



TEXAS VETERANS COMMISSION

"Helping Veterans Starts Here"

WOMEN VETERANS REPORT

STATUS OF TEXAS WOMEN VETERANS 2018

NOVEMBER 1, 2018
Women Veterans Program

TEXAS VETERANS COMMISSION

Women Veterans Report

submitted to

Governor Greg Abbott, Lt. Governor Dan Patrick, and Texas Legislature

Prepared by Anna Baker, Women Veterans Program Manager

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Dear State Leaders,

It is my honor and privilege to submit the *Women Veterans Report* on behalf of the Texas Veterans Commission's Women Veterans Program.

The Women Veterans Program was established as an initiative by the 82nd Legislature (2011), and formally established as its own program by the 84th Legislature (2015) to ensure that the women veterans of this state have equitable access to federal and state veterans' benefits and services.

During the 85th Legislative session (2017), the Legislature, to recognize the role of women in the military forces and to commemorate their sacrifices, established June 12th as "Women Veterans Day." In 2017, the Legislature further expanded the scope of responsibilities of the Women Veterans Program, to include this *Women Veterans Report*, which is due no later than November 1st of even numbered years.

This report includes the estimated number of women veterans in the state; the number of women veterans who contacted the Texas Veterans Commission for assistance; and the number of women veterans who receive assistance from the Texas Veterans Commission, the Texas Workforce Commission, the Department of State Health Services, and other state agencies.

The *Women Veterans Report* also identifies the unique problems faced by women veterans; and recommends policy proposals, initiatives, and funding levels to address the identified problems.

I commend our state leaders for their continued support of women veterans and their efforts to fulfill our promises to Texas veterans. Texas continues to lead the nation in serving our veterans, and is widely recognized as the "Texas Model," which is known for its superior service to veterans.

Veterans have showed a continued desire to settle or relocate to Texas, which is now home to the largest women veteran population in the nation, estimated at 181,402, and is projected to increase. Despite the dedicated efforts of those working to assist women veterans, there remains a persistent need and demand for women veteran services.

Thank you for giving the members of Texas Veterans Commission Women Veterans Program the opportunity to engage in this important work. We appreciate your serious attention to the issues and successes outlined in this report. Texas is widely recognized for leading the nation on veteran issues, and we look forward to working with you in making these recommendations a reality.

Sincerely,



ELISEO "AL" CANTU JR.
Chairman

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Executive Summary

The Women Veterans Program was established as an initiative during the 82nd Legislative session (2011). It was formally established in the 84th Legislative session (2015) by HB 867, which appropriated a woman veteran coordinator and outlined the goals and responsibilities of the program. During the 85th Legislative session (2017), SB 805 further expanded the scope of responsibilities of the Women Veterans Program. SB 805 also established June 12th as Women Veterans Day to recognize the role of women in the military forces and to commemorate their sacrifices.

The mission of the Women Veterans Program is to ensure that the women veterans of Texas have equitable access to federal and state veterans' benefits and services. The program was established to perform these general program duties:

1. Provide assistance to the women veterans of this state;
2. Perform outreach functions to improve the awareness of women veterans of their eligibility for federal and state veterans' benefits and services;
3. Assess the needs of women veterans with respect to benefits and services;
4. Review programs, research projects, and other initiatives designed to address the needs of the women veterans of this state;
5. Make recommendations to the executive director regarding the improvement of benefits and services to women veterans;
6. Incorporate issues concerning women veterans in commission planning regarding veterans' benefits and services; and
7. In collaboration with appropriate state agencies, provide information to women veterans about services and resources provided by state and federal agencies and organizations to women veterans.

The woman veteran coordinator manages the program with the responsibility to:

1. Advocate for women veterans;
2. Increase public awareness;
3. Collaborate with federal, state, county, municipal and private agencies that provide services to women veterans;
4. Research and disseminate information on issues relating to women veterans;
5. Educate women veterans about their benefits and available services;
6. Honor and recognize women veterans; and
7. Serve as the liaison between state and federal agencies.

Statistics reflect that as of September 2018, Texas has the largest population of women veterans (181,402) in the United States and its territories. Further, it is projected that the population of women veterans will grow in the next 5 years, while the male veteran population is projected to decline.¹

¹ U. S. Department of Veterans Affairs: https://www.va.gov/vetdata/veteran_population.asp. 2016.

