

When the warrior is a woman

By Patrice C. Malena, MS, FNP-BC

The number of women serving in the United States Armed Forces has increased rapidly over the past decade and a half. The U.S. Department of Veterans Affairs (VA) has been implementing major changes to meet the growing demand for healthcare services after these women have been discharged from the military, as well as for older female Veterans who left the service long ago. This article describes the many and varied types of healthcare services that are available for female Veterans. These services are provided by healthcare professionals, including nurse practitioners, working in VA institutions or in the community.

KEY WORDS: female Veterans, women Veterans, healthcare services for female Veterans

Women comprise about 15% of active-duty military force members and 18% of National Guard and Reserve force members.¹ Women serve in nearly every area of the military—including as fighter pilots, gunners, warship commanders, and military police—in locations stateside and abroad. They serve in every branch of the military. When they are discharged from the military, they become Veterans. At this time, 2.2 million women in the United States are Veterans.¹

How many women use VA healthcare services? How is this population characterized?

Since 2000, the number of female Veterans using healthcare services provided by the U.S. Department of Veterans Affairs (VA) has more than doubled, from nearly 160,000 in fiscal year 2000 to more than 390,000 in fiscal year 2013.² This growth has outpaced that of male Veterans. Among all female Veterans who served during Operation Enduring Freedom, Operation Iraqi Freedom, and/or Operation New Dawn (OEF/OIF/OND), 59.7% have received VA healthcare.² Of this group who have received VA healthcare, 90.6% have used it more than once and 57.0% have used it 11 times or more. In fiscal year 2013, the average age of VA healthcare users was 48 years for women and 63 years for men.²

The VA serves women in every age bracket.² Among female VA



healthcare users, 43% are aged 18-44 years, 46% are aged 45-64 years, and the remainder are aged 65 years or older. Reproductive-aged women Veterans receive the gynecologic and obstetric care they need, and those in the menopausal years, many of whom served during the Vietnam or Gulf War eras, can rely on receiving more intensive healthcare because of their age.

In fiscal year 2012, 57% of women Veteran VA patients had some level of service-connected (SC) disability—that is, an injury or illness that occurred or worsened during service in the military.³ If a Veteran receives SC disability status, her SC disability is then assessed and rated for severity from 0% to 100%. In fiscal year 2012, 30% of women Veteran VA patients had an SC disability rating of 50% or higher.²

Women Veterans have higher physical and mental health burdens than their non-Veteran counterparts, as well as health burdens equal to or worse than those of male Veterans.⁴ They have substantial chronic disease and mental health problems; top diagnoses include post-traumatic stress disorder (PTSD), hypertension, depression, hyperlipidemia, chronic low back pain, gynecologic problems, and diabetes mellitus (DM). Among female OEF/OIF/OND Veterans, 20% have been diagnosed with PTSD and 20% have responded “yes” when screened for military sexual trauma (MST).¹ In addition, women are the fastest growing segment of the homeless Veteran population, and are more likely to be homeless with children.

Recent research shows substantial co-morbidities among women Veterans, with 31% having physi-



cal and mental health conditions (vs. 24% of male Veterans). For example, among female Veterans with DM, 45% have a co-morbid serious mental illness or substance use disorder. Among female Veterans with cardiovascular disease, 21% have major depressive disorder.

Certain health risks may depend on the era of service.^{1,5,6} For example, women who served during the Vietnam War may present with diseases related to exposure to Agent Orange, such as Hodgkin's disease, multiple myeloma, certain soft-tissue sarcomas, respiratory cancers, non-Hodgkin's lymphoma, peripheral neuropathy, type 2 DM, Parkinson's disease, and ischemic heart disease. Those who served during the Gulf War may present with chronic fatigue syndrome, fibromyalgia, gastrointestinal disorders, fatigue, skin disorders, headache, muscle pain, joint pain, neurologic or neuropsychological signs or symptoms (S/S), sleep disturbances, cardiovascular S/S, abnormal weight loss, or menstrual

disorders. OEF/OIF/OND Veterans may be more likely to present with musculoskeletal and connective tissue disorders, mild depression, major depression, and readjustment difficulties.

Do women Veterans seek healthcare outside the VA system? What do providers need to know?

