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# Contents

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## ARTICLES

- Reconsidering Pērōz's Generalship at the Battle of Merv (484):  
Lessons Learned or Lessons Missed?*  
Georgios Theotokis ..... 9
- Ferdinand Foch and the Operational Level of War, Part 1: "Scientific"  
Battle and Operational Effectiveness on the Industrialized Battlefield*  
William Philpott ..... 31
- Lieutenant Colonel Farman's War: Attaché Intelligence and the  
Polish-Soviet Conflict, 1919-1921*  
Matthew R. Schwonek ..... 57
- Bottleneck: The Supply of Liquid Oxygen for the German V-2 Rocket*  
Georg Schmudt-Thomas ..... 86
- Revisiting the Nazi-Fascist Military Alliance: Italo-German Rivalry  
and Cooperation during the Mediterranean War, 1940-1943*  
Richard Hammond ..... 114
- Anchors of Alliance: How the Italian Royal Navy Shaped the Israeli  
Navy and Contributed to the Establishment of the State of Israel*  
Cristina M. Bettin and Samuele A. Rocca ..... 138

## RESEARCH NOTE

- Women's Contested Integration into the U.S. Military and the Persistent  
Inequities That Affect Their Health and Well-Being*  
Veronica X. Vela and Daniel Habib ..... 163

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## RESEARCH NOTE

# Women's Contested Integration into the U.S. Military and the Persistent Inequities That Affect Their Health and Well-Being



Veronica X. Vela and Daniel Habib

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### Abstract

This paper surveys the progressive integration of women into the military and women's compensation and benefits during and after their service. The study traces the historical milestones of women's military participation, highlighting differences in military status, compensation and benefits. Over time, the need for larger forces led to the expansion of women's roles and movement towards equality in military status, pay and rank. Once women secured equality in these areas, however, differences in benefits and healthcare remained. Today, women veterans represent a rapidly growing demographic, yet inequities persist.

This study explores the historical evolution of women's participation in military activity and provides resources for further study.<sup>1</sup> The research team pulled information from scholarly, secondary, and "grey" literature to shed light on the nature of women's military experience—their roles, health exposures, compensation,

1. Throughout this document, we solely discuss women who were born female and identify as female.

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*Spanish-American War nurses*  
[AMEDD Center of History & Heritage, U.S. Army]

and any benefits they received during or after their service. This paper estimates the number of women participating in the major wars, describes how their lives were influenced by their military service, discusses women's compensation and benefits compared to men's, and highlights how these evolved over time. Persistent inequalities such as those outlined below have real implications for women's health, both during and after service, and these still impact women veterans today.

### **The Spanish-American War (21 April–10 December 1898)**

The Spanish-American War marked a watershed moment for women's integration into the U.S. Army. Before this conflict, women did not have formally recognized roles in the military, despite their participation during the American Revolution and the Civil War.<sup>2</sup> During the Spanish-American War, women primarily served as nurses, and for the first time, they were integrated into army hospitals, where they earned \$30 per month, along with food, transportation fare, and occasionally housing, in exchange for working 14 hours a day.<sup>3</sup> In 1898, approximately 1,500 civilian women signed up as contract nurses in the U.S. Army. Some 153 succumbed to diseases such as typhoid fever.<sup>4</sup> In 1901, Congress created the Army Nurse Corps as a permanent part of the Medical Department of the Army.<sup>5</sup> The legislation limited women's service terms to three years, however, and denied women military rank, equal pay, and the benefits

2. DeAnne Blanton and Lauren M. Cook, *They Fought Like Demons: Women Soldiers in the American Civil War* (Louisiana State University Press, 2002), 6–7.

3. Arlington National Cemetery, "Spanish-American War Nurses Memorial" (<https://www.arlingtoncemetery.mil/Explore/Monuments-and-Memorials/Spanish-American-War-Nurses>).

4. Timothy Lawson, "Nurses in the Spanish-American War" (<https://www.arlingtoncemetery.mil/Blog/Post/10736/Nurses-in-the-Spanish-American-War>); Arlington National Cemetery, "Spanish-American War Nurses Memorial."

5. National Center for Veterans Analysis and Statistics, *America's Women Veterans: Military Service History and VA Benefit Utilization Statistics* (Department of Veteran Affairs, 2011), 1.

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available to enlisted men.<sup>6</sup> Nearly a decade later, in 1908, the navy created a nurse corps.<sup>7</sup> While women's pay was inferior, the Army and Navy Nurse Corps recognized that the U.S. military needed and benefitted from women serving.

### World War I (1914–1918)

The personnel demands of the First World War required the military to expand roles for women beyond nursing. Approximately ten thousand women served in the military as telephone operators, interpreters, couriers, translators, and clerks.<sup>8</sup> Another twenty-one thousand women joined the Army Nurse Corps.<sup>9</sup> Half of the women served in France; the remainder were posted in the United States or on bases worldwide. Army nurses in France worked long hours. Those stationed on forward operating bases often experienced injury from shrapnel and shell fragments; women also risked infection at hospitals.<sup>10</sup>

Women's inclusion in the army remained contested. Women still lacked military status and rank, and did not receive the same pay as men.<sup>11</sup> The War Department continued the pattern of demobilizing enlisted women immediately after the war.<sup>12</sup> Congress passed legislation that expanded benefits for service members, but did not include women.<sup>13</sup>

Women who joined the U.S. Navy as of 1917 fared somewhat better. Women were able to join through a legislative loophole in the Naval Act of 1916, which expanded the navy but did not specify gender or sex of the personnel.<sup>14</sup> Gaps in male

6. Maureen Murdoch, et al., "Women and War: What Physicians Should Know," *Journal of General Internal Medicine* 21, Suppl. 3 (2006): S6.

7. Naval History and Heritage Command, "Navy Nurse Corps" (<https://www.history.navy.mil/browse-by-topic/communities/navy-medicine/navy-nurse-corps.html>).

8. National Center for Veterans Analysis and Statistics, *America's Women Veterans*, 1–2.

9. Elizabeth A. P. Vane and Sanders Marble, "Contributions of the U.S. Army Nurse Corps in World War I," *Army Nurse Corps Association* (<https://e-anca.org/History/Topics-in-ANC-History/Contributions-of-the-US-Army-Nurse-Corps-in-WWI>).