This report will provide additional information on the number of women veterans receiving assistance from the Texas Veterans Commission. The unique problems faced by women veterans along with recommended policy proposals, initiatives and funding levels required to address these problems will also be incorporated into the report. The amount of supporting research is not vast, but in the last few years much more research has been conducted specifically on the topic of women veterans, from mental health to housing.

Underlying Issues

Three realities present themselves in attempting to accurately determine the number of women veterans impacted. Identification of these realities is crucial to understanding where extended efforts are needed by state agencies and policymakers to effectively address the needs presented. The three realities described below are expanded upon in the pages that follow and accompanied by recommendations to state leaders and legislators for addressing the issues.

1. Veteran Identity

Many women veterans do not identify as a “veteran.” The reasons range from having been told by someone not qualified to do so, that they do not qualify for benefits, to the woman veteran’s own view that her lack of combat-related service disqualifies her from receiving benefits. Women veterans who were victims of Military Sexual Trauma (MST) may not identify due to resentment towards government institutions.²

2. Communications and Outreach

Many women veterans do not identify as a “veteran,” therefore, communication and outreach efforts must go beyond the state-wide benefit and resource fairs. To ensure that women identify as veterans, we must change the language and seek them out in non-traditional locations. The average length of enlistment is 6.7 years.³ Thus, women veterans are younger when they exit the military and often have children or plan to have children. Familial responsibilities can clearly hinder women veterans’ ability to seek out benefits and services.

3. Connectedness

Women veterans are looking for ways to be connected to each other. Because they are a minority in the veteran population, they often do not know where to meet other women veterans, especially in rural communities. As reflected in a survey issued by the Women Veterans Program, women expressed a need for more women veterans’ groups and events specifically tailored for them.⁴

² Female Veterans Are Fastest Growing Segment of Homeless Veteran Population. www.Military.com. March 2018.

³ War and Sacrifice in the Post 9/11 Era. <http://www.pewsocialtrends.org/2011/10/05/chapter-6-a-profile-of-the-modern-military/>. October 5, 2011.

⁴ Texas Veterans Commission. Women Veterans Survey. 2016.