Approximately 83% of women Veterans seek healthcare outside the VA, either exclusively or along with the care that they receive from VA providers.⁷ Many healthcare providers (HCPs) may not realize that their patients are Veterans. Because such a large proportion of female Veterans receive healthcare outside the VA, either at academic centers or in private community practices, HCPs need to understand these women's unique needs.

What can HCPs do? Because many female Veterans do not always identify themselves as such, HCPs should ask their patients “Have you served in the military?” If the answer is yes, HCPs should obtain a military history (branch of military, dates of service, occupation, deployment, reason for separation), including a description of their experiences in the military, and be familiar with local VA facilities so that they can refer Veterans appropriately. Women are eligible for VA healthcare if they have an honorable discharge and have completed 2 years of active duty service, were deployed in OEF/OIF/OND, or have experienced MST. A Veteran remains eligible for VA healthcare even if actively serving in the Guard or Reserve. Small co-payments for some services are required. The sidebars list services available to women Veterans and additional resources.



Services available to women Veterans

- Comprehensive primary care
- Reproductive health services: gynecology, maternity care coordination, fertility care, sexually transmitted infection care, midlife and menopause care
- Preventive health screening for breast and cervical cancers
- Osteoporosis screening
- Integrated Mental Health services, including post-traumatic stress disorder, military sexual trauma, and intimate partner violence
- Wellness and healthy living: nutrition and weight management, MOVE (Managing Obesity in Veterans Everywhere), smoking cessation
- Vocational rehabilitation
- Programs for the homeless
- Specialized prosthetics for seriously wounded women and women with disabilities
- Home-based care services and long-term care/palliative care services

How has the VA changed the face of women's healthcare?

The VA created the Women's Health Program in 1988 to streamline services for female Veterans in order to provide more cost-effective medical and psychosocial care. At that time, 4.4% of Veterans were women. The program was realigned within the Office of Public Health and Environmental Hazards in 2007, which increased the scope to include all women's services. When the VA made additional alignment changes in 2011, the Women's Health Program became part of the Office of Patient Care Services (PCS). The program's name was changed to Women's Health Services (WHS) in August 2012. Becoming part of PCS opened opportunities for WHS to collaborate with Primary Care, Mental



Health, and Specialty Care.

The motto for WHS is "You served, you deserve the best care anywhere!" Women Veterans using VA healthcare services can expect:

- Women Veterans Program Managers to assist them at every facility;
- Comprehensive primary care, mental health services, and emergency and specialty care delivered by proficient and interested providers;
- Privacy, safety, dignity, and sensitivity to gender-specific needs;
- State-of-the-art healthcare equipment and technology; and
- Pharmacy services by mail-order and online.¹

The goal of the VA is to ensure that every woman Veteran has access to a VA primary care provider (PCP) who can meet all her primary care needs, including gender-specific care. This approach ensures high-quality healthcare, with special emphasis on continuity of care and a strong relationship between PCP and patient.

Under ideal circumstances, female Veterans should receive complete primary care from one Designated Women's Health Provider (DWHP) at one location.² To provide enough DWHPs, along with nursing support, the national WHS office sponsors a 2.5-day national mini-residency program for PCPs and primary care nurses and offers it several times per year. The VA has also developed online training for core topics in women's health. Every medical facility, including Medical Centers and Community-Based Outpatient Clinics (CBOCs), should have at least two DWHPs.

Currently, all VA healthcare systems and 84% of CBOCs have at least one DWHP. These providers have an interest and special expertise in caring for women Veterans, many of whom have multiple physical and mental health comorbidities.

The VA is working hard to ensure that every woman Veteran has access to the right kind of care at the right time and place. Facilities across the country are adding specialized equipment (e.g., digital mammography, DEXA scans) for women, updating facilities to ensure privacy and security, and expanding staff to provide convenient, equitable care.⁶

How is the VA addressing gender differences?

