Veterans’ Healthcare: The Role of Community Medicine

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Community medicine is a weak link in veterans’ healthcare
Veterans’ Healthcare Quiz
Which of the following statements are true?

One of every ten U.S. adults (10%) 18 years and older has served in the military.
- 21.2 million veterans in 2012* plus
- 1.4 million active duty military

One of every six males (16%) between the ages of 35 and 65 years has served in the military.*

Eight of every ten veterans (80%) receive most of their healthcare from civilian non-VA sources.
- 40 percent are registered with the VA
- Most are insured. (Private, Medicare, Medicaid)

a) ☑ All of the above.
Which of the following statements are true?

a. Few community healthcare providers *routinely* ask their patients if they or someone close to them has served in the military.

b. Patients don’t usually identify themselves as veterans without being asked.

c. Community physicians frequently believe that veterans’ healthcare does not pertain to them or their specialty.

d. ☑️ All of the above.
“Veterans’ health issues do not pertain to me or to my specialty.”

One-third of military personnel have children under the age of 11 years.

☑️ False
“Veterans’ health issues do not pertain to me or to my specialty.”

Greater than 15 percent of active duty military personnel are female.

☑️ False
Civilian patients are **not** identified as veterans because:

a. Military health history and veterans’ cultural awareness are **not** usually included in teaching curriculum and CME.

b. Most electronic health records **do not include** military health history questions.

c. The VA **does not require** veterans’ competency training before healthcare personnel rotate through their facilities. – **70% of US medical grads.**

d. Many providers feel **insecure** when responding to affirmative answers.

e. ☑ All of the above.
When civilian patients are not identified as veterans, what are the likely results?

a. Diagnostic errors.
b. Lack of proper referral.
c. Difficulty tracking medical data.
d. Loss of opportunity to create patient rapport.

☑ All of the above.
Prior military service can affect which of the following?

a. Past medical history
b. Present medical history
c. Occupational history
d. Psychiatric history
e. Social and family history
f. Preventive screening and anticipatory guidance

☑️ All of the above.
Veterans Demographic

- **Male Veterans** = 20,013,903  \(\text{Median Age:} \) Veterans 64; Non-Veterans 41.

- **Female Veterans** = 1,583,048;  \(\text{Median Age:} \) Veteran 49; Non-Veterans 47.

- **Ethnicity:** Whites over-represented; Hispanics under-represented.

- **Marital status:** Same as non-vets but females have 2x divorce rate of nonvets.

- **Education:** 79% of female and 61% of male veterans had completed some college, a Bachelor’s degree, or an advanced degree.

- **Income:** Veterans of both sexes had higher personal incomes than non-Veterans. (Median earnings men: $51,000 vs $46,000)

- **Health Insurance:** Male and female Veterans had lower uninsured rates than non-Veterans in 2011. (6% vs 20%)
Erroneous Public Perception
Professional Soldiers ARE Highly Trained to Withstand Physical and Emotional Stress… BUT
45 Seconds of Two 12 Month Tours in Afghanistan
‘UGH. I MISS IT.’

Transitioning from military to civilian life, and from camaraderie to isolation

April 19, 2014

64% of those who served in combat feel disconnected from civilian life

33% think about their service in war every day

56% miss something from their time at war, mainly their fellow soldiers and camaraderie

54% of injured veterans do not like talking about their service with casual acquaintances

Washington Post and Kaiser Foundation Nationwide Survey of Iraq and Afghanistan Vets
Miscalculation in career planning

5 weeks from civilian (PG-1) to Vietnam arrival
Entered military:  17 July
Arrived in Vietnam:  27 August
Cu Chi 25th Infantry Division
1st Bde, 2nd Bn/14th Inf

28 August
Life in the suburbs:
900 Infantry, 30 Medics, One Doctor
Transportation
Medics 2/14th Infantry
Forward Battalion Aid Stations
2nd/14th Infantry
Forward Battalion Aid Stations

Scenic View

Water View
Forward Aid Station    Operation Attleboro

Garden View
The Unasked Question

➢ One of every ten adults is a veteran.

