Who comprises the US Military?

Active Duty:

Reserve Forces:
Geographic Distribution of U.S. Veterans

- 22 million Veterans in US; expected decline to 12 million by 2045
- Declining number, becoming more evenly distributed in age
- 1.9 million Female Veterans
- 163,000 Transgender Military Service

United States Census Bureau, 2018
Women Veterans

- Since 2016, **all** military occupations and positions are open to women, including combat roles
  - 16% active duty
  - 20% reserves/National Guard
  - 21% new recruits
- ↑ minority representation compared to men

Health considerations

- Higher disease burden than female non-vets
- Comparable disease burden to male vets
- Greater mental health burden compared to male vets
- High rates of sexual harassment, abuse, assault

<table>
<thead>
<tr>
<th>Rank</th>
<th>Condition</th>
<th>%</th>
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<tr>
<td>1</td>
<td>Depression, Possible - Other</td>
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<td>Anxiety Disorders - Other</td>
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<td>PTSD</td>
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<td>Joint Disorders - Lower Extremity</td>
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<td>Dermatologic Disorders - Other</td>
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<td>8</td>
<td>Overweight/Obesity</td>
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<td>9</td>
<td>Contraceptive Care Management</td>
<td>14.9</td>
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<tr>
<td>10</td>
<td>Major Depressive Disorder</td>
<td>14.6</td>
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THE HEALTH OF TRANSGENDER VETERANS

There are 163,000 transgender veterans in the U.S.

Transgender people assigned female at birth are 5x more likely to serve than cisgender females.
National and MA Statistics: Veterans by Period of Service

In MA:
- **Vietnam Vets**: 120,257
- WWII: 24,943; Korea: 39,963; Gulf: 79,963

Facilities in Massachusetts:
- Inpatient care: 4
- Outpatient care: 18
- Vet Centers: 7
- VBA Regional Offices: 1
- National/State Cemeteries: 3

Source: U.S. Bureau of Labor Statistics, 2018
Comorbidity Associations

General Military Service
- Hypertension
- Depression & Anxiety
- Obesity
- Type 2 Diabetes
- Hearing Loss
- Amyotrophic Lateral Sclerosis (ALS)

Iraq (OIF) & Afghanistan (OEF)
- Traumatic Brain Injury (TBI),
- Chronic Traumatic Encephalopathy (CTE)

Vietnam & Gulf War
- Agent Orange
- Hepatitis C virus, HIV (blood exposure)
- Gulf War Syndrome
What war era veterans are mostly likely to be seen by a provider in MA? Vietnam Veterans

Why should a medical provider know different war eras? Any other issues?
“I came home but never arrived.”--Mr. Rambo

Why are Vietnam veterans different?

Why is the transition so hard for a veteran?

Visible: Physical Disability, injuries and wounds

Invisible: TBI, PTSD/PTS, Moral injury, depression, suicide etc.
Have you, or any member of your family, ever served in the military?

Ask the Question!

How about asking “are you a veteran?”

**Different definitions** of being a “veteran” (Federal vs State) or being considered as a “veteran” by self etc.

Also, ask if they utilize VA health care or if during active duty, the family may also be on Tricare via DoD.
What kind of military personnel will you most likely encounter in MA?

- MA Active Duty Personnel: 3,761 (14.9%)
- MA National Guard/Reserve Personnel: 14,944 (59.3%)
- MA DoD Appropriated Fund (APF) Civilian Personnel: 6,510 (25.8%)

Total: 25,215

Special Considerations: National Guard & Reserve Forces

- No large military bases in MA / NE →
- Providers in MA will encounter more reservists / National Guard personnel
- Slogan “1 weekend a month” is no longer the reality

Re-Entry

- Post deployment, individuals return immediately home to their families, jobs, and “everyday” life.
- Often no Debrief, trauma counseling, and already more limited access to services
- **Higher rates of suicide ideation, PTSD, alcohol abuse, adaptive disorder, and unemployment, compared to active-duty personnel**

Interprofessional Team

Civilian medical providers and VA medical providers

Mental health/ behavior therapists, Prosthetic specialists etc.

Social workers, VSOs and other veteran advocates

Family members are also part of the team
How to Be a Good Team Member

- Promote communications between team members
- Make an effort to share the civilian medical documents with VA providers
- Connect veteran patients to the appropriate resources (eg. social worker, VSO)
- Understand other specialties and make referral to the right team
- Understand the referral from other therapists (eg. psychiatric emergency referral to hospital)
- Patient-centered approach: do what is best for patients and communicate with patient families
Now what?