10. Marian Moser Jones, "American Nurses in World War I," American Experience, PBS (<https://www.pbs.org/wgbh/americanexperience/features/the-great-war-american-nurses-world-war-1/>); University of Wisconsin Digital Collections, "Women in World War I: Nurses" (<https://exhibits.library.wisc.edu/wwi/nurses/>).

11. Delaware Historic and Cultural Affairs (HCA). *Women During World War I* ([https://history.delaware.gov/world-war-i/women-roles-wwi/#:~:text=These percent20women percent20served percent20primarily percent20in,veterans percent20eligible percent20for percent20veteran percent20benefits](https://history.delaware.gov/world-war-i/women-roles-wwi/#:~:text=These%20women%20served%20primarily%20in,veterans%20eligible%20for%20veteran%20benefits)).

12. Murdoch, et al., "Women and War," S6.

13. U.S. Department of Veterans Affairs, Veterans Health Administration, "Roots of VA Health Care Started 150 Years Ago" ([https://www.va.gov/health/newsfeatures/2015/march/roots-of-va-health-care-started-150-years-ago.asp#:~:text=As percent20the percent20U.S. percent20](https://www.va.gov/health/newsfeatures/2015/march/roots-of-va-health-care-started-150-years-ago.asp#:~:text=As%20the%20U.S.%20)).

14. Nathaniel Patch, "The Story of the Female Yeomen during the First World War," *Prologue* 38, no. 3 (Fall 2006): 54–59 (<https://www.archives.gov/publications/prologue/2006/fall/yeoman-f.html>).



Rear Adm. Victor Blue (left center) chief of the Bureau of Navigation, inspects yeomen (F) on the grounds of the Washington Monument, Washington, D.C., in 1918. [U.S. Naval History and Heritage Command]

enrollment led the navy to recruit women. Popularly called “Yeomanettes,” these women were granted active-duty status and had five-year appointments. At the end of the First World War, there were eleven thousand Yeomanettes.<sup>15</sup> They received equal pay and rank as men, were honorably discharged, and had access to veterans’ benefits. In an effort to curtail the participation of women, however, in 1918 the Naval Reserve Act required congressional approval for the navy to recruit women.<sup>16</sup>

In 1919, women became eligible to receive medical care and hospitalization support from the National Home for Disabled Volunteer Soldiers, which would become the Veterans’ Health Administration (VA). There were no facilities available to accept them, though. It took another four years before two facilities were equipped to care for women.<sup>17</sup> There were 52,000 women who had earned the right to medical treatment via military service.<sup>18</sup>

15. Naval History and Heritage Command, “A Historical Overview of the Yeoman (F)” (<https://www.history.navy.mil/content/history/nhhc/browse-by-topic/wars-conflicts-and-operations/world-war-i/people/historical-overview-of-yeomen-f.html>).

16. Maria T. Armas, “Women at War,” *Naval History Magazine* 8, no. 2 (April 1994) (<https://www.usni.org/magazines/naval-history-magazine/1994/april/women-war>).

17. VA History in Focus: *Episode 3: Women’s Healthcare* (<https://www.youtube.com/watch?v=3vikUyL9QzU&t=29s>).

18. Sally Haskell, “Celebrating 100 years of Health Care for Women Veterans” (<https://news.va.gov/123577/celebrating-100-years-of-health-care-for-women/#:~:text=On percent20Sept>).

## World War II (1939–1945)

After initially limiting the mobilization of women to nursing roles, the nation's leaders had a change of heart following the attack on Pearl Harbor. Congress authorized the creation of the Women's Army Auxiliary Corps (WAAC) in 1942. Although they still lacked military status,<sup>19</sup> by the end of the war over 90,000 women had served as WAACs.<sup>20</sup> Women initially served as clerks, transcribers, and drivers. Their roles later expanded to include meteorologists, cryptographers, bombsight maintenance specialists, statistical tabulating machine operators, and medical and dental technicians.

The military somewhat reluctantly tasked women with supporting the army's ground forces as well. While some women served close to the front lines, the army did not protect them if they were injured or captured.<sup>21</sup> Nor did the government issue women life insurance or provide hazard pay.<sup>22</sup> The number of women serving therefore fell significantly, as they could secure higher-paying jobs outside of the military.

In 1942, the U.S. Navy created the Women Accepted for Volunteer Emergency Service (WAVES), a reserve component that granted women military status,<sup>23</sup> although paying them less than male counterparts. The navy abandoned this practice the following year.<sup>24</sup> This put pressure on the army to follow suit, and the WAACs became the Women's Army Corps (WACs), which moved women from an auxiliary force without military status to a force with the same pay, benefits, and privileges as men beginning in 1944.<sup>25</sup> Approximately 350,000 women served in the American armed forces during World War II, of whom 74,000 were nurses in the U.S. Army and Navy Nurse Corps.<sup>26</sup>

19. Murdoch, et al., "Women and War," S6.

20. Andrew T. Wackerfuss, "Women's Army Auxiliary Corps (WAAC)" (<https://www.af-history.af.mil/FAQs/Fact-Sheets/Article/458988/womens-army-auxillary-corps-waac/>).

21. Judith A. Bellafaire, *The Women's Army Corps: A Commemoration of World War II Service* (CMH Publication 72-15, U.S. Army Center of Military History, 1993), 17 (<https://www.history.army.mil/Portals/143/Images/Publications/Publication%20By%20Title%20Images/C%20Img/campaigns-wwii/pdf/40.pdf>).

22. Meghan McClory, "Their War Too: The Women's Army Corps and Ladd Field" ([https://home.army.mil/alaska/application/files/8815/7747/9253/Womens\\_Army\\_Corps\\_REDUCED\\_SIZE.pdf](https://home.army.mil/alaska/application/files/8815/7747/9253/Womens_Army_Corps_REDUCED_SIZE.pdf)).

23. National Center for Veterans Analysis and Statistics, *The Past, Present and Future of America's Women Veterans* ([https://www.va.gov/vetdata/docs/specialreports/women\\_veterans\\_2015\\_final.pdf](https://www.va.gov/vetdata/docs/specialreports/women_veterans_2015_final.pdf)).