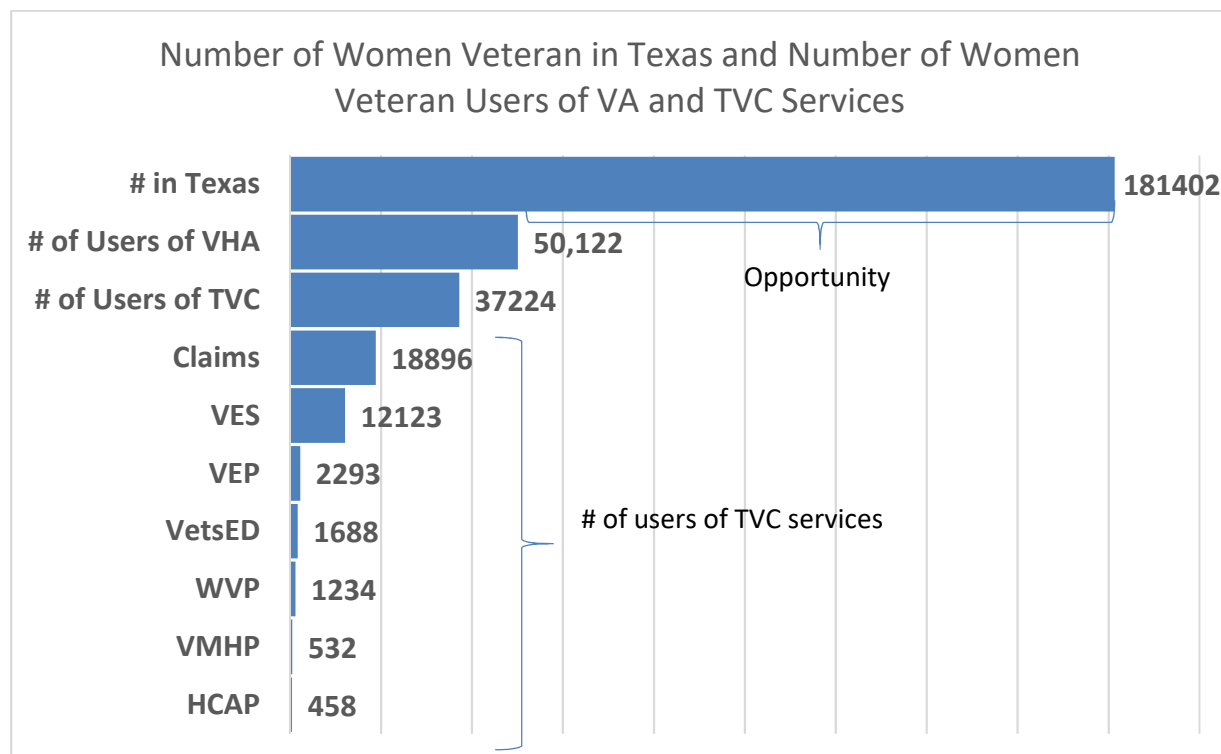
WOMEN VETERANS NUMBERS

Women Veterans Numbers

Texas Veterans Commission

The Texas Veterans Commission consists of 9 programs: Veteran Employment Services (VES), Claims Counseling and Representation, Veterans Education (VetsED), Veteran Mental Health (VMH), Health Care Advocacy Program (HCAP), Veteran Entrepreneur Program (VEP), Women Veterans Program (WVP), Fund for Veterans Assistance (FVA), and Communications and Outreach. Each program gathers data based on specific program requirements, ensuring both quantitative and qualitative measurements of veterans served and veteran support activity.

The data below reflects the number of women veterans in Texas based on the most recent report from the VA.⁵ Information received from the Veteran Healthcare Administration's (VHA) Lead Women Veterans Program Manager for VISN (Veterans Integrated Services Network) 17, indicates that 50,122* of Texas women veterans are "users" of the VA healthcare system. A "user" is a person that has received services anywhere in the VA healthcare system and "user" does not represent a unique woman veteran. The Texas Veterans Commission, in comparison, had 37,224 women veteran users of TVC services for fiscal year 2018 (September 1, 2017 – August 31, 2018). The below chart shows an opportunity to reach more women veterans in Texas and connect them to benefits and services.



*VHA VISN 17 numbers as of May 2018 (FY19)

⁵ U. S. Department of Veterans Affairs. Retrieved from https://www.va.gov/vetdata/veteran_population.asp. 2016.

Texas Workforce Commission

Employees of the Workforce Solution Centers assist veterans with employment and ensure that veterans with barriers to employment are seen by Texas Veteran Commission Veteran Career Advisors (VCA). Of the 12,123 women veterans who received employment assistance in fiscal year 2018 (September 1, 2017 – August 31, 2018), 36 percent were seen by a TVC VCA, while the remaining may have been seen by an employee of the Workforce Solution Center or a TVC VCA.

Health and Human Services Commission

Through numerous programs, initiatives, and departments, the Texas Health and Human Services Commission provides services to millions of Texans. Not all applications for these services ask veteran status of the applicant. Therefore, the number of female veterans who receive services from this agency cannot be accurately verified.

Other State Agencies

State agencies of the Texas Coordinating Council for Veterans Services were asked to provide data, if available, on the number of women veterans served by their respective agencies. Of the agencies that provided a response to the request, none had actual numbers and two agencies indicated that they had no data field for collecting veteran status.

STATUS OF WOMEN VETERANS

Status of Women Veterans

Summary

Research on women veterans is relatively new. Data obtained for this report comes from various resources including the Department of Labor, the Department of Veterans Affairs (VA) and their Health Sciences Research and Development Department, the Service Women's Action Network, Texas Veterans Commission surveys and needs assessments, and others. Information about women veterans is presented at the category level to give insight into how women veterans are faring in those categories. An emphasis is placed on categories where the largest needs occur: entrepreneurship, employment, healthcare (physical and mental), housing, childcare, women veteran support groups, and rural women veterans.

Entrepreneurship

The Veteran Entrepreneur Program has seen significant interest in entrepreneurship for women veterans, having assisted some 2000 plus women veterans over the past fiscal year. On Women Veterans Day, a workshop was conducted to identify barriers to awareness and access, as well as solutions to propel women veteran businesses to success. Barriers included identifying mentors, especially when relocating, networking, finding subject matter experts, lack of education, and balancing information. Attendees suggested multiple solutions from women mentoring other women, to better collaboration within the small business community. Support from leadership within the military, and from other federal, state, local and community executives, would go far in helping women veterans achieve entrepreneurial success.

