According to the Department of Veterans, women represent nearly 15% of today’s active duty military and 18% of guard and reserve forces. There are 1.8 million living women veterans, and that number is expected to increase dramatically.

The increased number of women serving in the military requires a shift in how we view and address challenges faced by military veterans in general. Wounds and injuries incurred by military personnel during deployment are often highly complex, involve damaged interconnected tissues (e.g. skin, muscle, nerve, vasculature, tendons, ligaments, bone) that result in paralysis. This poses unique challenges for clinicians and researchers who do not see such injuries among civilian populations. These challenges are further complicated by the reality that gender differences call for an advanced understanding of differing health care needs in order to be effective, particularly in cases involving catastrophic injury and mental health.

Combat exposure is not the only occupational hazard for members of the military. Studies also support a correlation—with some suggesting direct causation—between serving in the military and developing certain diseases, such as Multiple Sclerosis, a neurodegenerative disease in which the immune system eats away at the protective covering of nerves. Multiple Sclerosis is two to three times more common among women as it is in men. Researchers attribute this to a variation of a gene that produces high levels of a protein that aggravates MS by promoting inflammation and tissue damage. This heightened risk among women in general and women in the military, in particular, creates a “double jeopardy” situation that bears reckoning as we strive to fully understand the needs of soldiers, sailors, airmen, and Marines who incur paralysis and also happen to be women.

**TOP CAUSES OF PARALYSIS AMONG WOMEN VETERANS**

- **Multiple Sclerosis:** 708
- **Traumatic Spinal Cord Injury:** 475
- **Other Disease:** 128
- **Amyotrophic Lateral Sclerosis:** 35
- **Poliomyelitis:** 16
- **Syringomyelia:** 9

TOTAL: 1371

Multiple Sclerosis is two to three times more common among women as it is in men.
THE STUDY

In March 2016, Paralyzed Veterans of America surveyed 112 women veterans who either suffered traumatic spinal cord injured or were diagnosed with a condition affecting the spinal cord and resulting in paralysis. The purpose of the study was to better understand the health care needs and experiences of women who served in the military and now live with paralysis.

SUBJECT DEMOGRAPHIC

- 62% had children
- 22% single
- 14% divorced
- 7% widowed

Q1: PRIMARY HEALTH CARE CONCERNS FOLLOWING INJURY OR DISEASE DIAGNOSIS

- 45% Health & Wellness
  - 17% Independence/Mobility
  - 11% Timely Access to Health Care
  - 10% Uncertainty/Coping
  - 7% Career/Work/Income
  - 6% Impact on Family/Caregiver
  - 2% Quality of Life
  - 2% Fertility/Sexuality

Q2: WHERE DO YOU SEEK CARE?

- 62% Paralyzed Women Veterans Use the Private Sector
- 12% Seek All Care Outside of VA

SERVICES WOMEN VETERANS USE VA FOR:

- 23% All Care
- 17% Primary Care
- 11% Neurology
- 10% Dental
- 7% Mammograms
- 6% Physical Therapy
- 2% OBGYN
- 2% Rehab & Therapy
Q3: HOW WOULD YOU CHANGE VA?

- More Accessibility to Care: 22%
- Customer Service: 10%
- Access to Health Care: 12%
- Better Coordination of Care: 11%
- Improved Communication: 10%
- Expand Women’s Health Services: 10%
- Better Claims Process: 5%

EDUCATE THE VA THAT THERE ARE WOMEN SCI PATIENTS, AND THEY SHOULD NOT TREAT THEM THE SAME AS THE MEN. SCI IS DIFFERENT FOR EVERYONE.
LOOKING AHEAD

Paralyzed Veterans’ pilot study results are congruent with the Women’s Health Services of the Department of Veterans Affairs 2015 Study of Barriers to Care for Women Veterans, particularly when it comes to comfort and communication issues.

These two areas are crucial for spinal cord patients, as the health care is complex and some symptoms that present as minor concerns among general population can be life threatening for someone with spinal cord injury. Veterans with spinal cord injury or disease (SCI/D) receive the best quality of care within the VA system, so while it is important to improve awareness in the women veteran population overall, it is critical to improve awareness among women veterans with SCI/D.

Safety and comfort within their chosen health care system is considered to be of great concern to women veterans. Open-ended comments within both studies indicate that women who have had negative experiences with the VA consider those experience barriers for all future health care, and do not return to the VA health care system. Focusing on privacy, accessibility, and access to female physicians should be considered essential in a women-friendly VA health care system.

An enduring communication challenge is how to get information to women veterans. The VA study revealed that, even in this technological age, most women veterans preferred hard-copy information from a trusted source, such as a family physician. As sixty-two percent of the women who participated in the Paralyzed Veterans study stated they seek health care in the private sector and younger generations of women are predominantly seeking women’s health care outside the VA due to a pervasive perception that it’s a “men’s environment,” women veterans are not being reached. There is a need for a public awareness campaign that focuses on the capabilities within the VA system to provide services necessary for the care of women of all ages, not just those seeking late-life care. Educational materials should be widely disseminated and easily accessible in community health care locations, and through coordinated outreach with the VA.

Additional concerns revealed within both studies include gender sensitivity, childcare availability, and mental health resources that focus on women-centric issues. Mental health is a very real problem for women, and VA psychologists are accustomed to treating men with PTSD or cognitive problems, not women who are dealing with depression or life problems with children. This is a substantive area of growth within the health care system.

As we look ahead to the future of veterans health care, the concerns of women veterans should be heard, and prompt actionable areas addressed. Investing effort and resources to improve comprehension, access to care and delivery of services in ways that will influence women veterans’ decisions to seek care through the VA is the responsibility of the VA health care system, and the imperative of Paralyzed Veterans.

THE CURRENT [VA] STAFF PHYSICIANS EITHER SPECIALIZE IN EVERY AREA EXCEPT WOMEN’S HEALTH, OR HAVE BEEN TREATING MEN FOR SO LONG, THAT IS ALL THEY KNOW.
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Paralyzed Veterans of America is the only congressionally chartered veterans service organization dedicated solely for the benefit and representation of veterans with spinal cord injury or disease. For 70 years, we have ensured that veterans have received the benefits earned through their service to our nation; monitored their care in VA spinal cord injury units; and funded research and education in the search for a cure and improved care for individuals with paralysis.

As a partner for life, Paralyzed Veterans also develops training and career services, works to ensure accessibility in public buildings and spaces, provides health and rehabilitation opportunities through sports and recreation and advocates for veterans and all people with disabilities. With more than 70 offices and 34 chapters, Paralyzed Veterans serves veterans, their families and their caregivers in all 50 states, the District of Columbia and Puerto Rico.