GOVERNOR′S VETO
AB 81 (Ta)
As Enrolled September 8, 2025
2/3 vote

SUMMARY

Would have required the California Department of Veterans Affairs (CalVet) to establish a program to fund, upon appropriation of the Legislature, an academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2029.

Governor′s Veto Message
This bill would require the California Department of Veterans Affairs to establish a program to fund an academic study of mental health among women veterans in California and, by June 30, 2029, submit a report to the Legislature summarizing the findings and recommendations.

I support the author′s goal of furthering research into the mental health of women veterans in our state, but this bill would lead to significant fiscal costs outside of the budget. When I vetoed a similar measure last year, I encouraged the author to secure funding for this measure within the annual budget process.

In partnership with the Legislature this year, my Administration has enacted a balanced budget that recognizes the challenging fiscal landscape our state faces while maintaining our commitment to working families and our most vulnerable communities. With significant fiscal pressures and the federal government′s hostile economic policies, it is vital that we remain disciplined when considering bills with significant fiscal implications that are not included in the budget, such as this measure.

COMMENTS

According to the U.S. Department of Veterans Affairs (VA), as of fiscal year (FY) 2023, approximately 155,620 women veterans lived in California. The number of women serving in the military has grown. As more women transition from service member to veteran, the proportion of women veterans also increases. Between FYs 2000 and 2023, the percentage of women veterans rose from 6.3% to 11.3% of the total veteran population in the U.S. The VA projects that by 2043, women will make up 17.2% of all living veterans. Currently, women make up about 30% of all new VA patients.

1) *Women Veteran Population*. When the draft ended in 1973, women represented just 2% of the enlisted forces and 8% of the officer corps. Today, those numbers are 17.7% and 19%, respectively, a significant increase over the past half century. According to the Department of Defense′s 2023 Demographics Report, the percentage of women serving in uniform has increased slightly from 17.5% in 2022 to 17.7% in 2023. In 2023, women comprised 17.7% of the active-duty force, totaling 225,119 members; and 21.9% of the National Guard and reserves at 167,762 members. The year before, women comprised 17.3% of the active-duty force and 21.4% of the Guard and reserve. Women who served in the U.S. Armed Forces have unique needs. They are more likely to be primary caregivers for spouses, children, and parents and more likely to have gender specific health needs. They are younger and more diverse than their male counterparts.

Women veterans experience additional barriers to receiving and utilizing benefits and services. In California, many women do not self-identify as veterans and thus do not utilize benefits or participate in veterans′ events, comprising only 5% of the customer population served by County Veteran Services Offices in 2013, according to CalVet, despite making up 11% of the overall population of California veterans. Additionally, women veterans have higher rates of physical/mental health problems, such as Military Sexual Trauma (MST), alcohol abuse, and drug abuse, than male veterans. They are more likely to die by suicide.

2) *2024 CalVet Women Veterans Survey.* On January 23, 2024, CalVet, the California Research Bureau, and the VetFund Foundation launched a women veterans survey (survey). The survey closed on June 11, 2024, with 3,822 individuals responding, of which 2,716 were qualified responses after removing those who did not identify as women or had no branch of service. Over one-third of respondents reported mixed experiences with specific Veterans Health Administration (VHA) hospitals or clinics, vet centers, and overall medical care. The second most common theme, mentioned by roughly a quarter of respondents, was the support they received or the ongoing need for assistance securing specific benefits. Respondents reported challenges navigating the VA system, including difficulties in filing disability claims, finding competent mental health providers, or locating knowledgeable advocates. The main points highlighted were the importance of effective outreach to recognize women veterans, addressing the stigma linked to benefits access, and enhancing training for staff on the specific medical and behavioral health needs of women veterans to encourage them to engage more with available services. Among the women veterans surveyed, more than 50% reported having mental and physical service-connected disabling conditions that affect their quality of life, increased reporting of adverse health conditions across the board, and 10% of respondents self-reported experiencing suicidal ideation. A total of 32.3% reported experiencing homelessness or housing instability at some point in their life, 11% reported feeling ignored or having a poor experience when seeking assistance, and only 13% reported receiving assistance from either veteran or civilian community-based organizations. When asked if they had symptoms and/or a diagnosis of mental health issues, 69.8% responded yes, 25.6% answered no, and 4.6% were unsure. When asked what their mental health issues related to, the responses were: 63.9% sexual assault during service; 63.5% combat-related events, 52% noncombat-related events, 28.1% physical assault during service, 16.5% other service-related events, and 34.7% nonservice-related events. Most respondents link their behavioral health issues to their service experience and more than one cause. A total of 51.7% reported experiencing sexual assault during their service, 65.5% did not seek treatment for their experiences, and 68.3% of respondents did not report their sexual assault experiences. Only 4.2% who reported the incident expressed satisfaction with the resolution, and 27.5% reported the sexual assault but found the resolution unsatisfactory. Many respondents reported that one or multiple incidents have resulted in lifelong trauma, often manifesting as Post-Traumatic Stress Disorder (PTSD), and the majority of those who reported the incident experienced retaliation, up to and including physical violence and being discharged from the military.