Employment

According to the Department of Labor, unemployment rates for veterans is down year over year. The current unemployment rate for women is 4.5 percent compared to this time last year when the unemployment rate was 5.4 percent.⁶

Women in the military are paid on par with their male counterparts based on rank and time in service. However, when women leave the military they are more likely to be underemployed and on average, make a lower wage than their male counterparts. Women are more likely than men to be among the working-poor, defined as individuals who are participating in the labor force and whose income is at or below the poverty level. The working poor rate for women veterans is almost 3 percentage points higher at 7.1 percent versus 4.4 percent for men veterans.⁷

Only 1 woman in every 59 women in the civilian labor force—defined as those working and those unemployed, but available to work and actively seeking work—is a veteran. Comparatively, 1 in 9 men in the civilian workforce is a veteran. Women veterans are 1.01 percent of women under 35 in the civilian labor force meaning that 1 in 99 women under 35 are

⁶ Bureau of Labor Statistics Economic News Release. Retrieved from www.bls.gov/news.release/empsit.t05.htm. October 2018.

⁷ The Veteran Working-Poor: The Relationship between Labor Force Activity and Poverty Status. National Center for Veterans Analysis and Statistics, Department of Veterans Affairs, Washington, DC. November 2017.

veterans. On the other hand, male veterans make up 4.7 percent of the civilian labor force under 35, or 1 in 21 men under 35 are male veterans. What this demonstrates is that most people have not had a personal interaction with a woman veteran, and that is why it is critical that service providers ask every woman “Did you serve in the military?” instead of “Are you a veteran?”⁸

Health Care Summary

Women veterans’ health care has been a topic of concern with women veterans for many years, especially since 9/11 with the increase of women joining the military, but it is in more recent years that the VHA has made strides in care for women veterans. With the advocacy of groups like the DAV (Disabled American Vets) and SWAN (Service Women’s Action Network), the VHA has moved the needle forward in providing gender-specific health care for women veterans. Each of the 8 primary VA Health Care Systems in Texas has a Women Veterans Program Manager and 4 of the VA Health Care Systems has a women’s clinic. The Dallas VA Medical Center provides onsite childcare for veterans as part of a pilot program that was extended by Congress through the end of calendar year 2019, according to the VHA’s Lead Women Veterans Program Manager for VISN (Veterans Integrated Services Network) 17.

Another area of concern is the prevailing culture in VA hospitals and clinics. Women veterans often claim that staff at VHA facilities assume them to be the spouse of a male veteran. The Texas Veterans Commission has also received reported incidents of sexual harassment happening at the VHA facilities. In late 2017, the TVC Women Veterans Program received a complaint from a woman veteran who was continually receiving unwanted comments while trying to enter the area designated for in-patient care of MST. By bringing this to the attention of the TVC executive leadership, TVC was able to provide support to the VHA’s plan to transfer the MST program to another location more conducive to women veterans’ safety. The VHA is focused on changing the culture by providing sexual harassment education for employees and displaying sexual harassment awareness posters throughout VHA facilities.

At the Women Veterans, Traumatic Stress and Post-Military Health: Building Partnerships for Innovation Summit, held in September 2018, it was reported that in general, women veterans are healthy, both physically and mentally. It was also determined that women are more likely to seek care than men and the associated stigma, especially around mental health, is less of a barrier for women than for men. With respect to gender specific research, the prevalence of white papers, training, and gender specific treatments are still relatively new. It was not until 2004 that MST and gender data were incorporated into mental health research at the VA. In 2010, the first Women’s Health Research Consortium was created, and it was not until 2015 that the NIMH (National Institute of Mental Health) included sex as biological variable in research. That said, in this short time frame much has been learned about the mental health disparities between men and women and how those disparities manifest themselves differently in women.

⁸ 2016 Gender and Veteran Demographics. US Department of Labor. May 31, 2017.

