



118TH CONGRESS

SUBMITTED BY :

The U.S. House of Representatives,
Committee on Veterans' Affairs

WOMEN VETERAN TASK FORCE **REPORT**





“Women make up the fastest growing population of veterans in the United States and deserve a VA that serves them exceptionally well. Our committee shares a bipartisan desire to ensure that VA can be successful in carrying out this mission,” **said Chairman Bost.** “I know that the challenges our women veterans face are unique, which is why as Chairman I am pleased to reauthorize this Task Force to hear firsthand from women veteran voices and stakeholders around the country. I’m confident that the Women Veterans Task Force will have a lasting, positive impact on our women veteran community.”

“I am incredibly pleased that we are once again recognizing the important role women veterans have played in service to our country by authorizing the Women Veterans Task Force for the 118th Congress. I applaud Chairman Bost for continuing this effort – originally started under a Democratic-led Congress and championed throughout the 116th and 117th Congresses. In her role as Co-Chair of the newly reauthorized Women Veterans Task Force, I am pleased that Congresswoman Julia Brownley will continue her tireless efforts to ensure women veterans can fully access the care and benefits they have earned, and I look forward to the Task Force’s work on ensuring our nation lives up to the promises we have made to women veterans,” **said Ranking Member Takano.**

“It’s a joy to work on the issues of most importance to our women Veterans, especially as American Samoa sends so many of our own to serve,” **said Task Force Chairman Aumua Amata Radewagen.** “These strong women served the country, and provide leadership in our communities, while they encounter unique challenges and VA priorities. The Women Veteran Task Force benefits from their input. I look forward to continuing our efforts with Committee Chairman Bost, Ranking Member Takano, and especially Co-Chair Julia Brownley, whose leadership was instrumental to creating this Task Force in the 116th Congress.”

“As the founder and co-chair of the Women Veterans Task Force, I am so pleased the House Veterans’ Affairs Committee, once again, reauthorized the Task Force, allowing for the continuation of the Task Force’s important work and its critical mission to promote inclusivity and to bring equity to the more than two million women who have served our nation in uniform,” **said Task Force Co-Chair Brownley.** “The Women Veterans Task Force is a powerful expression of democracy, giving women veterans the opportunity to play a central role in changing the way policy impacts their lives. I appreciate the leadership of Chairman Bost, Ranking Member Takano, and the Task Force co-chair, Congresswoman Radewagen. I look forward to working with my colleagues as we uphold our commitment to support those who have worn the uniform and ensure we best serve them as they have served us.”

TASK FORCE MEMBERSHIP

House Committee on Veterans' Affairs
118th Congress

Chairman Bost (R-IL)

Ranking Member Takano (D-CA)

Representative Radewagen

(R-American Samoa)

Co-Chair

Representative Brownley

(D-CA)

Co-Chair

Additional Members:

Jack Bergman (R-MI)

Nancy Mace (R-SC)

Matt Rosendale (R-MT)

Mariannette Miller-Meeks, M.D. (R-IA)

Grep Murphy, M.D. (R-NC)

Scott Franklin (R-FL)

Derrick Van Orden (R-WI)

Morgan Luttrell (R-TX)

Juan Ciscomani (R-AZ)

Eli Crane (R-AZ)

Keith Self (R-TX)

Jen Kiggans (R-VA)

Mike Levin (D-CA)

Chris Pappas (D-NH)

Frank Mrvan (D-IN)

Sheila Cherfilus-McCormick (D-FL)

Chris Deluzio (D-PA)

Morgan McGarvey (D-KY)

Delia Ramirez (D-IL)

Greg Landsman (D-OH)

Nikki Budzinski (D-IL)

Additionally, we would like to recognize Rep. Darrell Issa (R-CA) for his participation in the task force.

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EXECUTIVE SUMMARY

The Women Veteran Task Force (WVTF) is a bipartisan task force that was established in the 116th Congress by former Chairman and current Ranking Member Mark Takano (D-CA). The WVTF was reauthorized by Chairman Mike Bost (R-IL) on March 23, 2023, for a six-month period to examine issues that uniquely affect women veterans.

This report reflects the culmination of the task force's work over the past six months, which includes, but is not limited to, meetings and roundtables. The WVTF held a total of five roundtables with a focus on benefits, health, security, underemployment, and safety and security. The WVTF engaged with multiple stakeholders, Veteran Service Organizations (VSOs), and The Department of Veterans Affairs (VA).

