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## DISABILITY OF MILITARY PERSONNEL IN UKRAINE FOR 2014-2022

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**Key words:** *disability, military personnel, large-scale military invasion*

**Ключові слова:** *інвалідність, військовослужбовці, повномасштабне воєнне вторгнення*

**Abstract.** *Disability of military personnel in Ukraine for 2014-2022. Khanyukova I.Y., Hondulenko N.O., Sanina N.A. In connection with the military operations in our country, initially in the form of the Anti-Terrorist Operation (ATO), 2018 – the Joint Forces Operation (JFO), and from February 24, 2022 in the form of a large-scale invasion of the Russian Federation (RF), which led to changes in the life of the entire country, there was a need for new approaches*

to medical and social examination and collection of statistical information on disability and rehabilitation of military personnel. The study aims to investigate the dynamics and features of military personnel's disabilities from 2014 to 2022. A continuous sample of all participants of ATO/JFO in Ukraine examined for the first time by medical and social expert commissions of Ukraine from 2014 to 2022 (a total of 40,209 cases) was conducted. For that, the study's authors developed a separate form of statistical reporting, entitled: "Report on the causes of disability, indications for medical, professional and social rehabilitation of ATO participants for \_\_\_\_ year." Generally accepted methods of mathematical descriptive statistics were used for processing. Up to and including 2019, there was an annual increase in the level of primary disability among ATO/JFO participants despite the downward trend in disability rates in Ukraine as a whole. In 2020, the level of disability of ATO/JFO participants decreased slightly, but in 2021 and 2022, it increased again. According to the severity of disability, persons with disabilities of the third group prevailed (59.9% of those examined). More than half of those first recognized as disabled were identified as such not due to traumatic injuries but for other reasons, mainly due to cardiovascular diseases (32.4%). Brain traumas and traumatic injuries of the limbs prevailed among the injuries. As for rehabilitation services, the most requested were medical services, including restorative treatment, reconstructive surgery, and orthotics. The rate of primary disability of military personnel 2014 and 2022 gradually increased, with a slight "dip" in 2020, and given the intensity of hostilities, further increases in the number of persons with war-related disabilities can be predicted. According to the structure of disability groups, most military personnel are persons with disabilities of the third group (58.8%). Most identified as disabled (62.5%) received disabilities because of diseases, not traumas. The leading causes of non-traumatic disability among military personnel are cardiovascular diseases (32.4%), musculoskeletal diseases (8.7%), and mental and behavioral disorders (8.3%).

**Реферат. Інвалідність військовослужбовців в Україні за 2014-2022 роки. Ханюкова І.Я., Гондуленко Н.О., Санина Н.А.** У зв'язку з воєнними діями в нашій країні, спочатку у вигляді Антитерористичної операції (АТО), з 2018 року – Операції об'єднаних сил (ООС), а з 24 лютого 2022 року у вигляді повномасштабного вторгнення РФ (Російської федерації), які призвели до змін у житті всієї країни, виникла потреба в нових підходах до проведення медико-соціальної експертизи та збору статистичної інформації щодо інвалідності та реабілітації військовослужбовців. Мета дослідження: дослідити динаміку та особливості інвалідності військовослужбовців за період 2014-2022 рр. Проведено суцільну вибірку всіх учасників АТО/ООС в Україні, вперше оглянутих медико-соціальними експертними комісіями України за період з 2014 до 2022 року (всього 40 209 випадків). Для цього авторами дослідження була розроблена окрема форма збору статистичної звітності: «Звіт про причини інвалідності, показання до медичної, професійної і соціальної реабілітації в учасників АТО за \_\_\_\_ рік». Для обробки використовувалися загальноприйняті методи математичної описової статистики. До 2019 року включно спостерігалось щорічне зростання рівня первинної інвалідності серед учасників АТО/ООС, незважаючи на тенденцію до зниження показників інвалідності в Україні загалом. У 2020 році рівень інвалідності учасників АТО/ООС незначно знизився, проте у 2021 та 2022 роках виріс знову. За тяжкістю інвалідності переважали особи з інвалідністю III групи (59,9% оглянутих). Більше половини вперше визнаних особами з інвалідністю були визнані такими не внаслідок травматичних уражень, а з інших причин, зокрема внаслідок захворювань системи кровообігу (32,4%). Серед травм переважали ураження головного мозку та травматичні ураження кінцівок. Що стосується реабілітаційних послуг, то найбільш затребуваними були медичні, включаючи відновне лікування, реконструктивну хірургію та ортезування. Рівень первинної інвалідності військовослужбовців за період з 2014 до 2022 року поступово зростав, з незначним «просіданням» у 2020 році, і, враховуючи інтенсивність бойових дій, можна прогнозувати подальше зростання кількості осіб з інвалідністю внаслідок війни. За структурою груп інвалідності серед військовослужбовців більшість становлять особи з інвалідністю III групи (58,8%). Більшість визнаних особами з інвалідністю (62,5%) отримали інвалідність унаслідок захворювань, а не травматичних уражень. Провідними причинами нетравматологічної інвалідності серед військовослужбовців є захворювання системи кровообігу (32,4%), кістково-м'язової системи (8,7%), розлади психіки та поведінки (8,3%).