Mental Health

Women who served in the military report overall better health than their civilian counterparts at 56.4 percent compared to civilian women at 50.8 percent. Yet, women veterans are more likely to experience mental health challenges including having slightly higher rates of depression and being twice as likely to have suicidal thoughts.⁹ The risk for suicide among women veterans compared with U.S. civilian adult women is reported to be 2.5 times higher and women veterans below the age of 40 have the highest incidents of suicide. Women who have served in the military are more likely to use a firearm compared to civilian women, 40.5 percent versus 31.1 percent.¹⁰

There are differences between why women and men veterans consider suicide. In a September 2018 presentation by Susan Strickland, Clinical Director on Suicide Prevention at the VA, it was indicated that psychiatric issues, i.e. childhood trauma, loss of children (by death or due to Child Protective Services involvement) and IPV (Intimate Partner Violence), trigger suicide ideation in women veterans; whereas non-psychiatric issues like prolonged unemployment trigger suicide ideation in male veterans. Ms. Strickland also laid out protective measures against suicide in women veterans: pregnancy, motherhood, connectedness, willingness to ask for help, and the veteran's practice of spirituality or religiosity.

Sexual Trauma (Sexual Abuse, Military Sexual Trauma, and Sexual Harassment)

In a 2017 mental wellness survey conducted by SWAN, 30 percent of the women (out of 963 respondents) said that MST and sexual abuse negatively impacted their mental well-being. Another 11 percent claimed sexual harassment as the cause of their mental problems. One woman explained that continued sexual harassment while deployed forced her to deal with it, to be resilient. However, some of these same women in a focus group environment found the term "resiliency" to be a problematic term, claiming that women are forced to hide their emotions and just "suck it up."¹¹

MST is reported by one in four women enrolled in the VA and women veterans are more likely to experience Post-Traumatic Stress Disorder (PTSD) associated with MST. Women veterans are also more likely to experience physical health conditions related to the trauma, such as weight or eating problems, gastrointestinal problems, and chronic pain.¹²

Women suffering from chronic pain not only report a higher prevalence of pain than men, they also tend to describe their pain contextually and to share the emotional aspects of their pain.

⁹ America's Health Rankings® Health of Women Who Have Served Report. www.AmericasHealthRankings.org. 2017.

¹⁰ Department of Veterans Affairs, Suicide Prevention Office. Suicide Among Veterans and Other Americans: 2001–2014. 2016.

¹¹ The Mental Wellness Needs of Military Women: Community Driven Solutions. Service Women's Action Network. 2018.

¹² Military Sexual Trauma. PTSD: National Center for PTSD. https://www.ptsd.va.gov/understand/types/sexual_trauma_military.asp. 2018.

For women veterans, migraines and back pain represent 2 of the top 3 service-connected disabilities.¹³

Intimate Partner Violence

Intimate Partner Violence (IPV) is defined as physical violence, sexual violence, stalking or psychological aggression from a past or current intimate partner. Women veterans experience IPV at a greater rate than non-veteran women, 33 percent vs. 23.8 percent.¹⁴

Post-Traumatic Stress

Post-traumatic stress is not just the result of events that occur for veterans while in combat. For that reason, it is important to consider the impact of traumatic experiences of women in the military and women veterans. Women, not in direct combat roles, are exposed to trauma while riding in convoys, working in military medical units, or performing other military functions at remote and not-so-remote locations to include military training facilities. Additionally, victims of MST are more likely to develop post-traumatic stress. At a September 2018 Women Veterans' Health Summit, Ann Rasmusson, VA researcher focused on understanding post-traumatic stress in women and its related health conditions, stated "the lifetime prevalence of post-traumatic stress in women is 10 percent, and 26 percent in poor women. Natural recovery is normal, but recovery in women can take 4 times longer."

Housing

A study conducted by the U.S. Government Accountability Office found limited housing for women veterans with children as a barrier when accessing and finding housing.¹⁵ It has been reported that women veterans face a greater risk of becoming homeless — 2.4% — as compared to male veterans, and there is an inadequate supply of affordable housing.¹⁶ The VA also contends that "there has been a surge in the number of women Veterans...experiencing housing instability."¹⁷

There is a lack of public awareness about homeless women veterans. Women veterans are the fastest growing segment of the veteran homeless population. Two contributing factors to homeless women veterans are the failure of women veterans to 1) self-identify as a veteran, and 2) ask for help. Additionally, homeless women are more likely to live with friends or in their vehicles for fear of being in proximity to men (especially if they have suffered some form of sexual trauma), or if they have children, for fear of losing them.¹⁸

¹³ National Center for Veteran Analysis and Statistics. 2011.