24. Jessie Kratz, "WAVES: It's a Woman's War Too!" National Archives (prologue.blogs.archives.gov/2024/03/06/waves-its-a-womans-war-too/).

25. "The Women Who Joined the WAC," Smithsonian National Museum of American History, July 22, 2024 (<https://americanhistory.si.edu/explore/stories/women-who-joined-wac>).

26. National Park Service, "Women in the Military During World War II" (<https://www.nps.gov/articles/000/women-in-the-military-during-world-war-ii.htm>); World War II U.S. Medical Research Center. "The Army Nurse Corps" (<https://www.med-dept.com/articles/the-army-nurse-corps/>).

The legislation that created the WAVES also created the U.S. Marine Corps Women's Reserve (USMCWR). The USMCWR freed men to serve in combat roles while women filled support roles stateside. Between 1943 and 1945, over 21,000 women served in the USMCWR.<sup>27</sup> They endured a particularly hostile environment. Male marines often were openly sexist and used derogatory language to refer to women.<sup>28</sup>

The Coast Guard also created a women's reserve component in 1942, the SPARs, which provided women reservists to replace men who went to sea. SPARs served primarily in clerical roles and were offered the same titles and pay as men.<sup>29</sup> Both the USMCWR and the SPARs were disbanded at the war's end.

### Post-World War II (1945–1968)

Public and political pressure led to the demobilization of women following the Second World War.<sup>30</sup> Two years after the conclusion of the war, however, recognizing that equal pay might promote recruitment among women, President Eisenhower signed into law the Army-Navy Nurses Act of 1947 (amended 1955).<sup>31</sup> This granted nursing roles equal rank and pay.<sup>32</sup> Nurses thus became commissioned officers with the same rank and pay as officers of an equivalent grade in another role. Many women were excluded from enlistment, however, including those who were married or had young children.<sup>33</sup> Women who did serve were not eligible to receive benefits for service-connected disabilities. Men did not face such exclusions and began receiving benefits for service-connected disabilities with the passage of the GI Bill in 1944.<sup>34</sup>

27. Jeannine Franz and Gail Horn, "History of Our Anniversary" Women Marines Association (<https://www.womenmarines.org/united-states-marine-corps-women-reserves-usmcwr/#:~:text=During%20World%20War%20II%20percent20the,College%20in%20South%20Hadley%20C%20Massachusetts>).

28. Kate Fogle, "SPARS: Coast Guard Women in WWII," National Women's History Museum (<https://www.womenshistory.org/exhibits/spars-coast-guard-women-wwii>).

29. Fogle, "SPARS."

30. National Center for Veterans Analysis and Statistics, *America's Women Veterans*, 3; Belafaire, *The Women's Army Corps*, 9.

31. Congressional Record, 1955, Public Law 229, 5 (<https://www.congress.gov/84/statute/STATUTE-69/STATUTE-69-Pg492-2.pdf>).

32. Health.mil, "An Historical Timeline of Nurses and Nursing in the Military" (<https://www.health.mil/About-MHS/Military-Medical-History/Historical-Timelines/Nurses?page=4#:~:text=not%20die%20alone.-,1947%20Army-Navy%20Nurse%20Act,gained%20permanent%20commissioned%20of-ficer%20status>).

33. "Navy Now Allows Nurses to Marry; Drops the Regulation Forcing Resignation if Those in the Service Wed Army Change Sought Red Cross Gets Applications," *The New York Times*, 11 January 1945.

34. Social Security Administration, "Programs for Specific Groups: Veterans' Benefits" (<https://www.ssa.gov/policy/docs/progdesc/sspus/veterans.pdf>).

The Women's Armed Services Integration Act of 1948 made women an enduring component of the military. It allowed them to be permanent members of the armed services, to serve in all branches, and to be granted veteran status. The act capped women's participation at 2 percent of the total force, however, and limited them to non-combat roles.<sup>35</sup> Veteran status granted women VA benefits, and as women finished their tours of duty, the number of women eligible for healthcare from the Department of Veterans Affairs increased as well.<sup>36</sup>

### The Korean and Vietnam Wars (1950–1953 and 1955–1975)

At the outset of the Korean War, the military set an ambitious recruitment target of 500,000 women. In 1951, the Defense Advisory Committee on Women in the Services was created to increase women's participation in the military.<sup>37</sup> While the number of women serving fell far short of the goal, the initiative was deemed successful. Over 120,000 women served during the war.<sup>38</sup>

Between 1955 and 1975, however, there was a dramatic increase, with approximately 265,000 women serving. Eleven thousand deployed in theater in Vietnam, 90 percent of them as nurses.<sup>39</sup> Many medical units were co-located with military ground forces and vulnerable to attack.<sup>40</sup>

Although Congress removed the 2 percent quota in 1967 and allowed women to serve in senior officer ranks, the net increase in women's participation was minimal. Even five years later, non-nurse military women comprised only 1.7 percent of all military personnel.<sup>41</sup> In 1971, though, President Nixon signed a bill to transition the U.S. military to an all-volunteer force. To make the military more attractive

35. U.S. Department of Veterans Affairs, *Women Veterans Report: Final Report* (March 2 2012, v.7), 3 ([https://www.va.gov/vetdata/docs/specialreports/final\\_womens\\_report\\_3\\_2\\_12\\_v\\_7.pdf](https://www.va.gov/vetdata/docs/specialreports/final_womens_report_3_2_12_v_7.pdf)).

36. VA News, "Women Veterans have access to VA resources," 4 March 2021 ([https://news.va.gov/85336/women-veterans-access-va-resources/#:~:text=Women percent20have percent20served percent20the percent20country percent20in percent20many,the percent20military percent20entitling percent20them percent20to percent20VA percent20benefits](https://news.va.gov/85336/women-veterans-access-va-resources/#:~:text=Women%20have%20served%20the%20country%20in%20many,the%20military%20entitling%20them%20to%20VA%20benefits)).

