Caring for VETERANS and Their Families

A Guide for Nurses and Healthcare Professionals

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Dedication and Preface

Rita F. D'Aoust, PhD, ANP-BC, CNE, FAANP, FNAP, FAAN

This book began as a labor of love for every veteran and family who has served and every healthcare provider who has cared for a veteran or family member. To my fellow healthcare professionals: to whom much is given, much is expected. As such, we carry a great responsibility to honor those who have put themselves in harms' way by providing the best care and services. I thank my patients who have given me this honor. This book provides context, best evidence, evaluation and management strategies, and resources to care for veterans and their families.

Military service offers opportunity and is based on servant leaders where true leaders serve and true servants lead. We owe a debt to care and advocate for those who have served in harm's way. I acknowledge and thank the service members and veterans who have served and their families. My service is as a military and family member, as well as healthcare provider. Every veteran deserves recognition and I wish to personally acknowledge a few. I thank my co-editor for her service and ongoing commitment to veteran issues. Ten years ago, we embarked on a journey to develop a course on military and veteran health care, followed by a veteran to nursing program, and many consultations and publications to extend this work.

I owe a debt to my immigrant grandfather, Antonio Ferrari, who joined the U.S. Army and served during World War I to obtain U.S. citizenship. I am reminded of my Uncle Bob's sacrifices over two decades of active service and how we would send care packages while he served overseas. I am indebted to my dear friend, Margaret Briody, who served in the U.S. Army Reserve Nurse Corps and still laugh about her annual ritual of "making weight."

To my treasured mentor and friend, Jeanne, who taught me the meaning of sacrifice when she lost her son, a true servant leader. While all gave some, some gave all. Captain William "Bill" Grace served as a C-5 Aircraft Commander and died in a training accident on December 2, 1996. Capt. Grace took his responsibilities seriously and himself lightly and gave the ultimate sacrifice to our country. Never forget his name, legacy, and sacrifice.

I am humbled by my son-in-law Matthew Butlin's ingrained sense of leadership and concern for those under his care, first as a naval aviator and officer and now as a spouse and dad. I am impressed with my daughter Maria's passion and commitment as she tirelessly advocates and represents veterans and their families' rights, services, and policies. I wish to acknowledge my daughters Diana and Laura, who quietly serve by providing dental and pediatric care for veterans and their families.

Most of all, I am in awe of my husband Ray's sense of duty when he responded to a call to serve in Vietnam upon college graduation. His modesty and pride as a veteran amaze me. I pray that no veteran is ever treated with hostility or apathy for their service as were Vietnam veterans. His service medals are no longer hidden in a storage box, but it took a while. I thank him for his unwavering love and support, even as he would (im)patiently

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ask "How's that book coming along?" And yes, Ray, we will always check for the family sponsored bricks at the hometown Veterans of Foreign War Memorial.

Alicia Gill Rossiter, DNP, APRN, FNP, PPCNP-BC, FAANP, FAAN, Lieutenant Colonel (Retired), U.S. Army Nurse Corps/U.S.A.F. Reserve Nurse Corps

While the greatest honor of my life has been serving my country, my greatest privilege has been serving with, caring for, and educating those who have served in harm's way. For those who serve, we live by the creed to "leave no man or woman behind." As I was preparing my first presentation of many on educating nurses to care for veterans, I remember opening an email with a link to an article in the *Journal of the American Medical Association* entitled "The Unasked Question." After reading the article I realized that while we may have left no man or woman behind on the battlefield, we have left many behind on the homefront, especially in regard to transitioning our service members from the military and back into the civilian sector.

Like the author Dr. Jeffrey Brown, I too realized that never had any provider ever asked about my military service nor had it ever occurred to me to let them know that I had served. Had anyone asked, what would I have told them and how could sharing that information impact my physical and psychological health? Asking one simple question—Have you ever served?—is critically important because no one who serves leaves the military unchanged. It was in that moment that the trajectory of my career changed, and the foundation of this book was laid. This book is the culmination of a decade of work with my co-editor—I can think of no one I would have wanted to work on this project with than her. My inspirations are the friends that I served with and the veterans I have cared for. There is no greater bond than serving: we leave no comrade behind whether it be on the battlefield or at home where the battle is often relived.

I come from a multigenerational military family: my grandfather, Private James W. Bostick (U.S. Army Infantry and Purple Heart recipient) and my great-aunt, Captain Julia R. Maloney (U.S. Army Nurse Corps) served in World War II; my dad and my uncles, John Kevin Gill (Master Chief Petty Officer, U.S. Coast Guard) and John McKeever (Lieutenant Colonel, U.S. Army) in/during Vietnam, I served in Operation Desert Shield/Desert Storm, and most recently, my brother Hank Gill (Specialist, United States Army) in Operation Iraqi Freedom/Operation Enduring Freedom. We have served in every branch, including the Army, Navy, Air Force, Marines, and Coast Guard. To each of them I thank I them for their selfless service and sacrifice, and for imparting those values on the lives of those they served with and those they touched, including me.

