JAOA SPECIAL REPORT

Joining Forces Initiative: Steps Toward Improved Care for Military Personnel

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The Joining Forces initiative, which is jointly sponsored by the White House, the Department of Veterans Affairs (VA), and the Department of Defense (DoD), is described as "a national initiative that mobilizes all sectors of society to give service members and their families the support they earned."[1] One important component of the initiative is ensuring that medical students, physicians, and other health care providers understand that an individual's physical and mental condition may be linked to his or her military experience.[2]

The American Osteopathic Association (AOA) was asked to become a partner in the Joining Forces Task Force. The members of this task force read like the Who's Who of US health care—the American Osteopathic Association, Association of American Colleges of Osteopathic Medicine, American Medical Association, and Association of American Medical Colleges, just to name a few of the more than 30 groups represented. The initial meetings were held January 9 through January 11, 2012, in Washington, DC, at the DoD's National Intrepid Center of Excellence for Psychological Health and Traumatic Brain Injury at the Walter Reed National Military Medical Center in Bethesda, Maryland, and a day of briefings by the Vice Chairmen of the Joint Chiefs of Staff, ADM James A. Winnefeld, Jr; the Surgeon General of the US Navy, VADM Matthew L. Nathan; and the Commanding Officer of the Walter Reed National Military Medical Center, RADM Alton L. Stocks. The meeting concluded with a 4-hour roundtable discussion at the White House, where the members of the task force were addressed by First Lady Michelle Obama and representatives from the DoD and the VA.

- More than 2 million US troops have been deployed to Iraq and Afghanistan since 9/11.[2]
- For the 1.4 million active-duty service members, there are 2 million spouses and children. Some 44% of these members have children, 76% of whom are younger than 12 years.[3]
- Women make up 14% of active-duty service members.[3]
- There are 1.1 million US National Guard and US Reserve members.[3]
- Only 37% of military families reside on military installations, while 63% live in more than 4000 communities nationwide.[2]
- With the end of the war in Iraq and the drawdown in Afghanistan, more than 1 million service members are projected to leave the military between 2011 and 2016.
- There are approximately 22.7 million US veterans, 8% of whom are women.[4]
- In the current conflicts, military service members have had multiple redeployments, had short periods between deployments, depended more on the US National Guard and US Reserve components, deployed higher numbers of women and parents of young children, and had higher rates of surviving serious injuries than possible in previous wars.[5]
- In the preceding year, just over half of returning troops who screened positive for posttraumatic stress disorder or major depression sought help from a provider for these conditions[6]; of those who sought treatment, only slightly over half received adequate treatment.[7]
- More than half of veterans and their families will seek health care from primary care and mental health physicians in their communities.[6]
- Of veterans from the current conflicts who received care from the VA, 48% were diagnosed as having mental health problems.[7]
- From 2005 to 2010, an average of 1 service member committed suicide every 36 hours.[8]
- July 2011 saw the most suicides, with the deaths of 33 active and reserve component service members.[8]
- In 2009, mental and substance use disorders were the most common causes of hospitalizations among US troops.[9]
- Children of deployed military personnel have more emotional difficulties than their nonmilitary family counterparts.[10]

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During the past 6 months, each of the member organizations has been working diligently to promote care for our wounded warriors and their families. Such initiatives have included adding links to the Joining Forces Web site on each of the members' Web sites, as well as providing continuing medical education and seminars on the silent wounds of war, especially posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI), and on how these injuries affect returning veterans, their families, and their communities at all levels of health care.

Community health care for veterans is especially important to primary care physicians in rural or urban areas that do not have easy access to VA facilities. More than 50% of returning veterans will seek care from their local physicians and not the VA.[2] Many may not come in for PTSD or TBI but for other symptoms and complaints. They may be unaware of the effects of PTSD or TBI on their health and life upon returning or may be too ashamed to seek care initially. It then will be up to the well-trained and aware primary care physician to find the root cause of their symptoms and provide care or referral. To do this, each physician must understand that these injuries are the silent wounds of war and that they may manifest themselves in other ways. The physician must also understand the "warrior culture" that these men and women have come from and been exposed to. As we were all taught in osteopathic medical school, you cannot recognize and manage something you are not aware of.

The AOA has fully supported the task force. For example, during a recent conference call, the AOA Executive Committee approved AOA representation and collaboration with other groups to address the initiative and provide insight into recognizing and initializing the management of PTSD and TBI. In addition, the AOA Web site Osteopathic.org features the Joining Forces logo with links to other sites promoting the initiative and with helpful tools and videos (http://www.osteopathic.org/inside-aoa/development/public-health/Pages/joining-forces-initiative.aspx).

Among all of this activity, the 2 most exciting and distinctive initiatives are that (1) each osteopathic medical school has pledged to develop model curriculum that deals with the neurologic and psychologic injuries sustained by our returning veterans at the biomedical and the clinical stages of training[11] and (2) the Educational Council on Osteopathic Principles is working to develop osteopathic manipulative treatment and osteopathic principles and practice modules for the care of returning veterans who have suffered the trauma of war, amputation, or TBI. These modules will be published for use at our osteopathic medical schools and for practicing osteopathic physicians.

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