Future Considerations for our Wounded Service Members of Global War on Terror

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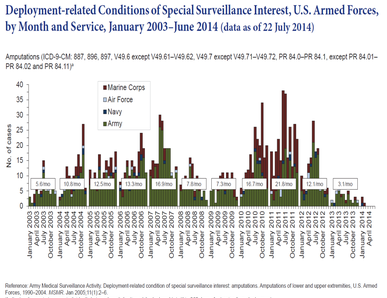
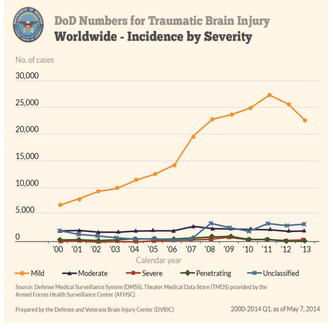
Introduction

- Global War on Terror (GWOT) began 9/11/01
- Injury severity of GWOT required different trajectories for recovery
- Survivability of these injuries is significantly higher than previous wars- but at what cost?
  - Physiological
  - Functional
  - Social
  - Emotional
  - Psychological
  - Vocational

Proposed Response to Trauma: What the Literature Says:

- Cost of injury to society with delay or incomplete return to function is expensive, yet difficult to measure-(1)
- Psychosocial distress may complicate return to function after injury-(2)
- Quality of well being is a general health outcome that is affected independently by depression, PTSD, intensive care unit length of stay, and orthopedic injury-(3)



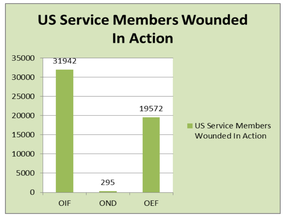


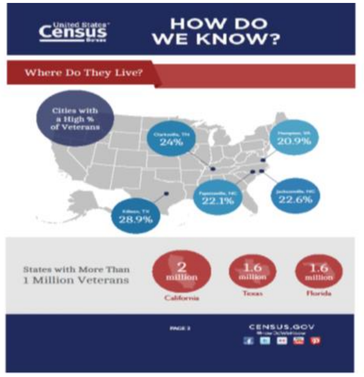
Ongoing Challenges

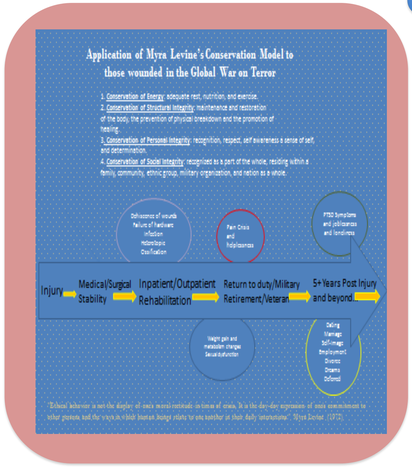
- Pain Management
- Elective amputation after limb salvage
- Infection
- Delayed onset of PTSD
- Repeat surgeries
- Development and required excision of Heterotopic Ossification
- Right to decline colostomy reversal
- Genitourinary injury requiring long term management
- Change in self-identity: Military purpose to Civilian life, as life dreams deferred
- Weight gain and metabolic issues for amputees
- One-third to two-thirds of Veterans needing mental health services for PTSD do not seek treatment (10)
- Transition from DoD Health Care System to VA Health Care system- records, communication
  - ~50% Veterans use VA, other 50% get care in community setting- with limited access to war trauma combat care and management (7)

Results

- Ongoing collaboration between VA and DoD Health Systems: electronic medical record exchange, Lead Coordinator Initiative-IC3, JANUS/JLV
- Extensive research initiatives and result of medical/surgical advancements
- Complex medical and surgical injured enter into community health care systems







Future Considerations

-Cost of caring for Veterans peaks at the 30-40 year post conflict due to sequela of conditions associated with PTSD, substance abuse, depression (8)
-9% joblessness in post 9/11 Veterans compared to nationwide rate of slightly higher than 7% (9)
-A template for Active Duty/Veteran admissions to Community Hospital/ER: Military Health History Pocket card for Clinicians: http://www.va.gov/oaa/pocketcard/

Recommendations

Department of Veteran Affairs FY 2014-2020 Strategic Plan

- Utilize on line resources for education and treatment.
- Shift from government as sole solution, need cross-sector solutions and collaborations between public and private

Joining Forces and American Academy of Nursing

- Educate and train civilian healthcare providers on the unique conditions associated with military service
- Work within communities to minimize the toll that combat stress, multiple deployments and frequent relocation can have on Service members, Veterans and Caregivers

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