survey respondents indicated their preference for using a website to access information about benefits and services. Preferences also include: a toll-free telephone number (38 percent); a permanent VA assistance center (34 percent); a veteran service organization (33 percent); and printed materials and claim forms sent via mail (25 percent).

* The final August 2007 CalVet Veterans Survey report eliminated this question and the responses from the results due to the loss of data during the analysis process.

...More group programs and activities to pull us back together. We tend to scatter like wild cats when people get too close. We need help bonding like the men have no problem doing because they are conditioned from children to fight and make up, and they do that real well, and they don't hold grudges. Women, we are divided on so many levels.

RESOURCES

The VA has recognized many of the needs women veterans – gender appropriate health and mental healthcare, and other services – and has been making improvements in addressing them. However, resources are inadequate to meet the current and future need.

In May 2009, the U.S. House Committee on Veterans Affairs convened a roundtable discussion on *The Growing Needs of Women Veterans: Is the VA Ready?*¹²¹ According to testimony from both government officials and women veterans relating to a range of service needs and resources, the answer is "not yet." A U.S. Senate Committee on Veterans Affairs hearing on *VA Health Care for Women Veterans*, held in July, also highlighted the need for additional and specific resources in this area.¹²²

A recent Congressional report on the capacity of Vet Centers cited the dedication and commitment of staff while pointing out that these VA-funded centers generally do not have adequate resources to keep pace with the increasing demand for services from OIF/OEF veterans. Some Vet Centers reported impacts on quality (providing group instead of individual counseling) and access (establishing waiting lists and limiting services).¹²³

During site visits and town hall meetings conducted by the Advisory Committee on Women Veterans in California, New Jersey, and Illinois, women veterans reported that they feel “lost in the shuffle” of the VA benefits system when they apply for compensation and pension benefits. On these site visits, and at the 2008 National Summit on Women Veterans’ Issues, Women Veteran Coordinators consistently reported to the Committee that they experience great difficulty getting the time, resources, and training essential to successfully assist women veterans in their regions.¹²⁴

I feel the claims reps are way too overloaded and that there needs to be more hirings to get more quality, efficient time spent on the claims that are taking way too long because of so many reasons, like missing documents and research.

In addition to federal programs and services, state-level and community resources are inadequate to meet the specific needs of women veterans returning with health and mental health issues, and in need of assistance with housing, employment, and education.

ACCESS

Access is a major barrier and there are several challenges for women veterans in using the services and resources that are available.

Geographic location is one challenge. For example, specific services or programs may be provided only in specific areas of the state, far from where the veteran lives. Women veterans living in rural areas of California have fewer resources.

Eligibility requirements and service or program structures create access barriers. For example, women veterans with specific discharge types can not be served by specific programs and services. Women veterans who are mothers or caregivers generally cannot attend programs that require a residential stay.

In addition, the lack of military cultural competence relating to women veterans affects the quality of care and how women are treated at both VA and community facilities. This results in discouraging women to pursue the services they need, another access barrier.

When they can access the facility or service, women veterans may still encounter barriers due to long waiting lists for care. This situation can be found at both VA facilities and when seeking services within the community. (See the “Resources” section below.)

There are no female doctors available at the closest VA clinic. Due to this, if I have a medical problem pertaining to women's healthcare, I have to drive two hours to get the attention that is needed. That means either taking a day off from work or missing out on classes.

My first appointment with the greater VA healthcare center with dermatology took me eight months. I had a cancer spot on my face the size of an aspirin but by the time I was seen by dermatology it grew to the size of a quarter. I had to have 13 stitches after they cut my face. You can wait two-three hours to see a doctor because everyone gets the same appointment times and you just sit and wait.

NATIONAL GUARD AND RESERVES STRUCTURE AS A BARRIER

The structure of the reserve components contributes to the misperception that returning Guard and Reserve service members are not veterans. While National Guard and Reserve members have traditionally had little or no access to VA care or other federal benefits, this has changed with the large numbers of Guard and Reserve units serving in OEF and OIF. However, problems remain.

These members return from active duty but remain a part of the reserve forces. They may not be adequately informed of their veteran status, and As a result, may not know about or receive the benefits and services they deserve.

In comparison with the Active Forces, service members return from active duty status – generally as individuals – and rejoin their Guard or Reserve unit. The TAP program is not widely used, and the post-deployment process allows service members a month before they are required to report back to their unit; a period during which they are isolated from opportunities to be informed and attached to benefits and services.

Reserve force members also do not generally cluster near military bases and VA facilities, so access to services may be more difficult.

FEDERAL AND STATE DATA

Information specific to women veterans is essential for planning purposes; to target services and programs to match specific levels of need. Information gaps create a barrier to meeting the needs of women veterans.

On the federal level, the VA Office of Policy and Planning provides national-, state-, and county-level data on veterans. Most VA data (meaning the U.S. Census data upon which it is based) are available by gender. Data on veterans served by other federal departments often include information on women veterans; however, gaps remain (such as National Survey on Drug Use and Health data).

The VA Office of Policy and Planning provides CalVet with state and county data on California's veteran population, including women veterans. On the state level, CalVet collects gender information on recipients of the state benefits it administers. Individual state departments that provide veterans benefits and services collect information specific to their program. While they collect the number of veterans they serve; most do not track by gender. (See Table 7 on page 79.) They also do not routinely report this information to CalVet; when this information is needed or requested, CalVet must retrieve it from each department individually.¹²⁵

In summary, state-level data on women veterans is not centralized, and there are gaps in these data among agencies. Basic demographic information about the state's women veteran population is available through CalVet (and the VA); however, CalVet does not collect data on the gender of veterans who receive assistance with their claims, and data on recipients of state veteran benefits from other departments are generally not available by gender. In addition, information on service utilization vs. need is not readily accessible, if available at all.

APPENDIX A – WOMEN VETERANS BY COUNTY

CA WOMEN VETERAN POPULATION BY COUNTY			
Alameda	5,700	Orange	9,638
Alpine	14	Placer	2,697
Amador	275	Plumas	136
Butte	1,707	Riverside	8,748
Calaveras	292	Sacramento	10,081
Colusa	27	San Benito	173
Contra Costa	4,473	San Bernardino	9,434
Del Norte	244	San Diego	25,272
El Dorado	1,188	San Francisco	2,153
Fresno	4,053	San Joaquin	2,810
Glenn	101	San Luis Obispo	1,892
Humboldt	784	San Mateo	2,103
Imperial	464	Santa Barbara	2,559
Inyo	80	Santa Clara	4,682
Kern	4,965	Santa Cruz	984
Kings	1,158	Shasta	1,080
Lake	760	Sierra	23
Lassen	254	Siskiyou	353
Los Angeles	30,590	Solano	4,865
Madera	842	Sonoma	2,551
Marin	946	Stanislaus	1,894
Mariposa	107	Sutter	649
Mendocino	611	Tehama	592
Merced	979	Trinity	98
Modoc	93	Tulare	1,354
Mono	53	Tuolumne	406
Monterey	1,875	Ventura	4,522
Napa	768	Yolo	557
Nevada	701	Yuba	577
		Total:	166,984
Source: VetPop 2007			

APPENDIX B – SURVEY AND RESPONSES

SURVEY QUESTIONS AND RESPONSES

Purpose of Survey
<p>Given the increasing number of women veterans, the California Commission on the Status of Women and Assemblymember Lois Wolk requested that the California Research Bureau (California State Library) assist state policymakers in identifying and meeting their needs. This public report will go to the Legislature and will describe specific issues, services needed, PLEASE gaps, and barriers. It will offer policy options for state action.</p> <p>WOMEN VETERANS: I would like to get your input to this report - via this survey - to make sure I reflect your needs. Please complete the questions that you feel comfortable answering. You can add comments and whatever other information or resources you want to pass on to me. SERVICE PROVIDERS & OTHERS can also use this survey to provide input. Complete the questions that apply and add comments on the last page.</p> <p>You can contact me at lfoster@library.ca.gov or (916)653-6372. Thanks, Lisa Foster</p>

1. How do you describe yourself?		
Answer Options	Response Frequency	Response Count
Veteran	89.1%	155
Service Member	10.3%	18
Service Provider	0.0%	0
Other (please specify)	0.6%	1
<i>answered question</i>		174

2. What branch of service did/do you serve in?		
Answer Options	Response Frequency	Response Count
Army	25.4%	44
Marine Corps	11.0%	19
Navy	30.6%	53
Air Force	16.2%	28
Coast Guard	2.9%	5
Army Reserve	3.5%	6
Marine Corps Reserve	2.3%	4
Navy Reserve	1.7%	3
Air Force Reserve	0.0%	0
Coast Guard Reserve	0.0%	0
Army National Guard	5.2%	9
Air National Guard	1.2%	2
<i>answered question</i>		173

3. How long did you serve/have you served in the military?		
Answer Options	Response Frequency	Response Count
Less than 1 year	2.9%	5
Up to 2 years	15.7%	27
Up to 4 years	34.3%	59
Up to 6 years	15.1%	26
Up to 10 years	9.9%	17
Over 10 years	22.1%	38
<i>answered question</i>		172

4. What time period(s) did you serve in the military?		
Answer Options	Response Frequency	Response Count
Global War on Terrorism (OIF/OEF)	38.4%	66
Desert Storm/Shield	19.8%	34
Vietnam War	27.3%	47
Korean War	4.7%	8
WWII	4.1%	7
Peacetime - any other time not identified above	28.5%	49
<i>answered question</i>		172

5. What is your age?		
Answer Options	Response Frequency	Response Count
18-25	11.1%	19
25-30	19.3%	33
31-40	11.7%	20
41-50	14.0%	24
51-60	24.6%	42
Over 61	19.3%	33
<i>answered question</i>		171

6. What was your rank upon separation?	
<i>answered question</i>	165

7. What was your occupational specialty/job classification upon separation?	
<i>answered question</i>	159

8. Please check all that apply.		
Answer Options	Response Frequency	Response Count
Single	38.5%	65
Married	39.1%	66
Registered Domestic Partner	1.2%	2
Divorced	23.1%	39
Separated	4.7%	8
Head of Household	7.1%	12
Children or other dependents	18.3%	31
<i>answered question</i>		169

9. What is your highest level of education?		
Answer Options	Response Frequency	Response Count
Junior High School	0.0%	0
High School/GED	18.8%	32
Trade School	6.5%	11
Associate Degree	23.5%	40
Bachelors Degree	33.5%	57
Masters Degree/above	17.6%	30
<i>answered question</i>		170

10. How would you describe where you live?		
Answer Options	Response Frequency	Response Count
So CA - Urban	20.4%	34
So CA - Suburban	25.1%	42
So CA - Rural	3.6%	6
Central CA - Urban	7.2%	12
Central CA - Suburban	4.8%	8
Central CA - Rural	3.6%	6
No CA - Urban	10.8%	18
No CA - Suburban	17.4%	29
No CA - Rural	7.2%	12
<i>answered question</i>		167

11. How often do you interact with the California VA?		
Answer Options	Response Frequency	Response Count
Have not made contact	22.3%	37
Once or less per year	20.5%	34
More than once per year, but less than once per month	34.9%	58
Once per month or more often	22.3%	37
Comments		44
<i>answered question</i>		166

12. Have you applied for any veterans benefits?		
Answer Options	Response Frequency	Response Count
Yes	69.5%	116
No	30.5%	51
<i>answered question</i>		167

13. If yes, which of the following California veterans benefits have you used? (Check all that apply)		
Answer Options	Response Frequency	Response Count
Tuition Fee Waiver	32.6%	28
Disabled Veterans Business Enterprise	2.3%	2
Veterans Homes	12.8%	11
Waiver of Motor Vehicle Registration Fees	7.0%	6
Free License Plates	4.7%	4
CALVET Farm and Home Loans	15.1%	13
Fishing and Hunting Licenses	1.2%	1
Property Tax Exemption	14.0%	12
Business License, Tax and Fee Waiver	1.2%	1
Claims Representative	24.4%	21
Employment and Unemployment Insurance Assistance	20.9%	18
State Parks and Recreation Pass	11.6%	10
Non-Resident College Fee Waiver	7.0%	6
Comments		50
<i>answered question</i>		86