The goal of the task force was to bring together women veterans and advocates to identify barriers women veterans experience in accessing earned benefits, to improve the delivery of care, and other services. Additionally, the WVTF wanted to raise awareness about such barriers so that the task force could better identify solutions. The task force invited both public and private sector parties to roundtables to understand what work and lessons learned could apply to VA. Public and private stakeholders have unique perspectives outside the veteran's space about civilian examples of how they have improved access to care and safety in public facilities. The task force welcomed their participation as it provided out of the box solutions to persistent problems in the women veterans' space.

The task force was led by Co-Chairs Radewagen (R-American Samoa) and Brownley (D-CA), appointed by Chairman Bost and Ranking Member Takano. All committee members had the opportunity to participate on a voluntary basis.

The WVTF would like to thank all participants for their expertise and input. Additionally, the task force would like to thank all members and their staff who participated and shared their priorities for this Congress.

PARTICIPANTS

U.S. Department of Veterans Affairs

Veterans Benefits Administration (VBA)
Veterans Health Administration (VHA)
VHA Homeless Programs
VHA Assault and Harassment Prevention Office
VHA Comprehensive Health Office of Women's Health
VHA Office of the Senior Security Officer
Center for Women Veterans
Outreach, Transition, and Economic Development Services
Veteran Readiness and Employment Service
Food Security Office
Office of the Chief Security Officer, HRA/OSP
Office of Resolution Management, Diversity & Inclusion
VA Office of Inspector General (OIG)

U.S. Government Accountability Office

U.S. Department of Labor

DOL-VETS

Veteran Service Organization Participants

The American Legion
Paralyzed Veterans of America
Disabled American Veterans
Veterans of Foreign Wars of the United States
Iraq and Afghanistan Veterans of America
The Independence Fund
Wounded Warrior Project
Minority Veterans of America

Independent Participants

Army Cultural Support Team (CST) Women Veterans
American Cancer Society
GE—HealthCare
National Institute of Health
Roche
Society of Gynecologic Oncology
Society for Women's Health Research
Olivia Nunn Communications LLC. & Never Stop Serving Podcast
D'Aniello Institute for Veterans and Military Families
T-Mobile
MAZON
Allied Universal Security Services

EVENTS

APRIL 27, 2023

Closed-Door Roundtable | *Addressing Barriers to Disability Benefits for Women Veterans*

MAY 23, 2023

Closed-Door Roundtable | *Diagnostics and Treatments for Women Veterans*

JUNE 8, 2023

Closed-Door Roundtable | *Underemployment Among Women Veterans*

JULY 20, 2023

Closed-Door Roundtable | *Safety and Security for Women in VA Medical Centers*

AUGUST 23, 2023

Roundtable | *Support Services for Women Veterans Following Their Transition from the Military*



INTRODUCTION

Women have been serving the country since the American Revolution and are a significant and increasing segment of the Armed Forces. According to VA's fiscal year (FY) 2024 Budget, women comprise 17.2% of today's active-duty military forces and 21.1% of the National Guard and Reserves [1]. Women veterans are the fastest growing cohort in the veteran population. As of December 2022, there were more than two million women veterans living in the U.S. [2] As the population of women veterans rises, there will be a need for increased outreach to women veterans, as well as increased training for VA employees on addressing the unique needs of this veteran population. The majority of women veterans who use VA programs served during the Post-9/11 Gulf War in comparison to those who served in Vietnam, Pre-9/11, and Peacetime Only eras. [3]

The data below identifies the total number of women veterans by branch.

VA DATA FEMALE SERVICE MEMBERS (DATA POPULATION SET FROM 2020)

Date	Army	Navy	Marines	Air Force	Non-Defense	Reserve Forces	Grand Total
9/30/2020	874,148	387,573	112,649	451,270	26,831	160,290	2,012,760
9/30/2021	878,858	391,903	115,129	452,879	27,401	164,800	2,030,970
9/30/2022	884,250	396,379	117,583	454,884	27,942	168,431	2,049,469

TABLE 35: AGE - WWP WARRIORS AND COMPARATIVE POPULATIONS

Age (Years)	WWP Women Warriors	WWP Male Warriors	U.S. Male Post-9/11 Veterans	U.S. Women Post-9/11 Veterans	U.S. Male Veterans	U.S. Women Veterans	U.S. Male General Population	U.S. Women General Population
Average	40	41	37	36	61	50	38	40
Below 18	-	-	0.6%	0.8%	0.1%	0.3%	23.6%	22.2%
18-24	1.9%	0.9%	12.4%	13.7%	3.1%	6.1%	8.1%	7.6%
25-34	22.6%	18.9%	33.5%	34.3%	8.4%	15.3%	14.0%	13.5%
35-44	47.4%	49.9%	28.4%	30.5%	9.4%	18.4%	13.1%	12.8%
45-54	19.1%	21.5%	15.3%	13.2%	13.0%	19.7%	12.7%	12.6%
55-64	8.4%	8.1%	8.3%	6.4%	16.7%	21.7%	12.8%	12.6%
65+	0.7%	0.7%	1.7%	1.1%	49.3%	18.4%	15.7%	18.6%

*U.S. Census Bureau. 2023. American Community Survey 5-year Estimates Public Use Microdata Sample 2021.