The open military attack of the Russian Federation (RF) in Ukraine began on February 24, 2022. This is already the third stage of the Russian-Ukrainian war, unleashed by Russia in 2014, participation in which the Russian Federation previously tried to deny [1, 2].

For wound, contusion, trauma, and mutilation suffered by defenders in battles for the Motherland, the state guarantees treatment, monetary compensation, and appropriate social support throughout the serviceman's life [3]. Military servicemen who suffered trauma (wound, contusion, disability, disease) because of direct participation in Anti-Terrorist

Operation (ATO)/Joint Forces Operation (JFO) or because of hostilities during a large-scale invasion of the Russian Federation may be granted the status of a person with a disability because of the war. This applies to persons who were part of a volunteer formation that became part of the Armed Forces of Ukraine (AFU), Ministry of Internal Affairs (MIA), National Guard of Ukraine (NGU), members of the ranks and senior ranks of the AFU, NGU, Security Service of Ukraine (SSU), the Foreign Intelligence Service of Ukraine, the State Border Guard Service of Ukraine, the State Special Transport Service of Ukraine, military prosecution offices, the

Office of State Security, the State Service for Special Communications and Information Protection, the State Emergency Service of Ukraine (SES), the State Criminal executive service, the State Fiscal Service of Ukraine (SFS), the police volunteer and other military formations, enterprises, institutions, organizations involved in ATO/JFO. The status is granted on the condition that such a person defended the independence, sovereignty, and territorial integrity of Ukraine and received a disability as a result of illness or injury, being directly in the areas of the ATO/JFO during the period of its implementation, during direct participation in the implementation of measures to ensure national security and defense [3].

Because new categories of citizens who became disabled appeared in Ukraine, new approaches were needed to conduct medical and social examinations and collecting statistical information on disability and rehabilitation of this category of citizens. Therefore, this model of disability data analysis is used for the first time.

The study aims to investigate the dynamics and characteristics of military personnel's disabilities from 2014 to 2022.

#### MATERIALS AND METHODS OF RESEARCH

At the end of 2014, the authors of the study, on behalf of the Department of Medical and Social Expertise of the Ministry of Health of Ukraine, developed a form for collecting statistical reports of ATO participants examined by medical and social expert commissions (MSEC): Statistical information "Report on the causes of disability, indications for medical, professional and social rehabilitation of ATO participants for \_\_\_\_ year". According to this form, every month the State Institution "Ukrainian state research institute of medical and social problems of disability, the Ministry of Health of Ukraine" collects operational information on the participants of ATO/JFO examined at the MSEC, which is summarized and sent to the Ministry of Health of Ukraine. The information received is used in the relevant state institutions to determine the level of primary disability among the participants of the ATO/JFO and to plan the necessary measures for medical, professional, and social rehabilitation among the specified contingent [4-12]. Such operational collection of statistical information makes it possible to control the state and dynamics of disability of this category of citizens, both on the scale of the entire country and its regions [4-12].