➢ Eighty percent of veterans receive most of their healthcare from civilian doctors, but .....

➢ Most physicians do not routinely ask their patients, “Have you or someone close to you ever served in the military” and then document followup.

➢ Public health consequences may be significant because large numbers of families may be affected.
What Community Providers Need to Know

**Occupational History**
Physical and Psychological Sequelae

**Psychological History**

**Social History**
Family – Job/School – Recreation and Risk Taking
Occupational History: Essentials

- *Did you or someone close to you serve?*
- WHEN did you serve?
- WHERE did you serve?
- WHAT was your job description?
- DO YOU BELIEVE you were injured or have symptoms now as the result of your time in the military?
- Did you receive any TREATMENT?
- Are you registered at the VA?
Traditional Military Work Hazards

Trauma: Enemy, friendly, accidental, and training
Traditional Military Work Hazards:
Booby traps and land mines
Traumatic Brain Injury (TBI)

- Usually from blast injury

**Immediate Symptoms**
- Dizziness, confusion, LOC, seeing “stars”, transient loss of memory.

**Later Symptoms**
- Persistent headache
- Sensitivity—light and noise
- Visual disturbance
- Loss of balance
- Low energy
- Tinnitus
- Depression, apathy, anger, anxiety
- Impaired cognition
EXPOSURE to Environmental Hazards

- Asbestos
- Industrial solvents
- Lead
- Radiation
- Fuels
- PCBs
- Vibration
- Noise
- Chemical resistant paint
Toxic Exposures Not Always Disclosed by Military and Not Always Related to Combat

Army Apologizes to Troops Exposed to US-Designed Chemical Weapons in Iraq

After it was reported that more than 600 service members suffered from chemical exposure in Iraq, the undersecretary of the Army issued an apology this week. The scandal goes deeper with its lack of proper medical treatment for these service members.

More Than 600 Reported Chemical Exposure in Iraq, Pentagon Acknowledges

More than 600 American service members since 2003 have reported to military medical staff members that they believe they were exposed to chemical warfare agents in Iraq, but the Pentagon failed to recognize the scope of the reported cases or offer adequate tracking and treatment to those who may have been injured, defense officials say.

The Pentagon’s disclosure abruptly changed the scale and potential costs of the United States’ encounters with abandoned chemical weapons during the occupation of Iraq, episodes the military had for more than a decade kept from view.
Agent Orange (Dioxin) - 2.5 Million Exposed
Agent Orange (Dioxin) – 2.5 M Exposed

- Birth defects in offspring – esp. spina bifida
- Amyloidosis
  - Chronic B Cell Leukemias
  - Chlorachne
- Diabetes Type II
- Hodgkin’s Disease
- Ischemic Heart Disease
  - Lou Gherig’s Disease
  - Multiple Myeloma
  - Non-Hodgkin’s Lymphoma
- Parkinson’s Disease
  - Peripheral Neuropathy
  - Porphyria Cutanea Tarda
- Prostate Cancer
- Respiratory Cancers – Lung, Bronchus, Larynx
- Soft Tissue Sarcomas – not osteosarcoma
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Gulf War Service

Exposures

- Vaccinations
- Oil well fires – smoke and petroleum
- Fine dust and sand particles
- Chemical and biological weapons
- Depleted uranium
- Noise
- Chemical agent resistant paint
- Pesticides
- Infectious diseases
- Heat injuries

Symptoms

- Chronic Fatigue
- Fibromyalgia
- Functional gastrointestinal disorders

**Chronic Multisymptom Illness**

- Weight loss, fatigue, CVD, myalgia, arthralgia, headache, neurologic and psychiatric disorders, sleep disturbance, dermatologic disorders, respiratory disorders.
Infectious Disease History

