Editorial: Veterans’ Health

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Military operations worldwide continue to engage millions. Globally, it is estimated that as of 2014, there are 44.3 million service members, including 20.2 million active duty forces and 24.1 million reservists, who are formally engaged in an organized military service (1). In the United States, in 2014, there were 2.3 million active service members, including 1.5 million active duty military personnel and 844,000 reservists (1). Although there are no available estimates of the global population of veterans of prior military engagements, there are an estimated 22 million veterans in the United States as of 2014 (2), and there are projected to be 2.7 million veterans in Britain in 2017 (3). Military personnel and veterans face occupational and personal challenges that occasion real concern about their health, well-being, and access to health care services. The present volume of Epidemiologic Reviews aims to provide a comprehensive set of papers that tackles core issues of concern in the study of military and veterans’ health. The papers in this volume span 4 core themes, with a few papers contributing to more than 1 theme.

First, and centrally, a plurality of the papers in this issue considered the health status of military and veteran populations. These include the paper by Cohen et al. (4), in which the authors presented a review of the evidence about mental health disorders among reserve component military service members and veterans and performed a prevalence meta-analysis comparing reserve and active duty components. Hoggatt et al. (5) systematically reviewed the literature on substance misuse, abuse, and dependence in female veterans, including reserve populations. Elaborating on this theme, Wijesinghe et al. (6) conducted a systematic review and meta-analysis examining whether alcohol or substance use disorders were more common in veterans of the Gulf War, Afghanistan War, or Iraq War than in military comparison groups comprising those who were not deployed to these conflicts. These 3 papers provide a comprehensive picture of the scholarship concerning behavioral health in these populations. In 2 papers, the authors considered the burden of particular neurological disorders among veterans and service members. Beard and Kamel (7) weighed the evidence on associations of military service, deployments, and exposures with amyotrophic lateral sclerosis etiology and survival. Theodoroff et al. (8) reviewed the evidence on prevalence, risk and protective factors, and functional and quality-of-life outcomes among service members and veterans with hearing impairment and tinnitus. Comorbid conditions were considered in 2 papers. Chapman and Wu (9) investigated the link between cigarette smoking and chronic pain, aiming to inform both veteran cigarette-cessation and pain-management efforts. Hall (10) studied the relation between post-traumatic stress disorder and 2 key health-promoting behaviors: physical activity level and eating behaviors, factors that have a well-documented impact on lifetime cardiometabolic risk and long-term health. Rounding out this theme, Falvo et al. (11) summarized data on respiratory health in military personnel deployed to Iraq and Afghanistan.

Second, papers in this volume were concerned with health services and outcomes research within military and veterans’ populations. One of these papers is concerned specifically with assessing health outcomes in the US Veterans Affairs system. Beste and Ioannou (12) documented the prevalence and treatment of hepatitis C virus infection in users of the Veterans Affairs system. In their article, they both documented treatment health outcomes and included some thoughts about how treatment within the Veterans Affairs system compares with the treatment received by the rest of the US population in other health care systems. Sharp et al. (13) considered stigma, an issue that has long been a concern for those engaged with provision of mental health services to military personnel. They conducted a meta-analysis to document both the prevalence of stigma for seeking help for a mental health problem and its association with help-seeking intentions and mental health service utilization.

Third, in 4 papers, investigators directly tackled issues that pertain to particular military and veteran populations and focused on questions of critical import to these distinct groups. Cohen et al. (4) discussed mental health among reserve and guard populations in the United States—a group of military personnel that grew dramatically over the past decade with the wars in Iraq and Afghanistan. Blodgett et al. (14) documented the prevalence estimates of mental health concerns among justice-involved veterans. Hoggatt et al. (5) and Chapman and Wu (9) were concerned explicitly with female veterans, highlighting substance use and the relation between pain and cigarette smoking, respectively, in this population.
Fourth, 2 papers considered correlates of military experience that have been less typically in the purview of epidemiologic scholarship. Tsai and Rosenheck (15) reviewed the research literature on risk factors for veteran homelessness, and McManus et al. (16) synthesized data from studies that documented the prevalence of violent and aggressive behavior among military personnel who served in the wars in Iraq and Afghanistan. They also considered comorbid conditions, with a particular look at the role that mental health problems such as post-traumatic stress disorder play in the link between deployment and violence.

Taken as a whole, these papers provide a state-of-the-science summary of the health of veteran populations that can well serve to anchor scholarship in the field going forward. The editors were, however, struck as much by the work being presented here as by the issues not covered by papers submitted to and included in this issue of Epidemiologic Reviews. In the spirit of encouraging further work in the area, it should be noted that there are no papers on cardiovascular disease, risky behaviors, or injury to name but a few examples of a broad range of health and health services outcomes. The papers concerned with particular populations do not include papers that focus on groups such as, for example, racial minority, sexual minority, or visually impaired military or veteran populations. In addition, the papers included here overwhelmingly focus on US-based military and veteran populations and do not capitalize on the potential gains to the scholarship that could emerge by studying military and veteran populations worldwide. It is our hope that this volume of Epidemiologic Review serves as much to help cement what we do know, as it does to spur further inquiry on what we do not know, towards the end of improving the health of military and veteran populations worldwide.

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REFERENCES