I dedicate this book to those who have served, are currently serving, and will serve, and to the families who support them on the homefront, because when one serves, all serve. Nowhere is this more evident than within my own family. My service is a direct result of my dad's—Captain Henry A. Gill, Jr. (U.S. Marines and U.S. Navy)—example. I am forever grateful to him for his wisdom and for instilling in me these core values—integrity, loyalty, leadership, duty, honor, country. To my mom, Peggy, who watched her father, aunt, husband, and two children leave for war, you are braver than you know. To my brothers, Hank and Jay, the two "military brats'" I had the joy of growing up with, life as a military-connected child was never dull. And finally, to my husband, Tommy, and my three daughters, Kylee, Molly, and Hayley, thank you for allowing me to serve, and thank you for your love and support. I firmly believe that being a military family member is the hardest job out there. I love you all to the moon and back.

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Foreword

Advancing Private Sector Health Care for Military Veterans

My Perspective

I am honored to offer perspective on why this book is value-added for the healthcare industry. During my 22 years as a public servant/federal employee with a 14 year tenure as a national level executive for the Department of Veterans Affairs (VA) https://www.va.gov/health-care/, it became clear to me that my prior private sector experience was significantly devoid of understanding the unique aspects of caring for military veterans. I am grateful to have served in various nursing leadership VA roles. I hold the Department of Veterans Affairs–Veterans Health Administration in high regard for providing specialized care based upon dedicated research and education for veterans' health care. I understand that many veterans receive care in the private sector outside the VA. Early in my career, in my private sector roles, I never gave a thought to the fact that I had provided direct care to veterans and nursing leadership to those who care for veterans. It is indisputable that I could have served veterans better if I had been exposed to the relevant aspects of their military experiences and the influence of veteran-specific healthcare conditions. Additionally, I am saddened to think of the missed opportunities to learn about the power of inspirational veteran stories . . . if I had only known to ask and listen.

Why the Book Is Value-Added

This first of its kind book provides a comprehensive view of what is so very important to providing health care to our nation's heroes in all settings of the private sector. Approximately 60% of America's veterans receive all of their health care in the private sector.

The Department of Veterans Affairs is authorized by Congress to provide health care to veterans who meet specific enrollment criteria. Approximately nine million veterans are enrolled for VA healthcare benefits. National statistics indicate that there are approximately 20.4 million U.S. military veterans (2016). The Veterans Health Administration is America's largest integrated healthcare system, providing care at 1,255 healthcare facilities, including 170 medical centers and 1,074 outpatient sites of care of varying complexity (VHA outpatient clinics). Many veterans who are enrolled in VA care also received care from private sector providers.

The book provides private sector healthcare clinicians with guidance on how to address culturally competent care for veterans and their family members. The book is a primer on military cultural competence, defines who a veteran is, and provides insight into the various branches of the military and how that impacts the veteran. It discusses the role of the military and veteran healthcare systems. The book provides insight and guidance on key topics focused on understanding healthcare needs of military veterans and their families. Finally, it provides education, research, and clinical guidance for addressing the unique physical and psychosocial healthcare needs of military veterans and their family members.

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About Editors/Authors

Dr. Alicia Rossiter and Dr. Rita D'Aoust are recognized clinicians, academicians, authors, speakers, and researchers. They are professionals who are clearly committed to advancing the science and practice of nursing as evidenced by their extensive publications and community based contributions. Much of their work has focused on health care for military veterans and their families. Their expertise puts them on solid ground for editing invited manuscripts for this book in addition to their authoring several chapters.

Drs. Rossiter and D'Aoust sought chapter authors who have substantive experience as active duty clinicians, veterans, civilians, providers, VA clinicians, and family members. The in-depth expertise of these authors underscores the validity of guidance provided in this book as being clearly reliable. The invited authors demonstrate commitment to presenting instructive advice for interdisciplinary teams of clinicians.