Results of examination of ATO/JFO participants from all regions of Ukraine examined by MSEC of Ukraine from 2014 to 2022 were analyzed, a total of 40,209 cases. Such parameters as the number of patients recognized as disabled in the country and by

region, the structure of disability by groups, the need to provide products for medical use and other use, and the structure of disability by nosological forms were studied.

The research was approved by the Commission on Biomedical Ethics of the State Institution "Ukrainian state research institute of medical and social problems of disability, the Ministry of Health of Ukraine". It was conducted with the written consent of the participants and following the principles of bioethics outlined in the Helsinki Declaration, "Ethical Principles of Medical Research with the Participation of People," and the "General Declaration on Bioethics and Human Rights (UNESCO)" (protocol No. 17 dated 01.12.2023).

The research results were processed using generally accepted descriptive mathematical statistics methods, particularly central tendency and variability measures. The licensed software MS Excel for Windows<sup>®</sup> (licensed product Microsoft 365, license number 00201-11617-43662-AA947) was used [13].

#### RESULTS AND DISCUSSION

According to the received statistical information, during the years 2014–2022, i.e., during the whole period of the ATO and the JFO, including the large-scale invasion of the Russian Federation into Ukraine, the medical and social expert commissions initially examined 40,209 of its participants, of which 2,778 – after a large-scale invasion of the Russian Federation. More than half of them (66.5%), namely 26,744, are recognized as persons with disabilities. Among the people initially recognized as disabled, the third disability group was established the most often (68.1%, 18,199 people). The second group was established in 29.0% (7763 persons), and the first group was established in 782 persons, 2.9% cases. In 29.1% of cases (11,713), only percentages of loss of professional capacity were established. All combatants recognized as disabled needed the provision of medical products.

A long-term analysis showed that until 2017, despite the general trends towards a decrease in the overall level of primary disability in Ukraine, there was a clear trend towards an increase in primary disability among ATO participants from 214 people in 2014 to 2347 people in 2015 and 3216 people in 2016 [4, 5, 6]. In 2017, the primary disability of ATO participants reached national trends and decreased to 2,861 persons [7]. In 2018, this indicator increased against the general trend towards the growth of primary disability in the country and already amounted to 3,805 people [8]. In 2019, despite the decrease in the overall level of primary disability in the country, primary disability among ATO/JFO participants continued to grow, reaching its highest level for all years of ATO/JFO – 4,157 people [9].



This phenomenon can be explained not only by the level of combat injuries among combatants but also by a significant increase in somatic pathology in this contingent, connected with the defense of the Motherland. In 2020, for the first time in recent years, a decrease in the level of primary disability was recorded among the participants of the JFO – 3,246 people, which is by 911 people less compared to 2019. This corresponded to the nationwide trends both in reducing the number of initially examined at the MSEC and the total number of initially recognized disabled, caused primarily by the COVID-19 pandemic [10]. In 2021, there was another increase in the level of primary disability among the participants of the JFO – 3,490 people, which is by 238 more compared to 2020 and corresponds to the national trends regarding the growth of indicators of primary disability [11]. In 2022, despite the consequences of the large-scale invasion of the Russian Federation, the increase in the front line and active hostilities, and the increase of general level of primary disability in the country against this background, a rapid increase in the level of primary disability among the participants of the ATO/JFO and hostilities due to the large-scale invasion of Russian Federation was not recorded, it amounted to 3,408 people, which is by 82 people less compared to 2021 [11, 12]. However, given the intensity of hostilities, we can predict further growth of this number. However, in the conditions of a large-scale invasion of the Russian Federation and the conduct of active hostilities, it can be predicted that the number of combatants recognized as persons with disabilities will, unfortunately, increase because 2,041 people (59.9%) among those initially identified as disabled were combatants after 21.02.2022.