Beginning in 2008, the VA started a Women's Health improvement initiative to focus on gender disparity data.⁸ Between 2008 and 2011, the VA saw tremendous reductions in gender disparity for many care measures, including Hypertension in Ischemic Heart Disease, A1C Testing for Diabetes, Retinal Exam in Diabetes, Nephropathy Screening in Diabetes, Pneumococcal Vaccine, Colorectal Cancer Screening, Depression Screening, PTSD Screening, and Alcohol Misuse Screening. Despite nationwide emphasis on gender differences in a variety of physical and mental health issues, gender gaps persisted for achieving these goals: LDL <100 in Ischemic Heart Disease, addressing A1C >9 in Diabetes, LDL <100 in Diabetes, and Influenza Vaccine. Analyses of best practices among VA networks revealed improvement based on education, support of leadership, collaborations among programs (Women's Health, Primary Care, and Health Promotion Disease Pre-

Additional resources

- Women Veterans Health Care: womenshealth.va.gov
- VA facility locations: va.gov/directory
- Health Benefits: va.gov/healthbenefits/
- Veterans Benefits Administration: vba.va.gov/VBA
- Ending Veteran Homelessness: va.gov/homeless
- Returning Service Members (OEF/OIF/OND): oefoif.va.gov
- Secure email messaging: myhealthvet.va.gov/index.html
- Have You Ever Served in the Military: A Service for America's Veterans by the American Academy of Nursing: haveyoueverserved.com/
- National Call Center for Homeless Veterans: 1-877-424-3838
- Veterans Crisis Hotline: 1-800-273-8255, press 1
- Women Veterans Call Center: 1-855-VA-WOMEN



vention), and systems redesign. Success required multidimensional and multidisciplinary intervention aimed at patients, providers, and systems of care.

Progress is being made. Disparities in the rates of screenings and immunizations given to women and men VA patients are shrinking.⁸ For example, in 2008, 86% of eligible women Veterans received flu shots versus 94% of men. By 2011, there was only a 1% difference. One hundred percent of VA web pages have at least one topic of interest to women Veterans. Nearly half of these pages link to a facility-specific women's health page and nearly one-third have images of women.

How does the VA fare with regard to provision of mental health services for women?

The VA provides a comprehensive system of mental health services for all Veterans, including psychological assessment and evaluation, outpatient individual and group psychotherapy, acute inpatient care, and residential-based psychosocial rehabilitation.² Specialty services target problems such as PTSD, substance use problems, depression, and homelessness.

The VA has outpatient, inpa-



What type of maternity care does the VA offer?

Many female Veterans who served in OEF/OIF/OND are of reproductive age. Among these women, 81.1% were born in or after 1970 and 54.6% were born in or after 1980.² With larger numbers of reproductive-aged women Veterans, the VA has recognized the need for expanded maternity care services. Maternity care is provided through outside community providers; costs are paid by the VA.¹⁰ The VA covers standard prenatal care, laboratory services, ultrasounds, and delivery costs. If a woman requires specialty care (such as Cardiology) during her pregnancy, her HCP can network within the VA if that service is available. Otherwise, necessary care is handled by other community providers. Each VA Medical Center has a Maternity Care Coordinator who contacts every pregnant Veteran at least every 2 months to review her physical and psychological needs, to ensure that she has the supplies and educational services that she requires, and to keep the Veteran in contact with her primary care and mental healthcare teams as needed. The newborn's hospital healthcare is covered from birth through 7 days of life.¹⁰

What is the VA's vision with regard to women's healthcare?

The vision of the VA is to provide the highest quality care to every woman Veteran. Care of the highest quality...

- ensures that each woman Veteran coming to the VA will have her gender-specific primary care needs met by a proficient and interested PCP.
- includes privacy, dignity, and

tient, and residential services for women Veterans who have experienced MST and provides free care for all mental and physical health conditions related to MST.² Veterans may be able to receive this free MST-related healthcare even if they are not eligible for any other VA care. An SC disability rating is not required, nor is the Veteran required to have reported the MST when it happened or have documentation that it happened. Every VA medical center has an MST Coordinator who specializes in this type of care and assists Veterans to access needed care. To accommodate female Veterans who do not feel comfortable in mixed-gender treatment settings, many VA medical centers have women-only programs or have specialized women's treatment teams.