14. If no, which statement(s) below best describes your reasons?		
Answer Options	Response Frequency	Response Count
I am declining my benefits (explain below)	1.0%	1
I don't know what my benefits are	65.4%	68
I know about my benefits but don't think I am eligible	20.2%	21
I need assistance to file a claim for my benefits	9.6%	10
I know my benefits but have not had time to file a claim	5.8%	6
I do not have transportation to get to an assistance center	1.9%	2
Other (explain below)	15.4%	16
Comments:		37
<i>answered question</i>		104

15. When you have a question about your VA benefits, what way(s) would you most prefer to access answers and help?		
Answer Options	Response Frequency	Response Count
Toll-free telephone number	37.7%	61
Informational website(s)	56.2%	91
Permanent VA local assistance center	34.0%	55
Printed materials and claims forms sent to you	25.3%	41
Periodic mobile service	7.4%	12
Veteran service organization	32.7%	53
Other (please specify)		22
<i>answered question</i>		162

16. Are you currently employed?		
Answer Options	Response Frequency	Response Count
Yes	46.8%	80
No	53.2%	91
If you had any difficulties locating employment post discharge, please explain		42
<i>answered question</i>		171

17. Have you used State Employment Development Department services available to veterans through EDD Workforce Services Offices and One-Stop Career Centers?		
Answer Options	Response Frequency	Response Count
Yes	28.1%	47
No	34.7%	58
No - do not know about services	16.8%	28
No - do not need assistance	20.4%	34
Comments		24
<i>answered question</i>		167

18. Since your separation, have you had problems with housing?		
Answer Options	Response Frequency	Response Count
No	76.2%	125
Yes - never homeless	12.2%	20
Yes - currently housed, homeless for some period	9.8%	16
Yes - currently homeless	1.8%	3
Comments		23
<i>answered question</i>		164

19. Please identify health and mental healthcare areas you are concerned about.		
Answer Options	Response Frequency	Response Count
Gynecological problems	30.4%	35
Head injuries	9.6%	11
Musculoskeletal Disorders	22.6%	26
Sleep Disorders	34.8%	40
Cardiac issues	10.4%	12
Diabetes	17.4%	20
Urological problems	7.0%	8
Amputations	1.7%	2
Adjusting to physical limitations	20.9%	24
Anxiety	41.7%	48
Depression	49.6%	57
Sexual Assault	27.0%	31
Post Traumatic Stress Disorder	33.9%	39
Stressors of single parenting	11.3%	13
Guilt for leaving family for deployment	8.7%	10
Other - identify in box	16.5%	19
ARE CONDITIONS SERVICE RELATED? / Comments		75
<i>answered question</i>		115

20. Have you ever been treated for - or are you concerned about - your use of drugs or alcohol (including prescription medications)?		
Answer Options	Response Frequency	Response Count
Yes	10.7%	18
No	89.3%	150
IS SUBSTANCE USE SERVICE RELATED? / Comments		21
<i>answered question</i>		168

21. Have you used the services of the Veterans Administration (VA) Hospitals or clinics?		
Answer Options	Response Frequency	Response Count
Yes	61.8%	107
No	38.2%	66
<i>answered question</i>		173

22. If yes, how would you rate (in general) the services you received and your experiences?		
Answer Options	Response Frequency	Response Count
Poor	8.3%	9
Fair	10.2%	11
Average	23.1%	25
Good	31.5%	34
Excellent	26.9%	29
If Poor to Average: Explain and specify what/how you would change experience		35
<i>answered question</i>		108

23. If no, which of the following statements best describes why you do not seek medical services as a VA facility?		
Answer Options	Response Frequency	Response Count
Not eligible for service	16.5%	13
Facility is too far from residence	11.4%	9
Lack of transportation	1.3%	1
Appointment/scheduling delays	19.0%	15
Poor service or quality of care	10.1%	8
Prefer to use non-VA facility	16.5%	13
Other - explain in box	40.5%	32
Comments		51
<i>answered question</i>		79

24. How far do you live from the closest VA facility?		
Answer Options	Response Frequency	Response Count
Under 10 miles	27.0%	44
10 - 30 miles	50.9%	83
30 - 60 miles	20.2%	33
Over 60 miles	1.8%	3
<i>answered question</i>		163

25. Have you used your county veterans service office for assistance/resources?		
Answer Options	Response Frequency	Response Count
Yes	33.3%	55
No	66.7%	110
Please explain (reason/experience)		62
<i>answered question</i>		165

26. Have you used community veteran services organizations for services or assistance?		
Answer Options	Response Frequency	Response Count
Yes	25.6%	43
No	74.4%	125
Please explain (reason/experience)		46
<i>answered question</i>		168

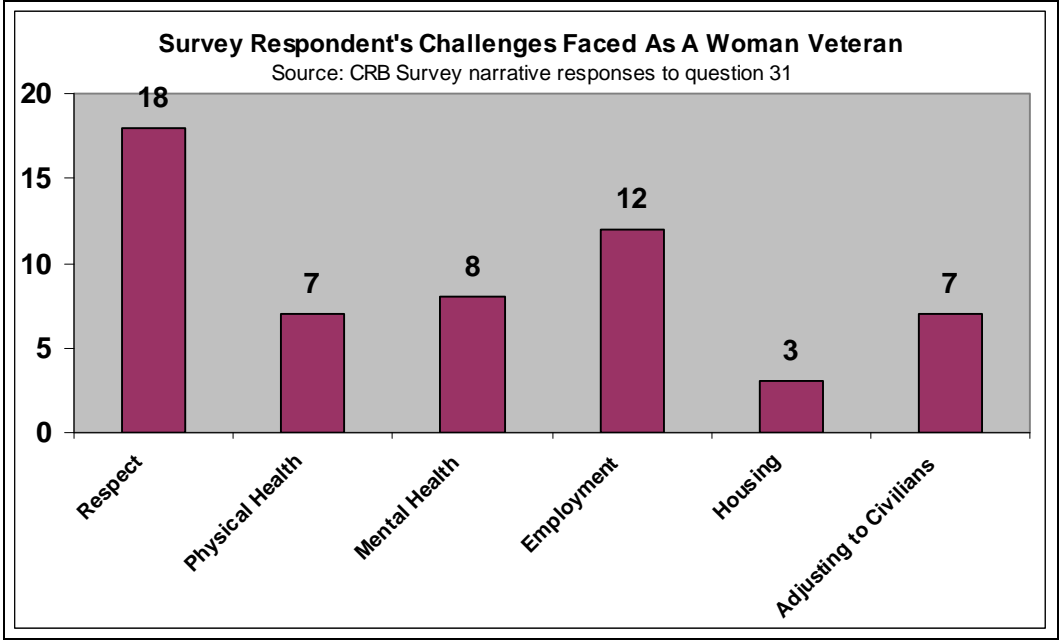
27. While serving in the military, did you experience sexual harassment, assault, or trauma?		
Answer Options	Response Frequency	Response Count
Yes	53.2%	92
No	46.8%	81
Please explain		72
<i>answered question</i>		173

28. Prior to joining the military, did you experience emotional or physical neglect or abuse, or sexual assault/abuse?		
Answer Options	Response Frequency	Response Count
Yes	30.5%	51
No	69.5%	116
Comments		36
<i>answered question</i>		167

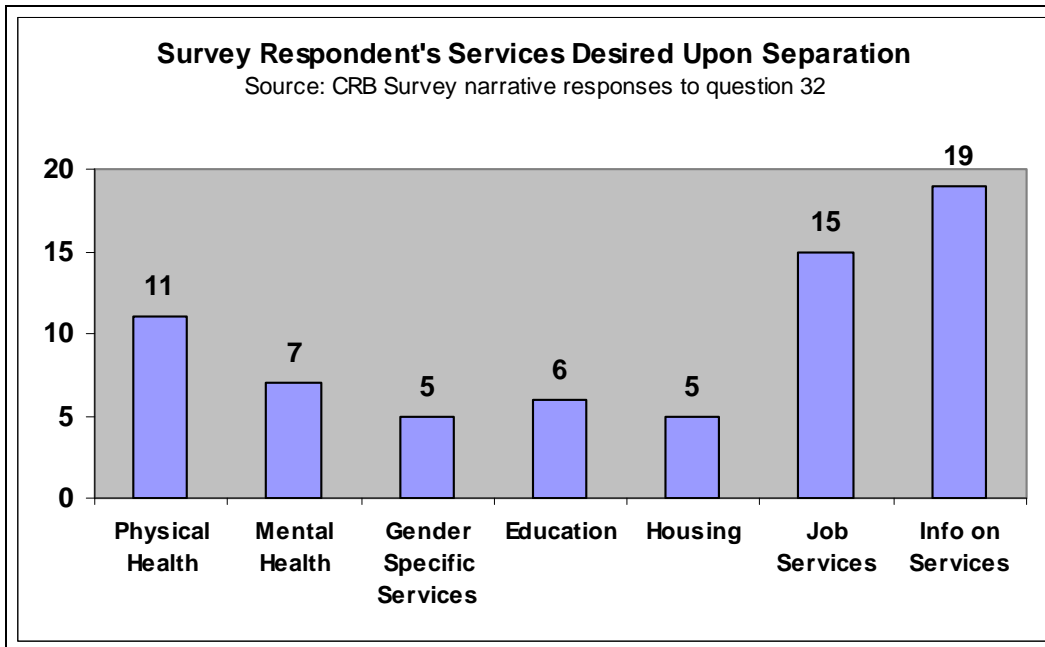
29. While serving in the military, did you experience problems or trauma related to your assigned duties?		
Answer Options	Response Frequency	Response Count
Yes - noncombat-related	30.0%	51
Yes - combat-related	12.4%	21
No	59.4%	101
Please explain		48
<i>answered question</i>		170

30. In which of the following areas do you feel that, as a woman veteran, you have different needs than your male counterparts?		
Answer Options	Response Frequency	Response Count
After deployment concerns being a parent again	15.6%	23
After deployment concerns being a spouse again	14.3%	21
After deployment being single	10.9%	16
After deployment being a civilian again	23.1%	34
Continuing education	20.4%	30
Deployment	13.6%	20
Getting a job as a combat veteran	13.6%	20
Going back to your old job	10.2%	15
Other - identify in box	14.3%	21
I do not feel I have different needs than my male counterparts	44.9%	66
Please explain		52
<i>answered question</i>		147

31. What challenges have you had as a woman vet making the transition from active duty?	
<i>answered question</i>	95
see chart below for compilation of responses	



32. What information or services do you wish you had available to you when you separated/transitioned out?	
<i>answered question</i>	103
see chart on following page for responses	

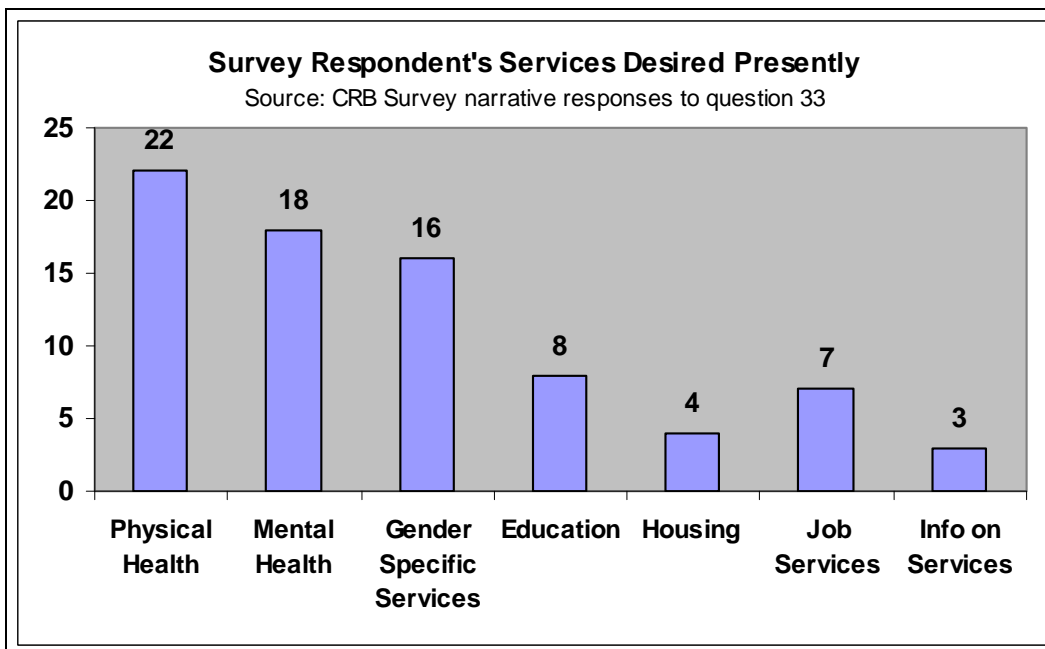


33. What services do you need? What services or benefits should be provided to address the needs of women veterans?

answered question

94

see chart below for responses



The two previous charts provide comparative information regarding services desired at two different points in time. The first chart illustrates that women veterans wished they had more general information available to them about services they were entitled to upon separation. Assistance in finding civilian employment was also a high priority at this time. The second chart shows that today the women veterans in our survey put less priority on job assistance/information and more priority on physical, mental, and gender-specific health services. This may indicate that the women in our survey had to do much of the initial information gathering on their own.

