Women Veterans and Health Decision-Making Support

Charlene Finley, PhD student
Amelia Gibson, Assistant Professor
School of Information and Library Science
University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, USA

Abstract

This article examines the history of women veterans in the United States, describes issues related to women veterans and medical information, and proposes possible conceptual frameworks for describing and understanding how the design and current use of patient records systems reflects and contributes to their marginalization in the VA system. We propose a critical examination of gendered expressions of power, and gendered expectations about decision-making and information seeking styles. Both population health (Kindig & Stoddart, 2003) and social determinants of health (Marmot, 2005) perspectives hold promise for framing such an examination. Research on social factors related to patient portals and doctor-patient communications could improve women's access to health information, and health-related decision-making in the Veterans Health Administration (VHA) system. As women exit from active duty service and enroll and use the VA health care system, the Veterans Health Administration has to expand and restructure its traditionally male-dominated health service (Yano et al., 2011). Recent research shows that addressing gender-specific health care needs in health policy, planning, practice, and research aids in alleviating health inequities and increases efficiency (American College of Obstetricians and Gynecologist, 2012).

A History of Service

The service of women in U.S. military campaigns have been widely documented as early as the Civil War despite deeply entrenched societal and patriarchal stereotypes of a "woman's place." Women have been an intricate and controversial part of the U.S. military despite the courage and display in peacetime and war. Although women have served in combat as early as the Revolutionary War ("Committee Opinion No. 547," 2012), women have historically held roles in nursing and medicine. In 1901, the creation of the Army Nurse Corp was first time women formally supported the war effort (Kamarck, 2016). In World War I, approximately 12,000 women enlisted in the U.S. Navy and Marine Corps (Deuster & Tepe, 2016). By the end of World War I, 33,000 women served in the roles of nurses and support staff, and were only permitted to serve as members of the military for a short period of time and only in emergent situations (Deuster & Tepe, 2016).

Over time, women's contributions to the armed forces have expanded and their combat roles have become more formally recognized. Over 350,000 women served in the U.S. military in World War II in combat positions, and filled newly created military scientific requirements (Deuster & Tepe, 2016). During the Korean war (1950-1953), more than 50,000 women serve in the military branches (Wilgoren, 2003). From 1964-1975 during the Vietnam Era, the actual number of women who served in localities outside of the combat zone provide a more accurate number due to records maintained by gender-segregated corps (Dunlavy, 2009). However, because the military did not maintain records of troop assignment by gender until after 1972, the number of women deployed to serve in Vietnam is relatively uncertain (Dunlavy,

2009). To add more complexity, during the 1950s and 1960s the exclusive women Nurses Corp of the Army, Air Force, and Navy opened recruitment to men diminishing the capacity for women in the one combat-area specialty in which women were greatly needed (Wilgoren, 2003).

Currently, more than 200,000 (15 percent) women serve in the U.S. military, and they represent 9 percent of the total veteran population (Duffy, 2017). There are approximately 400,000 women veterans using VA services; close to 19 percent are Iraqi and Afghanistan veterans (Duffy, 2017). Consequently, the women veterans using VA medical facilities is 45 years or younger, while the average male is 65 (Duffy, 2017). Although women are still a minority in the utilization of VA services, the number of women is expected to increase an additional 15 percent by the year 2035 (Meredith et al., 2017).

As the fastest growing demographic within the veteran community (Yano et al., 2006); women have a higher survival rate compared to veteran men (American College of Obstetricians and Gynecologist, 2012). In 2010, the median age for a veteran woman was 48, compared to 62 years of age for veteran men (American College of Obstetricians and Gynecologist, 2012). The Veterans Administration (VA) made tremendous strides in addressing the needs of women veterans, but many of the systems are inadequate to address the gender-specific health care needs, services, or benefits of women veterans which differ from their male counterparts (American College of Obstetricians and Gynecologist, 2012). A large number of women, then and still currently, are unaware or think they are ineligible for specific benefits and services (American College of Obstetricians and Gynecologist, 2012; Yano et al., 2010). Realistically, in the past women were not granted access to all benefits and services available to veterans (American College of Obstetricians and Gynecologist, 2012).