The VA offers a variety of programs designed to assist homeless Veterans, including special populations such as women with families.² Programs include outreach and prevention, temporary and transitional housing, and permanent housing with supportive

services. Among the homeless Veteran population, nearly 8% are female.²

The VA has dramatically increased mental health services because of the growing number of women Veterans, who use mental health services in larger numbers than their male counterparts.⁶ Since 2012, more than 1,000 mental healthcare providers and more than 200 administrative support staff were hired, with a goal of hiring 1,600 providers and 300 support staff in 2013 alone.⁹ Mental health professionals include psychiatrists, psychologists, social workers, mental health nurses, licensed professional mental health counselors, licensed marriage and family therapists, and addiction disorder therapists. In addition, Veterans are being hired as Peer Specialists (up to 800 positions) who provide support to other Veterans. The number of phone lines for the Veteran Crisis Hotline has been increased by 50% to handle the additional volume of phone requests for mental healthcare services.

- sensitivity to gender-specific needs.
- ensures that healthcare equipment and technology are state-of-the-art.
- ensures gender parity in performance measures.
- provides the right healthcare in the right place at the right time.
- builds necessary efficiencies into the delivery of women's healthcare.

Each VA facility assesses its needs, strengths, and challenges to create a plan that works for its population of women Veterans, its areas of expertise, and its facilities, equipment, and staffing capacity. The VA is committed to exploring new approaches and pilot programs, all of which are designed to raise the standard to provide the best care anywhere.¹¹ Beyond healthcare, the VA has a full range of benefits for women Veterans, including education and job training, vocational rehabilitation, benefits assistance, home loans, life insurance, and survivor and death/burial benefits.¹ The VA is encouraging everyone to rethink the term Veteran (that former warrior might be a *woman*), to recognize the vital role women play in the military, and to appreciate what it means to be a woman Veteran. ●

Patrice C. Malena is Women Veterans Program Manager at Hampton VA Medical Center in Hampton, Virginia. The author states that she does not have a financial interest in or other relationship with any commercial product named in this article. The content of this article does not represent the views of the U.S. Department of Veterans Affairs or the United States Government.



References

1. Department of Veterans Affairs. Women Veterans Health Strategic Health Care Group. A Profile of Women Veterans Today. Rethink Veterans: Who is the Woman Veteran? April 2012. womenshealth.va.gov/WOMENSHEALTH/docs/ProfileSheet_073113_508c.pdf
2. Department of Veterans Affairs. Office of Public Affairs Media Relations. Women Veterans Health Care Fact Sheet. Updated July 2014.
3. Department of Veterans Affairs. Sourcebook: Women Veterans in the Veterans Health Administration, Volume 2: Sociodemographics and Use of VHA and Non-VA Care (Fee). October 2012. womenshealth.va.gov/WOMENSHEALTH/docs/SourcebookVol2_508c_FINAL.pdf
4. Department of Veterans Affairs. Report of the Under Secretary for Health Workgroup. Provision of Primary Care to Women Veterans. November 2008. oregon.gov/odva/taskforce/women/ushreport.pdf
5. Department of Veterans Affairs. Office of Public Affairs. Federal Benefits for Veterans, Dependents and Survivors. Last updated April 21, 2015. va.gov/opa/publications/benefits_book/benefits_chap02.asp
6. Department of Veterans Affairs. Women Veterans Health Strategic Health Care Group. On the Frontlines of VA Women's Health: Enhancing Services for Women Veterans. August 2011. womenshealth.va.gov/WOMENSHEALTH/docs/WVHC_ProgressReport_082011.pdf
7. Women Veterans Health Care. Resources for Non-VA Providers, Medical Students. Page last updated June 3, 2015. womenshealth.va.gov/WOMENSHEALTH/programoverview/providers.asp
8. Department of Veterans Affairs. Women Veterans Health Strategic Health Care Group, Office of Patient Care Services. Gender Differences in Performance Measures VHA 2008-2011; June 2012.
9. Department of Veterans Affairs. Office of Public and Intergovernmental Affairs. VA Hires More Mental Health Professionals to Expand Access for Veterans. February 11, 2013. va.gov/opa/pressrel/pressrelease.cfm?id=2428
10. Department of Veterans Affairs. Women Veterans Health Care. FAQs. June 3, 2015. womenshealth.va.gov/WOMENSHEALTH/programoverview/faqs.asp
11. Department of Veterans Affairs. Women Veterans Health Strategic Health Care Group. Guide to Moving Forward in Providing Comprehensive Health Care to Women Veterans. August 2008. visn12.va.gov/docs/VA_Factsht_HIRES_81208_LKO.pdf