

The background of the slide is a close-up, high-angle shot of the United States flag waving in the wind. The flag's colors are vibrant, with the blue field of stars on the left and the red and white stripes on the right. The stars are arranged in a grid pattern, and the stripes are horizontal. The flag is set against a clear, bright blue sky.

Veterans' Health Issues

Military Cultural Awareness

Steven Ayala, Nathan Comeau, Fiona Dore, Guyu Liu, Jacob Maalouf, Gretchen Peery, Trent Taros

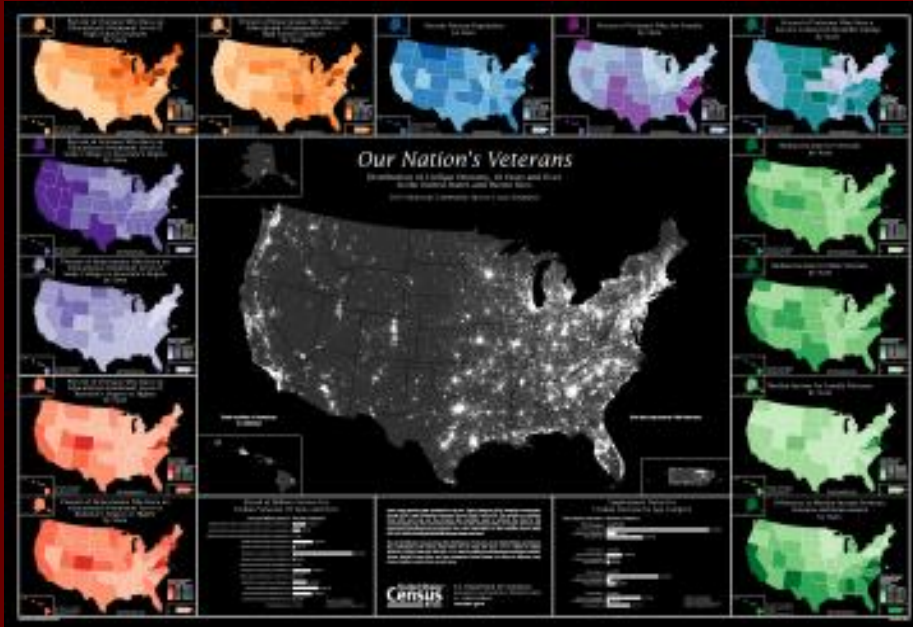
Who comprises the US Military?

Active Duty:

Reserves:



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

N=187,137		
Rank	Condition	%
1	Depression, Possible - Other	27.7
2	Anxiety Disorders - Other	23.2
3	Headache	22.1
4	PTSD	21.9
5	Spine Disorders - Lumbosacral	21.5
6	Joint Disorders - Lower Extremity	21.5
7	Dermatologic Disorders - Other	17.6
8	Overweight/Obesity	16.5
9	Contraceptive Care Management	14.9
10	Major Depressive Disorder	14.6

THE HEALTH OF TRANSGENDER VETERANS



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

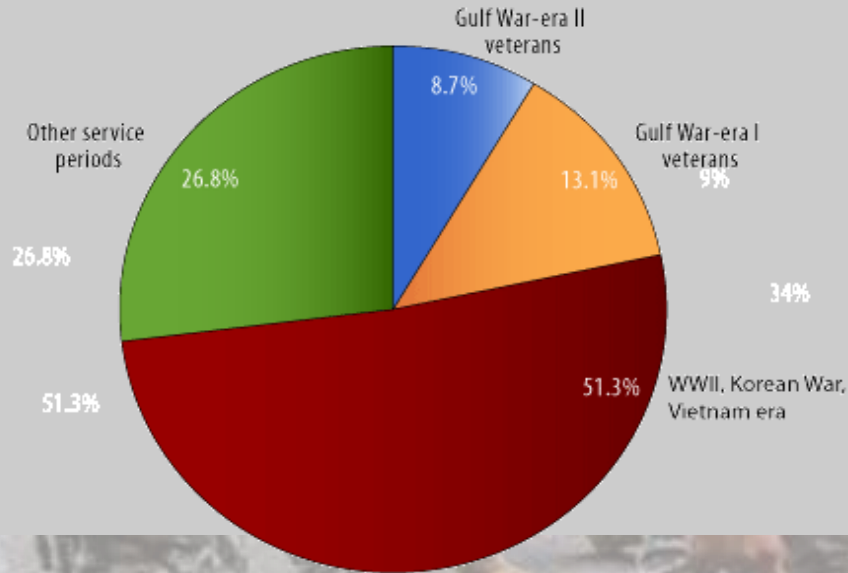
Transgender people
assigned female at birth are



