

ASSISTING VETERANS FROM THEATERS OF OPERATIONS – A COMPARATIVE APPROACH IN OTHER NATO COUNTRIES

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DOI: 10.19062/2247-3173.2021.22.1

Abstract: *The participation of personnel from the defense, public order and national security structures of the Romanian state in international missions to combat terrorism, support peace or humanitarian began in 1993 and continues today (being involved so far over 55,000 soldiers, according to official sources). Only this year, the Ministry of National Defense (MApN) will participate with a staff of 1940 military and civilians in missions and operations outside the Romanian state, and the Ministry of Internal Affairs (MIA) will contribute 841 soldiers and police. In all these years, at least 1500 people / year were involved, who performed missions in at least 3 different locations around the world.*

Deployment in a theater of operations is equivalent to carrying out complex missions, with a high degree of risk and exposure to extreme dangers, which left wounds seen and unseen. A number of 30 soldiers fell on duty, and another 177 soldiers were seriously injured in the theaters of operations, most of them being classified as disabled. Unseen wounds acquired as a result of exposure to potentially traumatic events take the form of post-traumatic stress disorder and comorbid conditions (PTSD, which affects between 5% and 18% of those participating in such missions in partner countries).

1. INTRODUCTION

The paper presents the way in which the assistance of veterans is organized in NATO's state that sent most soldiers on missions (namely USA), as an inter- and transdisciplinary approach (starting from the definition of this category, the institutional framework created, the main categories of services offered, etc.)

The United States of America have the most developed assistance system for veterans in the world, organized in the form of U.S. Department of Veteran Affairs, a government agency subordinated to the United States Congress [1]. It was established in its current structure in 1989, but the preoccupation with assisting veterans is much older and it goes back to 1636, when pilgrims from Plymouth Colony were fighting with the Pequot Indians. There was a law passed by pilgrims which stated that soldiers with disabilities would be supported and helped by the colony.

In 1776, the Continental Congress encouraged enlistment during the Revolutionary War, by offering pensions to soldiers with disabilities. From the earliest years after the founding of the United States, states and individual communities provided veterans with direct medical and hospital care.

The federal government authorized in 1811 the first medical and veterinary unit for veterans. Also, in the 19th century, the national assistance program for veterans was developed in order to include benefits and pensions for veterans and for their widows and dependents as well.

After the American Civil War (1861-1865), many veterans' state homes were set to provide medical treatment and ancillary hospitalization for all injuries and illnesses, whether or not they were on duty. Veterans of the Indian Wars, the Spanish-American War, and regular members of the army were also taken care of in these homes.

After the United States joined World War I in 1917, the Congress established a new system of benefits for veterans, including programs for disability compensation, insurance for service personnel and veterans, and vocational rehabilitation for people with disabilities. In the 1920s, these benefits were administered by three federal agencies: The Office of Veterans Affairs, the Office of Pensions of the Department of Internal Affairs, and the National House of Volunteer Soldiers with Disabilities.

The first reorganization of federal programs for veterans happened in 1921, when the Congress combined all the programs for World War I veterans to establish the Office of Veterans Affairs. Veterans' hospitals in the public health service were transferred to its subordination, and an ambitious program of construction of hospitals for veterans of the First World War began. World War I was the first complex war through its effects on veterans. A very large number of psychiatric victims or of the chemical war were registered and they required post-war specialist care.

Tuberculosis and neuropsychiatric hospitals have been opened to house veterans that experienced respiratory or mental health problems.

In 1928, the National Houses also accepted women, the National Guard, and veterans of the inner troops. Further consolidation of federal programs for veterans emerged on July 21, 1930, when President Herbert Hoover signed the Executive Order no. 5398 and transformed the Veterans Office into a federal administration - creating thus the Veterans Administration (VA) - to "strengthen and coordinate government activities that had affected war veterans." Back then, the National House and the Pension Office joined VA as well. The three agencies became offices in the Veterans Administration (VA).