Gender, service, and the Veterans Health Administration

Women veterans have long been impacted by gendered behavioral expectations and norms. As early as the civil war, women nurses tasked with taking care of wounded soldiers reported accounts of physical and verbal harassment from “male surgeons and soldiers that did not want to work with them”, and were perceived as “deviant” or “as having lax morals” (Murdoch et al., 2006, p. S7). Ideals of passive purity and femininity were thoroughly ingrained in the culture of the military, with many of the nurses taking care of the wounded soldiers were referred to as angels (Wilgoren, 2003). There were sometimes contradictions, with female soldiers characterized at times as innocent and sweet “ladies” and at others as sexually promiscuous (Wilgoren, 2003).

The Iraqi and Gulf wars highlighted changes in the experiences of women in combat positions, and women in the military overall. In both campaigns, women were captured and taken as prisoners of war (McGraw et al., 2016; Wilgoren, 2003). Approximately 300,000 women deployed in support of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) (McGraw et al., 2016). Approximately 16 women died during the Iraqi conflict and two women were taken as prisoners of war (Kamarck, 2015). More than 800 women were wounded and an additional 130 women died in OEF/OIF (McGraw et al., 2016). In addition, an Army flight surgeon was captured when her plane was shot down by enemy fire; during captivity she was sexually assaulted (Kamarck, 2015).

Consequently, as American women fought for gender equality, a parallel battle ensued for women in the military and veterans. Although feminist movements were perceived as threatening societal norms, they significantly changed laws and cultural beliefs that limited and devalued the role of women in society (Dunlavy, 2009**)**. But, unlike the previous veterans, the women from the Vietnam era used the rhetoric that advanced the feminist movement to demand recognition for their military service (Wilgoren, 2003).

Women veterans began actively raising awareness of women and their contributions to the military and wartime efforts attracting the attention of journalist who began to publish the stories and war experiences of women veterans - often referring to them as “forgotten” and “invisible” (Wilgoren, 2003, p. 12). The concept of invisibility surfaced in unobtrusive ways. Women veterans were not active in any of the veteran organizations, counted in the census with male veterans, nor did the march in parades (Wilgoren, 2003). Unsurprisingly, women veterans were discharged without benefits and received unsatisfactory or no health care at the Veteran Health Administration (VHA) (Deuster & Tepe, 2016).

A Model for Informed Decision-Making

A number of studies have examined health related decision-making. Charles, Gafney and Whelan (1999) breaks decision-making down into three stages - information exchange, deliberation, and decision-making about medical care. Information exchange is described through analysis of information flow, direction, information type, and amount of information. According to this model, successful joint decision-making relies on a two-way flow of medical and personal information between physician and patient. This is differentiated from patriarchal decision-making, which is characterized by a one-way flow of the bare minimum of medical information, with deliberation done by the physician alone (or with other physicians), and decision-making done by the physical, with patient consent. Coupled with previous research on sex, gender and health (e.g., Doyal, 2001), Charles et al.'s model provides a useful framework for describing and analyzing the ways that power and agency contribute to, and are replicated within health information systems.

Conclusion

Despite the significant improvements of gender-specific care at the Veterans Administration, there still remains several areas of concern that need to be addressed to improve the quality of health services for women veterans. Historical stereotypes and practices embedded within the culture of the VA have the potential to continue fostering health disparities for women veterans. Projecting the health and information needs of women veterans as they enroll and use the VA health system, or seek community-based health care will be instrumental to meeting their special needs. Focus needs to remain on ensuring women veterans receive timely access to appropriate general health care and specialized care, as well as, eliminating extended patient wait times for appointments at the VA (Vietnam Veterans of America, 2016; Washington, Bean-Mayberry, Mitchell, Riopelle, & Yano, 2011). Finally, as the VA continues to transition towards a patient-centered care model with a focus on mutual health decision-making between physician and patient, the synthesizing of patient portals and health information from credible and authoritative sources specific to the health needs of women veterans have the potential to empower health-related decision-making.

References

American College of Obstetricians and Gynecologist. (2012). Committee Opinion No. 547: Health care for women in the military and women veterans. *Obstetrics & Gynecology*, *120*(6), 1538– 1542. https://doi.org/10.1097/01.AOG.0000423821.70036.5a

Charles, C., Gafni, A., & Whelan, T. (1999). Decision-making in the physician-patient encounter: Revisiting the shared treatment decision-making model. *Social Science & Medicine (1982)*, *49*(5), 651–661.

Deuster, P. A., & Tepe, V. (2016). Why a "women in combat symposium"? *Military Medicine*, *181*, 1–3. https://doi.org/10.7205/MILMED-D-15-00353

Doyal, L. (2001). Sex, gender, and health: The need for a new approach. *BMJ : British Medical Journal*, *323*(7320), 1061.