Dr. Alicia Rossiter is an associate professor at the University of South Florida College of Nursing Tampa, Florida. She is a fellow in the American Academy of Nurse Practitioners and the American Academy of Nursing. I became familiar with Dr. Alicia Rossiter's work when introduced to her by a mutual colleague, William (Bill) Bester. At the time when I met Alicia, Bill and I were senior advisors for the Jonas Center for Nursing and Veteran Healthcare (https://www.thejonascenter.com/). Previously, Bill and I had worked closely together as Federal Nursing Service Chiefs; I was the Chief Nursing Officer-Department of Veterans Affairs (2000–2014) and Bill was the Chief Nursing Officer of the United States Army Nurse Corps. Alicia was an active Jonas Scholar during our tenure as Senior Advisors for the Jonas Center. Dr. Rossiter became Vice Chair, Board Member for the Jonas Scholar Alumni Advisory Council.

Dr. Rita D'Aoust is an associate professor and associate dean at The Johns Hopkins School of Nursing. Her work at Hopkins focuses on mentoring doctoral students with interests in veteran care through their DNP scholarly projects. In her mentor role, Dr. D'Aoust facilitates congressional policy trips with the House Committee on Veterans Affairs, Health Subcommittee. Prior to her work at Hopkins, she served in the roles of associate dean and associate professor at the University of South Florida where she created a veteran health care course and the veteran to BS in nursing program. She served as a co-director for the Veterans Administration Nursing Academy Program for USF and James A. Haley VA. She has conducted veteran healthcare research. She is a Fellow in the American Academy of Nurse Practitioners, the National Academies of Practice, and the American Academy of Nursing. I salute Dr. D'Aoust's son-in-law who served as a naval aviator for 10 years, husband who is a Vietnam veteran with a service connected disability, and her husband's father and uncles who also served our country.

Cathy Rick

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End Note

I am grateful to Drs. Rossiter and D'Aoust for taking on the challenge of highlighting the special healthcare needs of military veterans and their families. Our nation's heroes are deserving of the recognition and understanding of the impact that their service has had on their health and well-being. Referencing the collection of informative guidance provided in this book will improve private sector health care for those who were willing to secure our nation's safety and freedom.

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Dr. Rita F. D'Aoust is an associate professor and associate dean for teaching and learning at the Johns Hopkins University School of Nursing and holds a joint appointment in the School of Medicine, Department of General Internal Medicine.

Dr. D'Aoust earned her bachelor of science and master of science degrees and two post-master's certificate in acute care nurse practitioner and adult nurse practitioner from the University of Rochester School of Nursing. She earned her PhD from the University of Rochester Warner Graduate School of Education and Human Development. She completed a mini-fellowship in geriatrics at the David Geffen School of Medicine, University of California, Los Angeles. She is a board-certified adult nurse practitioner and serves medically underserved communities and is a certified nurse educator.

Dr. D'Aoust has served from the sidelines as a spouse and family member for military and veteran service and as a nurse practitioner caring for veterans in community settings. She has made significant contributions to educate nurses caring for veterans. She served as the co-director for the Veterans Affairs Nursing Academy (VANA) and subsequent Veterans Affairs Nursing Academic Partnerships (VANAP) at the James A. Haley Veterans Hospital and University of South Florida. With federal funding, she served as the primary investigator and led the development, implementation, and evaluation of the Veteran to Bachelor of Science Program at the University of South Florida. She developed an innovative approach to eliminate barriers and provide recognition of prior learning by developing an approach to award upper-division academic credit for nursing courses through an evaluation of American Council of Education (ACE) transcripts for military medics and corpsmen and recognizing prior coursework regardless of completion date. She led the development of an online course, Introduction to Military and Veteran Healthcare. She has served as a Jonas Scholar mentor for doctoral students at Johns Hopkins School of Nursing and the University of South Florida.

Her research contributions to the impact of military service on veteran health include the use of a novel therapy, Accelerated Resolution Therapy (ART) to treat post-traumatic stress disorder in homeless veterans, PTSD secondary to military sexual trauma, and the incidence of fibromyalgia symptomology in community-dwelling women veterans. Dr. D'Aoust has mentored numerous doctoral students on policy issues for veterans, nurse practitioner roles in veteran care, and quality improvement initiatives in VA settings.

Dr. D'Aoust is an expert in interprofessional education, community service, and providing access to care for vulnerable populations. Dr. D'Aoust has long made her mark where the business of education and health care intersect. She has led advances in curriculum and classroom technology that match an understanding of ways to construct learning with the philosophy of education and a mastery of financial issues in higher education. At the Johns Hopkins School of Nursing, she continues to lead the development and implementation of innovative teaching and learning strategies. Dr. D'Aoust is a nationally recognized leader in education

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program development, evaluation, and administration. She brings multiple PI grant expertise, especially in the areas of program evaluation and academic-service collaborations, quality improvement initiatives in acute care and community settings, and integrating geriatrics in primary care. At Johns Hopkins School of Nursing, she led the development and transition for an online program for Doctors of Nursing Practice Advanced Practice (nurse practitioners, clinical nurse specialists). She led the development of an advanced diagnostic and clinical procedures courses for nurse practitioners. Currently, she leads the development and testing of a nurse practitioner clinical competency development and assessment. Dr. D'Aoust also brings an understanding of the nursing workforce and recruitment from underserved populations. Additional research and scholarship contributions include the impact of chronic stress on sleep and depression for caregivers of persons with dementia and left ventricular assist devices. She is an active member of a nursing workforce study team that examines the impact of nurse practitioner full practice authority on changes to health access, NP income, and practice characteristics.