**This data comes from the Wounded Warrior Project's 2023 Women Warriors report. This is not representative of all women veterans but gives insight to a population of women veterans.*

[1] [fy2024-va-budget-in-brief.pdf](#)

[2] [Women Veterans in Focus \(va.gov\)](#)

[3] [Use of VA Benefits and Services: 2021 \(Part 1\) | Department of Veterans Affairs Data Hub](#)

TOPICS

DISABILITY BENEFITS

The WVTF on April 27, 2023, in a closed-door roundtable, discussed barriers to disability benefits for women veterans, specifically regarding outreach, training, military sexual trauma (MST), and cultural support teams.

A majority of the VA fiscal year (FY) budget that affects women was in reference to health care, and did not address the unique needs of women veterans in the disability benefits process. Additionally, a majority of the Center for Women Veterans resources referenced gender-specific health care.

One of the main barriers to benefits discussed throughout the task force is that women veterans may be frustrated with the limited outreach that specifically addresses their eligibility for disability benefits. Women veterans need to be made aware of the benefits they are eligible for so that they will feel supported in submitting a claim and receiving their earned benefits.

Veteran Service Representatives (VSR) are employees who gather evidence needed to decide a disability claim. Rating Veteran Service Representatives (RVSR or raters) are employees who make decisions on claims and assign the veteran's disability rating. Some women veterans that the task force spoke to think VA employees are underrating or unfairly denying them disability compensation benefits. Additionally, women veterans have alleged that this occurs because of potential biases or a lack of understanding about the service of women veterans, especially those in combat roles. For example, one woman had a disability claim from 2013 and received a 0% disability because her injuries were not combat-related. She had to go through a 3rd evaluation from VA before receiving any claims.

Additionally, many veterans that the task force spoke to shared the same concern regarding their records. When leaving the military, women veterans shared that they could only look at their records one time and on a disk. The task force believes VA and the Department of Defense need to collaborate better so that women have easier access to their records. Additionally, some of these women veterans' records did not accurately reflect their time in service which made it more difficult for their process their claims.

HEALTH

The WVTF on May 23, 2023, in a closed-door roundtable, focused on cancer-related health issues that uniquely affect women veterans.

The proportion of women who receive their cancer care exclusively in the VA healthcare system versus dually through VA and non-VA providers has not been well documented. The limited evidence suggests that care coordination may be problematic since women with gynecological cancers may use multiple healthcare systems. Care coordination challenges include care fragmentation, lack of role clarity and care tracking, VA and community provider communication, patient communication, patient records exchange, and authorizations.

VA oversees a high volume of cancer, especially for women between the ages of 45 and 64. While the availability of on-site gynecological care and surgery has increased in VHA over time, few VHA health care systems offer gynecologic-oncology (gynecol) care. Continued reliance on non-VHA care for gynecol surgery highlights the need for ongoing support and care coordination for veterans with gynecological cancers. Understanding the VA cancer burden for women is critically important to plan for future needs.

As the population of women receiving VA healthcare continues to grow, there are potential healthcare policy implications. Women with cancer may benefit from cancer care coordinators that span both VA and non-VA services.

The task force believes there needs to be better outreach for those who need care. During this roundtable, VA raised the concern that a major challenge is reaching all women veterans. Other stakeholders at the roundtable mentioned that the outreach needs to be more targeted, explicit, and thoughtful. Additionally, the concern was raised that it is a struggle to get women veterans to identify as veterans. The task force learned this makes it difficult for VA to conduct outreach if they are unable to find the population they are looking to serve. According to VSOs, the outreach to women veterans is not the same across all VAMCs and VA Regional Offices.

The task force believes there seems to be a disconnect between what VA Central Office and VA Regional Offices are communicating to this veteran population.

