

Letters to the Editor

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Returning Veterans Should Have Access to Health Services

Original Article: Care of the Returning Veteran

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TO THE EDITOR: We were pleased to read the excellent article by Dr. Quinlan and colleagues describing health concerns of combat veterans returning from Iraq and Afghanistan. To address these concerns, the U.S. Department of Veterans Affairs (VA) has implemented a wide array of services, in addition to those mentioned in the article. These include the polytrauma/traumatic brain injury system of care; suicide risk reduction coordinators and a national 24-hour suicide prevention hotline (800-273-TALK [800-273-8255]); enhanced mental health services; integrated pain management; post-deployment integrated care clinics; and a variety of benefit programs providing educational, vocational, and financial support.

Returning combat veterans have priority eligibility for VA services for five years after discharge from active duty, at which point eligibility shifts to a level commensurate with their needs and with standard VA eligibility criteria. During the initial five years, care that is provided for any condition that could be related to military service is free. This allows proactive, comprehensive, accessible support for these veterans and their families to ensure recovery and reintegration. Such proactive services are crucial because many veterans experience increasing symptoms and progressive functional impairments in the months and years after combat deployment.¹

The most common diagnosis in returning combat veterans is musculoskeletal injury

with chronic pain.² Posttraumatic stress disorder, chronic pain, and polytrauma (effects from traumatic brain injury) co-occur in some veterans and often present with overlapping symptoms, highlighting the need for interdisciplinary, integrated care for these patients.³ Integration of medical, mental health, and psychosocial services reduces stigma and addresses other obstacles to mental health care.⁴

Only about one-half of the 1 million combat veterans of Operation Enduring Freedom and Operation Iraqi Freedom who are eligible seek care in the VA system. For this reason, it is crucial that all physicians are knowledgeable about health care needs of these veterans.² The journey home from war is arduous. Working together as an integrated community of care, we can create medical homes that will offer returning veterans effective and accessible support commensurate with the service and sacrifice that they and their families have offered our nation.

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REFERENCES

1. Milliken CS, Auchterlonie MS, Hoge CW. Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *JAMA*. 2007;298(18):2141-2148.
2. VA Office of Public Health and Environmental Hazards. Analysis of VA health care utilization among OEF/OIF veterans. Washington, DC: U.S. Department of Veterans Affairs; 2010.
3. Lew HL, Otis JD, Tun C, Kerns RD, Clark ME, Cifu DX. Prevalence of chronic pain, posttraumatic stress disorder, and persistent postconcussive symptoms in OIF/OEF veterans: polytrauma clinical triad. *J Rehabil Res Dev*. 2009;46(6):697-702.
4. Hoge CW, Castro CA, Messer SC, McGurk D, Cotting DI, Koffman RL. Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *N Engl J Med*. 2004;351(1):13-22. ■