She was inducted as a fellow in the American Association of Nurse Practitioners in 2011, National Academies of Practice in 2012, and in the American Academy of Nursing in 2017.

Dr. Alicia Gill Rossiter is an associate professor and the chief officer of Military and Veteran Affairs at the University of South Florida College of Nursing. Prior to transitioning into her current role, she served as the director of the Veteran to Bachelor of Science in Nursing (VBSN) program. The VBSN program is a program for military medics and corpsmen that builds upon their military healthcare education, training, and experience, and provides a more efficient pathway and education ladder from veteran, to student, to baccalaureate-prepared nursing professional. She graduated with her bachelor of science in nursing from the University of Alabama and her master of science and doctor of nursing practice from the University of South Florida. She is a board-certified pediatric nurse practitioner.

Dr. Rossiter served in the U.S. Army Nurse Corps on active duty for four years, which included two deployments: a humanitarian mission to Honduras, Central America and a combat deployment to Saudi Arabia during Operation Desert Shield/Desert Storm. She branch-transferred into the U.S. Air Force Reserve Nurse Corps in 1995 and served as an Individual Mobilization Augmentee until she retired in June 2015. In her last assignment, she served as adjunct faculty at the Daniel K. Inouye Graduate School of Nursing at the University of the Health Sciences in Bethesda, Maryland, the nation's only federal/military health science university.

Her military experience has the been the impetus behind her research and scholarly work, which includes women veterans and military sexual trauma, the effects of parental military service on military-connected children, and transitioning needs of medics and corpsmen into the professional role of nursing. She was instrumental in the development of a first-of-its-kind College of Nursing online "Introduction to Military and Veteran Health" course. Dr. Rossiter completed her doctor of nursing practice in May 2015. Her groundbreaking work with Accelerated Resolution Therapy for Military Sexual Trauma related post-traumatic stress disorder (PTSD) led to integration of this innovative, highly effective treatment into Department of Defense PTSD treatment protocols and inclusion as trauma-based therapy for PTSD in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence Based Programs and Practices.

During her doctoral program at USF, she was selected as a Bob Woodruff Jonas Veteran

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Healthcare Scholar and an American Academy of Nursing Jonas Policy Scholar with the Military and Veteran Health Expert Panel. She was inducted as a fellow in the American Association of Nurse Practitioners in 2014 and in the American Academy of Nursing in 2018 where she currently serves as the chair for the Military/Veteran Health Expert Panel.

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Acknowledgments

The editors gratefully acknowledge the exceptional contributions of our expert authors who have contributed to this book. Many of the authors have served in uniform, caring for our service members and their families both on the battlefield and in military treatment facilities around the world. Other authors have cared for veterans and their families either within the Veteran Healthcare Administration or within community settings, where those who serve are hidden and their military connection may not be known. Many authors have also worked to advance policy and education to improve health service access and outcomes for our veterans. We thank you for sharing your knowledge and expertise with the readers. We owe a debt of gratitude to those who serve, both during their service and once they leave service.

We also thank Jones & Bartlett Learning for their support and patience in the development of our book, *Caring for Veterans and Their Families: A Guide for Nurses and Healthcare Providers*. A special shout-out to Christina Freitas, Tina Chen, Maria Leon Maimone, Roxanne Klaas, and Bharathi Sanjeev—thank you for helping to put our passion on paper.

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Introduction

Preparing Healthcare Providers to Care for Veterans and Their Families: Moving from "Do No Harm" to "Do Great Good"

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This introduction, and our experience with veteran and military health competencies, began in a similar way as the parable of the blind men and the elephant. Like many people who do not have experience with veteran and military health "elephants," the provider's and caregiver's experience of health for both active duty and those who have served is shaped largely by the small piece, experience, or history that they directly touch, which may be very limited or nonexistent. Yet that small "touch of the elephant" shapes how one interacts with, and cares for, veteran clients and their families. Each blind man (or provider) believes that they understand (from their limited touchpoint) what "an elephant" is like, and thus providers often bring a narrow or constrained understanding of the complex factors and needs impacting veteran health and well-being. Our quest for building educational competencies for providers was fueled by the need to move beyond the limited subjective experiences that may exist for one provider that may ignore other's limited, subjective experiences (which may be equally true), to provide a more inclusive approach needed for relevant, tailored care for our veterans. This introduction hopes to move us forward in our actions, beyond a "do no harm" approach for addressing the unique needs of veterans, to building capacity in educational programs to provide gold-standard, up-to-date care, and services to them. Given the number of veterans in the United States and their varied deployment, combat, employment, and service experiences, these competencies will address significant challenges in the healthcare sector.