After World War II, amid growing veterans, Congress passed a large variety of new benefits for war veterans – such as World War II Veterans Bill, signed in June 1944 (known as GI Bill).

This law has had a major impact. For example, between the end of World War II and 1966, one-fifth of all single-family homes built in America were funded by this bill for World War II veterans or Korean War veterans. From 1944 to December 1993, the VA guaranteed \$ 13.9 million in home loans worth more than \$ 433.1 billion.

VA was transformed into to a cabinet by President Ronald Reagan in October 1988. The change happened on March 15, 1989, and there were administrative changes at all the levels.

The Veterans Administration was renamed the U.S. Department of Veteran Affairs, but continues to be known to the general public under the abbreviation VA. In fact, the name of the official website is consistent with this: <https://www.va.gov/>.

2. THE CURRENT ORGANIZATION

The current organization of the U.S. Department of Veteran Affairs includes three major components [2]: the Veterans Health Administration (which will be presented in detail below, through examples of good practice), the Veterans Benefits Administration (where there are major differences from those mentioned in Law 168/2020) and the National Cemetery Administration (which takes care of military cemeteries in other countries and contributes to missions to recover the remains of fallen American soldiers in other territories, which are then identified and buried).

In parallel with these three major directions, there are many that follow a specific direction, simply by going through their name (available at: https://www.va.gov/about_va/organizations.asp) being suggestive of the complexity of the approach of veterans assistance in the USA.

The foundation of this organization was laid immediately after World War II, in 1946, with the creation of the VA Department of Medicine and Surgery. This component was absolutely necessary, given that almost 16 million new veterans had to be cared for. The extremely large number of veterans in need of assistance was mainly due to the scale of the conflict, but also to the improved medical care on the battlefield, which meant that several soldiers returned home with physical injuries they would not have survived before. There were also many psychiatric disorders compared to the previous wars in which the US military participated.

The development of this department was also a lesson learned from the difficulties posed by managing the wave of World War I veterans (over 5 million veterans), which required more complex care and benefits for these veterans. The establishment of the new department also meant the rapid implementation of a set of measures:

- Establishment of new hospitals for veterans to provide care for veterans of all ages and conflicts and the transforming of former military hospitals into facilities for veterans;
- Locating VA hospitals near major US medical centers for promoting research and innovation, in order to respond to the lack of doctors in the US (immediately after World War II) and to ensure training for veterans who wanted post-war medical education;
- Incorporating mental health services and facilities into the design and operation of new VA hospitals for the first time, thus reimagining the concept of a modern general hospital;
- Implementing a pilot program (known as the Michigan Plan) to allow and help veterans to be treated by local physicians, offering access to care where VA care was not available;
- Developing VA's research and development capacity, committing to spend more than \$ 1 million every year. The research and development efforts started with the improvement of prostheses for veterans affected by limb loss;
- Establishing volunteer service for VA to increase and complement veterans' health professionals.

The Veterans Health Administration has had a number of names since its inception, appearing as a separate component of the VA in 1946 (as the VA Department of Medicine and Surgery) and since 1991 has had the current name, the Veterans Health Administration (abbreviated .en. VHA).

Today's VHA continues to meet the medical and surgical needs and ensure the quality of life of veterans. The new programs offer treatment for traumatic brain injury, post-traumatic stress disorder, suicide prevention, veteran women and so on. VHA operates one of the largest health care systems from the world and offers training for most healthcare professionals, healthcare, and related professionals in the United States.

About 60% of all medical residents receive part of their training in VA hospitals, and its medical research programs help society. VHA is the largest national provider of medical education and a big contributor to medical and scientific research, having more than 46,000 active volunteers, 120,000 trainee health professionals, and nearly 16,000 affiliated medical schools are part of the VHA community.