3) *Women Veteran Suicide*. VA researchers found the rate of suicide to be higher among women who reported having experienced MST, sexual assault, or sexual harassment during military service than among those who did not report experiencing MST. Between 2005 and 2015, women Veterans ages 35-54 had higher suicide rates than those in other age groups. After adjusting for age differences, the suicide rate among women veterans in 2015 was 2.0 times higher than the rate among non-veteran women. According to the 2024 National Veteran

Suicide Prevention Annual Report, in 2022, there were 271 suicides among female Veterans (80 fewer than in 2021). From 2001 to 2022, age-adjusted suicide rates rose 24% for female veterans with recent VHA use and 55.2% for female veterans without recent VHA use. Among female recent veteran VHA users in 2022, the suicide rate was 75% higher for those with positive screens for MST than for those with negative screens.

4) *Unique Challenges for Women Veterans*. Women soldiers face challenges that routinely place them at risk for victimization and isolation while deployed. Additionally, reintegrating into civilian communities is particularly challenging for female veterans, as they frequently encounter services that are predominantly designed for men due to historical and societal factors. Although women have served in the U.S. military since the Revolutionary War, it wasn′t until 1988 that the VA began offering female veterans medical and mental health services. Women veterans frequently feel invisible in the civilian world, with their contributions and experiences often overlooked or underappreciated. Women comprise the fastest-growing population in both the military and the veteran community. While they are consistently and impressively breaking down barriers, women veterans still experience unique challenges and gaps in transition, care, and employment, particularly during their transition to civilian life and employment. Women′s achievements are being erased from government websites, photos, and history, which many feel is diminishing their historical significance. Women veterans from the Civil War, World War II, the Korean War, and the Vietnam War are not exempt from the Defense Department′s sweep of diversity, equity, and inclusion (DEI) efforts within the U.S. military. Recent reports indicate that Arlington National Cemetery has removed educational materials and content about the history of female service members from its website, effectively erasing their contributions and stories. Retired Chief Master Sgt. of the Air Force JoAnne Bass, who was the first woman to hold the highest enlisted rank in any U.S. military service, made a point on her social media pages. ″For some, this might seem like just a policy decision. For those of us who have fought, bled, and led in this uniform, it is personal,″ she wrote. ″When you strip away the recognition of those who have given so much, you send a clear message: Your service and sacrifice are appreciated, but not enough to be remembered.″

According to the Author
This bill provides a much-needed picture of the mental health challenges facing California′s women veterans. This bill directs CalVet to conduct an academic study of mental health among women veterans in California. This study would include an analysis of mental health stressors, risk factors, suicide rates, treatment modalities, barriers to care, and other relevant information. Given California′s rapidly growing population of women veterans, this bill ensures that, instead of only identifying concerning statistics, the state is researching and remedying the root causes driving mental health challenges facing women veterans, and would facilitate an understanding of why women veterans utilize veterans′ services at a lower rate than men.

Arguments in Support
This bill is sponsored by veteran organizations, including the American Legion-Department of California and AMVETS Department of California, and supported by the California State Commanders State Council, the Military Officers Association of America-California Council of Chapters, and the Vietnam Veterans of America-California State Council. Supporters state that despite their growing presence, women veterans remain underserved and underrepresented and face unique mental health challenges. They point out that the suicide rate for veteran women is 14.8 per 100,000, compared to 7.6 per 100,000 for nonveteran women, meaning that the rate for

female veterans is nearly double (1.95 times) that of their nonveteran counterparts. In addition to these troubling suicide statistics, studies continue to show that approximately 12% of women veterans suffer from PTSD—nearly twice the rate of their male counterparts—and they also face higher rates of depression and underutilization of state benefits. Proponents claim that this bill takes a proactive approach to tackle the concerning issues affecting women veterans′ mental health by pinpointing root causes and offering practical suggestions to enhance access to mental health services, support networks, and resources to curb PTSD, depression, and suicide.

Arguments in Opposition
There is no known opposition.

FISCAL COMMENTS

According to the Senate Appropriations Committee, CalVet estimates one-time General Fund costs of $500,000 to contract with an academic entity since it lacks in-house expertise to perform the study. CalVet also estimates General Fund costs of approximately $240,000 in the first year, $220,000 in the second year, and $100,000 in the third year for two limited-term staff to create, award, and oversee the contract and submit the legislative report. This bill′s provisions would have been subject to an appropriation.

VOTES

ASM MILITARY AND VETERANS AFFAIRS: 7-0-1
YES: Schiavo, Davies, Ávila Farías, Jeff Gonzalez, Michelle Rodriguez, Sharp-Collins, Valencia
ABS, ABST OR NV: Carrillo

ASM APPROPRIATIONS: 14-0-1
YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa
ABS, ABST OR NV: Sanchez

ASSEMBLY FLOOR: 78-0-1
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Lee

SENATE FLOOR: 39-0-1
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Richardson,

Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Reyes

UPDATED

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