During 2022, the medical and social expert commissions of Ukraine initially examined 4,523 ATO/JFO participants of hostilities because of the large-scale invasion of the Russian Federation, which is by 171 more people compared to 2021 and making 2.6% of the total number of those initially examined at the MSEC of Ukraine. Of them, servicemen of the Armed Forces of Ukraine – 4,011 (88.7%), servicemen of the National Guard of Ukraine – 175 (3.9%), servicemen of the State Border Service of Ukraine – 132 (2.9%), servicemen of the Ministry of Internal Affairs of Ukraine – 107 (2.4%), representatives of other army units that defended the independence, sovereignty, and territorial integrity of Ukraine during the period of armed aggression of the Russian Federation, as well as took direct part in ATO/JFO, ensuring its implementation and were in the areas of ATO/JFO – 39 (0.9%), servicemen of the Security Service of Ukraine – 20 (0.4%), servicemen of voluntary territorial units – 20 (0.4%), employees

of enterprises, institutions, organizations that are involved and took a direct part in ATO/JFO in the areas where it was carried out and during the period of large-scale armed aggression of the Russian Federation – 6 (0.1%), military personnel of the State Service of Special Communications and Information Protection of Ukraine – 5 (0.1%), servicemen of the Territorial Defense Forces of the Armed Forces of Ukraine – 5 (0.1%), servicemen of the Foreign Intelligence Service of Ukraine – 3 (0.1%). In 2022, military personnel of the State Security Office of Ukraine was not examined by medical and social expert commissions.

It should be noted that, despite the increase in the number of persons initially examined at the medical and social expert commissions, the number of persons initially recognized as persons with disabilities decreased to 3,408 people, which is 75.3% of the total number of examined participants of the ATO/JFO and hostilities as a result of the large-scale invasion of the Russian Federation, and by 82 persons less than last year. Detailed data are given in the Table.

The most significant number of participants of the ATO/JFO and hostilities as a result of the large-scale invasion of the Russian Federation examined by medical and social expert commissions was observed in Lviv (582), Zhytomyr (503), Chernihiv (302), Kyiv (300), Dnipropetrovsk (295 people), Zaporizhzhia (242 people), Zakarpattia (220 people), Kyiv (194 people), Odesa (192 people), Sumy (189 people), Poltava (188 people) and Volyn (185 people) regions. The most significant number of disabled recognized as participants in anti-terrorist operations and hostilities was recorded in Lviv (428 people), Zhytomyr (416 people), Kyiv (252 people), Dnipropetrovsk (187 people), Zakarpattia (184 people) regions, Kyiv (180 people), Odesa (177 people), Chernihiv (171 people), Zaporizhzhia (167 people) and Poltava (164 people) regions.

Among the total number of initially recognized as disabled participants of the ATO/JFO and hostilities because of the large-scale invasion of the Russian Federation, there were 3,021 (88.6%) servicemen of the Armed Forces of Ukraine, 143 (4.2%) servicemen of the National Guard of Ukraine, and 143 (4.2%) servicemen of the State Border Service of Ukraine – 86 (2.5%), servicemen of the Ministry of Internal Affairs of Ukraine – 78 (2.3%), representatives of other army units that defended the independence, sovereignty and territorial integrity of Ukraine during the armed aggression of the Russian Federation, and also took direct part in ATO/JFO – 37 (1.1%), military personnel of voluntary territorial units – 17 (0.5%), military personnel of the Security Service of Ukraine – 11 (0.3%), servicemen of the Territorial Defense Forces of the Armed Forces of Ukraine – 5

(0.1%), employees of enterprises, institutions, organizations that were involved and directly participated in ATO/JFO in the areas of its implementation and during the period of large-scale armed aggression of the Russian Federation – 4 (0.1%), military personnel

of the State Service of Special Communications and Information Protection of Ukraine – 3 (0.1%), military personnel of the Foreign Intelligence Service of Ukraine – 3 (0.1%).