¹⁴ U.S. Department of Veterans Affairs. Women Veterans Health Care. Intimate Partner Violence. <https://www.womenshealthva.gov/WOMENSHEALTH/outreachmaterials/abuseandviolence/intimatepartnerviolence.asp>. 2018.

¹⁵ The Past, Present and Future of Women Veterans, released February. Department of Veterans Affairs. 2017.

¹⁶ The Obstacles Facing VA in Its Fight to End Veteran Homelessness. Task & Purpose. By James Clark. 2018.

¹⁷ Housing Instability Among Women Veterans Accessing Care through the Veterans Health Administration. Department of Veterans Affairs. 2018.

¹⁸ Female Veterans Are Fastest Growing Segment of Homeless Veteran Population. www.Military.com. March 2018.

Childcare

The lack of childcare is an unmet need of the women veterans of Texas.¹⁹ The nonprofit advocacy group, Child Care Aware of America, reported that Texas has 20 to 29 childcare centers for every 1000 children, ranking among the lowest in the country. In the same report, rural and poorer communities are identified as “childcare deserts.” Veterans, especially low-income, single parent, and millennials—an increasing population among the veteran community—have the greatest need, but have the least access to affordable, quality child care. As part of the research conducted by the Women Veterans Program for the Texas Coordinating Council for Veteran Services Report, the following child care options were identified:

1. The Foundation for Women Warriors, a unique support organization created exclusively for the women veteran community of Southern California, has developed a specific childcare program focused on serving women seeking employment or in school.²⁰ Identifying this same type of program in Texas has been unsuccessful.
2. Childcare assistance websites associated with the various workforce solution centers across the state provide eligibility requirements and on-line applications, but some websites are difficult to find, difficult to navigate, and lack consistency in appearance across the state.
3. The VA piloted a childcare drop-in service for veterans with medical appointments and the Dallas VA Medical Center, one of the pilot sites, continues to provide this service. Replicating this model in the eight VA medical centers would be beneficial to veterans.

Lack of access to affordable childcare can be self-imposed because a veteran does not ask for assistance with childcare. When veterans seek to further their education, or begin to look for work, they take on the challenge of finding childcare on their own, and do not ask the person filing their benefits’ claim or helping them with their resume about childcare options. Eligibility criteria is another barrier to access, especially for veterans suffering from PTSD/MST and who may not have a VHA diagnosis for a disability rating.

Women Veterans Support Groups

Veterans separating from the military often do not realize that they leave something else behind, camaraderie, a sense of belonging, and a purpose, or mission. However, this sense of loss is not immediate, so veterans may not seek out support. They also may not be aware that there are support groups available because they are busy caring for family, getting an education, or seeking employment. For those who do not identify as veterans, most will not seek out veteran organizations. For women veterans who may have suffered some type of

¹⁹ TVC Veteran Needs Assessment Report. Texas State University. 2016.

²⁰ Foundation for Women Warriors. Retrieved September 18, 2018 from <https://foundationforwomenwarriors.org/>.

trauma while in the service, they may demonstrate a distrust of the government and its services—institutional betrayal—so, they may not seek support.

“Connecting to a community of women veterans” was ranked in the top 3 as a personal need for women veterans.²¹ Grace After Fire is an organization whose mission is to provide the means for women veterans to gain self-knowledge and self-renewal. They offer peer-to-peer support and some basic financial assistance.²² In the last few years, more local community women veterans groups have formed—Women Veterans of San Antonio, Female Veterans United in Brownsville, Women Veterans of America (Chapter 48) in Denton, Concho Valley Women Veterans Association, and others—to bring women veterans together, to help each other and to support other women veterans and their communities.

Promoting mental health supportive services, alternative therapies, and connecting women veterans to the Veteran Mental Health Program coordinators are other ways to help women veterans connect with other veterans. WoVeN, the Women Veterans Network, provides a structured method for helping women veterans connect to other women veterans and helps reestablish trust in others. WoVeN, built on research conducted by the VA, has a mission “to create a sustainable network for women Veterans locally and nationally to enhance wellness, relationships, and connection and build a community specifically for women Veterans.”²³

Rural Women Veterans

In March of 2017, the Texas Veterans Commission rolled out a Texas Rural Veterans Needs Assessment Survey. The survey was made available online and as a hardcopy form to accommodate veterans without access to a computer. The survey ran for 1 year with final number of respondents totaling 835. Female respondents made up 27 percent of total respondents.

