

REVISED MOTION BY SUPERVISORS HILDA L. SOLIS AND

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Thank You for Your Service: Proclaiming March 2024 as Veteran Women Month and Improving Support for Veteran Women

In 1987, Congress declared March, in perpetuity, as National Women’s History Month; and a special presidential proclamation is also issued to specifically honor the contributions and achievements of those women who have served in the United States’ armed forces.

According to the Department of Labor, veteran women make up 10%¹ of veterans and are the fast-growing population of veterans and service members according to the Department of Veterans Administration (VA). In Los Angeles County, according to the 2022 Census, there are 18,890 veteran women.

Women in the service have contributed greatly to our country and the world in

¹ <https://www.dol.gov/agencies/vets/womenveterans>
² [Facts and Statistics - Women Veterans Health Care \(va.gov\)](#)

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their right to protect democracy and freedom. They continuously pave the way and model to others the unique strength and determination of women, no matter what field or industry.

Veteran Women transition back to civilian life with gender-specific needs such as mental and physical care, which includes “combat trauma, military sexual trauma, and family planning needs.”² Their needs are different, the issues they face are unique to their experience as women, and they continue to face obstacles and barriers to receiving support and services.

Wounded Warrior Project (WWP) research found that women warriors experience military sexual trauma (MST), anxiety, and depression at higher rates than male warriors. Veteran Women also are “more likely to face certain transitioning to civilian life challenges, such as dismissive assumptions about their service, the effects of military trauma, and the need to balance work and caregiving responsibilities.”³

According to Rand Corporation’s study on “Improving Support for Veteran Women”, the number of veteran women will increase from 10% to 14% by 2032⁴, despite a projected decrease of 17% overall in the number of veterans. The country saw more than 300,000 women deploy post-September 11, 2001,⁵ which is a sharp increase compared to any other wars since the Korean War in 1950. In a WWP study, close to 4,900 women warriors were asked to identify the top three challenges they faced during their military-to-civilian transition. The most commonly cited responses

² <https://www.dol.gov/agencies/vets/womenveterans/wvrr24>

³ Id. www.wwp-women-warriors-initiative-report-2021.pdf

⁴ <https://www.rand.org/pubs/perspectives/PEA1363-3.html>

⁶ https://www.rand.org/pubs/research_reports/RRA1363-6.html

were “coping with mental health such as post-traumatic stress disorder (PTSD), anxiety, depression, etc.” (61%), “financial stress” (30%), and “coping with mental health issues related to MST” (25%). Following closely behind these responses were “finding employment” (22%), “feeling isolated” (21%), and “coping with physical injuries” (20%). Comments from women warriors reflected these major themes. In many cases, women warriors felt unprepared or even unwilling to transition, leaving some with a negative impression of their military service and a reluctance to access or trust Veteran Affairs resources.

Veteran women are more likely to live in poverty and make less than their male counterparts, despite being on average, 14 years younger. Veteran women are more racially and ethnically diverse with most identifying as either Black (18.9%) or Hispanic (9.5%). Compared to their non-veteran women counterparts, despite having the same number of children, veteran women are more likely to be responsible for caring for children at younger ages when their income and careers are less stable.

Another Rand study published in January 2024, “Veteran Single Parents: Surviving but not Thriving”⁶, also confirmed the tremendous need and support for single veteran women. The study stated that veteran single parents are more likely to be women and less likely to be White than veteran coupled parents and they face greater financial insecurity than veteran coupled parents.⁷ Some of the recommendations are to “create transition services that target single parents as a unique group to develop[ing] targeted outreach to connect single mothers with mental health care and encourage

⁶ https://www.rand.org/pubs/research_reports/RRA1363-6.html

⁷ Id.

single fathers to seek out primary care.”⁸

As a result, veteran women are greatly impacted by a lack of childcare when continuing education and/or pursuing employment opportunities. Service-connected, disabled veteran women encounter distinct hurdles when attempting to meet the criteria for state and/or County childcare programs due to the income eligibility thresholds. Their VA disability compensation may inadvertently exceed these limits, resulting in disqualification from essential childcare assistance. It goes beyond merely welcoming back those who have served; it entails guaranteeing a successful transition from military to civilian life by addressing crucial aspects such as housing, employment, mental health, and trauma-informed support. This effort must include tailored assistance that specifically addresses the unique needs of our veteran women, recognizing and catering to their gender-specific challenges and experiences.

The Veteran Peer Access Network and the Department of Military and Veteran Affairs (DMVA) is the county’s comprehensive outreach, peer engagement, benefits establishment, and linkage to services to meet veteran’s psychosocial needs including healthcare. The County has been mindful of the needs of veteran women when recruiting staff to provide services to ensure veteran women have access to women providers when reaching out for assistance. While this is a critical first step in identifying and ensuring a trauma-focused approach inclusive of veteran women, services available for veterans often are centered around their male counterparts. The County recognize this as an issue and should move forward to ensure veteran women have access to services tailored to their specific needs.

⁸ Id.

! WE, THEREFORE, MOVE THAT THE BOARD OF SUPERVISORS proclaim
March 2024 as Veteran Women's Month.

! WE, FURTHER, MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct County Communications to work with the Departments to promote Veteran Women's Month on the County's websites and social media during March 2024.
2. Direct the Department of Military and Veteran Affairs (DMVA) to collaborate with the Departments of Mental Health, Public Health, Health Services, Children and Families, Public Social Services, Gender-Based Violence Workgroup, and other relevant Departments, within 30 days, to:
 - a. Secure a consultant within 60 days, after the passage of the motion, through philanthropic resources and ~~authorize the Director of DMVA to execute an agreement with the identified consultant~~ to conduct a gap analysis and assessment on the availability of County gender-specific resources and services for veteran women, such as supporting single veteran women;
 - b. Conduct focus groups and community meetings involving veteran women, community -based service providers who work with veteran women, and other relevant individuals and organizations, to identify needs, opportunities for legislative advocacy, and services for veteran women; and
 - c. Work with CEO-Legislative Affairs and Intergovernmental Relations to identify possible legislative asks and actions to promote funding,

support, and opportunities for gender-specific resources, services, and legislative advocacy for veteran women for the Board to consider supporting.

3. Direct the Department of Military and Veteran Affairs to provide a report back, in writing, in 90 days to the Board, after securing the consultant, with information gathered through Directive 2a-c, a recommended plan that is trauma-informed, multidiscipline, and multiagency on how the County can best support veteran women.

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