37. Agnes Gereben Schaefer, et al., "History of Integrating Women into the U.S. Military," in *Implications of Integrating Women into the Marine Corps Infantry* (Rand Corporation, 2015), 7–16.

38. USO, "Over 200 Years of Service: The History of Women in the U.S. Military" ([https://www.uso.org/stories/3005-over-200-years-of-service-the-history-of-women-in-the-us-military#:~:text=Just percent20two percent20years percent20later percent20the,military percent20police percent20officers percent20or percent20engineers](https://www.uso.org/stories/3005-over-200-years-of-service-the-history-of-women-in-the-us-military#:~:text=Just%20two%20years%20later%20the,military%20police%20officers%20or%20engineers)).

39. U.S. Department of Veterans Affairs, "Women Veterans Bravely Served During Vietnam War" (<https://blogs.va.gov/VAntage/86001/women-veterans-bravely-served-vietnam-war/>).

40. U.S. Department of Veterans Affairs, "Women Veterans Bravely Served During Vietnam War," U.S. Department of Veterans Affairs News, 14 March 2021 (<https://news.va.gov/86001/women-veterans-bravely-served-vietnam-war/>); United States of America Vietnam War 50th Commemoration, *Combat Medicine in the Vietnam War* (Low-Resolution Poster Series), 1–3 ([https://www.vietnamwar50th.com/assets/1/7/CombatMedicine\\_Posters\\_9-20-18\\_LowRes.pdf](https://www.vietnamwar50th.com/assets/1/7/CombatMedicine_Posters_9-20-18_LowRes.pdf)).

41. Francine D'Amico and Laurie L. Weinstein, eds. *Gender Camouflage: Women and the U.S. Military* (New York University Press, 1999), 42.

for women, the opportunities open to them were expanded. Although they were still not eligible for combat roles, the navy allowed women to serve at sea, and the U.S. military academies opened their doors to women. The U.S. Air Force aimed to enlist 38,000 women and exceeded that by more than 15,000. In contrast, the U.S. Marine Corps set a goal of 2,800 women recruits and fell short by 300.<sup>42</sup>

The GI Improvement Act of 1977 extended additional benefits to the Women's Army Corps. In 1978, President Carter disbanded the WAC, allowing women to enlist in the army alongside men in integrated units. Women continued to be excluded from combat roles. In 1980 Congress recognized the contributions of women who served as WAACs during World War II and retroactively granted them veteran status.<sup>43</sup>

Prior to, during, and after the legislative changes that expanded roles for women, the government commissioned studies and working groups to examine barriers to enrolling women, with an eye to making military service more attractive to them.<sup>44</sup> Further, the Women's Liberation Movement and the Equal Rights Amendment began to shift public opinion about women's contributions to society, including the military.<sup>45</sup> Over the next three decades, the number of women in the military rose from 45,000 to over 200,000.<sup>46</sup>

As women completed their service, many sought care from VA medical facilities, leveraging the benefits they earned. The healthcare system, however, was ill-equipped to meet their medical needs. A report conducted by the General Accounting Office (GAO) in 1982 demonstrated that women did not have equal access to medical benefits compared to male veterans.<sup>47</sup> In particular, the Veterans' Health Administration did not adequately inform women of their benefits, conduct physical examinations, or offer women gynecological care. It also failed to provide women adequate physical privacy.

42. Bernard Rostker, "The Role of Women in the All-Volunteer Force" in *I Want You! The Evolution of the All-Volunteer Force* (Rand Corporation, 2006), 563.

43. VA.gov, "Women Veterans Issues: A Historical Perspective" (<https://www.va.gov/womenvet/docs/20yearshistoricalperspective.pdf>).

44. Rostker, "Women in the All-Volunteer Force," 565–70.

45. Lee Ann Banaszak and Heather L. Ondercin, "Public Opinion as a Movement Outcome: The Case of the U.S. Women's Movement," *Mobilization: An International Quarterly* 21, no. 3 (2016): 373; Rodion Zabolotniy, "Redefining Women's Place in National Defense: A History of Women in the Military," *Perspectives on History* (December 2015) (<https://www.historians.org/perspectives-article/redefining-womens-place-in-national-defense-a-history-of-women-in-the-military-december-2015>).

46. National Center for Veterans Analysis and Statistics, *America's Women Veterans*, 3.

47. U.S. General Accounting Office, Letter from Gregory J. Ahart to Senator Daniel Inouye: "Actions Needed to Insure That Female Veterans Have Equal Access to VA Benefits," 24 September 1982 (<https://www.gao.gov/assets/hrd-82-98.pdf>).

### The Global War(s) on Terror (1990–2011)

During the Gulf War, the number of female service members deployed reached nearly forty-one thousand—7 percent of the troop total.<sup>48</sup> The military hired more women during the Gulf War than in any prior conflict. Given the progress in compensation, military roles and status for women, the disparities during the Gulf War centered on women veterans' access to healthcare.<sup>49</sup>

During the conflict in Iraq, women were less likely to be in direct combat roles than men, but a large proportion (73.4 percent) experienced combat or combat-support stress;<sup>50</sup> however, women veterans experienced higher rates of chronic conditions such as asthma, depression, bi-polar disorder, migraines, and osteoporosis. Women veterans also were more likely to experience adverse maternal health outcomes and greater rates of sexual harassment compared to non-veteran women.<sup>51</sup> Many of these conditions were poorly understood and, despite patterns of illness across women who served in the Gulf War, their health conditions were not recognized as service-connected. Women reported feeling dismissed by the VA healthcare system.<sup>52</sup>

In 1992, the Veterans Health Care Act gave the VA permission to provide women veterans gender-specific care, including breast and cervical cancer screening, and reproductive and contraception care. Two years later, the VA prioritized counseling and treatment for those who experienced military sexual trauma. The VA also commissioned a study to understand the quality of life and life experiences of women who received care from the VA.<sup>53</sup> Over the next ten years, the VA expanded care for women to meet their specific needs. Some key milestones include the creation of the Center for Women Veterans in 1994, the establishment of the Women Veterans Health Program in 1997, compensation for women who received a service-connected mastectomy, benefits for children born with defects in 2000, funds to hire Women Veterans Program Managers at each medical center in 2008, and the funding of 35 research projects dedicated to addressing women veterans' needs in 2010.<sup>54</sup> Yet, this concrete progress obscures an underlying obstacle

48. Foy Wicker, et al., "Women in the Military: Deployment in the Persian Gulf War," in *Report to the Secretary of Defense* (U.S. General Accounting Office, 1993), 10.

