



## Professionals Work Together to Improve Veterans' Health Care

By Pamela Schumacher, MS, CCMP

**M**edical assistants care for patients of all ages, backgrounds, and experiences and will likely encounter one of the more than 18 million military veterans who make up about 6% of the U.S. population.<sup>1</sup> A veteran is someone who has served in the military as a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard or as a

commissioned officer in the U.S. Public Health Service, Environmental Science Services Administration, or National Oceanic and Atmospheric Administration. Most veterans receive care from family physicians or cooperatively with the Veterans Health Administration, although more than one-half receive care from only the civilian sector.<sup>2</sup>

Interacting with veterans can be very

different than with other patient populations. Medical assistants must understand how military service might have affected each veteran and what that means for their physical and mental well-being.

### A Tank of a Different Color

Understanding military culture is the first order of business when dealing with

a patient who is a veteran. Military culture has distinct traditions, socialization, values, vocabulary, and norms. Taking the time to understand and appreciate their culture can improve the care provided to veterans and patient outcomes.<sup>3</sup>

“All health care providers and caregivers for veterans should recognize that military service changes an individual’s perspective,” says Edward Manning, MD, PhD, a pulmonary and critical care medicine physician at West Haven VA Medical Center, Connecticut. “When we’re taking care of people, we need to understand how they perceive themselves, their surroundings, and their own health. Understanding the veteran’s background really helps with that.”

Dr. Manning, who was an officer in the Marine Corps before he graduated from medical school, experienced this firsthand. “In the military, we rely heavily on our caregivers and medical personnel to achieve our missions and goals. Sometimes a veteran will have a hard time trusting civilian medical professionals because they’re used to working with people in only their unit. In addition, we typically put ourselves last because the ethic is ‘mission first, individual last.’”

Sherry Bogar, CMA (AAMA), a certified breast cancer patient navigator at the University of Texas Medical Branch in League City, Texas, agrees. “The idea of ‘mission first’ does not go away when a person leaves the military, and it can be a tough hurdle to cross. My husband is retired military, and he has a lot of pain from a knee replacement after an accident while participating in physical training. We were stationed in a rural area and didn’t have access to physical therapy services, and the knee has bothered him ever since. He also has hearing loss from working on an aircraft carrier. However, he is reluctant to be re-evaluated because his thought is, ‘Why would I take money or care away from individuals who have lost legs, limbs, and even their life, while I’m getting up every day to walk?’”

Though military culture is a strong influence, it’s not the same for every service member, says Bradford Felker, MD, a senior telemental health consultant at the U.S. Department of Veteran Affairs (VA)

in Seattle, Washington. “People join the military for all kinds of reasons. We have a volunteer force now, and there are many reasons why someone decides to serve, and their experiences are quite diverse. The idea that a veteran is a unique human being is the first thing the medical assistant should understand.

“In addition, veterans have gone through a lot of transitions. The challenges of going from a combat zone to garrison life is a big step, but the step between active duty to civilian life is gigantic,” says Dr. Felker. He is also a professor in the department of psychiatry and behavioral sciences at the University of Washington School of Medicine in Seattle and was deployed to Kuwait and Iraq in the Navy reserves. “Someone who has just transitioned out of the military is undergoing an enormous culture change. For example, when you serve in the military, you’re expected ... to know the mission. You’re expected to know the duties of each day. ... All that goes away in the civilian sector, and it can be very disorienting for veterans.”

### Military Precision

Medical assistants should use their listening, observational, and deductive reasoning skills to elicit relevant details about veterans’ military experience and how that might be affecting them physically and mentally, explains Bogar. “Medical assistants are the Sherlock Holmes of the medical office; a big part of our job is to dig and investigate. We let people know we care by showing them compassion and interest in their experiences. I ask open-ended questions such as, ‘I notice you’re wearing a military hat; can you tell me about that? Where did you serve?’ These questions open the door to a larger conversation about their health and general well-being.”

“Medical assistants are the first person the veteran sees and the very last person the veteran sees, so they are the backbone of any medical team,” says Dr. Felker who is board certified in both internal medicine and psychiatry. “They handle scheduling but also screen the patient and can alert the team if something is going on with the veteran.

“I would caution against automatically

saying, ‘Thank you for your service.’ It’s become so rote that it doesn’t seem sincere,” says Dr. Felker. “Instead, look

them in the eye, listen to what they’re saying, take a moment to pause before responding. Try to understand that these people have served, and their experience may have been complicated—meaning, they may have been in combat, [and] they may have seen some things that they’d rather not remember. They have the psychological stress of being a civilian who now must be in charge of their life, when before the military took care of everything. As I said, returning to civilian life can be very complicated for veterans.”

Dr. Manning, who is a physician and a researcher, likes to find common ground when chatting with veterans. “I’ll usually ask, ‘Can you tell me what you did in the military? What branch were you in? I was in the Marine Corps. What did you do?’ Not only does it connect us on a personal level, but as a pulmonologist, one of our greatest concerns for our patients are airborne contaminants. If they were a firefighter, I ask, ‘Did you use firefighting foam? Tell me about that.’