The Veterans Health Administration (VHA) is currently “the largest integrated health care system in the United States and provides care to 1,293 health facilities, including 171 VA medical centers and 1,112 complex outpatient care points. (9V outpatient clinics) to over 9 million VA Veterans enrolled in the VA Health Care Program” <https://www.va.gov/health/aboutVHA.asp>.

VHA centers offer a lot of services, such as traditional hospital-based services (such as surgery, critical care, mental health, orthopedics, pharmacy, radiology, and physical therapy). Also, most medical centers provide additional specialized medical and surgical services (such as audiology and speech therapy, dermatology, dentistry, geriatrics, neurology, oncology, podiatry, prosthesis, urology, and vision care). Some medical centers also provide advanced services (such as organ transplants and plastic surgery).

Also, in each VHA center there are services of representation of the interests of the patients (advocacy), provided by the professional staff in this approach. They can help veterans resolve any issues involved in the health care process, especially those issues that cannot be addressed at the point of care. Advocacy specialists are thus prepared to listen to questions, issues or special needs of veterans and address them to the staff of the Medical Center for solving.

Through all its structures, VHA provides care through committed, collaborative teams in an environment which supports learning, discovery and continuous development. This approach is intended to emphasize the prevention and health of the population and constantly contribute to the well-being of the nation (through education, research and services in case of national emergency).

The same collaborative manner is visible in the promotion of medical services by third parties, the entities with which VHA collaborates. On the VHA website are available (under the heading "Our Suppliers" - <https://www.accesstocare.va.gov/ourproviders/>) lists of online directories that contain authorized providers of independent practice in the following professions: doctors, dentists, nurses, specialist nurses, medical assistants, chiropractors, licensed anesthetist assistants, optometrists, podiatrists and psychologists.

Thus, any veteran can search for suppliers in the occupations aforementioned based on personal preferences and needs. For each provider, the following information is available, updated monthly: full name; gender; the line of clinical products they can provide in collaboration with VHA; data on professional training. This information will be "updated" on a monthly basis.

Additional information about physicians can also be obtained from the VHA page by using the "DocInfo" service provided by the Federation of State Medical Commissions (FSMB) at <http://www.docinfo.org>. The FSMB website is updated monthly and is a public website designed to provide information about any physician who is licensed in any U.S. state, territory, or district.

3. MEDICAL CONDITIONS AND TRARMENTS ADRESSED BY VHA

The VHA section (<https://www.va.gov/health/>) includes a first section dedicated to presenting the health benefits that can be accessed by American veterans; due to the differences between the Romanian and the American health insurance system, a detailed presentation is not required here.

The following section on medical conditions and available treatments includes an alphabetical index of them (Health Topics A to Z Index) [3] each term being described in detail, and indicating the available resources.

For example, in the case of service dogs, the article that can be accessed (at: <https://www.prosthetics.va.gov/ServiceAndGuideDogs.asp>) describes the legal basis for use (“Service dogs are guide dogs or prescribed to a veteran with a disability under Article 38 CFR 17.148 following the diagnosis of a veteran with a substantial visual, hearing or mobility impairment ”), a list of frequently asked questions, how to access this service and reimbursable expenses, a specific information material (Fact Sheet on Service Dogs Veterinary Benefits), as well as an indication of non-VHA resources (in this case, conditions for accessing the service through dog associations).

The same information structure is found (in general) in the case of the other terms included in the alphabetical index.

The most common medical conditions and treatments and / or with a major impact on the quality of life of veterans have specific subsections on the VHA website. In addition to detailed information about medical conditions present in the general population (and therefore useful to the general public) such as hepatitis and HIV / AIDS infection, there are also subsections directly related to diseases acquired as a result of military activity.

REFERENCES

- [1] <https://www.hadit.com/history-va-history-about-va/>;
- [2] <https://www.va.gov/health/aboutVHA.asp>;
- [3] <https://www.va.gov/health/topics/index.asp>.