Accounting for active duty, reservists and the National Guard, over 2.6 million Americans have served in the military since 9/11 (National Center for Veterans Analysis and Statistics, 2016). In fact, over one in ten citizens over the age of 18 years are classified as veterans in the United States (Newport, 2012). This demographic patient segment represents not only the entire Veterans Healthcare System (VA) but, given that the majority of veterans receive their healthcare in the civilian sector (Moss, Moore, & Selleck, 2015), they represent a significant section of healthcare consumers across the United States. The VHA serves approximately nine million veterans enrolled in the VA healthcare system (United States Department of Veterans Affairs, 2021). Approximately 12 million veterans receive care in the civilian sector. These veterans

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either: (a) do not have a service-connected disability, (b) do not qualify for VHA, or (c) have not been appropriately screened, referred and subsequently determined to have a service-connected disability. To receive VHA care as a covered benefit, the patient must: (1) meet veteran eligibility service, (2) have proof of a service-connected disability, and (3) receive a determination of disability.

Historically, military and veteran health care has been siloed, either in the Defense Healthcare System for active duty service members and their families, or the VA Healthcare System for veterans with service-connected health issues. The emphasis for preparing healthcare providers has traditionally been focused on those who provide care in these two agencies and not necessarily civilian providers in the community who may have limited or sporadic engagement with the military and/or veteran community. The longevity of the wars in Iraq and Afghanistan, coupled with the shift in appropriations to the DHS and the passing of the Choice Act of 2014 and the MISSION Act of 2018, has led to an increasing number of service members, veterans, and their families receiving care in the civilian sector. These providers in the civilian sector may be unaware of their client's connection to the military and may lack the knowledge and expertise to provide culturally competent care to military-connected patients.

The Joining Forces Initiative launched by First Lady Michelle Obama and Dr. Jill Biden in 2011 was a nationwide call to action for the health, education, and employment sectors of communities across the country that was aimed at rallying support and awareness of the service, sacrifice, and unique education, health, and employment needs of service members, veterans, and their families. A key component to this initiative was educating the civilian community regarding the strengths and needs of those who serve in harm's way and the families that support them on the home front. One of the key pillars of the Joining Forces' initiative was ensuring that the unique healthcare needs of service members, veterans, and their families were met. This included not only identifying and providing care for service members and veterans who have experienced the visible and invisible wounds of war, but also occupational health issues and exposures associated with military service either as a service member, spouse, or military-connected child (Joining Forces, 2011).

At the invitation of First Lady Obama and Dr. Biden, college of nursing deans from around the country were invited to pledge that nurses join forces with the White House to improve health outcomes of service members, veterans, and their family members. This could be accomplished, in part, by including veteran health competencies in nursing education and expanding opportunities for research and training focused on veteran's health. This event led to an outpouring of support from the nursing community; more than 500 nursing schools and 160 nursing organizations pledged their support for the initiative. The American Association of Colleges of Nursing created a veteran toolkit for nurse educators, the National League of Nursing developed veteran-specific simulation experiences for educating students, the American Academy of Nursing launched their "Have You Ever Served?" Campaign, and the American Association of Nurse Practitioners had their first call for abstracts focused solely on providing culturally competent care to veterans in clinical practice. As co-authors, we helped initiate a first-ever international conference on these issues in nursing academia (Morrison-Beedy, Passmore, & D'Aoust, 2015; Visovsky & Morrison-Beedy, 2016). From there, other health professions and health agencies joined forces, leading to collaborations with the civilian health sector, the Department of Defense, the VHA, and veteran's service organizations in the community (Saver, 2012).

Given these large population sub-sets, and resulting variation in possible care settings, a broad array of personnel were identified who can be responsible for the care

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of veteran clients. There is an ever-growing awareness of the correlation between military service and unique physical and psychological health comorbidities (Fredricks & Nakazawa, 2015). Yet there is still a dearth of knowledge and expertise across the healthcare provider and caregiver sectors when it comes to recognizing service-related impact on health and well-being and necessary knowledge and skills needed to address a veteran's distinctive health experience (Fredricks & Nakazawa, 2015). Veteran health competencies are essential to all providers regardless of settings. There is often an assumption that military experience, even within the military health arena, or experience as a health professional in the VHA/VA, constitutes "veteran health competency." This assumption has led to care that is less than holistic, tailored, and evidence-based; thus the need for competency-based education.