49. Megan Lafferty, et al., "Women of the Gulf War: Understanding Their Military and Health Experiences Over 30 Years," *Military Medicine* 188 (9/10): 3191–98.

50. Street, Amy E., Jaimie L. Gradus, Hannah L. Giasson, Dawne Vogt, and Patricia A. Resick. "Gender Differences Among Veterans Deployed in Support of the Wars in Afghanistan and Iraq," *Journal of General Internal Medicine* 28, no. 4 (July 2013): 556–62.

51. C. Mackenzie Brown, "Gender-based Differences among 1990–1991 Gulf War Era Veterans: Demographics, Lifestyle Behaviors, and Health Conditions," *Women's Health Issues* 29: S47–55.

52. Lafferty, et al., "Women of the Gulf War," 3191–98.

53. Lafferty, et. al., "Women of the Gulf War," 3191–98; U.S. Department of Veterans Affairs, "100 Years of Health Care for Women Veterans," Office of Women's Health (<https://www.womenshealth.va.gov/history/>).

54. Department of Veterans Affairs, "100 Years of Health Care for Women Veterans."

to obtaining the full care women need. Because women's roles were categorized as non-combat, they could not prove that their ailments were service-connected.

In response to the 9/11 attack on the United States, the U.S. launched two military operations, Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Approximately 300,000 women served in OEF/OIF and faced multiple exposures, including occupational hazards from working with chemicals and machinery, exposure to burn pits, and chemical warfare agents.<sup>55</sup> Those who served in Afghanistan were also exposed to a cold, mountainous climate. All service members were exposed to enemy fire, saw dead, severely wounded or disfigured unit members or civilians, witnessed or handled human corpses, interacted with prisoners of war, and saw refugees lose their belongings and homes.<sup>56</sup> Women reported much higher rates of military sexual trauma, including sexual harassment, unwanted physical advances, non-consensual sexual activity, or rape. During OEF/OIF, 41.5 percent of women experienced sexual harassment, compared to 3.5 percent of men, and 10.2 percent of women experienced sexual assault, compared to only 0.5 percent of men.<sup>57</sup> Women were more likely to experience general harassment and lack of unit support.<sup>58</sup>

Although Department of Defense (DOD) policy prohibited women from combat roles, women did fight and die in combat.<sup>59</sup> Some women were attached to army infantry units or marine special operations units and found themselves under attack. Statistics indicate that greater proportions of women died than men (36 percent vs 17 percent during OEF; 17 percent vs 14 percent during OIF).<sup>60</sup> They were decorated with Combat Action Ribbons and Purple Hearts, yet when they returned from deployment, they were not authorized to continue specialized training with combat units. Unable to make the case for connection between injury and service, therefore, their access to VA healthcare benefits was limited.<sup>61</sup>

55. U.S. Department of Veterans Affairs, "Iraq War Exposures: Operation Iraqi Freedom and Operation New Dawn (March 19, 2003–Dec. 15, 2011)" (<https://www.publichealth.va.gov/exposures/wars-operations/iraq-war.asp>).

56. Michelle J. Bovin, et al., "Development and Validation of a Brief Warfare Exposure Measure Among U.S. Iraq and Afghanistan War Veterans: The Deployment Risk and Resilience Inventory-2 Warfare Exposure-Short Form (DRRI-2 WE-SF)," *Psychological Trauma: Theory, Research, Practice, and Policy* 15 (8): 1248–58; U.S. Department of Veterans Affairs, "Combat Exposure" ([https://www.ptsd.va.gov/understand/types/combat\\_exposure.asp](https://www.ptsd.va.gov/understand/types/combat_exposure.asp)).

57. U.S. Department of Veterans Affairs. "Military Sexual Trauma in Recent Veterans" (<https://www.publichealth.va.gov/epidemiology/studies/new-generation/military-sexual-trauma-infographic.asp>); U.S. Department of Veterans Affairs, "Military Sexual Trauma Fact Sheet" ([https://www.mentalhealth.va.gov/docs/mst\\_general\\_factsheet.pdf](https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf)).

58. Amy E. Street, et al., "Gender differences among veterans deployed in support of the wars in Afghanistan and Iraq," *Journal of General Internal Medicine* 28: 556–62.

59. Megan Buckley and Roger Thompson, "Introduction: Special Issue on Women and Operation Iraqi Freedom," *Journal of Veterans Studies* 7 (2): 1–5.

60. Jessica D. Cross, et al., "Mortality in Female War Veterans of Operations Enduring Freedom and Iraqi Freedom," *Clinical Orthopaedics and Related Research* 469 (7): 1956–61.

61. ACLU Factsheet, "Hegar, et al. v. Panetta: The Legal Challenge to the Combat Exclusion

A lawsuit in 2013 challenged DOD's combat exclusion policy and won. That year, the Secretary of Defense issued a memo lifting the combat exclusion policy and required combat roles be open to women by 1 January 2016.<sup>62</sup> Today, women who served in combat positions during these wars (or after) have access to free healthcare for any service-related injury.<sup>63</sup> The number of women entitled to benefits—including medical care—has increased, yet there are issues specific to women that require further attention.

### Current Representation and Specific Needs

Of the 20 million veterans alive today, nearly two million are women.<sup>64</sup> In fiscal year 2024, women represented 11.7 percent of the population and by 2053, projections estimate that they will represent 18.3 percent.<sup>65</sup> As women become a greater proportion of those serving, women will account for a growing share of veterans who receive healthcare through the Department of Veterans Affairs. Over 33 percent of all female veterans alive today began their service after 9/11, and women veterans tend to be younger and more diverse than their male counterparts.<sup>66</sup>

Research documents a variety of health disparities. These women face worse outcomes for traumatic brain injury,<sup>67</sup> and high rates of alcohol abuse yet low engagement in substance use treatment programs at VA facilities.<sup>68</sup> They show greater likelihood of having musculoskeletal and skin disorders, depression, and adjustment disorders.<sup>69</sup> One study indicates the need for more attention to mental health needs of women who served during OEF/OIF.<sup>70</sup> This cohort also was more

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Policy" (<https://www.aclu.org/documents/aclu-factsheet-combat-exclusion-policy-hegar-v-panetta>).