**The results of primary examinations of ATO participants for 2014-2022 \***

Year	Total number of examined	Recognized as disabled	Including			Only percentages of loss of working capacity	Need medical products, technical and other rehabilitation devices, medical rehabilitation services, resort rehabilitation, etc.
			group I	group II	group III		
2014	1116	214	24	58	132	897	253
2015	5803	2382	92	525	1730	3423	2367
2016	5125	3216	94	728	2394	1782	3024
2017	4240	2861	77	625	2159	1170	2922
2018	5312	3805	80	1057	2668	1203	3769
2019	5593	4157	84	1258	2815	1167	4068
2020	4145	3246	54	1165	2027	755	3088
2021	4352	3490	68	1152	2270	679	3496
2022	4523	3408	209	1195	2004	918	3377
<b>Total</b>	<b>40209</b>	<b>26779</b>	<b>782</b>	<b>7763</b>	<b>18199</b>	<b>11994</b>	<b>26364</b>

Note. \* – without considering the temporarily occupied territory of Ukraine.

The primary disability of the participants of the ATO/JFO and hostilities because of the large-scale invasion of the Russian Federation in the general structure of primary disability in 2021 decreased by 41.4% compared to the last year and amounted to 1.4% (2.9% in 2021). However, in some regions this indicator was significantly higher than the average in Ukraine: in Luhansk (8.9%), Volyn (3.7%), Chernihiv (3.0%), Zhytomyr (2.7%), Kyiv (2.4%), Cherkasy (2.2%), Zakarpattia (2.1%) regions, Zaporizhzhia, Mykolaiv and Poltava regions (1.7% each) and Lviv (1.5%) regions. The lowest percentage of participants of ATO/JFO and hostilities was among those initially recognized as persons with disabilities in Khmelnytskyi (0.2%), Rivne (0.5%), Chernivtsi (0.6%), Donetsk, Ternopil and Dnipropetrovsk (0.7% each), Vinnytsia, Kharkiv, Ivano-Frankivsk and Kyiv (0.9% each) regions.

Compared to 2021, the primary disability of participants of the ATO/JFO and hostilities because of the large-scale invasion of the Russian Federation remained at the last year's level both among the entire population – 0.9 per 10 thousand population and among the adult population – 1.1 per 10 thousand population. The rates of primary disability per 10,000 adults in 2022, as

in previous years, were the highest in Zhytomyr (4.4–5.1–4.7), Lviv (2.2–1.7–1.4), Volyn (2.0–1.4–1.4), Poltava (1.5–2.4–1.9), Kyiv (1.3–1.7–2.4), regions. The lowest rate of primary disability among the adult population was in Kherson (0.1–0.4–0.4), Rivne (0.3–0.5–0.4) and Ternopil (0.5–0.3–0.3) regions.

According to the structure of disability, the participants of the ATO/JFO and hostilities as a result of the large-scale invasion of the Russian Federation were distributed as follows: the first group of disability was established in 209 persons (6.1%), in particular 1 A – 77 (2.3 %), 1 B – 132 (3.9 %) people, the second group – 1195 people (35.1%); the third group – 2,204 people (58.8%). In 20.3% of cases, the examined (918 people) had only the degree of disability in percentage determined.