34. OPTIONAL: NAME, PHONE NUMBER, E-MAIL ADDRESS or a way to contact you if I have questions about your responses. I will keep your identity confidential.	
<i>provided contact information</i>	94

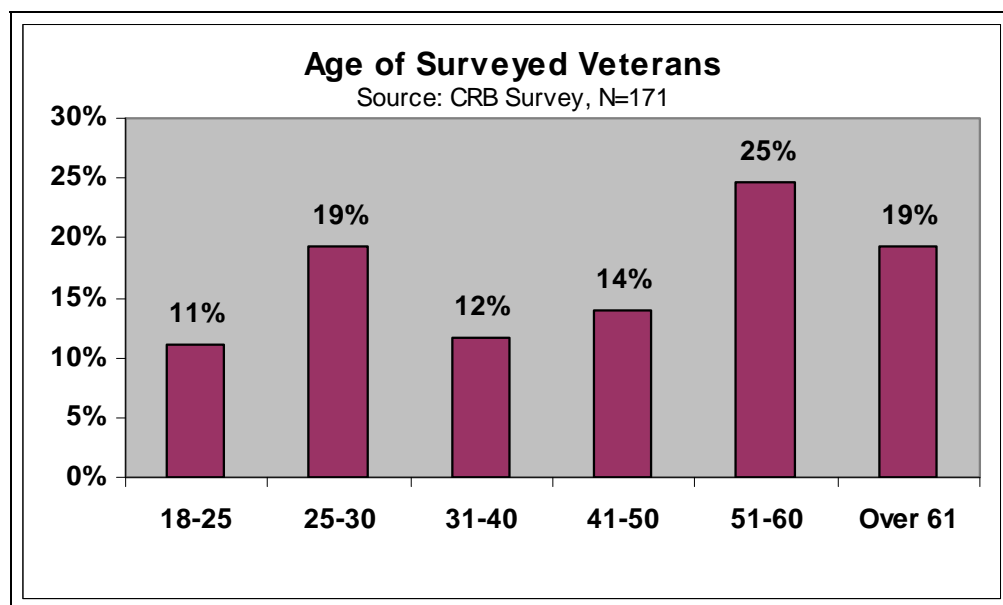
35. I intend to use quotes from the survey responses to illustrate issues in the report. If you do not want me to use any of your responses, please check below.	
<i>checked "Do not quote any of my responses"</i>	17

DESCRIPTION OF SURVEY RESPONDENTS*

- Close to 90 percent of the 174 survey respondents identify themselves as veterans; ten percent identify themselves as servicemembers.

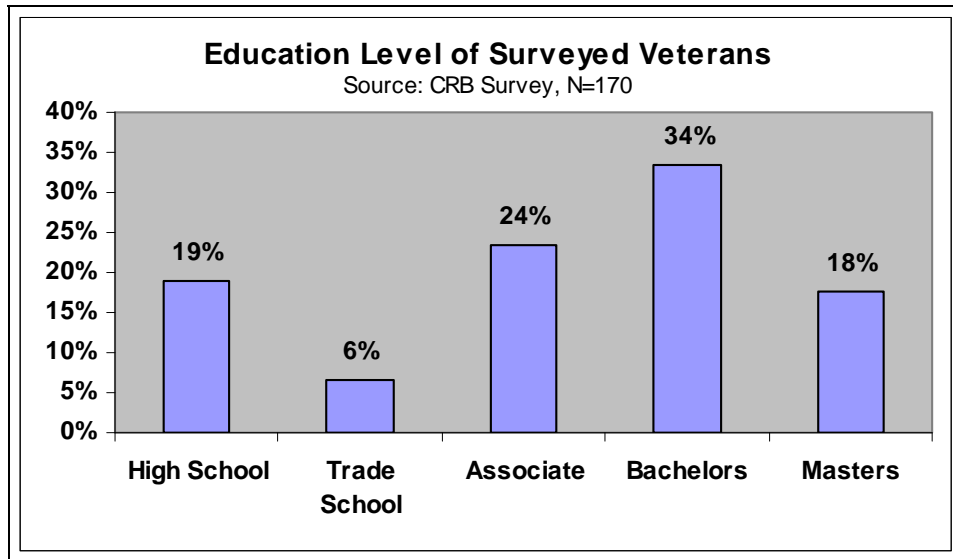
Some women don't realize they are veterans, or don't perceive themselves as such. For example, one navy veteran of the Vietnam War and Desert Storm/Desert Shield eras, as well as serving in peacetime, identified herself as "Other – retired service member." In addition, women and men in the National Guard and Reserves may not identify as veterans due to remaining in the Guard/Reserves after completing their active duty (which qualifies them for veteran status).

- About half of the survey respondents live in Southern California and about 35 percent live in Northern California, with the remainder (16 percent) living in Central California. Most of the veterans live in Southern California suburban and urban areas, and Northern California suburban locations.
- Survey respondents range in age from 18 to over 61 (see below). Fifty-six percent are age 50 and under; forty-four percent are over age 50.



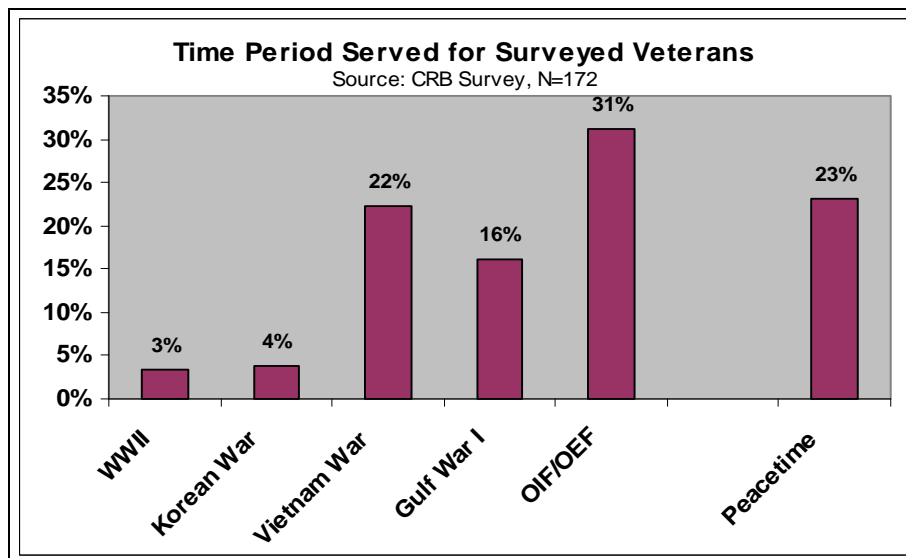
- Close to 40 percent identified themselves as married (with two women as registered domestic partners); the same percentage identified as single. About one-quarter are divorced, and five percent are separated. Eighteen percent of the women veterans report having children.
- Over 75 percent of the respondents have a college degree; over half have earned a bachelors or higher degree.

* Survey respondents did not answer all questions; as a result, the total number of responses vary among questions.

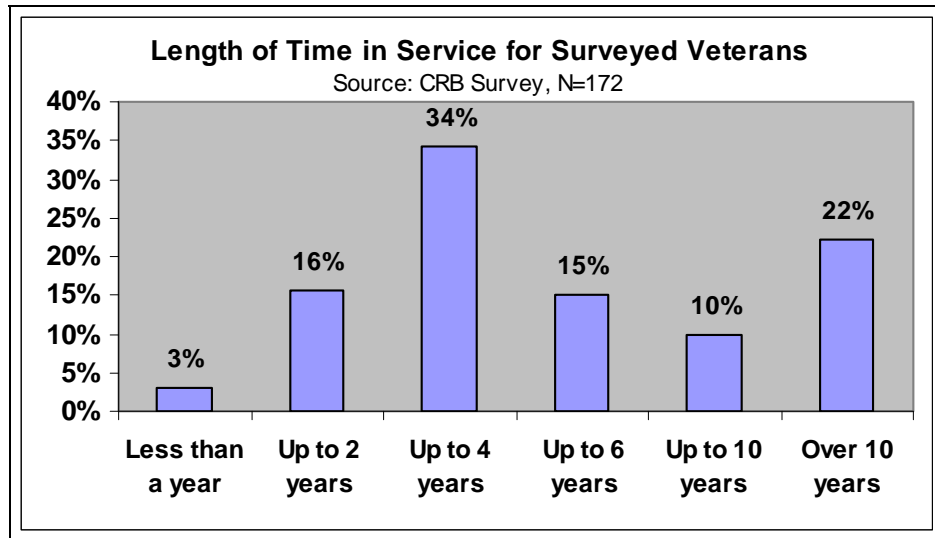


MILITARY SERVICE

- Most of the survey respondents (150) come from the enlisted ranks. They represent different branches of the Armed Forces: about 31 percent served in the Navy; 25 percent served in the Army, 16 percent in the Air Force, 11 percent in the Marine Corps, and three percent in the Coast Guard. About 14 percent of the respondents served in the Reserves and in the National Guard.
- Most women who responded to the survey – 31 percent – served during OIF/OEF; 22 percent during the Vietnam War, and 16 percent during Desert Storm/Desert Shield. About 23 percent served during “Peacetime” (defined by the U.S. Census Bureau as the periods between the wars and conflicts listed in the chart below).



- Over one-third of the survey respondents served in the military for two to four years; over one-fifth served for over ten years (see chart below).



APPENDIX C – REVIEW OF REPORT RECOMMENDATIONS RELATING TO WOMEN VETERANS

In the past few years, several reports – produced by government, research, and advocacy organizations – have highlighted the needs of women veterans and have presented a range of recommendations and proposed actions to address these needs. Other recommendations and proposed actions, while affecting all veterans, relate to the challenges and needs of women veterans.

The table beginning on the following page identifies recommendations presented in the reports listed below. The source report is identified by the acronym listed in brackets. Some of these reports are specific to women veterans; others are not. The reports and recommendations presented here are not exhaustive; other veteran organizations and reports have issued recommendations that impact women veterans. (For example, the Disabled American Veterans organization includes “providing comprehensive physical and mental healthcare to women veterans” among its top legislative priorities for 2009.)¹²⁶ These reports, however, represent the range of actions proposed.