62. U.S. Department of Defense, "Memorandum for the Secretaries of the Military Departments on the Elimination of the 1994 Direct Ground Combat and Assignment Rule" [<https://dod.defense.gov/Portals/1/Documents/WISRJointMemo.pdf>].

63. Veterans Services, Sarpy County, Nebraska, "Returning Combat Theater Veterans" (<https://www.sarpy.gov/320/Returning-Combat-Theater-Veterans>).

64. U.S. Department of Veterans Affairs, "VetPop2023 Data Story," VA Open Data (<https://www.data.va.gov/stories/s/VetPop2023-Data-Story/yr7p-v5my/>).

65. U.S. Department of Veterans Affairs, "VetPop2023 Data Story."

66. Jessica Y. Breland, et al., *Veterans Health Administration Patient Experience at the Intersection of Gender and Race-Ethnicity: Special Report from the National Veteran Health Equity Report* (Veterans Health Administration Office of Health Equity, August 2024), 2 ([https://www.va.gov/HEALTHY/HEALTHY/docs/NVHER\\_WV\\_Intersectionality\\_Chartbook\\_508\\_08222024.pdf](https://www.va.gov/HEALTHY/HEALTHY/docs/NVHER_WV_Intersectionality_Chartbook_508_08222024.pdf)).

67. Jeffrey J. Bazarian, et al., "Sex Differences in Outcome after Mild Traumatic Brain Injury," *Journal of Neurotrauma* 27, no. 3 (March 2010): 530–536.

68. Sarah E. Nunnink, et al., "Female Veterans of the OEF/OIF Conflict: Concordance of PTSD Symptoms and Substance Misuse," *Addictive Behaviors* 35, no. 7 (July 2010): 657.

69. Sally G. Haskell, et al., "The Burden of Illness in the First Year Home: Do Male and Female VA Users Differ in Health Conditions and Healthcare Utilization," *Women's Health Issues*. 21(1): 92–97.

70. Jessica C. Rivera and Anthony E. Johnson, "Female Veterans of Operations Enduring and Iraqi Freedom: status and future directions," *Military Medicine* 179 (2): 133–36.

likely to feel unsafe in VA settings. Women who had experienced unwanted sexual attention, threats, or sexual coercion especially felt unsafe in an inpatient setting.<sup>71</sup>

Multiple barriers have prevented veteran women from addressing their unique healthcare needs, including adequate information, availability of specialized services, and psychosocial factors such as a personal history of gender-based violence or availability of on-site childcare. A survey of women veterans published in 2015 found that only 58 percent of those who served in OEF/OIF had enough information about how to get care from the VA. Thirty-nine percent were unaware of the services available to them. Three out of five women said that if childcare was available on-site, they would find it helpful. Half of women who participated in the study wanted care in women-only settings; however, not all VA medical centers and community-based outpatient clinics offer this option. Sixteen percent of women veterans across all eras who participated in the study said they did not go to their closest VA for primary care because the services they needed were not available.<sup>72</sup>

A study completed in 2020 confirmed that women veterans continued to report numerous challenges to receiving care. These included timely access to acute care, long waiting times in clinics, inflexible clinic hours, harassment in hallways and waiting rooms, lack of privacy in mixed-gender clinics, unkind and confusing communication from frontline staff and providers, difficulty resolving questions between appointments, care coordination challenges, care that was misaligned with their values and beliefs, poor provider continuity, and financial hardship from community care through the Veterans Choice Program.<sup>73</sup>

## Conclusions

Historically, women have not only faced unequal treatment in society, but also during- and after-their service in the military. Understanding how the underlying disparities in women's roles can help explain the downstream health disparities women service members face once they re-enter civilian life. With the swell of women entering the military, coupled with the VA's ongoing research agenda on women,<sup>74</sup> there are continued pressures on both the U.S. military and the Department of Veterans Affairs to meet the demand and scope of services required to care for women. Not only has the Department of Veterans Affairs been slow to adapt to

71. Department of Veterans Affairs, "Study of Barriers for Women Veterans to VA Health Care: Final Report" ([https://www.womenshealth.va.gov/docs/Womens%20Health%20Services\\_Barriers%20to%20Care%20Final%20Report\\_April2015.pdf](https://www.womenshealth.va.gov/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf)).

72. Department of Veterans Affairs, "Study of Barriers for Women Veterans to VA Health Care: Final Report" ([https://www.womenshealth.va.gov/docs/Womens%20Health%20Services\\_Barriers%20to%20Care%20Final%20Report\\_April2015.pdf](https://www.womenshealth.va.gov/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf)).

73. Veronica X. Vela, "Understanding women veterans' unique healthcare needs from the Department of Veterans Affairs medical centers and clinics" (DrPH diss. George Washington University, Milken Institute School of Public Health, 2020).

74. U.S. Department of Veterans Affairs, "Women's Health Research" ([https://www.research.va.gov/programs/womens\\_health/](https://www.research.va.gov/programs/womens_health/)).