more likely to serve than
cisgender females

National and MA Statistics: Veterans by Period of Service

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

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?

Period of Military Service	Agent Orange	Airborne Hazards and Open Burn Pit	Depleted Uranium Follow-up	Gulf War	Ionizing Radiation	Toxic Embedded Fragments
1940s–1950s					●	
1960s	●				●	
1970s	●					
1990s		●	●	●		
2000s–Present		●	●	●		●

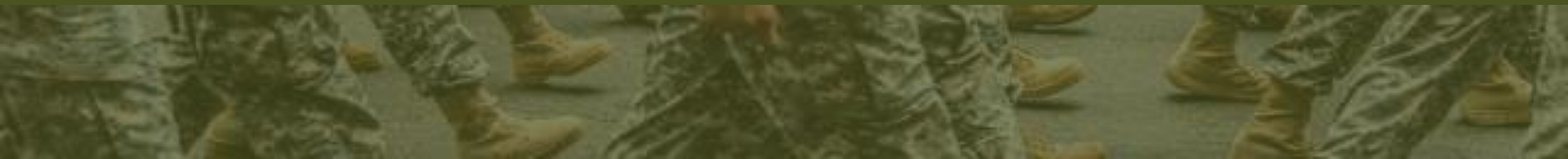
“I came home but never arrived.”--Mr. Rambo

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



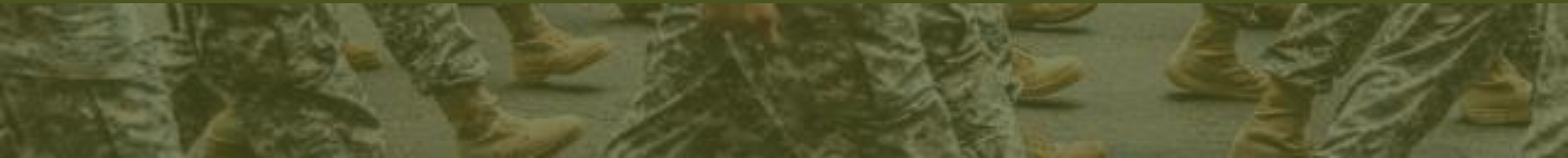
- Promote communications between team members
- Make an effort to **share the civilian medical documents with VA providers**
- Connect veteran patients to the appropriate resources (eg. social worker, VSO)
- Understand other specialties and make referral to the right team
- Understand the referral from 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)



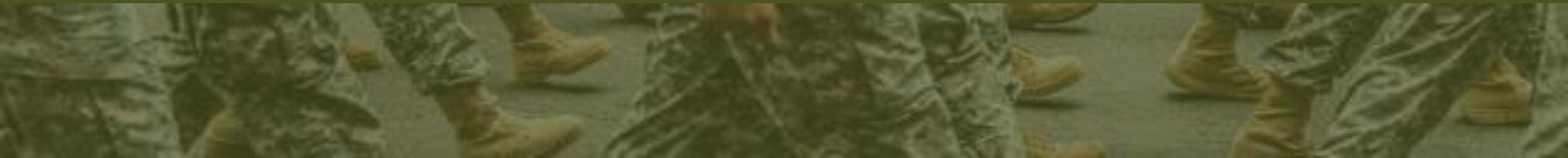
The Role of the VSO

- 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.