- *AMVETS: Voices for Action, A Focus on the Changing Needs of America’s Veterans* (2006) [AMVETS]
- *Top Ten Recommendations to Support Women Veterans, Business and Professional Women’s Foundation: Women Veterans in Transition Research Project*, (2007) [BPW]
- *DoD: An Achievable Vision, Report on the Task Force on Mental Health* (2007) [DoD]
- *Iraq and Afghanistan Veterans of America Legislative Agenda* (2008 and 2009) [IAVA]
- *National Summits on Women Veterans Issues* (2004 and 2008) [NSWV]
- *Recognizing Women Veterans... American Heroes: VA Advisory Committee on Women Veterans Report* (2008) [ACWV]
- *Interim Report of the VA Advisory Committee on OIF/OEF Veterans and Families and VA Response* (2008) [OIF/OEF]

Table 8. RECOMMENDATIONS RELATED TO WOMEN VETERANS

Health	Mental and Behavioral Health	Information and Services	Awareness and Outreach
<p>Appoint WVPM as a full-time permanent position in all VA medical centers. (ACWV)</p>	<p>Every VA Medical Facility should have a full-time women veterans program manager, mental health manager, and family therapist. (AMVETS)</p>	<p>The VA should provide child care service options to enable veterans with dependent children to attend appointments. (OIF/OEF)</p>	<p>Increase state funding to create a full-time state coordinator position. (NSWV)</p>
<p>Every VA Medical Facility should have a full-time WVPM, mental health manager, and family therapist. (AMVETS)</p>	<p>The needs of women veterans should remain a focus for high-level planning groups within the DVA, especially the psychological health needs of women. (DoD)</p>	<p>Women Veterans Coordinators have a designated number of administrative hours per week to provide direct assistance to women veterans, collaborate with other coordinators, training, plan outreach, and other women veterans' activities. (ACWV)</p>	<p>Establish a women veterans' recognition day and event in each state. Request the President declare March 1 as women veterans tribute day. (NSWV)</p>
<p>Appoint an alternate Women Veterans Program Manager for when primary WVPM is unavailable. Must be member of the Women Veterans Advisory Committee. (ACWV)</p>	<p>VA must develop an inpatient mental health unit for women veterans at one medical center in each VISN. (NSWV)</p>	<p>Update the VA website to include information for women veterans to locate the Healthcare for Homeless Veterans coordinator and find immediate shelter, day or night. (ACWV)</p>	<p>Ensure that all marketing materials depict women veterans receiving VA benefits, healthcare and services. (ACWV)</p>
<p>Require the Advisory Committee on Women Veterans provide VA oversight through site visits. (NSWV)</p>	<p>Locate MH providers in women's clinics. (ACWV)</p>	<p>Homeless shelter programs should ensure capabilities exist for women veterans with dependent children. (OIF/OEF)</p>	<p>Advertise through national media outlets the health and benefits available specifically to women. (ACWV)</p>
<p>Improve quality of medical exams to better document gynecological problems. (NSWV)</p>	<p>Provide access to female MH professionals upon request. (ACWV)</p>	<p>Increase the number of homeless facilities for women veterans, their children and the elderly. (NSWV)</p>	<p>Develop ways for women veterans to be aware of their benefits – luncheons, public service announcements, seminars, etc. (NSWV)</p>

Table 8. RECOMMENDATIONS RELATED TO WOMEN VETERANS

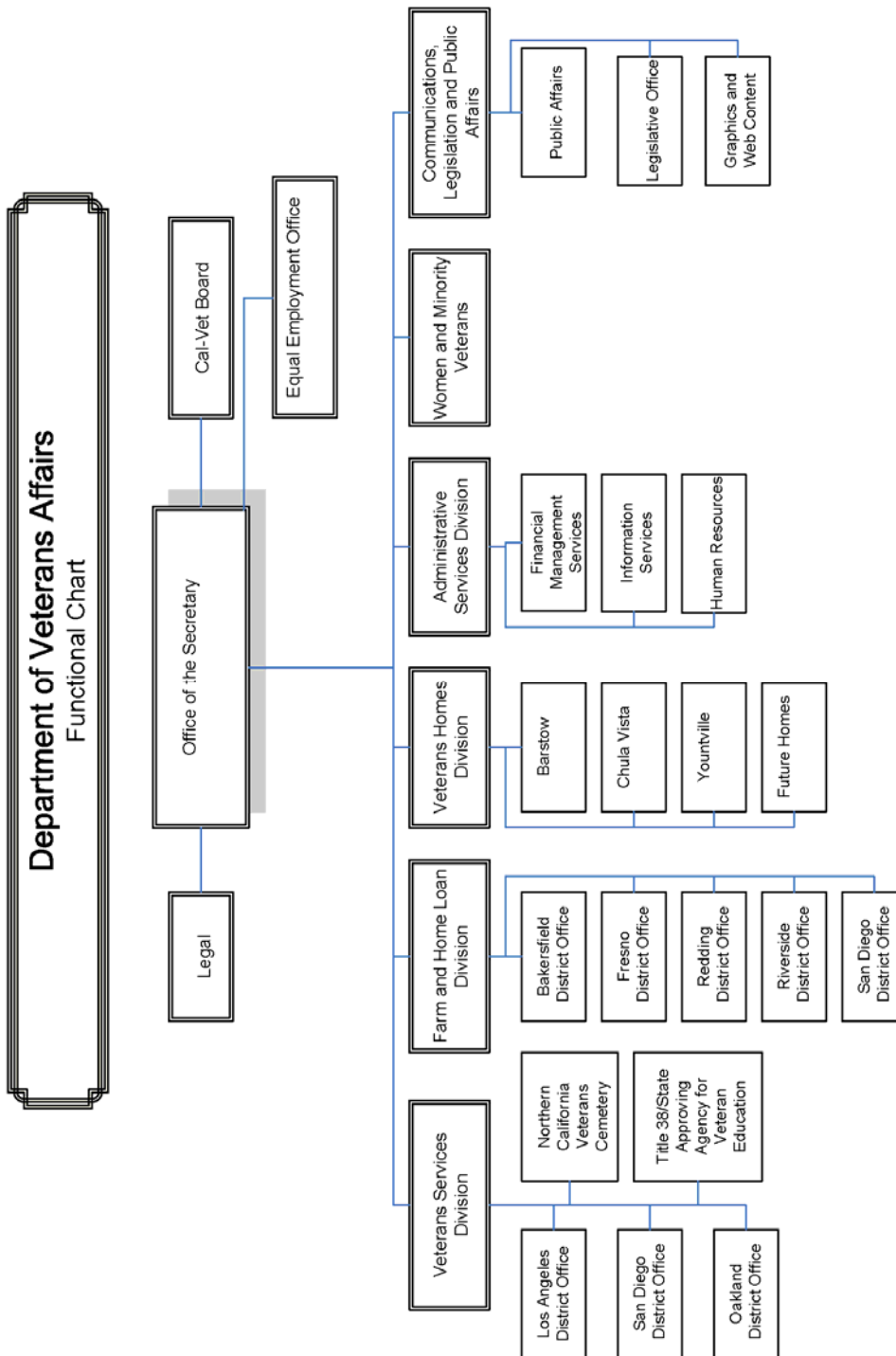
Health	Mental and Behavioral Health	Information and Services	Awareness and Outreach
Provide an annual report (by gender) of clinical quality measures and assure gender parity. (ACWV)	The DoD should continue to aggressively conduct prevention, early ID and treatment of MST. (DoD)	Ensure VA housing system provides adequate capacity and safety for female veterans. (IAVA)	Promote women veterans' healthcare through welcome-home programs specifically for women. (ACWV)
Develop formal tracking for mammography results/follow-up and include Privacy Check List. (ACWV)	The VA should provide women veterans segregated treatment and care for MST treatment. (OIF/OEF)	Homeless shelter programs should ensure capabilities exist for women veterans with dependent children. (OIF/OEF)	Implement formal outreach programs for minority women groups. (NSWV)
Ensure competent healthcare providers are available for women-specific medical issues. (NSWV)	Require sexual assault response coordinator to brief service-members during downtime prior to deployment. (AMVETS)	Support efforts to increase participation of women veterans in the TAPS (employment) program prior to separation. (BPW)	End passive VA system – fund an extensive outreach initiative to inform veterans of eligibility for benefits. (IAVA)
Vet Centers and VA medical facilities should hire female practitioners and outreach specialists. (IAVA)	Improve training of medical providers to improve recognition of MST. (NSWV)	Offer employment supports to women veterans over a broader time frame as they adjust to the civilian workforce. (BPW)	Expand efforts by organizations to help women identify as veterans to further chances of accessing benefits and services available to them. (BPW)
Mandate uniform services at women's clinics. Women veterans should have access to female primary care providers when requested. (IAVA)	Ensure uniformity of MST training across all VISNs. (NSWV)	Alter employment programs and policies to recognize that women veterans are not a homogenous group. (BPW)	Stress networking/mentoring importance; encourage women to join veterans' services/ professional groups. (BPW)
Support legislation regarding entitlement of newborns born to women veterans receiving VA maternity benefits. (ACWV)	Ensure adequate number of female staff members are trained for MST services. (OIF/OEF)	VA should hire more women veterans immediately upon their discharge. (NSWV)	The DoD should implement an anti-stigma behavioral health campaign and provide factual information. (DoD)

Table 8. RECOMMENDATIONS RELATED TO WOMEN VETERANS

Health	Mental and Behavioral Health	Information and Services	Awareness and Outreach
Ensure medical records can be mutually transferred between DoD and DVA. (DoD)	Allow MST sufferers to choose the gender of their examiner and allow them to bring a support person to exams. (NSWV)	Center for Veterans Enterprise should collect and report data specific to women veterans businesses to increase access to federal grants. (ACWV)	Conduct a nationwide public awareness campaign for MST. (NSWV)
Make VA healthcare funding mandatory. Eliminate irregular discretionary funding system. (IAVA)	Mandate that all examination records are reviewed by a provider who has MST training prior to the claim going forward. (NSWV)	Target incarcerated female veterans to receive employment assistance. (NSWV)	
	The veterans' suicide hotline operators should receive additional training in sexual assault-related calls. (IAVA)	Fund a pilot program to test the effects of alternative sentencing for veterans with combat-related stress injuries. (IAVA)	
	Provide flexibility in PTSD programs for women. Gender specific programs should be enacted. (AMVETS)		
	Increase funding for specialized in-patient women-only PTSD clinics. (IAVA)		
	Allow troops to seek alcohol and substance abuse treatment without command notification. (IAVA)		

APPENDIX D – CALIFORNIA DEPARTMENT OF VETERAN AFFAIRS ORGANIZATION

Department of Veterans Affairs Functional Chart to provided to CRB by CalVet, July 2009



RESOURCES

- Abt Associates, Inc. *Employment Histories Report*. Prepared for the U.S. Department of Veteran Affairs. Bethesda, MD: Abt Associates, Inc., March 24, 2008.
- Alvarez, L. "Combat to College." *The New York Times*, November 2, 2008. Available at: http://www.nytimes.com/2008/11/02/education/edlife/vets.html?_r=3&pagewanted=print.
- Alvarez, L., and D. Sontag. "When Strains on Military Families Turn Deadly." *The New York Times*, February 15, 2008. Available at: <http://www.nytimes.com/2008/02/15/us/15vets.html?pagewanted=print>.
- AMVETS. *Voices for Action: A Focus on the Changing Needs of America's Veterans*. National Symposium for the Needs of Young Veterans. National Symposium Press Club Report, November 9, 2006. Available at: http://www.amvets.org/pdfs/amvets_symposium_report_final.pdf.
- Benda, B. "Survival Analyses of Social Support and Trauma Among Homeless Male and Female Veterans who Abuse Substances." *American Journal of Orthopsychiatry*, Vol. 76, Issue 1, 2006, pp. 70-79.
- Bertoni, D. "Bed Capacity, Service and Communication Gaps Challenge the Grant and Per Diem Program." *Testimony before the Subcommittee on Health, Committee on Veterans' Affairs*. Washington, DC: U.S. House of Representatives, September 2007.
- Burke, P. "Female Vets Come Home to Second War on Trauma." *Women's eNews*, May 28, 2008. Available at: <http://www.womensenews.org/article.cfm?aid=2755>.
- Burnam, M.A, and others. *Improving Mental Health Care for Returning Veterans*. Research Brief. Santa Monica: California RAND Center for Military Health Policy Research, June 2009. Available at: http://www.cgi.rand.org/pubs/research_briefs/2009/RAND_RB9451.pdf.
- Business and Professional Women's Foundation. "Understanding the Complexity of Women Veterans' Career Transitions;" "Building Strong Programs and Policies to Support Women Veterans;" and "Top Ten Recommendations to Support Women Veterans." *Women Veterans in Transition Research Project: Reports, Research Papers, and Briefs*, 2007. Available at: <http://www.bpwusa.org/i4a/pages/index.cfm?pageid=5368>.
- California Department of Veterans Affairs. *Survey of Veteran Benefits and Survey of Veteran Benefits, Preliminary Results*. Sacramento: CalVet, 2007.
- Campbell, J.C., and others. "Intimate Partner Violence and Abuse Among Active Duty Military Women." *Violence Against Women* Vol. 9, No. 6, 2003, pp. 1072-1092.
- CBS News. *Veteran Suicides: How We Got the Numbers*. New York, December 4, 2007. Retrieved October 29, 2008; no longer available online.