HEALTH CONTINUED

However, one concern continually voiced is that there is a hiring process delay and care is limited due to staffing. Additionally, there is a burden on women to make the screening appointments. VA could have the best care and equipment, but women still need to make and show up to their screening appointments. VA has made it challenging to schedule appointments and follow-ups and a lot of care gets outsourced to the community. All veterans need to be reached, regardless of where they reside. The community is a really helpful and resourceful tool to help educate women. One complaint often heard from VA is that many community care providers do not share medical records and imaging with VA in a timely manner and a bidirectional information exchange would be advantageous.

The task forces believes that health care providers need to be knowledgeable and additional training is needed. Further, veterans should be able to choose their own provider, for example if there is a preference over male or female. Unfortunately, there are uptrends in women receiving later stages of cancer diagnoses, which pre-dates COVID-19.

We have a long way to go to better understand the different types of cancers and more research is needed to further improve the quality of care.



UNDEREMPLOYMENT

On June 8, 2023, the WVTF explored underemployment among women veterans, and the impact that underemployment has on homelessness and food security in a closed-door roundtable discussion.

As of 2022, 33% of veterans are underemployed with more recent comprehensive statistics on underemployment difficult to gather.[4] Veterans are 15.6% more likely to be underemployed than their civilian counterparts.[5] The task force in the roundtable, learned that this is partly because, while veterans have unique experiences that are valuable outside of the military, they are not properly being trained to showcase those skills. Unfortunately, this leads to veterans not having a resume that accurately showcases their skills, or the interviewing skills necessary to attain employment they are qualified to do through military experience.

These employment inequalities between veterans and non-veterans are exasperated when the task force reviewed the state of women veterans specifically. Women veterans are 18% more likely to experience underemployment than female civilians[6]. Women veterans also experience underemployment at rates 22% higher than male veterans[7]. Women veterans are employed in professional occupations in office and administrative support occupations at a higher concentration than male veterans[8]. Unfortunately, women veterans also often take three months longer to find employment after service than male veterans and receive 22% fewer recruiter InMails than the overall veteran average.[9] A Institute of Veteran and Military Families report released in 2020 even stated that 40% of women veterans were still looking for employment one year after their transition[10]. The task force believes that the data and the discussion from the roundtable show that more action to prepare women veterans transitioning from the military needs to be taken to ensure women veterans are not only able to attain employment at the same time as their male counterparts, but are able to secure jobs that they are qualified for. The task force believes that more data should be recorded by the Department of Labor and Department of Defense so Congress can better track the status of women unemployment, and underemployment.

[4][ZipCODE Vet Report FINAL.pdf \(callofdutyendowment.org\)](#)

[5] [Veterans Are Working, but Not in Jobs That Match Their Advanced Training - The New York Times \(nytimes.com\)](#)

[6][LinkedIn Study- Woman Veteran Opportunity Report](#)

[7][LinkedIn Study- Woman Veteran Opportunity Report](#)

[8][U.S. Department of Labor- Veterans in Labor Force: 6 Stats](#)

[9][2020 WomensHistory_3.11.20_final-1.pdf \(syracuse.edu\)](#)

[10] <https://surface.syr.edu/cgi/viewcontent.cgi?article=1064&context=ivmf>

SAFETY AND SECURITY

On July 20, 2023, the WVTF explored topics during a closed-door roundtable that related to safety and security, specifically as it relates to staffing shortages in the police force, harassment and sexual assault, technology, and physical security.

Responsibility for VA Police is divided between VHA and the Office of Human Resources and Administration/Operations, Security, and Preparedness (HRA/OSP). The senior VHA official responsible is the Assistant Under Secretary for Health for Operations, but many of their responsibilities are delegated to the Deputy Assistant Under Secretary for Health for Operations. Because of VA Police's unique role as the law enforcement arm of the United States largest integrated healthcare network, there are unique challenges that come with policing VA facilities. One of these challenges is ensuring VA Police can provide women veterans with world class healthcare service in a secure facility. This job is challenging without adequate resources and attention.

Sexual assault is a big concern from many women veterans. Three out of four women veterans use the VA for their primary care and the task force heard from many women that believe there is a large percentage of these women who anticipate harassment. [11] If some women veterans are so concerned about the possibility for harassment that they will no longer seek out VA for care, there may be a problematic perceived barrier to care. Many women veterans have the opportunity to go to VA women health clinics which may lessen this issue, however, women health clinics are not at every VAMC. One complaint heard is that when there is a women health clinic, the clinic itself may be staffed primarily by male physicians. Further, the police officers providing security at these women health clinic facilities are often male, making some women patients feel uncomfortable. Discussions with VA police leadership suggest, that although they often intend to have women police officers staff women health clinics, they are unable to because of issues with staffing. The task force believes that VA Police needs to prioritize recruitment and retention of women police officers, to reduce this issue.