Resources / Referral programs

- Veterans Services Officer (VSO)
- Veterans Affairs (VA)
- Vet Centers
- Private organizations (i.e. Home Base, Veterans INC.)
- Alternative treatments (yoga, meditation, art therapy, acupuncture, massage)
The Role of the VSO

- In Massachusetts, we have 1 VSO per each municipality
- First line of contact for accessing various veteran services for which they are eligible (i.e., Enroll in VA healthcare, file disability claims, GI bill, VA Housing Loans)
- Training of VSOs can VARY, some will be better than others.
- Great point of contact for providers to help link a veteran with resources!
VA System

- CBOCs (Community Based Outpatient Care) serve as the main care facilities for many veterans
- Hospitals tend to be more regional, harder to get to for many veterans
- In order to remain in VA system, all veterans MUST have a physical exam once a year
- The VA EHR doesn’t interface with EPIC, can lead to duplication of medications and other medical errors
CBOCs

- More than a primary care office
- On Lincoln Street in Worcester, Veterans have access to:
  - Physical therapy, pharmacy, radiology, EKGs, as well as primary care physicians
- Other area CBOCs provide:
  - Audiology, optometry, podiatry
  - Specialist clinics in: cardiology, rheumatology, dermatology, neurology, and mental health
- But sometimes veterans have a hard time getting to the CBOC, and then going from one to another as a part of one “visit”
The Future!
VA Health Care and Civilian Insurance

- VA coverage (veteran / Tricare (active duty, DoD) / + Private Insurance is common
Any resources?

Yes!

Check our pamphlets and the packet with additional resources.
Any resources?

Yes!

Check our pamphlets and the packet with additional resources.

Additional Resources

Military Health History Information


Risks and Exposures by Veteran Era

https://www.va.gov/oaa/pocketcard/unique.asp

UMMS Guide to Veterans’ Health Resources

A clinician’s guide to treating a veteran - Background Questions & Directed Services

It is important to start the dialogue and ask:

Have you or a loved one ever served in the military?

If Yes... ask

- What branch?
- What military occupational specialty (MOS)
- Any deployments? Where/When
- Specific deployments may be associated with certain health risks
  Consult the VA database for more information! (inside sleeve)
- Any illnesses while in the service?
- Aware of any service-related exposures you encountered?
- Any traumatic brain injury?
- Be mindful of potential for Post-Traumatic Stress, Military Sexual Trauma, Substance-Use Disorders, and Homelessness
- Are you fully aware of the VA benefits you have earned through your military service?

- ~1 in 10 patients seen at UMMS has some military service experience
- Veterans have unique healthcare needs
- Veterans have access to care and other benefits that they have earned as a part of their service
What can we do as providers for veterans?

- Continuous education
- Understand the different military backgrounds and related health histories
- Be a patient advocate: treat the whole person and involve family members!
- Do not focus only on medical workup and overlook PTSD or other mental problems!
- Be open minded about alternative therapies and seek new solutions
- Appreciate interprofessional team: medical care, mental health, social workers etc.
Male Gulf War Veteran, age 57, s/p left AKA revision and scabies infection

MedHx: DM2, PTSD, MDD, GAD, HTN, PAD, Diabetic neuropathy, smoker 32 pack years, COPD

SurgHx: right AKA in 1998 d/t injuries sustained in combat

Insurance coverage: VA only

PyschoSocial: Lives alone with bi-weekly visiting home nurse, obtained Rx for Ivermectin but was non-compliant, visits VA for physical once yearly, reporting lack of access for more extensive services. No therapy or counseling. Expresses anger and despair at loss of both legs

Resources provided through social work/case manager collaboration: VSO, vet center information, HomeBase pamphlet, POOCH!
Medical Center Orthotics and Prosthetics: Allston, MA.

John Warren
- Lead Prosthetist MCOP Boston
- Years of experience working with injured veterans alongside the MCOP team at Walter Reed

Pooch
- Served as a member of the Navy's Explosive Ordinance Disposal (E.O.D.) unit
- Suffered above the knee amputation (AKA) of the left leg in 2006
- Rehabilitated and returned to active duty with the E.O.D.
- Currently works with veterans with mental/physical impairments
Homebase

- Red Sox Foundation and Massachusetts General Hospital Program
- Dedicated to healing the invisible wounds for Veterans of all eras, Service Members, Military Families and Families of the Fallen through world-class clinical care, wellness, education and research
- Operates the first and largest private-sector clinic in the nation devoted to providing life-saving clinical care and support
Homebase

Treatment:

- Post-traumatic stress
- Traumatic brain injury
- Anxiety
- Depression
- Co-occurring substance use disorder
- Family relationship challenges
- Other issues associated with military service
Homebase

- **Clinical Programs**
  - Intensive clinical program (Two Weeks)
  - Weekend Intensive Clinical Program
  - Intensive Clinical Program for Families of the Fallen

- **Support**
  - Comprehensive Evaluation
  - Group therapy
  - Stress Reduction & Resiliency
  - Fitness & Nutrition
  - Family Support & Education
  - Integrative Therapies; yoga, art, & tai Chi

- **Cost**
  - 100% Free
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- Deb Halstead, Lic.Ac
- Justin Sousa, Veterans Service Officer
References

https://www.census.gov/topics/population/veterans.html


Environmental Health Registry Evaluation for Veterans 
https://www.publichealth.va.gov/exposures/benefits/registry-evaluation.asp

DoD Personnel, Workforce Reports & Publications, Military and Civilian Personnel by Service/Agency by State/Country (Updated Quarterly), June 2019 data 
https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp