

INTRODUCTION

Policy Forum: *Taking Care of Those Who Serve*

There has been a steady flow of information from the War on Terrorism since Operation Enduring Freedom began in October of 2003. As the war expanded into Iraq and continues today, more American families and communities are feeling its impact. Children, spouses, parents, friends, and neighbors are regularly leaving for war and returning from combat. Safety and health in the war zone are the greatest concerns of those seeing loved ones leave. They hope their soldiers will never need medical care during their service but are comforted to know that, if needed, the military will provide them with immediate and necessary care.

Once our soldiers return home, those with serious physical injuries will need ongoing care. In addition, those who served without obvious physical harm may also need assessment and attention. As noted in this issue of the *Journal*, as many as 20% of active and 40% of reserve soldiers returning from a combat theater may have a mental illness and should have mental health services available to them. Fortunately, the Veterans Health Administration (VHA) is prepared to address both the physical injuries and mental illnesses of our soldiers.

This issue of the *Journal* describes how VHA has identified the mental health and physical needs of our returning soldiers and is responding to these needs by modifying both its assessments of soldiers and services for soldiers. The Veterans Health Administration also has developed new mental health screenings, instituted a second mental health screening, and is strongly encouraging military personnel to seek care for more than just bodily injuries. It is doing more to reach out to families of deployed service members to be sure they have access to community supports while their loved ones are abroad.

Despite the presence of multiple VHA facilities in North Carolina, many servicemen and women are accessing care outside of VHA. For example, National Guard and Reserve personnel frequently live in communities away from a base or a VHA facility and are more likely to access care in a private practitioner's office. This pattern of care seeking is particularly relevant for our readers practicing medicine across North Carolina. Included in the commentaries in this issue of the *Journal* are resources and recommendations for providers serving returned soldiers: Recognize your patients' connections to the military. If possible, identify returning soldiers and ask questions of them and their families to assess how reintegration or reunification may be affecting their health and well-being. When concerned about a patient, access resources such as those outlined in these commentaries that may help in determining the need for referrals or additional care.

Our military forces and their families have made and continue to make great sacrifices for our state and nation. We hope this issue of the *Journal* offers examples and information that can help providers across the state offer the best care to these brave and much valued members of our communities.

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