- Christopher, T. *A Call for System Overhaul: Current Issues Facing Women Active Duty and Veterans*. San Francisco: Swords to Plowshares, July 2009.
- Cohen, S. "Women Face Emotional Wounds of War." *Associated Press*, December 3, 2006. Retrieved October 29, 2008; no longer available online.
- Corbett, S. "The Women's War." *The New York Times Magazine*, March 18, 2007. Available at: <http://www.nytimes.com/2007/03/18/magazine/18cover.html>.
- Corporation for Supportive Housing (CSH). *Supportive Housing for Veterans: An Overview of Key Considerations*. Washington, DC: CSH, October 2008. Available at: <http://documents.csh.org/documents/ResourceCenter/Populations/Veterans2PagerFINAL.pdf>.
- Cunningham, M., and others. *Vital Mission: Ending Homelessness Among Veterans*. Research Reports on Homelessness. Washington, DC: The Homeless Research Institute, National Alliance to End Homelessness, November 2007. Available at: www.endhomelessness.org/files/1839_file_Vital_Mission_Final.pdf.
- Davis, T.M., and others. "Screening for Substance Abuse and Psychiatric Disorders Among Women Patients in a VA Healthcare System." *Psychiatric Services*, Vol. 54, No. 2, February 2003, pp. 214-218.
- Disabled American Veterans (DAV). *Stand Up for Women Veterans: They Stood Up for Us*. Washington, DC: DAV, 2008. Available at: www.standup4vets.org.
- Edgerton, S., and others. "Chapter 26 – Women Servicemembers and Veterans," in *The American Servicemembers and Veterans Survival Guide*. Washington, DC: Veterans for America, 2008. Available at: <http://www.veteransforamerica.org/wp-content/uploads/2008/12/survival-guide.pdf>.
- Edwards, E.G., and H.D. Martin. "Will More Women Vets be Homeless?" *Medill Reports*. Chicago: Northwestern University, March 12, 2008. Available at: <http://news.medill.northwestern.edu/chicago/news.aspx?id=83199>.
- Fairweather, A.J.D. *Risk and Protective Factors for Homelessness among OIF/OEF Veterans*. San Francisco: Iraq Veteran Project, Swords to Plowshares, December 7, 2006. Available at: <http://www.nchv.org/docs/Microsoft%20Word%20-%20Risk%20and%20Protective%20Factors%20for%20Homelessness%20among%20OIF%20Veterans.pdf>.
- Fairweather, A.J.D., and M.L. Garcia. *Defining a New Age of Veteran Care: A Primer for Understanding Iraq and Afghanistan Veterans*. National Association of Social Workers Online Programs, 2008. Available at: https://www.socialworkweb.com/nasw/choose/details.cfm?course_number=1274.

- Fontana, A., and R. Rosenheck. "Treatment of Female Veterans with Posttraumatic Stress Disorder: The Role of Comfort in a Predominantly Male Environment." *Psychiatric Quarterly*, Vol. 27, No. 1, Spring 2006.
- Gamache, G. "Overrepresentation of Women Veterans Among Homeless Women." *American Journal of Public Health*, Vol. 93, No. 7, July 2003, pp. 1132-1136.
- Goldzweig, C., and others. "The State of Women Veterans' Health Research: Results of a Systematic Literature Review." *Journal of General Internal Medicine*, Vol. 21, Issue 3, 2006, pp. 82-92.
- Hayes, P., Chief Consultant, Women Veterans Health, Strategic Health Care Group, U.S. Department of Veteran Affairs. Statement Before the U.S. Senate Committee on Veteran Affairs, *Women Veterans: Bridging the Gaps in Care*, July 14, 2009. Full hearing available at:
http://veterans.senate.gov/hearings.cfm?action=release.display&release_id=96d956e4-9951-495c-a74f-89274ba92e3e.
- Holder, K.A. "Exploring the Veteran-Nonveteran Earnings Differential in the 2005 American Community Survey." Paper presented at the annual meeting of the American Sociological Association, New York, New York City, August 11, 2007. Available at:
http://www.allacademic.com/meta/p181625_index.html.
- Holm, J., Major General USAF (Ret.). *Women in the Military, an Unfinished Revolution*. Novato, California: Presidio Press, 1992.
- National Alliance to End Homelessness. *Veterans Returning from Iraq and Afghanistan*. Washington, DC: The Homeless Research Institute, National Alliance to End Homelessness, [2008]. Available at:
[www.endhomelessness.org/files/1837_file_IraqAfghanistanVets_2 .pdf](http://www.endhomelessness.org/files/1837_file_IraqAfghanistanVets_2.pdf).
- Hukill, T. "A Peculiar Version of Friendly Fire: Female Troops Face Double Danger." *The Progressive*, January 2007. Available at: http://www.progressive.org/mag_hukill0107.
- Jacobson, I.G., and others. "Alcohol Use and Alcohol-Related Problems Before and After Military Combat Deployment." *Journal of the American Medical Association*, Vol. 300, No. 6, August 13, 2008.
- Kang, H.K., and T.A. Bullman. "Risk of Suicide Among U.S. Veterans After Returning From the Iraq or Afghanistan War Zones." Research Letter. *Journal of the American Medical Association*, Vol. 300, 2008, pp. 652-653.
- Karney, B.J., and others. *Invisible Wounds: Predicting the Immediate and Long-Term Consequences of Mental Health Problems in Veterans of Operation Enduring Freedom and Operation Iraqi Freedom*. Santa Monica: California RAND Center for Military Health Policy Research, April 2008. Available at:
http://rand.org/pubs/working_papers/2008/RAND_WR546.pdf.

- King, L.A., and D.W. King. *Traumatic Stress in Female Veterans*. White River Junction, VT: VA National Center for PTSD, 2008. Available at: http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_women_vets.html?opm=1&rr=rr39&srt=d&echorr=true.
- Kimerling, R., and others. "Burden of Mental Illness Associated with Military Sexual Trauma among Veterans Deployed to Iraq and Afghanistan." *Presented at the American Public Health Association, Scientific Sessions, Annual Meeting*, October 2008.
- Kimerling, R., and others. "Evaluation of Universal Screening for Military-Related Sexual Trauma." *Psychiatric Services*, Vol. 59, June 2008, pp. 635-640.
- Kimerling, R., and others. "The Veterans Health Administration and Military Sexual Trauma." *American Journal of Public Health* Vol. 97, No.12, 2007, pp. 2160-2166.
- Kuhn, J. H., and J. Nakashima. *Community Homeless Assessment, Local Education and Networking Group (CHALENG) for Veterans, The Fourteenth Annual Progress Report on P.L. 105-114 Services for Homeless Veterans Assessment and Coordination*. Washington, DC: U.S. Department of Veterans Affairs, February 28, 2008. Available at: http://www1.va.gov/homeless/docs/CHALENG_14th_annual_Rpt_7-7-08.pdf.
- Lipari, R.N., and others. *2006 Gender Relations Survey of Active Duty Members*. Defense Manpower Data Center, Report No. 2007-022. March 2008. Available at: www.sapr.mil/contents/references/WGRA_OverviewReport.pdf.
- Litz, B.T. *The Unique Circumstances and Mental Health Impact of the Wars in Afghanistan and Iraq*. Washington, DC: U.S. Department of Veterans Affairs, National Center for PTSD, 2008. Available at: http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_iraqafghanistan_wars.html?printable-template=factsheet.
- Manning, L., and others. *Women Veterans' Employment*. Washington, DC: Womens' Research and Employment Institute (W.R.E.I.), December 2002.
- Mason, T. *Homeless Women Veterans in Central California*. Testimony of Theresa Mason, U.S. Navy Veteran before the California Commission on the Status of Women, October 2006.
- Matsakis, A. "Frequently Asked Questions About Combat Trauma," and "I Have to be Twice as Good, Women Veterans: Achievements and Injustice," in *Back from the Front: Combat Trauma, Love, and the Family*. Baltimore: Sidran Institute Press, 2007.
- Milliken, C.S. and others. "Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War." *JAMA*, Vol. 298, No 18, November 14, 2007, pp. 2141-8.
- Murdoch, M. "Association between In-Service Harassment and Post-Traumatic Stress Disorder Among Department of Veterans Affairs Disability Applicants." *Military Medicine*, February 2006.

Murdoch, M., and others. "Women and War." *Journal of General Internal Medicine*, March 2006, Vol. 21, pp. 5-10.

National Coalition for the Homeless. *Homeless Veterans*. NCH Fact Sheet No. 17. Washington, DC: NCH, June 2008.

Office of Applied Studies. *The NSDUH Report: Major Depressive Episode and Treatment for Depression among Veterans Aged 21 to 39*. Rockville, MD: Substance Abuse and Mental Health Services Administration, November 2008. Available at: <http://oas.samhsa.gov/2k8/veteransDepressed/veteransDepressed.htm>.

Office of Applied Studies. *The NSDUH Report: Serious Psychological Distress and Substance Use Disorder among Veterans*. Rockville, MD: Substance Abuse and Mental Health Services Administration, November 2007. Available at: <http://www.oas.samhsa.gov/2k7/veteransDual/veteransDual.pdf>.

Office of Applied Studies. *The NSDUH Report: Substance Use, Dependence and Treatment among Veterans*. Rockville, MD: Substance Abuse and Mental Health Services Administration, November 2007. Available at: <http://www.oas.samhsa.gov/2k5/vets/vets.pdf>.

Perl, L. *Veterans and Homelessness*. Washington, DC: Congressional Research Service, May 2007. Available at: <http://fas.org/sgp/crs/misc/RL34024.pdf>.

Pierce, P. "The Role of Women in the Military," in T.W. Britt and others (eds), *Military Life: The Psychology of Serving in Peace and Combat: Vol. 4 Military Culture*. Westport, CT: Praeger Security International, 2006.

Research Advisory Committee on Gulf War Veterans' Illnesses. *Gulf War Illness and the Health of Gulf War Veterans, Scientific Findings and Recommendations*. Washington, DC: U.S. Department of Veterans Affairs, 2008. Available at: http://sph.bu.edu/insider/images/stories/resources/annual_reports/GWI%20and%20Health%20of%20GW%20Veterans_RAC-GWVI%20Report_2008.pdf.

Seal, Karen, and others. "Trends and Risk Factors for Mental Health Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care, 2002-2008." *American Journal of Public Health*, July 16, 2009, online edition.

Street, A., and J. Stafford. "Military Sexual Trauma: Issues in Caring for Veterans," Chapter IX, *Iraq War Clinician's Guide*. Washington, DC: U.S. Department of Veterans Affairs, National Center for PTSD, 2008. Available at: http://www.ptsd.va.gov/professional/manuals/manual-pdf/iwgc/iraq_clinician_guide_ch_9.pdf.

Sundaraman, R., and others. "Suicide Prevention Among Veterans." Washington, DC: Congressional Research Service, May 2008. Available at: <http://www.fas.org/sgp/crs/misc/RL34471.pdf>.