Of the female veterans completing the survey, 68.3 percent indicated that they receive some or all their health care from the VHA. In comparison, 74.1 percent of male veterans receive some or all their health care from the VHA. Of those females who do not receive health care from the VHA, 38.6 percent gave the reason as not knowing whether they were eligible. Other reasons included not qualifying due to high income and location of the health care facility (being too far away). Some respondents indicated that they did not think they could still enroll due to time lapse since separation from active duty. Nearly, 20 percent of the female veteran respondents indicated having no access to health care.

Women veterans identified the scheduling of appointments, availability of appointment times, and transportation to health care facilities as the 3 primary challenges when accessing VHA

²¹ First Annual Planning Summit—Historic Changes, Significant Challenges. Service Women’s Action Network 2017.

²² Grace After Fire. Retrieved September 18, 2018 from <http://www.graceafterfire.org/>.

²³ WoVeN Women Veterans Network. Retrieved September 18, 2018 from <https://www.wovenwomenvets.org/>.

services. These are the same 3 challenges male veterans face however, females face them at a higher rate than men, almost 10 points higher with respect to scheduling. While most of the veterans who completed the survey indicated use of personal vehicle to travel to health care facilities, more than 40 percent of the male and female veterans travel distances greater than 40 miles. The VHA offers eligible veterans the option of using the Veterans Choice Program, a temporary benefit that allows veterans to receive health care in their communities rather than waiting for an appointment or traveling to a health care facility. The Veterans Choice Program is not used by 57.7 percent of the female veterans and 71 percent of male veterans, primarily because they do not know if they are eligible, but also because they do not know the program exists or uneducated about the program benefits. The VHA also now provides Telehealth; yet only 38.6 percent of female veterans and 30 percent of male veteran respondents reported taking advantage of this service.²⁴

Conclusion

Texas has the largest women veteran population in the country with 181,402 women veterans and growing. Women veterans are the fastest growing segment of the veteran community. In 2015, 2.1 million (or 11 percent) of the nation's nearly 22 million veterans were women. This number is projected to increase to 2.4 million by 2020.

Equitable access to federal and state veterans' benefits and services is needed for the women veterans that live in Texas. Additionally, there is a need to educate and inform women veterans of their benefits and services and advocate on their behalf. Reaching women where they live, in their communities (especially rural communities), is critical to ensuring that the women veterans of Texas receive the benefits and services they have rightfully earned.

²⁴ Texas Rural Veterans Need Assessment Survey. Texas Veterans Commission. 2018.

RECOMMENDATIONS

Recommendations

As demonstrated by the facts and data provided in this report, more resources are needed to educate women veterans about benefits they have rightfully earned, connect women veterans to services, and to advocate on their behalf. The Texas Veterans Commission requested funding for the Women Veterans Program to meet the needs of the growing women veterans population. In the Legislative Appropriations Request for fiscal years 2020-2021 and in the Texas Coordinating Council for Veteran Services, Fourth Report, 2018, TVC recommended:

1. Legislative support for TVC to fund four additional staff to further the goal of connecting women veterans to federal, state, and local services within four different regions of the state.

Collecting veteran population data to establish the correct level of services provided by the state should be a priority. It is recommended that:

2. State agencies and public institutions of higher learning that provide services to veterans should be required to change the language used to identify veterans from “Are you a veteran?” to “Did you serve in the military?”
3. State agencies and public institutions of higher learning that provide services to veterans should be required to track veteran status and veteran gender for analysis and strategic planning purposes.

Additionally, the Texas Veterans Commission made the following recommendations to support more affordable housing and childcare in the Texas Coordinating Council for Veterans Services Report:

Housing

4. State agencies and public institutions of higher learning that provide housing services to veterans should make readily available in an easily accessible format general housing information to veterans and their families.
5. State agencies should conduct a public service campaign for veterans concerning available housing services and where to find information and eligibility criteria.

Childcare

6. State agencies and public institutions of higher learning that provide services to veterans should make readily available in an easily accessible format childcare information and options to veterans and their families.
7. Establish more childcare facilities for veterans with incentives.