- Did you develop any unusual infectious illnesses while on active duty?
- Treated?
- Residual?
- Blood transfusions?
Infectious Diseases

Gulf War and Afghanistan

- Malaria
- Brucellosis
- Campylobacter jejuni
- Coxiella Burnetii (Q Fever)
- Mycobacterium tuberculosis
- Nontyphoid Salmonella
- Shigella
- Visceral Leishmaniasis
- West Nile Virus
Infectious Diseases

Common vectors
Sexually Transmitted Diseases

Indigenous vectors

Now includes HIV/AIDS
Vaccinations and Preventive Medications

- **Anthrax**
- **Smallpox**
- **Pyridostigmine**
  - GI, Musculoskeletal, Neurologic, Respiratory Symptoms
- **Mefloquin (Larium)**
  - Severe and sometimes chronic symptoms (many years): Anxiety, paranoia, depression, hallucinations, abnormal dreams.
  - May also have tinnitus, vertigo, seizures, insomnia.
  - May mimic PTSD
Social History

- Home - Work - Recreation and Risk-taking

- Do you have a spouse, partner, or children?
- Were they affected by your deployment?
- Are any of them receiving psychological or medical services?
- Do they require services they are not currently receiving?
“Everyone in the family serves!”

- Long deployments.
- Concerns about safety.
- Uncertainty about the future.
- Single parenthood.
- Marital and financial stresses.
Mothers
Fathers
Even .........
But, especially the children.
Family Challenges Include:

- Separation and divorce.
- Domestic violence and substance abuse.
- Guns in the home.
- Depression and anxiety.
- Suicide.
- Insecurity.
- Balancing spouses’ careers.
  - Military-nonmilitary
  - Military-Military
- Unemployment and financial difficulties.

Social History
Children’s Challenges Include:

- School and behavioral problems.
- Depression and anxiety.
- Multiple moves, schools, friends, and doctors.
- Parental stress and separations.
- Adolescents: Acting out.
- Child care and extended family.
- Changes in family structure.
- Dealing with “damaged” parents.
15 Percent of Active Duty Military Personnel are Women
15 Percent of Active Duty Military Personnel are Women.

......*some of them are mothers*
Psychological History

- Believe there is a problem?
- Anxiety?
- Depression?
- Substance abuse?
- Suicidal ideation?
- Ever received psychological counselling?
Imposter?

MILITARY to CIVILIAN
Almost all combat veterans have some sort of mental challenges.

About 20% develop a diagnosable mental disorder shortly after deployment.

2/3 of those who screen positive do NOT seek help

- Cultural bias – civilian or military
- Seems normal or understandable for circumstances
- Thought to be transient
- Do not want it on record
- Believe others won’t understand
- Denial – “I just want to move on with my life.”
TRADITIONAL WARFARE

“The Korean War 1950-53


“Bad Hombres”
Counter-insurgency

Complexity of Modern Warfare

Figure 1 – the Conflict Ecosystem
KILL – Dehumanize
PROTECT – Humanize
CAUTION
KILL – Dehumanize
PROTECT – Humanize
CAUTION
KILL – Dehumanize
PROTECT – Humanize
CAUTION
KILL – Dehumanize
PROTECT – Humanize
CAUTION
Post-traumatic Stress

Symptoms may include:
- Panic attacks
- Hypervigilance and startle
- Aggression and paranoia
- Intrusive thoughts - “flashbacks”
- Depressed or flat affect
- Sleep disturbance and nightmares
- Sexual dysfunction (up to 80% combat vets with PTSD)

May take many forms including:
- Depression
- Anxiety
- Substance abuse
Post-traumatic Stress

- Risk factors for PTSD associated with Major Depression:
  - Enlisted personnel > Officers
  - Older > Younger
  - Female > Male
  - National Guard
  - Injured or exposed to combat
  - Also present in support personnel

- PTSD associated with TBI
  - Symptoms similar
  - Study numbers are corrupted (TBI combat vs. non-combat)
PTSD: Late Onset Stress Symptoms (LOSS)

- Occurs months and sometimes many years after stressor.
- Often symptoms were previously present.
- Unexpected - self and others.
- Lack of sympathy - self and others.
- Presenting Sxs may be somatic.
- More difficult to diagnose.