“I ask where they served because the location can give you a clue to their exposures. If they were overseas, the risk of deployment-related respiratory disease is multiple factors higher than those who stayed in the states,” says Dr. Manning. “What a rich resource it is to be able to screen their history and bring their attention to things of which they may not be aware. One of my patients taught me this. He would always bring up Agent Orange, which I didn’t know a lot about. He was a Vietnam veteran and was wondering whether his asthma and cardiac conditions were related to Agent Orange exposure. And then he gave me the book *Waiting for an Army to Die: The Tragedy of Agent Orange*.

“This really opened my eyes. I’m an OIF [Operation Iraqi Freedom] veteran, and I was probably exposed to burn pits and other toxins. I thought to myself, ‘I’m falling into the same pitfall of military culture and not taking care of myself,’” says Dr. Manning.



## Role Call

Veterans want you to know<sup>6</sup> ...

- **They are not all soldiers.** Only Army personnel are soldiers. Each branch of the U.S. military has its own mission. Refer to veterans as “military personnel” or “veterans.”
- **Not everyone in the military is infantry.** Active duty is made up of 1.4 million Americans among the five branches. The reserves have more than 800,000 members. There are many different jobs, including technicians, mechanics, cooks, administrators, lawyers, doctors, and musicians.
- **Military personnel are always on duty.** They live their work 24/7, which takes its toll—on their families too. Even when on leave, they can be called to serve at a moment’s notice.
- **Reserves are part of the military.** There are two ways to serve in uniform: (1) Active duty is a full-time job, and (2) reserves are trained to serve *and* have day-to-day civilian jobs. Reserves have their own unique challenges because they live as a civilian, can be called to duty, and then return to their community.
- **They do not all have posttraumatic stress disorder** which can be caused by many different types of trauma, including combat.
- **It’s hard to ask for help.** The military has a long-standing history of promoting emotional and physical perfection and emphasizing needs of others over self. If you understand that it is hard for veterans to ask for help, you are one step closer to connecting with them.

### At Your Service

Veterans often present with a variety of physical and mental illnesses, including musculoskeletal injuries and chronic pain, mental health issues such as posttraumatic stress disorder (PTSD) and moral injury, traumatic brain injury, chemical and noise exposures, and infectious disease concerns. Medical assistants should be well informed about the range of veterans’ health concerns, particularly PTSD, depression, and suicidality.<sup>2</sup>

“Veterans are at a high risk for depression, suicide, and other mental disorders. The VA offers telehealth visits with mental health professionals, and you could suggest that to a veteran if you suspect they’re having issues [if your delegating provider authorizes you to do so],” says Dr. Felker. “Medical assistants may notice symptoms of PTSD in the veteran. In PTSD, there are three clusters of symptoms that might present including the re-experiencing cluster, which has the symptoms of nightmares, flashbacks, intrusive thoughts, and triggers. The medical assistant may not see these symptoms during the office visit. More likely they will see the hyperarousal cluster symptoms, which

are when someone is stuck in ‘fight-or-flight mode.’ They might present as anxious, hypervigilant, and aware of everything. They startle very easily. They don’t want anyone behind them.

“But the cluster that causes the most dysfunction ... is the isolation cluster,” says Dr. Felker. “People with PTSD tend to isolate and withdraw. They have difficulty making and maintaining relationships. They don’t do well in crowds. If the veteran is not showing up for their appointments, they’re not returning calls, and when asked a question, they immediately leave or run away; they isolate, withdraw, and disappear—these people need help. The symptoms of the illness lead them to just disappear, not be compliant, not go get their medications. This is not just being difficult; this is their illness.”

Bogar worked in a urology office and encountered a veteran who was triggered by a procedure. “When we did a prostate biopsy, we used a ‘biopsy gun.’ The provider holds the device and pulls the trigger, and it makes a loud popping sound. The first couple of times when the provider pulled the gun, the patient jumped off the table.

He said the popping sound took him back to Desert Storm. I showed him the mechanism and allowed him to pull the trigger to get used to the noise. This put him at ease, and we were able to resume the procedure. If the medical assistant can tell the veteran what to expect and then ask whether there’s anything that might trigger or startle them, that’s a good thing to do. Also, if I see a veteran having trouble sitting in a waiting room full of noisy people, I’ll find a quiet location. You want to let them know that you see them and have their back.”

“Sleep issues among veterans are also a problem,” says Dr. Manning. “The probability of a veteran having sleep apnea is 40%. They’re often very light sleepers. Researchers are starting to document something called an ‘arousal index,’ which measures the number of arousals or brief awakenings per hour of sleep, indicating the level of sleep fragmentation and potential sleep disturbances. If this is suspected, I would alert the physician so they can explore it with the veteran. However, be aware that it may be contraindicated to have some veterans do mindfulness training. I was in a session in which they asked me to close my eyes in a room full of people I didn’t know, and I became very anxious because you would never do that when you’re on duty.”

Being in the military is also physically challenging. “A veteran might be in their 20s but have the body of a 60-year-old,” says Dr. Felker. “Hauling a heavy pack, moving equipment, moving physically from place to place takes a toll. Don’t assume that because a veteran is younger that they won’t have the physical problems of someone much older.”