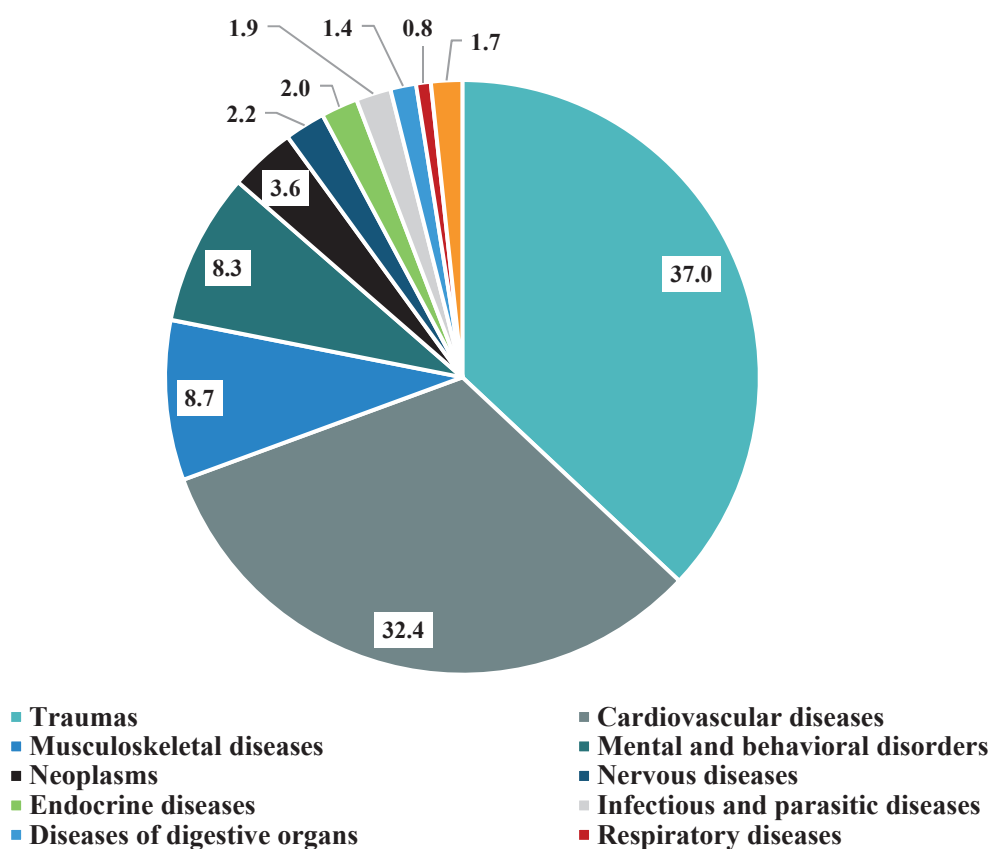
According to the data received, for the fifth year since the start of the ATO/JFO, more than half of its participants were initially recognized as disabled, namely, 2,997 people in 2021 (86.0%), 2,624 people in 2020 (81.2%), 3,297 people in 2019 (79.3%), 2,848 people (75.5%) in 2018, and 1,859 people (65.0%) in 2017 received the disability not due to traumatic injuries, but due to other unspecified reasons that did not

have a trauma factor. The year 2022 was no exception, when, despite the large-scale invasion of the Russian Federation, more than half of the participants in the hostilities, namely 2,014 people (62.5%), were recognized as disabled due to diseases, and not traumatic injuries.

Nosological causes of disability of military personnel in 2022 are presented in the figure. Among them, traumas (37.0%) and cardiovascular diseases (32.4%) prevailed.

For a visual demonstration, the indicators of 2022 are taken as the most indicative, since in the first years of the ATO, the consequences of injuries and wounds dominated in the nosological structure, and only starting from 2018, somatic pathology ranked first, and the

specific weight of disability began to prevail over the consequences of combat injuries and traumas. The COVID-19 pandemic also played a particular role in this process, with a decrease in the activity of hostilities and an increase in the frequency of cases where military medical commissions establish the connection of somatic pathology with the protection of the Motherland. The preservation of this distribution of the nosological structure of disability after the large-scale invasion of the Russian Federation more fully reflects the accurate picture of the nosological structure of the combatants' disability. Therefore, the comparison with previous years is not entirely correct.