- Aging veterans especially vulnerable.
  - Time for reflection.
  - Adverse life-events.
  - Increased vulnerability: Physical, Psychological, Financial
Seventy percent of veterans who commit **suicide** are 50 years of age or older.
Vietnam Veterans: One-third of veteran population
The public did not distinguish between an unpopular war and the warriors who fought it.

Soldiers did not “decompress” after return home.
Welcome Home Soldier!
Moral Injury

“Damned if they kill.....
Damned if they don’t”
Stress Experienced by Medical Personnel

- Am I competent?
- Am I doing “the right thing”?
- Conflicting responsibilities – Patient vs mission.
- Dying patients – Bonding and anonymity.
Stress Experienced by Medical Personnel

Excerpts from *Intrusive Thoughts*
Pauline Hebert
Nurse, 12th Evacuation Hospital
Cu Chi, 1966

Fast as I pump that suction pump
He bleeds faster
Hemorrhages
Suffocates
Drowns in his own blood.

Aware that I am his savior
His eyes never leave my face.

I’ll never know
Whether he would have rather died that day...

We never asked.
Stress Experienced by Medical Personnel

Excerpts from
The Last Breath
Kerry “Doc” Pardue
Medic, 9th Infantry Division
Vietnam, 1968

I will do my best to keep you out of pain ...
It is my job to help you on your final journey.

I didn’t even know your name
All I have is the memory of your last breath.
The red cross wasn't bullet-proof,
You, your patients
Could wind up dead, all of them
Your responsibility
To save, to keep safe.

There was never time
To save them all,
There was never time
To take cover,
There was never time
To listen
There was never silence.

From Pauline Hebert’s “Luck”
Identification of Civilian Patients Who Are Veterans

Professionalism
   Necessary for good patient care.
Responsibility
   Repay these individuals for their service.

“Did you or someone close to you ever serve in the military?”

NOT: “Are you a veteran?”
Most Common Veterans’ Complaints

- Musculoskeletal symptoms.
- Other chronic pain.
- Psychiatric
  - May present with somatic complaints.

- May be specific to past deployments or job description:
  - Agent Orange Exposure.
  - Gulf War Syndrome.
  - Traumatic brain injury.
  - Infectious diseases.
Some Veterans Look Like Veterans
But most military veterans look like your other patients!

*Do not make assumptions.*
This doctor has no clue which of his patients served in the military.

*He was never taught to ask!*
Is this mother a veteran?

Her medical team doesn’t know.

They don’t ask every patient, “Have you ever served in the military?”

She may have served in Iraq.

Gulf War Syndrome was never considered as a possible cause of her abdominal pain, fatigue, myalgia, and headaches.
Did these young patients serve in combat?

Their caregivers don’t know.

They don’t ask every patient, “Have you ever served in the military?”

They may have served in Afghanistan.

Their symptoms of anxiety, depression and poor concentration might be caused by PTSD or TBI.

They did not tell anyone they served and no one asked.
If these pregnant women are veterans ....

Their caregivers don’t know.

Unless they ask every pregnant patient, “Did you or the baby’s father ever serve in the military?”

They have the same risks as male veterans and they more likely to be victims of sexual abuse, or have complications of pregnancy or offspring with birth defects because of toxic exposures.
Are these families ex-military?

Their clinicians don’t know

Unless they ask every family,
“Did either parent serve in the military?”

Parents and children may require counseling for serious psycho-social problems when parents serve in combat or complete long tours of military duty.
Military Health History: Basics

- Did you or did someone close to you ever serve in the military?