Duffy, B. (2017, March). Gender-specific specialty care, a VFW Priority. *VFW, Veterans of Foreign Wars Magazine; Kansas City*, *104*(6), 2.

Dunlavy, J. (2009). *A band of sisters: Vietnam women veterans' organization for rights and recognition, 1965–1995* (Ph.D.). Boston University, United States -- Massachusetts. Retrieved from http://search.proquest.com.libproxy.lib.unc.edu/military/docview/304843549/abstract/36F11E5019754349PQ/3

Kamarck, K. N. (2015, August 18). Women in combat: Issues for Congress [Report]. Retrieved July 5, 2017, from https://digital.library.unt.edu/ark:/67531/metadc743387/

Kamarck, K. N. (2016). *Women in Combat: Issues for Congress* (No. R42075) (p. 40). Congressional Research Service. Retrieved from https://fas.org/sgp/crs/natsec/R42075.pdf

Kindig, D., & Stoddart, G. (2003). What is population health? *American Journal of Public Health*, *93*(3), 380.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, *365*(9464), 1099–1104. https://doi.org/10.1016/S0140-6736(05)71146-6

McGraw, K., Koehlmoos, T. P., & Ritchie, E. C. (2016). Women in combat: Framing the issues of health and health research for America's servicewomen. *Military Medicine; Bethesda*, *181*(1S), 7–11. https://doi.org/http://dx.doi.org/10.7205/MILMED-D-15-00223

Meredith, L. S., Wang, Y., Okunogbe, A., Bergman, A. A., Canelo, I. A., Darling, J. E., & Yano, E. M. (2017). Attitudes, practices, and experiences with implementing a patient-centered medical home for women veterans. *Women's Health Issues*, *27*(2), 221–227. https://doi.org/10.1016/j.whi.2016.11.008

Murdoch, M., Bradley, A., Mather, S. H., Klein, R. E., Turner, C. L., & Yano, E. M. (2006). Women and war: What physicians should know. *Journal of General Internal Medicine; New York*, *21*, S5–S10. https://doi.org/http://dx.doi.org/10.1111/j.1525- 1497.2006.00368.x

Rohrer, L. D., Gierisch, J. M., Fish, L. J., Blakeney, J. K., & Bastian, L. A. (2011). A five-step guide for moving from observational studies to interventional research for women veterans.

Women's Health Issues, *21*(4, Supplement), S98–S102. https://doi.org/10.1016/j.whi.2011.05.004

Vietnam Veterans of America. (2016, April). Women veterans committee update March/April 2016. Retrieved March 4, 2017, from https://vva.org/news/women-veterans-committee-update-marchapril-2016/

Washington, D. L., Bean-Mayberry, B., Mitchell, M. N., Riopelle, D., & Yano, E. M. (2011). Tailoring VA primary care to women veterans: Association with patient-rated quality and satisfaction. *Women's Health Issues*, *21*(4, Supplement), S112–S119. https://doi.org/10.1016/j.whi.2011.04.004

Wilgoren, J. (2003, March 28). A new war brings new role for women: [Chronology]. *New York Times, Late Edition (East Coast); New York, N.Y.*, p. B.1.

Yano, E. M., Bastian, L. A., Bean-Mayberry, B., Eisen, S., Frayne, S., Hayes, P., & Washington, D. L. (2011). Using research to transform care for women veterans: Advancing the research agenda and enhancing research–clinical partnerships. *Women's Health Issues*, *21*(4, Supplement), S73–S83. https://doi.org/10.1016/j.whi.2011.04.002

Yano, E. M., Bastian, L. A., Frayne, S. M., Howell, A. L., Lipson, L. R., McGlynn, G., &Fihn, S. D. (2006). Toward a VA women's health research agenda: Setting evidence-based priorities to improve the health and health care of women veterans. *Journal of General Internal Medicine*, *21*(Suppl 3), S93–S101. https://doi.org/10.1111/j.1525-1497.2006.00381.x

Yano, E. M., Hayes, P., Wright, S., Schnurr, P. P., Lipson, L., Bean-Mayberry, B., & Washington, D. L. (2010). Integration of women veterans into VA quality improvement research efforts: What researchers need to know. *Journal of General Internal Medicine*, *25*(1), 56–61. https://doi.org/10.1007/s11606-009-1116-4