The leading causes of disability of ATO/JFO participants in 2022 by nosological forms

Less than half (35.5%) of the participants of the ATO/JFO and hostilities because of the large-scale invasion of the Russian Federation in 2021 were initially recognized as persons with disabilities due to various traumatic injuries, which is by 21.4% more than in 2021. As a result of multiple traumas, the most significant number of initially recognized persons with disabilities of the participants of the ATO/JFO, as in previous years, have traumatic brain lesions – 409 people, which is 12.6% of the total number of

participants of the ATO/JFO recognized as disabled as a result of the large-scale invasion of the Russian Federation, and musculoskeletal injuries – 368 people, which is 11.4% of the total number of recognized as disabled. Among the patients with musculoskeletal injuries, victims with injuries of the lower limbs prevailed – 241 persons, then with injuries of the upper limbs – 127 persons. One hundred thirty-five persons (4.2%) were recognized as disabled due to polytraumas, and 80 (2.5%) suffered from combined

injuries. Spinal traumas led to disability in 49 people (1.5%). In the case of eye traumas, 55 people were recognized as disabled (1.7%). Complicated limb injuries with peripheral nerve damage accounted for 0.3%, vessels – 0.3%.

The following most common nosological forms were observed in the regions with the most significant number of examined and recognized persons with disabilities, ATO/JFO participants: in the Lviv region, the most common nosological forms were brain traumas – 62 people, traumas of the lower extremities – 35 people, traumas of the upper extremities – 10 persons, for other reasons – 144 persons; in the Zhytomyr region, 78 people received a disability group due to brain traumas, 22 people with a traumatic injury to the lower extremities, 21 people with a traumatic injury to the upper extremities, 377 people received a disability group for other reasons; statistical data of the city of Kyiv show that 11 people received a disability group due to brain traumas, 25 people – traumatic injury of the lower extremities, 6 people – traumatic injury of the upper extremities, 180 – for other reasons.

The establishment of disability was due to both persistent functional impairments of the victims – they primarily required medical rehabilitation, and irreversible impairments – anatomical defects, when social, domestic, and professional rehabilitation is recommended.

Among the examined participants of ATO/JFO in 2022, 3,377 people (74.7%), needed various types of rehabilitation, including the provision of medical items, technical and other means of rehabilitation, medical rehabilitation, etc.

Medical and social expert commissions of Ukraine determined recommendations for medical rehabilitation – 4464 persons, including restorative therapy – 4798, reconstructive surgery – 102, orthotics – 180, recommendations for employment – 3133, vocational training – 158, recommendations for social rehabilitation – 5670, provision of auxiliary devices and technical means of rehabilitation – 1179, including walking aids (crutches, canes, supports, folding rollators) – 553, prosthetic and orthopedic products (prostheses, orthoses, orthopedic shoes) – 578, hearing aids – 21, typhlotronics – 17, means of communication (telephones, mobile phones) – 10, 132 persons were given recommendations on technical means of rehabilitation, including 122 persons who received wheelchairs, recommendations for providing motor vehicle to 10 persons were given, adaptation of housing to the individual's capabilities – 192 disabled, 3898 persons were provided with sanatorium-resort vouchers. Provision of rehabilitation services determined by the individual

rehabilitation program of a person with a disability is carried out by the labor and social protection bodies of the population at the place of residence. Medical and preventive institutions provide medical rehabilitation.

So, among traumas, as in previous years, brain lesions and traumas of the lower and upper extremities prevailed. Among the examined participants of ATO/JFO, participants of hostilities because of the large-scale invasion of the Russian Federation were most in need of medical rehabilitation services, including treatment, reconstructive surgery, and orthotics.