- Suris, A., and L. Lind. "Military Sexual Trauma: A Review of Prevalence and Associated Health Consequences in Veterans." *Trauma Violence Abuse*, Vol. 9, No. 4, October 2008, pp. 250-269.
- Suris, A., and others. "Mental Health, Quality of Life, and Health Functioning in Women Veterans: Differential Outcomes Associated with Military and Civilian Sexual Assault." *Journal of Interpersonal Violence*, Vol. 22, No. 2, 2007, pp. 179-197.
- Tanielian, T. *Assessing Combat Exposure and Post-Traumatic Stress Disorder in Troops and Estimating the Costs to Society: Implications from the RAND Invisible Wounds of War Study*. Testimony presented before the House Veterans' Affairs Committee, Subcommittee on Disability Assistance and Memorial Affairs. March 24, 2009. Available at: http://www.rand.org/pubs/testimonies/2009/RAND_CT321.pdf.
- Tanielian, T., and others. *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Rand Invisible Wounds of War Study. Santa Monica: California RAND Center for Military Health Policy Research, 2008.
- U.S. Congress, The Joint Economic Committee. *Helping Military Moms Balance Family and Longer Deployments*. Senator E. Schumer, Chairman, May 11, 2007. Available at: <http://jec.senate.gov/archive/Documents/Reports/MilitaryMoms05.11.07Final.pdf>.
- U.S. Department of Defense Task Force on Mental Health. *An Achievable Vision: Report of the Department of Defense Task Force on Mental Health*. Falls Church, VA: Defense Health Board, June 2007.
- U.S. Department of Health and Human Services. *Women in the Military: Promoting Acceptance and Inclusion*. Washington, DC: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, August 2008. Available at: <http://promoteacceptance.samhsa.gov/archtel/pdf/Aug062008-final.pdf>.
- U.S. Department of Veterans Affairs. *Advisory Committee on Women Veterans Palo Alto Healthcare System Site Visit*, June 4-8, 2007. Washington, DC: U.S. Department of Veterans Affairs, June 2007. Available at: <http://www1.va.gov/womenvet/docs/PaloAltoMinutes.pdf>.
- U.S. Department of Veteran Affairs. *California and the U.S. Department of Veteran Affairs. State Summary*. Washington, DC: U.S. Department of Veterans Affairs, July 2008. Available at: <http://www1.va.gov/opa/fact/statesum/cass.asp>.
- U.S. Department of Veterans Affairs. *Recognizing Women Veterans ... American Heroes, Advisory Committee on Women Veterans Report 2008*. Washington, DC: U.S. Department of Veterans Affairs, August 2008. Available at: http://www1.va.gov/womenvet/docs/ACWV_2008_Report.pdf.

- U.S. Department of Veterans Affairs. *Interim Report of Department of Veterans Affairs Advisory Committee on Operation Iraqi Freedom and Operation Enduring Freedom Veterans and Families and VA Responses to the Report*. Washington, DC: Advisory Committee on Operation Iraqi Freedom and Operation Enduring Freedom Veterans and Families, September 2008. Available at:
http://www1.va.gov/oifoef/docs/Final_Report_Full.pdf and
http://www1.va.gov/oifoef/docs/VA_Reponses.pdf.
- U.S. Department of Veterans Affairs. *Organizational Briefing Book*, 2009. (Washington, DC: Office of Administration). Available at:
<http://www.va.gov/ofcadmin/docs/vaorgbb.pdf>.
- U.S. Department of Veterans Affairs. *Women Veterans: Past, Present and Future*. Washington, DC: Office of Policy and Planning, U.S. Department of Veterans Affairs, September 2007. Available at:
http://www1.va.gov/womenvet/docs/womenvet_history.pdf.
- U.S. Department of Labor. *Employment Situation of Veterans: August 2005*. Washington, DC: Bureau of Labor Statistics, May 2006. Available at:
http://www.bls.gov/news.release/archives/vet_05262006.pdf.
- U.S. General Accounting Office (GAO). *Multiple Agencies Provide Assistance to Service-disabled Veterans or Entrepreneurs, but Specific Needs Are Difficult to Identify and Coordination Is Weak*. Letter to Congress. Washington, DC: GAO, July 14, 2009. Available at: <http://www.gao.gov/new.items/d0911r.pdf>.
- U.S. General Accounting Office (GAO). *Preliminary Findings on VA's Provision of Health Care Services to Women Veterans*. Statement of Randall B. Williamson, Testimony Before the Committee on Veterans' Affairs, U.S. Senate. Washington, DC: GAO, July 14, 2009. Available at: <http://www.gao.gov/new.items/d09884t.pdf>.
- U.S. House of Representatives. *Review of Capacity of Department of Veterans Affairs Readjustment Counseling Service Vet Centers*. U.S. House of Representatives, House Committee on Veterans Affairs, October 2006. Available at:
<http://veterans.house.gov/democratic/officialcorr/pdf/vetcenters.pdf>.
- Venkataraman, B. *Help Lags for Homeless Female Veterans*. Christian Science Monitor, July 18, 2007.
- Vogt, D., and others. "Barriers to Veterans Health Administration Care in a Nationally Representative Sample of Women Veterans." *Journal of General Internal Medicine*, Vol. 21, 2006, pp. 19-25. Available at:
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1513162>.
- Vogt, D. *Research on Women, Trauma and PTSD*. Fact Sheet. White River Junction, VT: U.S. Department of Veterans Affairs, National Center on PTSD, [date unknown]. Available at: <http://www.ptsd.va.gov/public/pages/women-trauma-and-ptsd.asp>.

Washington, D.L., and others. "The Health and Healthcare of Women Veterans." *Journal of Internal Medicine*, Vol. 21, March 2006, pp.3-4. Available at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1513168>.

Washington, D.L., and others. "To Use or Not to Use – What Influences Why Women Veterans Choose VA Healthcare." *Journal of Internal Medicine*, Vol. 21, March 2006. Available at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1513176>.

Washington, D.L., and others. "VA Emergency Healthcare for Women: Condition – Critical or Stable?" *Women's Health Issues*, Vol. 16, Issue 3, 2006, pp.133-138.

Washington, D.L., and others. "Women Veterans' Perceptions and Decision-Making about Veterans Affairs Healthcare." *Military Medicine*, Vol. 172, No. 8, 2007, pp. 812-817.

Wertheimer, L. "Wounded in War: The Women Serving in Iraq." *The Impact of War*. NPR, February 28, 2008. Available at: <http://www.npr.org/templates/story/story.php?storyId=4534450>.

Williamson, V., and E. Mulhall. *Careers After Combat: Employment and Education Challenges for Iraq and Afghanistan Veterans*. Issue Report. Washington, DC: Iraq and Afghanistan Veterans of America, January 2009.

Women's Research & Education Institute (WREI). *Chronology of Significant Legal & Policy Changes Affecting Women in the Military: 1947- 2003*. Washington, DC: WREI, [date unknown]. Available at: <http://www.wrei.org/Women%20in%20the%20Military/Women%20in%20the%20Military%20Chronology%20of%20Legal%20Policy.pdf>.

Yaeger, D., and others. "DSM-IV Diagnosed Posttraumatic Stress Disorder in Women Veterans With and Without Military Sexual Trauma." *Journal of General Internal Medicine*, Vol. 21, 2006, pp. 65-69.

Yano, E.M., and others. "Toward a VA Women's Health Research Agenda: Setting Evidence-based Priorities to Improve the Health and Healthcare of Women Veterans." *Journal of General Internal Medicine*, Vol. 21, Supplement 3, March 2006.

Zahora, J. "Army Policies Don't Keep Women off the Front Lines." National Public Radio, February 28, 2008. Available at: <http://www.npr.org/templates/story/story.php?storyId=13961298>.

Zinzow, H.M., and others. "Trauma Among Female Veterans: A Critical Review." *Trauma Violence Abuse*, Vol. 8, 2007, pp. 384-400. Available at: <http://tva.sagepub.com/cgi/reprint/8/4/384>.

Ziven, K., and others. "Suicide Mortality Among Individuals Receiving Treatment for Depression in the Veterans Affairs Health System: Associations with Patient and Treatment Setting Characteristics." *Journal of American Public Health* Vol. 97, No. 12, December 2007.

SELECTED WEBSITES AND OTHER RESOURCES

Following are some websites for information on women veterans and the issues they face:

Government

- *Women Veterans Program*, California Department of Veterans Affairs
<http://www.cdva.ca.gov/Resources/Women.aspx>

The mission of the Women Veterans Program is to increase the utilization of available services at the federal, state and local levels by women veterans, and to ensure that issues important to these veterans remain a priority in the planning and implementation of public policies.

- *Center for Women Veterans*, U.S. Department of Veterans Affairs
<http://www1.va.gov/womenvet/>

The Center's mission is to ensure that women veterans receive benefits and services on par with male veterans; VA programs are responsive to gender-specific needs of women veterans; outreach is performed to improve women veterans' awareness of services, benefits and eligibility criteria; and women veterans are treated with dignity and respect.

- *Women Veterans Health*, U.S. Department of Veterans Affairs
<http://www1.va.gov/wvhp/>

The mission of the Women Veterans Health Program is to promote the health, welfare and dignity of women veterans, and their families, by ensuring equitable access to timely, sensitive and quality healthcare, including mental health, medical and preventative care.

- *National Center for PTSD*, U.S. Department of Veterans Affairs, Mental Health
<http://www.ptsd.va.gov/>

The National Center for PTSD (NCPTSD) provides research, education, and training on PTSD and stress-related disorders. It provides resources for veterans, their families, clinical practitioners, and researchers. There are several resources relating to women.

Women Who Served in Our Military Insights for Trauma Interventions for Veterans & Families

This 40 minute National Center for PTSD video examines the effect of deployment to war zones and the stress responses and disruption of normal family life. It presents the trauma treatment options at VA medical facilities, and offers an historical perspective of women's service to their country. Available at: <http://www.ptsd.va.gov/public/videos/women-served-military.asp>.

Non-Government

■ *Grace After Fire*

<http://www.graceafterfire.org/>

Grace is an online social network built by and for women veterans to provide resources and support for each other.

■ *In Their Boots*

<http://www.intheirboots.com/itb/>

This is a video documentary series about the impact of the wars in Iraq and Afghanistan on the people at home. Stories about women veterans include *Angie's Story*, in which an OIF veteran confronts her PTSD with the help of the Renew Program in California (Season 1).

■ *Iraq and Afghanistan Veterans of America (IAVA)*

<http://iava.org>

IAVA is the nation's first and largest group dedicated to the troops and veterans of the wars in Iraq and Afghanistan, and their civilian supporters. This nonprofit, nonpartisan advocacy organization provides issue reports on a range of subjects.

■ *Service Women's Action Network (SWAN)*

<http://www.servicewomen.org/>

SWAN, a non-profit, non-partisan organization that serves all military women and women veterans, develops the leadership skills of women in order that their voices are included in the national discussion on military and veterans' affairs.

■ *Swords to Plowshares (Swords)*

<http://swords-to-plowshares.org/>

Swords, a community-based, nonprofit organization, provides counseling and case management, employment and training, housing, and legal assistance to homeless and low-income veterans in the San Francisco Bay Area and other parts of the state. It also promotes veterans rights, provides public education and public policy resources, and operates *The Iraq Veteran Project*.

■ *The Valor Project*, A Dan Weisburd Production with the California Institute of Mental Health <http://www.cimh.org/>

Another Kind of Valor is a nine-video DVD/CD learning system, designed to address the needs of family members and professionals who are assisting veterans with emotional wounds and mental health issues.