"We need to ensure we are accurately reporting and preventing sexual assault and harassment, while also recruiting and retaining a healthy law enforcement workforce." - Task Force Chairman Aumua Amata Radewagen

[11] Safety and Security for Women in VA Medical Centers Roundtable. July 2023.

SAFETY AND SECURITY CONTINUED

Another concern raised at this roundtable was the reporting mechanisms used by VA in reporting sexual harassment and sexual assault. There is some confusion on the difference between sexual harassment and sexual assault which can make the initial stages of the reporting process difficult. Additionally, VA has many mechanisms for reporting but according to VSOs and VAMC users, these systems do not talk to one another. So, if one system captured the report but another didn't, there is a chance that a veteran may have to relive the trauma to further their report. The task force believes that VA must look more into the interoperability of their sexual harassment and sexual assault reporting systems. The task force heard that public private partnerships have been successfully used to solve similarly difficult issues. The task force believes that public private partnerships should be considered to properly train and educate VA police force and find solutions to make VA's sexual harassment and sexual assault reporting systems more interoperable.

Relatedly, one of the biggest challenges for VA security is getting veterans and staff out of silos. The task force learned that a clear channel of communication between facility police forces and employees is crucial for both preventive measures and in an emergency. The task force encourages VA to consider joint trainings, which include VA police and its employees, to include trainings on security intervention methods.

The task force heard from Allied Universal, an independent security service, who joined the Department of Homeland Security's "Blue Campaign" for human trafficking. This campaign is meant to help educate and raise awareness of human trafficking and how to identify and respond to cases. Allied Universal emphasized the need to bring this to a cultural and local level. They suggested conducting trainings or to make handcards about "this is what a victim looks like." Wounded Warrior Project has also partnered with VA to share awareness about sexual harassment and assault prevention. The task force encourages VA to discuss security strategy with groups like these, so that VA can learn and encourage security best practices throughout the field.

The task force believes it is clear that sexual assault and sexual harassment prevention is important to ensure all women veterans feel safe going to VA for their appointments. The task force believes that a continued focus on VA security, and attention to the specific needs of women, will make VA a better environment for all veterans, including women.

RECOMMENDATIONS

Overall, the task force recommends VA to provide an annual update on women veteran data, which would include but not limited to the total number of women veterans, demographics, and branch of service.

DISABILITY BENEFITS

- **Congress to pass H.R. 1753, Jax Act** which would require the Secretary of Defense to document these veterans' role as cultural support team (CST) members in their military service records and ensure their CST service is included in the computation for retirement pay. Additionally, the bill would require the Secretary of Veterans Affairs to reevaluate CST-related claims submitted by these women and improve training on CST-related claims. Passing the H.R. 1753 would provide healthcare and disability benefits for women that served from 2010 to 2021 in CSTs.
- **More gender specific training** for practitioners administering VA disability exams.
- **Updated training and guidance for Regional Office staff** to ensure they are properly equipped to process women veterans claims that may present themselves differently than male veterans.

HEALTH

- As primary care has developed specialized clinical care models and designated providers dedicated to treating women, **there may be a need to develop national or regional gender-specific cancer support programs to assist women veterans** throughout their cancer care journey.
- Women veterans need to engage not only with their primary care providers, but also **with women's health services in the VA oncology community.**
- The Center for women veterans should be able to **better help coordinate care for women veterans going through cancer care.**
- Although there are updates to VA facilities for 3D breast imaging, women with heterogeneous dense breasts often don't get diagnosed in a timely manner with breast cancer and require an MRI to be properly diagnosed. **VA should consider updating their guidelines for screening for women who have heterogeneous dense breasts.**



UNDEREMPLOYMENT

- **Encourage women veterans to use their GI Bill** and receive degrees that go into high-paying careers.
- **Continue to improve the Transition Assistance Program (TAP) with stronger resume building and interview practice** so women veterans are able to secure jobs they are qualified for in civilian life.
- **Train women veterans to be able to transfer their service employment skills to the private sector.**

SAFETY AND SECURITY

- Emphasis on **hiring more women police officers.**
- **Improving the interoperability of sexual harassment and assault reporting** mechanisms.
- Partnering with VSOs and other stakeholders to **increase education efforts.**
- **Track the attrition of women veterans using VA care.**



CONCLUSION

There are many common themes that have been highlighted throughout the past six months. The first is that there is a hiring process delay and staffing shortages throughout VA. Women veterans are a growing population throughout VA, yet there needs to be more research to address the unique needs that affect women veterans.