

# Eliminating Health Barriers Focus Group Project: Women Veterans and Family Care Issues<sup>1</sup>

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## Project Background

From July 2013 to August 2014, a series of informal focus group discussions and one-on-one interviews were conducted with women veterans across California, with an emphasis on reaching veterans in rural areas. Women veterans were recruited through partnerships with local women veteran organizations, word of mouth, and through various social media tools like Facebook, Twitter, and other online networks. Focus group participants and interviewees were provided with childcare and transportation assistance, as well as gift cards to compensate their time. The purpose of the focus groups was to identify current barriers to needed health care services, including mental health, physical and dental care. The Project included 63 veterans from multiple service eras and branches of the U.S. Military, including the National Guard and Reserve. Ages of participants ranged from 23 to 95.

The Project is a collaborative effort spearheaded by the California Women's Law Center and the following partners: California Statewide Collaborations for our Military and Families, Women Veterans Strategic Alliance, Legal Aid Society-Employment Law Center, Eduardo "Eddie" Ramirez, MSgt USAF (Ret.) (OneVet OneVoice Founder), Kathleen West and Angela Rich, U.S. Army Veteran. The Project was made possible by a grant from Swords to Plowshares and The California Wellness Foundation.

## Women Veterans Often Juggle Health Care Needs of Family Members

Women veterans in our focus groups who had families were often responsible not only for coordinating their own health care needs but also the health care needs of their children and spouses as well. Moreover, many of the women in our focus groups who were married often had spouses who also served in the military. In several cases, women veterans not only had to juggle their own substantial health care needs but also had to take care of spouses who also had significant health care needs from military injuries. The vignettes below are illustrative:

### Vignette 1:

Veteran A is currently juggling the health care needs of her two-year old son and her husband, a former Army Scout, who is rated 100 percent disabled by the VA for numerous injuries suffered during his military service, including PTSD and Traumatic Brain Injury. Because her husband was medically retired from the military with a 100 percent disability rating, the whole family is covered under TRICARE.<sup>2</sup> Veteran A also suffered injuries during her military service in Iraq. She needs health care treatment for a back condition and would also like to seek mental health therapy. However, she is not currently seeking these services because she must attend to her husband's pressing medical problems first. See RS Case Spotlight.

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<sup>1</sup> This is an informational report highlighting important issues discussed in the focus groups. The issues were identified through a preliminary review of the notes and transcripts of the focus group discussions. It is not based on any formal statistical or other analytical evaluations or analyses.

<sup>2</sup> TRICARE is a health care program available for active duty service members, National Guard, Reservists and other individuals connected to the U.S. military and their families.

## Vignette 2:

Veteran B is a single parent of two children and has been trying to prioritize her physical and mental health needs that include dental reconstruction, PTSD due to MST and other mental health issues. But, as the sole provider for herself and her young children, she decided she could no longer afford to take care of herself and despite not feeling “job-ready” has pushed herself into the job market after being laid off and is now struggling to maintain her mental health without assistance. She also states that she must focus on the more immediate needs of her young son, who has substantial medical and educational needs.

### **Women Veterans Delay Their Own Health Needs to Focus on Family Care Needs**

As the above vignettes illustrate, many women in the focus groups spoke about how they delayed their own health care needs because they were too busy taking care of the multiple health needs of their children, spouses and parents. Women veterans, like many women in the civilian context, were responsible for managing not only their own health care needs but also the health care needs for other family members as well.

### **Women Veterans Must Often Juggle Multiple, Complex Health Care Systems**

Women veterans often have a more difficult time juggling the health care needs of their family than women in the civilian context because the VA generally provides no health care services for their children, requiring them to often deal with two, sometimes three different health care systems. In a few cases, women veterans had to patch together alternative health care coverage for their children wherever they could find it, often through Medi-Cal and sometimes through private health care coverage from an ex-spouse or partner. For example, one young woman veteran who was told she is not eligible for VA health care services was able to acquire health care coverage for herself under her parents’ insurance plan and coverage for her infant son through Medi-Cal. Another woman veteran with 2 children has VA health care coverage for her medical needs, while one of her children is covered under Medi-Cal and the other is covered by private health insurance from an ex-spouse (who is not the father of the other child). Many women veterans spoke of the challenges of dealing with multiple, bureaucratic health care systems and their desire to have one coordinated system of care for themselves and their family.

# Case Spotlight:

## Army Veteran Mom Managing Dual Military Injuries

RS<sup>1</sup> was 24 when a female Army recruiter with make-up, nail polish, and stylish hair caught her attention at a local mall. Having been raised by a hard-working single mother of 3 after her father died when she was 6 years old, RS liked the idea of a “career” in the Army. She joined in 2008 and served as a food services specialist until she was honorably discharged in 2012. Looking back, she wonders what her life would have been like without her experiences in Iraq -- which left her with a degenerative disc disease, a 40 percent VA disability rating (from asthma, spinal and other health problems), and difficult memories.

RS is grateful, however, for the positive outcome of having met her husband, an Army Scout, who was part of an elite unit in Iraq, even though his service has left him with chronic pain and difficulties in daily living. In 2011, he was medically retired with a 100 percent disability rating, characterized by severe PTSD, Traumatic Brain Injury, and other head and back injuries that leave him unable to work at this time. Mostly because of their bad experiences with his care at the VA, as well as the long distance to the facility, neither RS nor her husband seeks care from the VA anymore. Due to her husband’s 100 percent disability rating, RS and her family was entitled to the TRICARE Standard Health Plan.<sup>2</sup> However, they decided to pay a little more in premiums and upgrade to the TRICARE Prime Plan because of the lower and more predictable co-pays than the Standard Plan -- an important benefit which they only discovered after having to pay huge co-pay expenses when their infant son became very ill.

Figuring out how to care for and access specialized health care services in rural California for her son, husband, and herself (usually in that order of priority) has been RS’s major job since discharge. RS is happy to be accessing educational benefits through her GI bill, but takes classes only online because she cannot leave her family alone for long; she rarely leaves the house and is beginning to realize that her social isolation is taking its toll on her mental health. RS wants to access counseling for herself and maybe her family, but has not had the time to explore that need in the midst of managing the daily demands of her family’s care.

Although women were not officially allowed to be in combat situations when RS served, she wore heavy protective gear and served as a gunner for 8 months on convoys while delivering big marmites of food to soldiers throughout Baghdad. In addition to the spinal injuries this created, RS’s menstrual periods stopped completely while on active duty. Upon discharge, she received hormone treatments and was happy to become pregnant, but now two years later, she is again without regular menstrual cycles. She is concerned about this abnormality, but has not been able to address this condition due to the lack of specialized health care services near her home and the lack of family or other care providers that could look after her family while she seeks medical treatment.

RS currently uses her infrequent time out of the house to get chiropractic care for her neck and back because she does not want to take the pain medications offered by the VA and civilian doctors. Although the VA originally authorized 6 visits, RS’s medical bills were denied because she did not apply first with TRICARE, even though she was told TRICARE does not cover chiropractic care. She is currently paying out of pocket for the only health care services she is now receiving.

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<sup>1</sup>RS is an alias to protect the confidentiality of the participant.

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