ENDNOTES

- ¹ “Homeless Women Veterans in Central California,” Testimony of Seanna Herring-Jensen, WestCare California, and Theresa Mason, U.S. Navy Veteran, before the California Commission on the Status of Women, October 2006.
- ² U.S. Department of Veterans Affairs (VA), *Women Veterans: Past, Present and Future* (Washington, DC: Office of Policy and Planning, September, 2007); Jeanne Holm, Major General USAF (Ret.), *Women in the Military, An Unfinished Revolution* (Novato, California: Presidio Press, 1992).
- ³ VA, *Women Veterans: Past, Present and Future*, p. 52.
- ⁴ Title 10, U.S. Code, Section 10102.
- ⁵ California National Guard, information received via e-mail from Sgt. Rebecca Larson, April 4, 2009.
- ⁶ California National Guard, *Army National Guard Survey Series*, and *Citizen-Soldier Survey*, 2009.
- ⁷ U.S. Department of Veterans Affairs (VA), *Recognizing Women Veterans ... American Heroes, Advisory Committee on Women Veterans Report 2008* (Washington, DC: Advisory Committee on Women Veterans, August 2008) p. 25.
http://www1.va.gov/womenvet/docs/ACWV_2008_Report.pdf.
- ⁸ VA, *Women Veterans: Past, Present and Future*.
- ⁹ VA, U.S. Census VetPop2007 data (Washington, DC: Office of Policy and Planning, December 2007).
- ¹⁰ VA, *Women Veterans Population* (Washington, DC: Center for Women Veterans, October 2008).
<http://www1.va.gov/womenvet/page.cfm?pg=53>.
- ¹¹ VA, U.S. Census VetPop2007 data.
- ¹² VA, U.S. Census VetPop2007 data.
- ¹³ VA, U.S. Census VetPop2007 data.
- ¹⁴ VA, U.S. Census VetPop2007 data; telephone conversation with Mike Wells and Dat Tran, VA Office of Policy and Planning, with Scott Vince, February 2008; M. Swift, “Why are vets leaving urban areas and heading off to the peace and quiet of rural locales? No one really knows,” *San Jose Mercury News*, *MercuryNews.com*, March 29, 2009.
- ¹⁵ Department of Defense, *Population Representation in the Military Services – Active Component Enlisted Force* (Washington, DC: Office of the Under Secretary of Defense, Personnel and Readiness, Fiscal Year 2004). <http://www.defenselink.mil/prhome/popprep2004>.
- ¹⁶ U.S. Census, *Exploring the Veteran-Nonveteran Earnings Differential in the 2005 American Community Survey, 2008* (Washington, DC: U.S. Census, 2008). This study found that women veterans were more likely than non-veterans to work 35 or more hours per week, to work at least 50 weeks per year, and to work in public administration.
- ¹⁷ Testimony by Kayla Williams, U.S. House Committee on Veterans' Affairs roundtable discussion on "The Growing Needs of Women Veterans: Is the VA Ready?" May, 2009.
- ¹⁸ U.S. Congress, *The Joint Economic Committee, Helping Military Moms Balance Family and Longer Deployments* (Washington DC: Joint Economic Committee, May 11, 2007).
<http://jec.senate.gov/archive/Documents/Reports/MilitaryMoms05.11.07Final.pdf>

-
- ¹⁹ U.S. Congress, *The Joint Economic Committee, Helping Military Moms Balance Family and Longer Deployments*.
- ²⁰ H.M. Zinzow and others, "Trauma Among Female Veterans: A Critical Review," *Trauma Violence Abuse* Vol. 8 (2007) pp. 386. <http://tva.sagepub.com/cgi/reprint/8/4/384>.
- ²¹ H.M. Zinzow and others, "Trauma Among Female Veterans."
- ²² H.M. Zinzow and others, "Trauma Among Female Veterans."
- ²³ J.C. Campbell and others, "Intimate Partner Violence and Abuse Among Active Duty Military Women," *Violence Against Women* Vol. 9, No. 6 (2003) pp. 1072-1092.
- ²⁴ L. Alvarez and D. Sontag, "When Strains on Military Families Turn Deadly," *The New York Times*, February 15, 2008. <http://www.nytimes.com/2008/02/15/us/15vets.html?pagewanted=print>.
- ²⁵ C.M. West, *Partner Violence in Military Families: A 20-Year Literature Review and Synthesis*, (New Hampshire: Family Research Laboratory, University of New Hampshire, [date unknown]). http://www.agnr.umd.edu/nfr/research/pv/pv_ch6.html.
- ²⁶ "Growing Problem for Veterans: Domestic Violence." *ScienceDaily* (St. Louis, MO: Washington University, November 7, 2008). <http://www.sciencedaily.com/releases/2008/11/081106181415.htm>
- ²⁷ A. Leven, "Military Deployment Stress Tied to Child Abuse Increase," *Psychiatric News* Vol. 42, No. 17, September 7, 2007. <http://pn.psychiatryonline.org/cgi/content/full/42/17/8>.
- ²⁸ U.S. House of Representatives, *Review of Capacity of Department of Veterans Affairs Readjustment Counseling Service Vet Centers*, (Washington, DC: Committee on Veterans Affairs, October 2006).
- ²⁹ VA Veterans Health Services; S. Cohen, "Women face emotional wounds of war," *Associated Press*, December 3, 2006.
- ³⁰ Interviews with Ann Childress, VA Palo Alto Women's Program Coordinator, Renee Wagner, Women's Prevention, Outreach and Education Center, and other service providers at Palo Alto Veterans Health Care System, July 8, 2008.
- ³¹ "House Veterans Committee Holds Roundtable to Address Women Veterans." *Press Release*, May 21, 2009. <http://veterans.house.gov/news/PRArticle.aspx?NewsID=411>.
- ³² K. Hefling, "VA Says Women's Health Care Lags," *Washington Times*, June 14, 2008. <http://www3.washingtontimes.com/news/2008/jun/14/va-says-womens-health-care-lags/>.
- ³³ T. Tanielian and others, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica: California RAND Center for Military Health Policy Research, 2008). <http://www.rand.org/multi/military/veterans/>.
- ³⁴ T. Tanielian and others, *Invisible Wounds of War*.
- ³⁵ K. Seal, and others, "Trends and Risk Factors for Mental Health Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care, 2002-2008," *American Journal of Public Health*, July 16, 2009 online edition.
- ³⁶ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), *The NSDUH Report: Serious Psychological Distress and Substance Use Disorder among Veterans* (Rockville, MD: SAMHSA, Office of Applied Studies, November 1, 2007). <http://www.oas.samhsa.gov/2k7/veteransDual/veteransDual.pdf>.
- ³⁷ P. Hayes, Chief Consultant, Women Veterans Health, Strategic Health Care Group, VA, Statement Before the U.S. Senate Committee on Veteran Affairs, *Women Veterans: Bridging the Gaps in Care*, July 14, 2009. http://veterans.senate.gov/hearings.cfm?action=release.display&release_id=96d956e4-9951-495c-a74f-89274ba92e3e.

-
- ³⁸ SAMHSA, *The NSDUH Report: Serious Psychological Distress and Substance Use Disorder among Veterans*.
- ³⁹ D. Vogt, *Research on Women, Trauma and PTSD*, Fact Sheet (White River Junction, VT: U.S. Department of Veterans Affairs, National Center on PTSD, [date unknown]). www.ptsd.va.gov/public/pages/women-trauma-and-ptsd.
- ⁴⁰ C. Milliken and others, "Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War," *JAMA* Vol 298, No 18 (November 14, 2007) pp. 2141-8.
- ⁴¹ Tia Christopher, Women Veterans Coordinator, Iraq Veteran Project, Swords to Plowshares.
- ⁴² Department of Defense, "Fiscal 2008 Report on Sexual Assault in the Military," (Washington, DC: Sexual Assault Prevention Office). The actual number is 2,974 cases. <http://www.sapr.mil>.
- ⁴³ A.G. Sadler and others, "Factors Associated with Women's Risk of Rape in the Military Environment," *American Journal of Industrial Medicine* Vol. 43, No. 3 (March 2003) pp. 262-273.
- ⁴⁴ H. Zinzow and others, "Trauma Among Female Veterans: A Critical Review;" A. Suris and L. Lind, "Military Sexual Trauma: A Review of Prevalence and Associated Health Consequences in Veterans," *Trauma Violence Abuse* Vol. 9, No. 4 (October 2008) pp. 250-269; C. Goldzweig and others, "The State of Women Veterans' Health Research: Results of a Systematic Literature Review," *Journal of General Internal Medicine* Vol. 21, Issue 3 (2006) pp. 82-92.
- ⁴⁵ R. Kimerling and others, "Evaluation of Universal Screening for Military-Related Sexual Trauma," *Psychiatric Services* Vol. 59 (June 2008) pp. 635-640. Actual number is 19.5%. U.S. General Accounting Office (GAO), *Preliminary Findings on VA's Provision of Health Care Services to Women Veterans*, Statement of R.B. Williamson Before the Committee on Veterans' Affairs, U.S. Senate (Washington, DC: GAO, July 14, 2009) <http://www.gao.gov/new.items/d09884t.pdf>.
- ⁴⁶ Rachel Kimerling and others, "Evaluation of Universal Screening for Military-Related Sexual Trauma."
- ⁴⁷ "Sexual Assault Permeates U.S. Armed Forces," CBS News, CBSNews.com, March 17, 2009. <http://www.cbsnews.com/stories/2009/03/17/eveningnews/main4872713.shtml>.
- ⁴⁸ A. Suris and L. Lind, "Military Sexual Trauma."
- ⁴⁹ U.S. Government Accountability Office (GAO), *Actions Needed to Strengthen Implementation and Oversight of DoD's and the Coast Guard's Sexual Assault Prevention and Response Programs* (Washington, DC: GAO, September 2008).
- ⁵⁰ H. Zinzow and others, "Trauma Among Female Veterans."
- ⁵¹ A. Suris and L. Lind, "Military Sexual Trauma."
- ⁵² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), *Women in the Military: Promoting Acceptance and Inclusion* (Washington, DC: SAMHSA, August 2008). Interview with Palo Alto Women Veterans' Health Center staff, July 8, 2008.
- ⁵³ H. Zinzow and others, "Trauma Among Female Veterans."
- ⁵⁴ A. Suris and L. Lind, "Military Sexual Trauma."
- ⁵⁵ T. Christopher, *A Call for System Overhaul: Current Issues Facing Women Active Duty and Veterans*, San Francisco: Swords to Plowshares, July 2009.
- ⁵⁶ U.S. Department of Veterans Affairs, *Organizational Briefing Book* (Washington, DC: Office of Administration, 2009) p. 12. <http://www.va.gov/ofcadmin/docs/vaorgbb.pdf>.

-
- ⁵⁷ National Institute of Mental Health (NIMH), *The National Comorbidity Survey* (Bethesda, MD: NIMH, 2005). <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml>.
- ⁵⁸ C. Munsey, "DoD Allocates \$25 Million to Study PTSD," *APA Online Monitor on Psychology* Vol 39, No. 7 (July/August 2008). <http://www.apa.org/monitor/2008/07-08/ptsd.html>.
- ⁵⁹ VA National Center for PTSD (NCPTSD), *How common is PTSD?* Fact Sheet (White River Junction, VT: NCPTSD, [date unknown]). <http://www.ptsd.va.gov/public/pages/how-common-is-ptsd.asp>.
- ⁶⁰ R. Maze, "Bills aim to improve services for female vets," *Navy Times*, April 7, 2009.
- ⁶¹ U.S. Department of Defense, Centers of Excellence for Psychological Health and Traumatic Brain Injury.
- ⁶² Disabled American Veterans (DAV), *Issue Brief: Traumatic Brain Injury* (Washington, DC: DAV, [unknown]). <http://www.standup4vets.org/Issues/TraumaticBrainInjury.htm>.
- ⁶³ National Institutes of Health, "Traumatic Brain Injury: Hope Through Research," No. 02-158 (Bethesda, MD: National Institute of Neurological Disorders and Stroke, February 2002). <http://www.cdc.gov/ncipc/factsheets/tbi.htm>.
- ⁶⁴ T. Tanielian and others, *Invisible Wounds of War*.
- ⁶⁵ T. Tanielian and others, *Invisible Wounds of War*.
- ⁶⁶ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), *Women in the Military: Promoting Acceptance and Inclusion* (Washington, DC: SAMHSA, August 2008). <http://promoteacceptance.samhsa.gov/archtel/pdf/Aug062008-final.pdf>.
- ⁶⁷ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), *Major Depressive Episode and Treatment for Depression among Veterans Aged 21 to 39* (Rockville, MD: SAMHSA, Office of Applied Studies, November 6, 2008). <http://oas.samhsa.gov/2k8/veteransDepressed/veteransDepressed.htm>.
- ⁶⁸ R. Sundararaman and others, *Suicide Prevention among Veterans*.
- ⁶⁹ "Study: Suicide Risk is Double Among Male U.S. Veterans," *CNN.com*, June 11, 2007. <http://www.cnn.com/2007/HEALTH/06/11/vets.suicide/index.html>.
- ⁷⁰ "Veteran Suicides: How We Got the Numbers? How the CBS Investigative Unit Got the Statistics and the Story," *cbsnews.com*, December 4, 2007. http://www.cbsnews.com/stories/2007/11/13/cbsnews_investigates/main3498625.shtml.
- ⁷¹ C. Cassels, "Young Women Veterans at High Risk for Suicide," *American Psychiatric Association* 2009, *Medscape Medical News*, May 27, 2009.
- ⁷² R. Sundararaman and others, *Suicide Prevention among Veterans*.
- ⁷³ J. McCarthy and others, "Suicide Mortality Among Patients Receiving Care in the Veterans Health Administration Health System," *American Journal of Epidemiology* Vol. 169, No. 8, April 15, 2009, pp.1033-1038; M.O. Oquendo and others, "Association of Co-Morbid Post Traumatic Stress Disorder and Major Depression with Greater Risk for Suicide Behavior," *American Journal of Psychiatry* Vol. 160, March 2003, pp. 580-582.
- ⁷⁴ I.G. Jacobson and others, "Alcohol Use and Alcohol-Related Problems Before and After Military Combat Deployment," *Journal of the American Medical Association* Vol. 300, No. 6 (August 2008).