Early in this book, Chapters 1 to 9 focus largely on providing our readers an understanding of the military system, culture, and branches of service. We present the unique challenges faced by female veterans and those experienced by military members as they leave active duty. Considerable detail is provided there on the VA healthcare system and other support services. Recent initiatives such as the "Have you ever served?," "I Serve 2," the VA Military Health History Pocket Card for Health Professions Trainees & Clinicians, and "IDing Veterans" provides users of this book pragmatic approaches to garnering needed information to address the needs of those who have served and their family members.

This information and background "sets the stage" as we move into a more focused lens on the physical and psychological "wounds of war." Whether these wounds are superficial or deep, what is clear is that these impacts can affect both the active duty or reserve/National Guard, the individual, or their loved ones. In the chapters that follow, we provide detailed background information as well as strategies and resources directly related to the physical or psychological concern. Topical areas range from those physical wounds resulting from direct trauma or environmental exposures across the life spectrum as well as impact on caregivers. The varied and complex psychological impacts affecting those who have served time in the military are detailed and the needs and challenges faced by their family members are thoughtfully described in that section. The diversity of providers and caregivers delivering care for our veterans is quite broad. These personnel can be: (a) hired as employee provider or contracted providers for the VHA or a VA facility, (b) civilian sector personnel practicing across very different non-VA/VHA settings and agencies for veterans without an identified service-associated disability, or (c) civilian providers practicing through the MISSION Act of 2018.

The MISSION Act is fundamentally transforming VA health care by giving veterans greater access to health care in VA facilities and the community. More than 5,000 veterans per week are using new Urgent Care benefits through the 6,400 local urgent care providers that have partnered with VA. The urgent care network covers 90% of all veterans (United States Department of Veterans Affairs, 2021). The Veteran Population Model 2018 indicates that there are 19.5 million veterans in the United States, with approximately 50% of veterans having served in the Gulf War Era (National Center for Veterans Analysis and Statistics, 2020). As required by the VA Mission Act of 2018, the VA implemented the Veterans Community Care Program (VCCP). Under the Mission Act, the VCCP is a permanent program that has consolidated or replaced VAs' previous community care program and established designated access standards and contracts with third-party administrators to build networks of community providers to increase access for veteran care. The VCCP allows VA various options to purchase community care in the civilian section, including through regional contracts called Community Care Networks (CCN), and set direct agreements with community providers for care not included

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in those contracts, known as Veterans Care Agreements. Additionally, the VA uses contract providers to supplement in-house compensation and pension (C&P) exam program. These examinations are critical for determination of service-associated disability compensation. The VA is moving to outsource all C&P exams to improve timely decisions as well as reduce the backlog of C&P exams that has increased by 200,000 (Shane, 2020).

Improvements in the scheduling process for VCCP remains a challenge. The lack of a comprehensive policy, an electronic provider-profile management system, decision support tools, and referral manager may limit the VA's ability to reduce veterans' wait time for care (United States Government Accountability Office, 2020). Yet despite these limitations, the number of veterans cared for in the civilian sector through VCCP increased 77% from 2014 through 2019.

With the numerous and complex challenges facing veterans and family members, there exists a need for moving beyond the overarching structural organization of concepts identified as unique to this population, to an approach that provides the structure and process for performance and assessment. When developing educational or training programs for caring for this special population, much discussion has taken place within educational and healthcare organizations across disciplines about the need for a consistent set of knowledge and skills, "a core set of competencies." These "competencies" are not just a "to do checklist of skills" (although these may be included as part of the competency); they are instead an integration of knowledge, skills, and affective qualities that are needed to competently meet the needs of the service member, caregiver, or family member, that can be observed and measured (Giddens, 2020). Competencies required by those who care for or attend the veteran population continue to be developed, tailored, and refined. In 2015, Moss and colleagues identified 10 core competency areas. These areas include military and veteran culture, understanding the VA healthcare system, polytrauma, substance use, exposure to environmental hazards, military sexual trauma (MST), traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), suicide, and homelessness (Moss et al., 2015).