In addition, veterans have often been exposed to toxins in the air and water depending on where and when they were deployed. In recent years, burn pits have emerged as one of the most widely recognized concerns around veteran health. Open-air burn pits were commonly used by the military in places such as Iraq and Afghanistan, and many veterans are dealing with the consequences of being exposed to the toxic smoke produced from burning chemicals, paint, human and medical waste, metal, petroleum and plastic products, rubber, munitions, and more.<sup>4</sup>

Research on the long-term health impacts of military burn pits is ongoing. However, in 2022, the VA formally acknowledged the presumed connection between burn pit exposure and nine rare respiratory cancers, which are now treated as service-connected disabilities. Burn pits are also believed to be linked to increased risk of death and various serious health conditions, including heart disease, asthma, chronic obstructive pulmonary disease, and more.<sup>4</sup>

“The VA has a long list of presumptive conditions—such as brain cancer, gastrointestinal cancer of any type, glioblastoma, head cancer of any type, kidney cancer, and lymphoma of any type—that if you served in certain areas, they assume your symptoms are a result of your service,” says Dr. Manning. “There’s a screening process through the PACT Act, which medical assistants should know about and can provide as a resource to patients.”

The PACT Act, officially named the Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022, expands and extends eligibility for VA health care for veterans with toxic exposures and veterans of the Vietnam War, Gulf War, and post-9/11 eras, and adds 20 more presumptive conditions for burn pits, Agent Orange, and other toxic exposures.<sup>5</sup>

## Got Your Six

Medical assistants can shine when helping veterans coordinate their care with the VA, says Nancy Gourley, CMA (AAMA) who works at the Newton Medical Center, Family Practice Clinic in Valley Center, Kansas. “It is important to coordinate medical treatment with the local VA to avoid duplication of treatment with the private sector. Not all states have reciprocal relationships with one another, and, for instance, finding up-to-date vaccination records on veterans may be a challenge.

“The VA referral/authorization process is initiated from the veteran’s primary care team at the VA who sends them for secondary or tertiary care within the local community,” says Gourley. “If care isn’t available locally, it may be necessary to send the veteran to a larger city where more resources are available. There may be a shuttle to help veterans with transportation to appointments outside their local community. My dad was in the service, and I found it helpful to keep a copy of his health records in a binder, so I could coordinate his care. Keeping the Durable Power of Attorney information current at the VA hospitals was extremely important—[the information] often needed to be updated every year. We personally had experience with multiple different VA hospitals and honestly, some were *very* good.”

Bogar recommends picking up the phone and calling or even visiting your local VA. “Ask them, ‘I’m trying to coordinate care for this veteran; can you help me?’” Check out the VA website, just to see what resources

are available so you can offer tips to patients. If veterans need assistance, numerous organizations, including the VA, Navy-Marine Corps Relief Society, the American Legion, Veterans of Foreign Wars, and charities like Homes For Our Troops, offer relief and provide resources for financial hardship, housing, and other needs. Many veterans do not understand health care jargon and policies, and the medical assistant can help bridge that gap. ♦

The CE test for this article can be found on page 29.



## References

1. Schaeffer K. The changing face of America’s veteran population. Pew Research Center. November 8, 2023. Accessed April 14, 2025. <https://www.pewresearch.org/short-reads/2023/11/08/the-changing-face-of-americas-veteran-population/>
2. Yedlinsky NT, Neff LA, Jordan KM. Care of the military veteran: selected health issues. *Am Fam Physician*. 2109;100(9):544-551. Accessed April 14, 2025. <https://www.aafp.org/pubs/afp/issues/2019/1101/p544.html>
3. Ross PT, Ravindranath D, Clay M, Lypson ML. A greater mission: understanding military culture as a tool for Serving Those Who Have Served. *J Grad Med Educ*. 2015 Dec;7(4):519-522. doi:10.4300/JGME-D-14-00568.1.
4. Mcelhinny G. Veterans and burn pit exposure. National Veterans Homeless Support. Accessed April 14, 2025. <https://nvhs.org/veterans-and-burn-pit-exposure/>
5. The PACT Act and your VA benefits. US Department of Veterans Affairs. Accessed April 14, 2025. <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/>
6. Kraft H. 15 things veterans want you to know. PsychArmor online course. Accessed April 14, 2025. <https://learn.psycharmor.org/courses/15-things-veterans-want-you-to-know-2024>

## Resources for Veterans

- Find care: <https://www.va.gov/health-care/about-va-health-benefits/where-you-go-for-care/>
- Get community care referrals and schedule appointments: <https://www.va.gov/resources/how-to-get-community-care-referrals-and-schedule-appointments/>
- Learn about airborne hazards and burn pit exposures: <https://www.publichealth.va.gov/exposures/burnpits/>
- Read up on the Veterans Transportation Program: <https://www.va.gov/health-benefits/vtp/>
- Learn about the National Call Center for Homeless Veterans. Call 1-877-4AID-VET. Veterans are also encouraged to call or visit their local VA medical center and ask for a homeless coordinator.