⁷⁵ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), *The NSDUH Report: Substance Use, Dependence and Treatment among Veterans*, (Rockville, MD: SAMHSA, Office of Applied Studies, November 1, 2007). Female veterans are included in the NSDUH surveys but are generally not broken out by gender in these surveys or in other research. One exception is the survey on substance use disorders. Data from 2004-2006 shows that an annual average of seven percent of veterans aged 18 or older met the criteria. Veterans aged 18 to 25 and veterans with family incomes of less than \$20,000 per year were more likely to have had substance use disorders in the past year. The difference between male and female veterans was 7.2 vs. 5.8 percent. <http://www.oas.samhsa.gov/2k5/vets/vets.pdf>.

⁷⁶ T.M. Davis and others, "Screening for Substance Abuse and Psychiatric Disorders Among Women Patients in a VA Health Care System," *Psychiatric Services* Vol. 54, No. 2 (February 2003) pp. 214-218.

⁷⁷ U.S. Census, American Community Survey 2005; National Alliance to End Homelessness (NAEH), *Vital Mission: Ending Homelessness Among Veterans* (Washington, DC: NAEH, November 8, 2007). <http://www.endhomelessness.org/content/article/detail/1837>.

⁷⁸ U.S. Department of Veterans Affairs, *Veteran Homeless Programs*, 2008.

⁷⁹ VA, Veterans Health Administration, Overview of Homelessness; and National Coalition for Homeless Veterans, Statement before the Committee on Appropriations, Subcommittee on Transportation and Housing and Urban Development, and Subcommittee on Military Construction and Veterans Affairs U.S. Senate, May 1, 2008.

⁸⁰ National Coalition for Homeless Veterans (NCHV), Fact Sheet (Washington, DC: NCHV, [date unknown]). <http://www.nchv.org/background.cfm>.

⁸¹ G. Gamache, "Overrepresentation of Women Veterans Among Homeless Women," *American Journal of Public Health* Vol. 93, No. 7 (July 2003) pp. 1132-1136; L. Perl, *Veterans and Homelessness*, p 7.

⁸² B. Bender, "More females veterans are winding up homeless," *The Boston Globe*, July 6, 2009.

⁸³ Statement by Dr. Rani Desai, VA National Center for PTSD in "Will More Women Vets Be Homeless?" *Medhill Reports*, March 12, 2008. http://www.endlongtermhomelessness.org/press_center/will_more_women_vets.aspx.

⁸⁴ Mary Rooney, Program Specialist, U.S. Department of Veterans Affairs Homeless Veterans Programs, in session on *Updates on Programs for Homeless Veterans*, National Summit on Women Veterans Issues, June 21, 2008.

⁸⁵ J.H. Kuhn and J. Nakashima, *Community Homeless Assessment, Local Education and Networking Group (CHALENG) for Veterans, The Fourteenth Annual Progress Report on P.L. 105-114 Services for Homeless Veterans Assessment and Coordination* (Washington, DC: VA Homeless Veterans Programs, February 28, 2008).

⁸⁶ Peter Dougherty, Director, U.S. Department of Veterans Affairs Homeless Veterans Programs, 2008.

⁸⁷ abt Associates, Inc, *Employment Histories Report* (Bethesda, MD: abt Associates, Inc., March 24, 2008). Prepared for the VA.

⁸⁸ Business and Professional Women's Foundation, "Understanding the Complexity of Women Veterans' Career Transitions;" "Building Strong Programs and Policies to Support Women Veterans;" and "Top Ten Recommendations to Support Women Veterans," *Women Veterans in Transition Research Project: Reports, Research Papers, and Briefs* (2007). <http://www.bpwusa.org/i4a/pages/index.cfm?pageid=5368>.

-
- ⁸⁹ Business and Professional Women's Foundation and the American Council on Education's Office of Women in Higher Education, "Women Veterans Lack Resources on College Campuses," Meeting, January 28, 2009.
- ⁹⁰ Catherine Morris, Sierra College Veteran Counselor, telephone conversation with Scott Vince, March 20, 2009.
- ⁹¹ Catherine Morris, telephone conversation, March 20, 2009.
- ⁹² Student Veterans of America Newsletter, "Chapter Spotlight: Student Veteran Organization, California State University, Chico" (March 2009).
<http://www.studentveterans.org/pressroom/newsletters/March%202009.pdf>.
- ⁹³ Description of Department of Defense Transition Assistance Program at
http://www.transitionassistanceprogram.com/portal/transition/resources/PDF/TransitionGuide_RC_C01_Intro.pdf.
- ⁹⁴ Description of U.S. Department of Defense, Joint Family Support Assistance Program at
<https://www.mhngs.com/app/programsandservices/jfsap.content>.
- ⁹⁵ Mai-Ling Garcia and Tia Christopher, Swords to Plowshares, e-mail correspondence with Lisa Foster, February 3, 2009; V. Williamson and E. Mulhall, *Careers After Combat: Employment and Education Challenges for Iraq and Afghanistan Veterans*, Issue Report (Washington, DC: IAVA, January 2009) p. 6.
- ⁹⁶ V. Williamson and E. Mulhall, *Careers After Combat*, p. 6.
- ⁹⁷ *VA Organizational Briefing Book*, p. 4.
- ⁹⁸ U.S. Department of Veterans Affairs, "Analysis of Unique Veterans Utilization of VA Benefits and Services, Federal Fiscal Year 2009," (Washington, DC: Office of Policy and Planning, April 29, 2009).
- ⁹⁹ E-mail correspondence from Mike Wells, VA Office of Policy and Planning, to Scott Vince, April 9, 2009.
- ¹⁰⁰ U.S. Department of Veterans Affairs, National Cemetery Administration (NCA), June 2007: In 2006, three percent of the more than 129,000 veterans who were interred in national cemeteries across the country were female; one percent of the estimated 354,000 headstones and markers furnished by NCA for veterans buried in private cemeteries were for female veterans.
- ¹⁰¹ U.S. Department of Veterans Affairs, *California and the U.S. Department of Veteran Affairs, State Summary*, (Washington, DC: Office of Public and Intergovernmental Affairs, July 2008).
<http://www1.va.gov/opa/fact/statesum/cass.asp>.
- ¹⁰² VA Office of Policy and Planning; GAO, *Preliminary Findings on VA's Provision of Health Care Services to Women Veterans*.
- ¹⁰³ Statement of J.J. Ilam, Deputy Director National Legislative Director, Disabled American Veterans, Before the Committee on Veterans Affairs, United States Senate, July 14, 2009.
http://veterans.senate.gov/hearings.cfm?action=release.display&release_id=aa74a8ba-c163-4d80-a349-1ed85d46f211.
- ¹⁰⁴ VA, *Recognizing Women Veterans ... American Heroes*.
- ¹⁰⁵ U.S. Department of Veteran Affairs, *Advisory Committee on OIF/OEF Veterans and Families Report* (Washington, DC: Advisory Committee on OIF/OEF Veterans and Families, June 2008).
<http://www1.va.gov/oifoef/page.cfm?pg=7>.

-
- ¹⁰⁶ Montgomery GI Bill benefits include Chapter 30 – Montgomery GI Bill, Chapter 32 – Veterans Educational Assistance Program, Chapter 35 – Survivors and Dependents Educational Assistance Program, Chapter 1606 – Selected Reserve Montgomery GI Bill, and Chapter 1607 – The Reserve Educational Assistance Program.
- ¹⁰⁷ U.S. Department of Veteran Affairs, National Center for Veterans Analysis and Statistics, CA Montgomery GI Bill (MGIB) through Sept 2008; Personal e-mail correspondence from Mike Wells to Scott Vince, February 20, 2009.
- ¹⁰⁸ VA, National Center for Veterans Analysis and Statistics, CA MGIB through Sept 2008.
- ¹⁰⁹ State of California, Department of Finance, Governor’s Budget 2008-09, California Department of Veterans Affairs.
- ¹¹⁰ *California Directory of Veterans Services*, compiled by the California Employment Development Department (EDD) and CAL-Vet (January 2007), online at <http://158.96.229.240/de6033.pdf>; California Employment Development Department, ‘State of California Hire a Hero, Hire a Vet’ Draws Hundreds of Veterans and Employers Honor Vet Sacrifices with Easy Access to a Variety of New Career Options,” News Release No. 07-A99 (Sacramento, CA: EDD, 2007).
- ¹¹¹ California Department of Industrial Relations, Division of Apprenticeship Standards – Veterans website at <http://www.dir.ca.gov/das/veterans.html>.
- ¹¹² *California Directory of Veterans Service*.
- ¹¹³ Troops to College website at <http://www.troopstocollege.ca.gov/>.
- ¹¹⁴ Personal communication with California Community College Veterans Coordinator, March 17, 2009.
- ¹¹⁵ Personal communication with California State University Veterans Coordinator, March 17, 2009.
- ¹¹⁶ Office of the President, University of California, March 19, 2009.
- ¹¹⁷ California Association of County Veterans Service Officers, Inc., *2007 Annual Report and Directory*, 2007. <http://www.cacvso.org/uploads/2007fromsunwest.pdf>.
- ¹¹⁸ Coming Home Project Brochure and website at www.cominghomeproject.net.
- ¹¹⁹ Mary Ann Salzano, Founder, Statewide Collaborative for Our Military and Families.
- ¹²⁰ California Department of Veterans Affairs (CalVet), *Survey of Veteran Benefits* ((Sacramento: CalVet, August 2007).
- ¹²¹ U.S. House of Representatives, *The Growing Needs of Women Veterans: Is the VA Ready?* Roundtable Discussion (Washington, DC: House Committee on Veteran Affairs, May 20, 2009). <http://veterans.house.gov/hearings/hearing.aspx?NewsID=384>.
- ¹²² U.S. Senate, Hearing on Department of Veteran Affairs, *VA Health Care Services for Women Veterans* (Washington, DC: Senate Committee on Veteran Affairs, July 14, 2009). http://veterans.senate.gov/hearings.cfm?action=release.display&release_id=96d956e4-9951-495c-a74f-89274ba92e3e.
- ¹²³ U.S. House of Representatives, *Review of Capacity of Department of Veterans Affairs Readjustment Counseling Service Vet Centers* (Washington, DC: House Committee on Veterans Affairs, October 2006).
- ¹²⁴ U.S. Department of Veterans Affairs, *Recognizing Women Veteran ... American Heroes*, Advisory Committee on Women Veterans Report 2008 (Washington, DC: Center for Women Veterans, August 2008). http://www1.va.gov/womenvet/docs/ACWV_2008_Report.pdf.

¹²⁵ Data provided by Ted Puntillo, Deputy Secretary, Veteran Services Division, CalVet. The information included on Table 7, page 79, was obtained by CalVet staff contacting each state department and requesting the total veteran population and female veteran population served.

¹²⁶ Letter from Disabled American Veterans to the Honorable Bob Filner, Chairman, House Veterans' Affairs Committee, December 9, 2008.