In 2007, the Veterans Affairs (VA) Health Care System partnered with selected top schools of nursing with the goal of increasing compassionate, tailored nursing care for the nation's veterans. This mutually beneficial enterprise helped provide both faculty and staff development addressing veteran-specific needs as well as increasing the graduation numbers of highly educated nurses who had received VA setting training that facilitated recruitment into career paths in the VA system (Bowman et al., 2011). This VA Nursing Academy (VANA), which subsequently evolved into the VA Nursing Academic Partnerships (VANAP), initiated a set of competencies for nurses focused primarily on clients in the VA health system. These competencies encompassed the knowledge, skills, and attitudes that should serve as a base for caring for veterans with specific health conditions. These issues, although not exclusive to military service, were often identified more commonly in this population. These included military culture, post-traumatic stress disorder (PTSD), environmental/chemical exposures, substance use disorders (SUD), military sexual trauma (MST), traumatic brain injury (TBI), suicide, end of life, homelessness, amputation/assistive devices, and VA healthcare administration. Similarly, Vest and colleagues (2018, 2019) and Fredericks (2015) identified physician knowledge, comfort, and educational needs required for effective VHA consultation and referral much in line with those competency areas identified. Adding to these recommendations, the Substance Abuse and Mental Health Services Administration (SAMHSA) advocated for proficiencies specific to mental health and, and they described it, "[military] cultural competency" (2020).

Building upon these competencies, Rossiter, Morrison-Beedy, Capper, and D'Aoust

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(2018) extended this understanding by developing educational curricular modules that could be provided in online format, as an elective, or integrated within current curriculum. Originally targeted to baccalaureate nursing students, the goal of developing these modules was to establish a baseline of understanding in all nursing students to be able to identify and address the unique needs of veterans whether inside a VA or other outside non-military health settings. These modules were later expanded to increase their utility across disciplines and levels of care providers or attendees.

In the development of these competencies we noted that, for the veteran client, the mental and physical health impact of military service is not always evident at the time of separation. For example, service members understand that exposure to certain dangerous conditions and hazards are a part of their military service. They understand that they may serve overseas or in areas that could pose a significant risk to their health and well-being. However, few men and women serving in the military expect exposure to hazards at the military base on which they work and call home even if only temporary. Exposure to drinking water contaminated with perfluoroalkyl and polyfluoroalkyl substances (PFAS) is now a problem for many veterans and service members. PFAS has been used in firefighting foam on military bases. PFAS has contaminated military base groundwater as well as the surrounding communities. Thus, thousands of military personnel may have been exposed to PFAS-contaminated water. PFAS can be a factor in several developing health conditions such as hepatic injury, fertility, changes in child and fetal development, immune system dysfunction, increased risk of thyroid disease, and asthma. While the science improves that supports the link between exposure and certain conditions, providers in the civilian and VHA sector need to know about service-connected environmental exposure and impact on service member health over time. Importantly, knowing how to screen and test, even when testing may not be currently covered by the VA is important (United States Department of Veterans Affairs, 2020; United States Environmental Protection Agency, 2021).

Moving beyond the ten topical areas identified by Moss et al. (2015), these competencies contained targeted objectives and content addressing knowledge, attitudes, and skills for each competency area. Importantly, we developed an approach that is inclusive of all health professionals who care for veterans, whether in the civilian sector or VHA setting. Building upon our previous work (Morrison-Beedy et al., 2015; Morrison-Beedy, 2016; Rossiter et al., 2018), we have expanded these general groupings to include, and differentiate, those laddered competencies needed by entry or staff level professionals and those needed by health providers (e.g., MD, PA, NP, ClinPsych, LCSW). Furthermore, we provide a framework that includes conditions, screening, and resources.

Understanding that the attitude component of these competencies serves as the overarching approach, we provide this holistic approach to working with veterans, military members, and their families. Whether providers are addressing educational, knowledge-based needs, or clinical skills components when caring for veterans, a needed base of understanding and sensitivity serves as the starting point for all encounters with the veteran or his/her family members. Certainly, authenticity in approach and seeking to understand, from the lens of a veteran, their experience is first and foremost. Providing care in a supportive and non-judgmental manner helps lay the foundation for a positive, ongoing relationship between client and provider. Imbedded within this empathetic and honest approach is the ability to express appreciation for a veteran's service. Honoring both the complex personal and organizational sacrifice that exists within the military experience for both the veteran and their family members is essential. Coupled within these experiences

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are a complexity of responses from those impacted by service. These can range from stoicism, to quiet or unacknowledged suffering, to reflective understanding of a job well done. Certainly, the old adage holds true for those providers addressing uncertain, complex, and discomforting situations for the first time—"get comfortable being uncomfortable"—but with each encounter your skills and emotional reactions to these difficult conversations will improve.