The integration of persons with disabilities – participants of the ATO/JFO and hostilities because of the large-scale invasion of the Russian Federation into society requires providing them with rehabilitation measures, namely medical, psychological-pedagogical, physical, professional, labor, social, and household rehabilitation, provision of technical and other means of rehabilitation. The United States of America has an exciting and valuable experience in providing for military veterans. Thus, in 2023, \$303 billion has been allocated to the US Department of Veterans Affairs, which reintegrates military personnel into civilian life. This is the second department in terms of funding [14].

As of 2023, more than 18 million veterans and many more living witnesses of World War II are living in the United States. In total, 19% of veterans have a disability. In the USA, some legislative acts allow for improvement in the quality of medical and rehabilitation care, especially for veterans [15, 16].

The Caribbean crisis and the Vietnam War did not produce such a rapid increase in the share of veterans with combat experience as did the terrorist attacks of September 11, which became a national tragedy. It was September 11 that returned hundreds of thousands of veterans to the country's defense. Since then, almost every fifth veteran has gained combat experience. After all, the United States has declared a global war on terrorism and has become an outpost in this fight. The American military contingent was in hot spots and tried to react to possible threats quickly.

A business that employs veterans receives preferences from the state, but the industry is interested in hiring specialists from among veterans. Large companies like Amazon have entire departments devoted to veteran employment, and companies compete for veterans.

Companies that want to win government contracts must employ veterans. The Department of Labor controls this process, which ensures that a situation does not occur when a person with a disability is formally accepted for the minimum wage just for the sake of job preferences and does not even go to his workplace.



Another important direction is support for the employment of military wives or husbands and veterans. After all, sometimes people can refuse projects or titles, focusing more on the needs of their families.

In the US, some programs support small and medium-sized businesses of veteran families. Thus, families who change their place of residence do not remain without work in their new place.

In addition to benefits and preferences, a business can also receive the "HIRE Vets Medallion Award" [17]. The platinum medal goes to companies employing about 85%, and the gold to those employing at least 75% of veterans.

Despite the high rates of funding for veteran policies, several negative stereotypes still exist among Americans. Over 60% of civilians believe the unemployment rate among veterans is higher than among non-combatants.

Ukraine is currently developing a vision of the veterans' support program. After all, in the USA opportunities have been developing for 400 years. They became comprehensive not so long ago. That is why Ukraine is currently undergoing the stage of forming veteran policies.

However, it is essential that the process of ensuring veteran employment becomes a joint task of the state and business. We have someone to learn from and adopt best practices. We have someone to hire because our veterans are young, non-disabled people who can and can do a lot.

The veteran himself benefits from employment, feels his need and ability to provide for himself and the family and not turn into a young "pensioner" who lives to live. Work is also a psychotherapeutic tool.

The country also benefits from employment: paid taxes, reduced social tension, and increased gross domestic product. We must move towards economic independence because this is the basis of the state's subjectivity.

In our opinion, Ukraine will be interested in analyzing and implementing the US experience in returning servicemen to civilian life.

## CONCLUSIONS

1. The rate of primary disability among military personnel increased annually from 2014 to 2022, with a slight decrease in 2020, and given the intensity of hostilities, further increases in the number of persons with war-related disabilities can be predicted.

2. According to the structure of disability groups, most military personnel are persons with disabilities of the III group (58.8% recognized as persons with disabilities).

3. Most patients recognized as disabled (62.5%) were disabled because of diseases, not traumas. The leading causes of non-traumatic disability among military personnel are cardiovascular diseases (32.4%), musculoskeletal diseases (8.7%), and mental and behavioral disorders (8.3%).

4. Integrating military personnel with disabilities into society should become one of the critical issues of the country's reconstruction. Attention must be paid to the earliest possible rehabilitation of the victims, which will improve their prognosis and decrease the level of disability in general.

5. The issue of integrating military personnel into society should be based on the best experience of other countries in the world, considering the construction of state institutions, national characteristics of the health care system, and mentality.

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