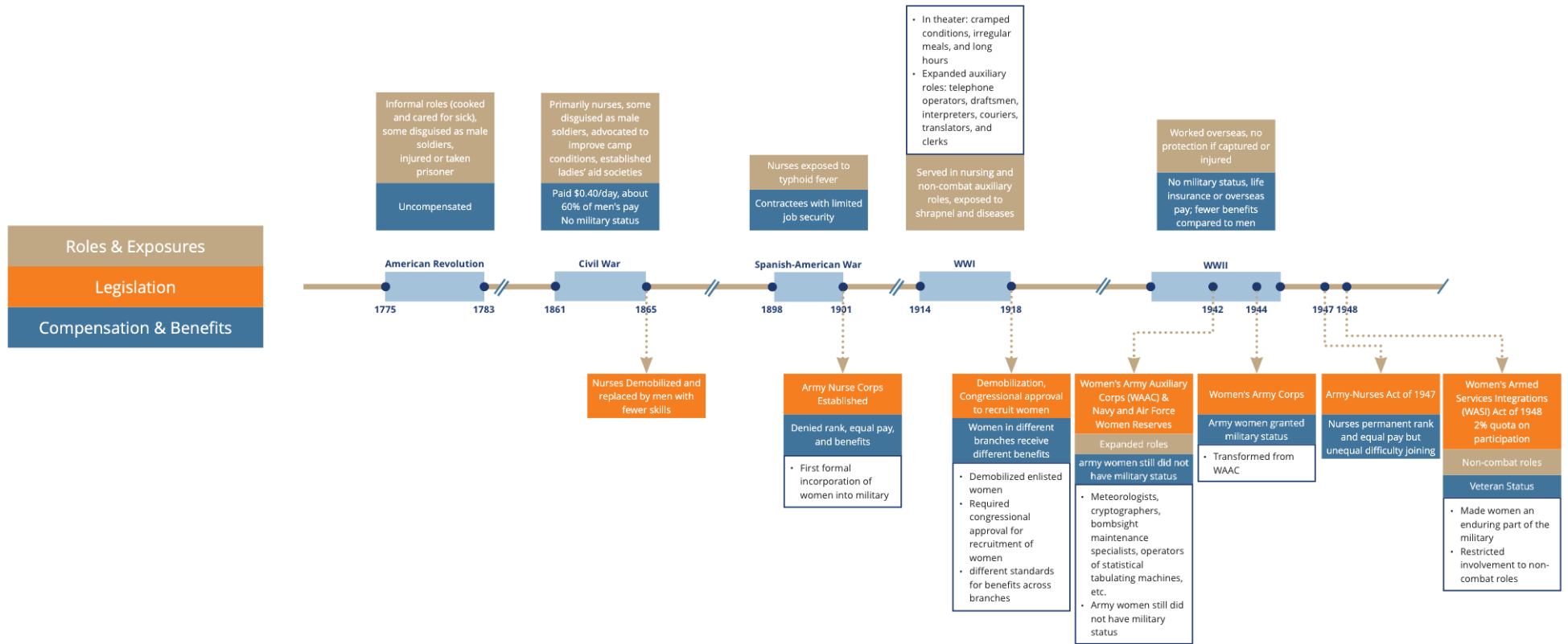
the specific healthcare needs of this demographic,<sup>75</sup> but research reveals that women face inequality in accessing non-gender specific care. Examples include unequal access to nicotine patches, lipid-lowering therapy, and vaccines compared to male counterparts.<sup>76</sup> There is still a gap after they leave the service, moreover, due to the organization and funding of the healthcare system. This article is both a call for further study and a practical reference for advocacy groups, policymakers, and researchers to guide future improvements in the U.S. military branches and in the VA.

75. Dawne Vogt, et al., "Barriers to Veterans Health Administration Care in a Nationally Representative Sample of Women Veterans," *Journal of General Internal Medicine*, 21 (S3)(2006): 19–25; Karli Kondo, et al., "Health Disparities in Veterans: A Map of the Evidence," *Medical Care* 55 (S9, S2) (2017): 9–15.

76. Scott E. Sherman, et al., "Gender Difference in Smoking Cessation Services Received Among Veterans." *Women's Health Issues* 15 (3) (2005): 126–33; Varsha G. Vimilanda, et al., "Gender Disparities in Lipid-Lowering Therapy Among Veterans with Diabetes." *Women's Health Issues* 21 (4) (2006): 176–81; Bevanne Bean-Mayberry, et al., "Does Sex Influence Immunization Status for Influenza and Pneumonia in Older Veterans." *Journal of the American Geriatrics Society* 57 (8) (2009): 1427–32.

Figure 1. Timeline of Women in War and Legislation throughout U.S. History, 1778-1948