- If NO: The history is completed.
Reminder:

A civilian patient’s prior military service can affect ALL of the following:

- Past medical history
- Present medical history
- Occupational history
- Psychiatric history
- Social and family history
- Preventive screening and anticipatory guidance
Military Health History: Basics

- **Stress confidentiality**

- **Sensitivity**
  - Everyone has good and bad experiences in the military. Which were **best and worst** for you?
  - How do you think they **affected you**? Your family?
  - Do you want to **talk about any of them** in detail?
  - Were you exposed to **killed or wounded individuals**? Effects on you personally?
  - Please excuse me if I don’t use proper terminology.

- **Do Nots**
  - Did you ever kill anybody?
Military Health History: Basics

- **Occupational History**
  - Physical injury
  - Exposures
  - Infections
  - Psychological Injury
  - Not only from combat

- **Social History**
  - Home and Family
  - Work
  - Recreation and Risk-taking
### Ask these questions of military service members and all Veterans

#### General Questions
- Tell me about your military experience.
- When and where do you/did you serve?
- What do you/did you do while in the service?
- How has military service affected you?

#### Exposure Concerns
- What... were you exposed to?
  - Chemical (pollution, solvents, etc.)
  - Biological (infectious disease)
  - Physical (radiation, heat, vibration, noise, etc.) precautions were taken? (Avoidance, PPE, Treatment)
- How... long was the exposure?
- concerned are you about the exposure?
- Where... were you exposed?
- When... were you exposed?
- Who... else may have been affected? Unit name, etc.

#### Hepatitis C Virus (HCV) Infection
- Have you ever had a blood transfusion?
- Have you ever injected drugs such as heroin or cocaine?

#### Living Situation
- Where do you live?
- Is your housing safe?
- Are you in any danger of losing your housing?
- Do you need assistance in caring for dependents?

#### Stress Reactions/Adjustment Problems
In your life, have you ever had an experience so horrible, frightening, or upsetting that, in the past month you...
- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

#### Compensation & Benefits
- Do you have a service-connected condition?
- Would you like assistance in filing for compensation for injuries/illnesses related to your service?

**Call VBA at 1-800-827-1000**

#### Sexual Harassment, Assault, and Trauma
- Have you ever experienced physical, emotional, or sexual harassment or trauma?
- Is this past experience causing you problems now?
- Do you want a referral?
American Academy of Nursing

http://www.haveyoueverserved.com/pocket-card--posters.htm

Print your own cards

**CLINICIAN POCKET CARD**
Carry the reference pocket card with you.

CONTACT US TO USE IN YOUR HOSPITAL OR CLINIC OFFER FOR STATE VA DIRECTORS

**POSTER**
Post this up in your waiting rooms or most visible areas.
- Tabloid size (PDF)

**PATIENT REMINDER CARD**
Give this card to your patients to remind them about their VA benefits and resources.
Resources for Veterans and Professionals

✓ va.gov websites
✓ Your state’s department of veterans affairs.

► Veterans’ support and access groups. (Access through search engines, Wikipedia, etc.)
► National Resource Directory. (nrd.gov)
► Commercial websites. (military.com)
Expanded Role for Community Medical Providers

- Expected downsizing of active duty military will create a larger veteran population.

- Increased out-sourcing?

- The Affordable Care Act meant that more veterans will have comprehensive health insurance through employers and may not use their VA benefits. Future status ???
Government Assistance for Vets

**TRICARE**: Is Affordable Care Act compliant.

**CHAMPVA**: For dependents of 100 percent disabled.

**A&A (Veterans Pension)**: Aid and Assistance Low Income Vets: Housebound, Assisted Living, Nursing Home
Recommend that veterans navigate the system with help from a state VA representative or a specialized veterans’ advocate group !!

They should NOT try to go it alone.
Questions
Comments
Suggestions ??

Please fill out evaluation forms before exiting the room.

Additional info: www.JLBMD.com