Department of Veterans Affairs (VA)



- Step 1 for obtaining VA benefits: Apply for enrollment by phone, in person, mail, or online at:

1-800-827-1000 | www.va.gov

Community Legal Aid

- Provides free civil-legal aid for veterans who are **homeless**, have housing legal issues
- Require petition to **upgrade discharge status** to gain access to earned benefits
- Assistance with veteran pensions

855-CLA-LEGAL | www.communitylegal.org

Home Base



- Home Base strives to heal the **invisible wounds of war** for veterans, service members, and families through a partnership with Massachusetts General Hospital
- Payment is not a barrier
- Discharge status is irrelevant

617-724-5202 | www.homebase.org

HUD- Veterans Affairs Supporting Housing

- VASH combines housing choice voucher assistance for homeless veterans, as well as casemanagement and clinical services provided by the VA

202-708-1112 (Direct line)

202-708-1455 (Directed to nearest office)

Mass Vets Advisor

- Online resource of the Commonwealth of Massachusetts for veteran services

MassVetsAdvisor.org

Project New Hope



- Project New Hope's vision is healing through mutual support, targeted services, and camaraderie.
- Veterans from all eras are welcome
- For any service member, Gold Star honoree, survivor and wounded warrior

774-243-7859 | www.projectnewhopema.org

Statewide Advocacy for Veterans (SAVE)



- The SAVE program advocates for those not able to obtain benefits

www.mass.gov/veterans

The Brookfield Institute

- The Care for the Troops mission is to prevent veteran suicide by reshaping the trauma of war into an experience of resilience

www.careforthetroops-ma.org

Veterans Services Officers (VSOs)

- Each town has their own designated VSO to help navigate individual benefits

www.mass.gov/veterans/utility/local-veterans-service-officers-3.html

Vet Centers

- Provides readjustment counseling while understanding war experiences to assist veterans and their families towards successful post-war readjustment into their community
- Provides additional services such as aid with substance abuse, career counseling, and benefit assistance

www.vetcenter.va.gov

The Veterans Crisis Line

- 24/7 helpline operated by the VA Vet Center.

1-800-708-1455

For help Navigating VA Services, visit:

- https://www.newengland.va.gov/outreach/Va_Pamphlet.pdf
- http://www.newengland.va.gov/outreach/Your_Personal_Guide_to_VA_Healthcare_In_New_England.asp



Any resources?

Yes!

Check our pamphlets and the packet with additional resources.

- ~ 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

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? When / Where
 - *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?

Additional Resources

Military Health History Information



<https://www.va.gov/oa/archive/Military-Health-History-Card-for-print.pdf>

Risks and Exposures by Veteran Era



<https://www.va.gov/oa/pocketcard/unique.asp>

UMMS Population Health Clerkship | Nov 2019



UMMS Guide to Veterans' Health Resources

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



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.



Experiential Learning

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

PsychoSocial: 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 Ordnance 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



 NETWORK LOCATIONS



Homebase

Treatment:

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

PROGRAM UPDATES

GREAT GATSBY!

In 2017 Home Base received a new behavioral health facility dog named Gatsby, from our friends at Canine Companions for Independence. Gatsby primarily works within the Intensive Clinical Program where he actively supports Veterans and Family Members who come through the two-week program.



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





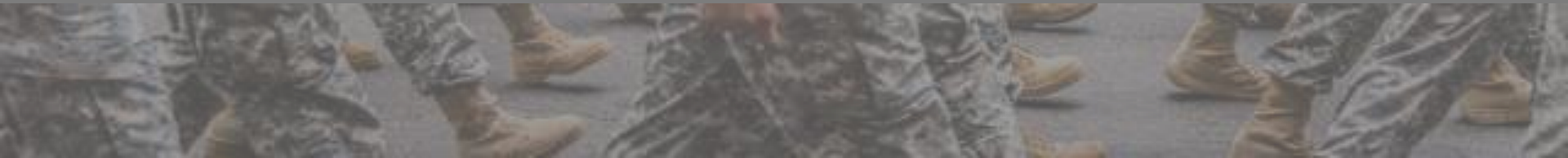
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