This book addresses the latest iterations of these competencies and each chapter provides in detail content-intensive background information as well as strategies specific to screening and care provision as well as targeted resources for the reader. In an international conference focused on veterans and military health issues, "Joining Forces to Restore Lives," Brigadier General Kevin Beaton spoke about his and many others' involvement in across the globe and directed this moving comment to all attendees regarding the world's veterans: "We must help them find the path forward." Certainly, this book represents the commitment of so many across diverse backgrounds, disciplines, and experiences to communicate, share, and band together to ensure our military and veterans find a path forward (Morrison-Beedy, 2016). In this effort, all contributors and readers are also a "band of brothers (and sisters)." Our commitment is to truly "do great good" for all who have served.

References

Bowman, C. C., Johnson, L., Cox, M., Rick, C., Dougherty, M., Alt-White, A. C., . . . Dobalian, A. (2011). The department of veterans affairs nursing academy (VANA): Forging strategic alliances with schools of nursing to address nursing's workforce needs. *Nursing Outlook, 59*(6), 299-307.

Fredricks, T. R., & Nakazawa, M. (2015). Perceptions of physicians in civilian medical practice on veterans' issues related to health care. *The Journal of the American Osteopathic Association, 115*(6), 360-368.

Giddens, J. (2020). Demystifying concept-based and competency-based approaches. *Journal of Nursing Education, 59*(3), 123-124.

Joining Forces. (2011). About joining forces. Retrieved from https://obamawhitehouse.archives.gov/joiningforces/about

Morrison-Beedy, D. (2016). Finding a path forward: A focus on military and veterans health. *Nursing Outlook, 64*(5), 403-405.

Morrison-Beedy, D., Passmore, D., & D'Aoust, R. (2015). Military and veteran's health integration across missions: How a college of nursing "joined forces." *Nursing Outlook, 63*(4), 512-520.

Moss, J. A., Moore, R. L., & Selleck, C. S. (2015). Veteran competencies for undergraduate nursing education. *Advances in Nursing Science, 38*(4), 306-316.

National Center for Veterans Analysis and Statistics. (2016). Profile of post-9/11 veterans: 2014. Retrieved from https://www.va.gov/vetdata/docs/specialreports/post_911_veterans_profile_2014.pdf

National Center for Veterans Analysis and Statistics. (2020). Veteran population projection model 2018. Retrieved from https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/Vetpop_Infographic2020.pdf

Newport, F. (2012). In US, 24% of men, 2% of women are veterans. Retrieved from http://www.gallup.com/poll/158729/men-women-veterans.aspx.

Rossiter, A. G., Morrison-Beedy, D., Capper, T., & D'Aoust, R. F. (2018). Meeting the needs of the 21st century veteran: Development of an evidence-based online veteran healthcare course. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing, 34*(4), 280-283.

Saver, C. (2012). Nurse leaders, dr. jill biden, and first lady michelle obama join forces to announce new initiative to help veterans and their families. *American Nurse,* Retrieved from https://www.myamericannurse.com/nurse-leaders-dr-jill-biden-and-first-lady-michelle-obama-join-forces-to-announce-new-initiative-to-help-veterans-and-their-families/

Shane, L. (2020). VA moving ahead with plans to outsource all compensation and pension exams. Retrieved from https://www.militarytimes.com/news/pentagon-congress/2020/11/16/va-moving-ahead-with-plans-to-outsource-all-compensation-and-pension-exams/

Substance Abuse and Mental Health Services Administration. (2020). Cultural competency for serving the military and veterans. Retrieved from https://www.samhsa.gov/section-223/cultural-competency/military-veterans

United States Department of Veterans Affairs. (2020). Public health military exposures, PFAS. Retrieved from https://www.publichealth.va.gov/exposures/pfas.asp

United States Department of Veterans Affairs. (2021). About Veterans health administration. Retrieved from https://www.va.gov/health/aboutvha.asp#:~:text=The%20Veterans%20Health%20Administration%20(VHA,Veterans%20enrolled%20in%20the%20VA

United States Environmental Protection Agency. (2021). Per- and polyfluoroalkyl substances (PFAS). Retrieved from https://www.epa.gov/pfas

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United States Government Accountability Office. (2020). *Veterans community care program: Improvements need to help ensure timely access to care*. Retrieved from https://www.gao.gov/products/GAO-20-643

Vest, B. M., Kulak, J. A., & Homish, G. G. (2019). Caring for veterans in US civilian primary care: Qualitative interviews with primary care providers. *Family Practice, 36*(3), 343-350.

Vest, B. M., Kulak, J., Hall, V. M., & Homish, G. G. (2018). Addressing patients' veteran status: Primary care providers' knowledge, comfort, and educational needs. *Family Medicine, 50*(6), 455.

Visovsky, C., & Morrison-Beedy, D. (2016). A template for building global partnerships: The joining forces conference goes across the atlantic from the US to the UK. *Nurse Education Today, 47*, 99-100.

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