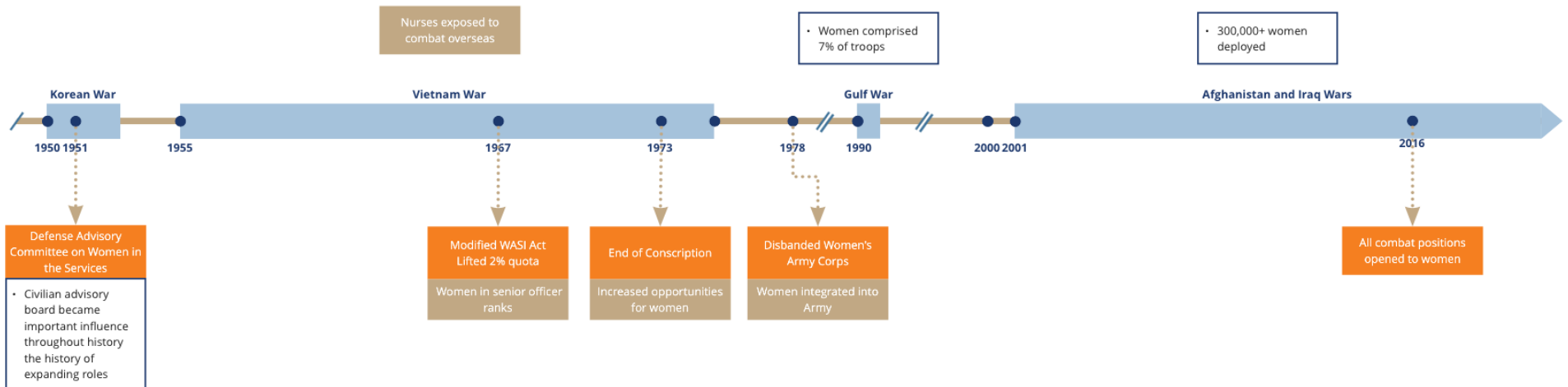
# Women in War



# Legislation

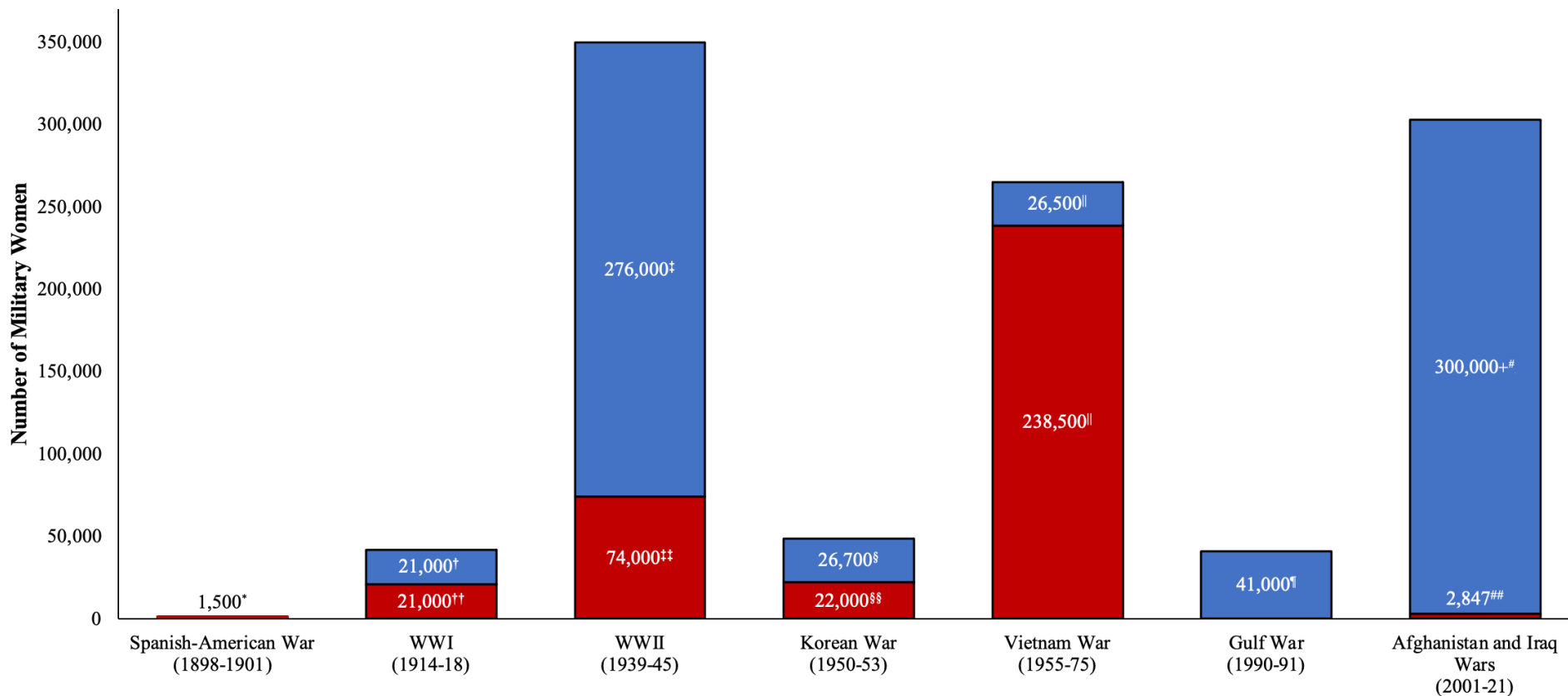
Figure 2. Timeline of Women in War and Legislation throughout U.S. History, 1949-2016

# Women in War



# Legislation

**Figure 3. Number of Military Women by War Era**



Legend:

■ Nurses ■ Other

\* Lawson, "Nurses in the Spanish-American War."

† National Center for Veterans Analysis and Statistics, America's Women Veterans: Military Service History and VA Benefit Utilization Statistics; Naval History and Heritage Command, "A Historical Overview of the Yeomen (F)."

†† Samecky, A History of the US Army Nurse Corps.

‡ Holm, Women in the Military: An Unfinished Revolution.

‡‡ WW2 US Medical Research Centre, "The Army Nurse Corps."

§ Holm, Women in the Military: An Unfinished Revolution.

§§ Duquesne University School of Nursing, "The History of Wartime Nurses."

|| U.S. Department of Veterans Affairs, "Women Veterans Bravely Served during Vietnam War."

¶ Schaefer et al., "History of Integrating Women into the U.S. Military."

# Boyd, Bradshaw, and Robinson, "Mental Health Issues of Women Deployed to Iraq and Afghanistan."

## Berry-Cabán et al., "Description of United States Military Nurses Deployed to Afghanistan & Iraq, 2001-2015."

**Table 1. Summary Table on the Roles, Exposures, and Compensation of Women in the Military by War Era**

War Era	Roles	Exposures	Compensation	Total Serving
American Revolution	Nurses, Cooks, Laundresses, Spies, Saboteurs	Prisoners, Injury/illness	None with a few exceptions	Unknown
Civil War	Soldiers, Nurses, Cooks, Matrons, Laundresses, Seamstresses, Waitresses, Chambermaids, Soldiers' aid societies	Disease, Frontline injury/death	Mostly pro bono, 50 cents per month for each soldier whose clothes were cleaned, 40 cents per day for nurses (less than men)	21,400
Spanish War	Nurses	Typhoid fever and other tropical diseases	\$30 per month and food without military rank/benefits	1,500
WWI	Nurses, Telephone operators, Draftsmen, Interpreters, Couriers, Translators, Clerks	Shrapnel, Disease	Varied by branch, only Yeomanettes granted active-duty status, No health coverage	42,000
WWII	Clerks, Transcribers, Drivers, Meteorologists, Cryptographers, Bombsight maintenance specialists, Operators of statistical tabulating machines, Medical/dental technicians	Injury, Capture	No life insurance or pay overseas	350,000
Korean and Vietnam Wars	Soldiers, Nurses, Civilian advisory board	Disease, Frontline Injury/Death	Senior officer rank	Korean War: 48,700, Vietnam War: 265,000
Gulf, Afghanistan, and Iraq Wars	Soldiers, Nurses, Auxiliary	Frontline Injury/Death	Benefits such as health coverage	Gulf War: 41,000, Afghanistan and Iraq Wars: 300,000+

Military women's roles, exposures, and compensation evolved through each U.S. war era.