Veterans Studies Interest Group Listserv
issue #28 February 2019

The Veteran’s Creed
1. I am an American Veteran
2. I proudly served my country
3. I live the values I learned in the military
4. I continue to serve my community, my country and my fellow veterans
5. I maintain my physical and mental discipline
6. I continue to lead and improve
7. I make a difference
8. I honor and remember my fallen comrades

This month’s Listserv includes Military Suicidality; the Veterans Community Care Program; a Congressional Gold Medal for Chinese-American World War II Veterans; and, a Massive Crowd Attends Burial of a Veteran with No Family

Military Suicidality
Suicide among military personnel and veterans remains a dreadful problem (see Listservs #5 January 2017 and #24 Oct 2018). A new study on military suicidality (suicidal thoughts) by Georgetown University’s Elizabeth Stanley, Associate Professor of Security Studies, explores the factors that promote the progression of suicidality to actual suicide. A small proportion of persons with suicidality, which is fairly common, go on to suicide. A crucial gap in solving the puzzle is to learn how and in whom thoughts of suicide convert to action. Amalgamating available knowledge, Dr. Stanley and her co-author. Kelsey Larson of the Uniformed Services University of the Health Sciences examined “emotional dysregulation”, a technical term used here to describe the loss of emotional control over suicidal thoughts. Their analysis found two possible circumstances in the U.S. military that may favor loss of control over emotions and a consequent shift from suicidal thoughts to suicidal behavior: 1) high distress tolerance stemming from disproportionally high rates of adverse childhood experiences 2) capability with lethal means. The authors feel that these factors could explain higher military suicide rates. Enhancing skills to regulate emotions may "present a key leverage point for effectively addressing the issue." This is a valuable work that aims at the core of dealing with the suicide problem.

Veterans Community Care Program
The waitlist scandal of 2014, marked by excessive appointment delays for VA enrollees seeking care, had a number of consequences. One consequence is a much-expanded program for veterans to receive care in the private sector. The VA-MISSION Act of 2018 (see listserv# 20, May 2018) authorizes a further upgrade of veterans’ ability to receive private sector care in what is called the “Veterans Community Care Program”. The guidelines to implement this Act just came out amidst a flurry of press attention.

Under these guidelines a veteran who lives more than a 30 minutes’ drive from a VA facility or has to wait more than 30 days for a primary care appointment, will be able to go to the private sector. For specialty care the corresponding numbers are 60 minutes travel time and a 28-day
appointment time. For urgent care, the threshold is a 24 hour wait. VA estimates that 20% of enrolled veterans will be eligible for the primary care component and 31% for specialty care.

These rules certainly expand the private care option for VHA enrolled veterans. Overall, there is almost universal support for allowing VA enrollees to receive private care but there are disputes about control and extent of programs. Many are alarmed that this expansion will move so many enrollees out of the VA as to be a step toward VA privatization or at least a shrinkage of VA to a size where it will not be able to render care as it does now. A part of the fear is that something akin to TriCare, the health insurance program for military retirees, will replace VA.

Supporters of this program insist that veterans and VHA enrollees deserve the right to get care where it is best or most accessible. Women veterans have had particular difficulties in a VA that is traditionally male-oriented though there have been efforts by the VA to be more gender sensitive. Four previous VA Secretaries endorsed the guideline noting that they empowers veterans and encourages VA to be more customer focused.

In reality, the VA has more going for it in competition with the private sector than the public appreciates. As VA Secretary Robert Wilkie has said, veterans like VA healthcare. Satisfaction and quality of care scores are high and appointment wait times have shortened since the 2014 scandals. VA understands veterans’ culture and conditions far better than the private sector. In fact, the lack of understanding about veterans in the civilian healthcare systems to which veterans will be sent is a gap in the program that needs to be corrected. To help in this, the VA-MISSION Act has provisions for quality assessment and education on specific veteran issues. And along these same lines, last September’s Listserv #23 and my blog in Health Affairs present suggestions on how to make civilian healthcare more veteran-responsive, a worthy goal in any case.

**Congressional Gold Medal for Chinese-American World War II Veterans**

On December 20, Pres. Trump signed the “Chinese-American World War II Veteran Congressional Gold Medal Act. Under this law, the Smithsonian Institute will display a gold-medal honoring Chinese WWII veterans and make it available to show elsewhere. In addition, the Treasury Department will be able to strike bronze duplicates of this medal. Last year, Congress awarded a similar medal to Filipino WW II veterans who fought on the American side.

Enactment of this law followed years of advocacy by the Chinese American Citizens Alliance WWII Veterans Recognition Project. It came 3 days after the 75th anniversary of the repeal of the Chinese Exclusion Act of 1882 which had set severe limits on immigration from China. Despite these limits, which were still in effect during World War II, about 20,000 Chinese-Americans volunteered or were drafted into the war – these numbers included the famed Flying Tigers volunteers whose combat exploits in the Far East are legendary.
Large Crowd Attends Burial of a Veteran With No Family

More and more is written about the isolation of veterans from each other and from the rest of society. But not this time at least in death. Deceased Air Force veteran Joseph Walker, who served from 1964 to 1968 apparently had no living family members for his funeral. He was about to be buried alone in the Central Texas State Veterans Cemetery in Kileen TX when they put the word out: “If you have the opportunity, please come out and attend. We do not leave veterans behind.” Thousands of veterans showed up for what became a full military burial that started late because of the large number of cars that were backed up.

The Listserv is available as an archive on the Georgetown University Library website under the title “Veterans Interest Newsletters”.

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Stats Section

Veterans’ Occupations Then and Now

From the Department of Veterans Affairs

Number of VA Facilities

From the Department of Veterans Affairs

Affairs