

**Working Together for a Common Goal:  
The International Armed Forces Community Nursing Research Collaboration**

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**ABSTRACT**

Over the past 19 years, millions of military service members from the United States (U.S.) and United Kingdom (U.K.) served alongside each other in Iraq and Afghanistan. The U.S. and U.K. clearly recognize the sacrifices that the members of their armed forces have made for their respective countries. Sir Winston Churchill described the *special relationship* which has facilitated cooperation between the U.S. and U.K. in economic activities (trade and commerce), intelligence sharing, and the planning and execution of military operations and military medicine. It would be to the benefit of all,



especially the military members, veterans, and family members, if nursing also joined in this collaborative effort. Ensuring the efforts of NATO nurse scientists and educators working to advance military, veteran, and their families' health are aligned requires outlining key priorities across nations and identifying resources that can facilitate collaborations. To that end, with the support of the American Academy of Nursing (AAN), the International Armed Forces Community Nursing Research Collaboration (IAFNRC) was established. This manuscript provides detailed insight into the work of the IAFNRC.

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## **INTRODUCTION**

Most conflicts and wars cannot be isolated to a single country when we exist globally. Military members from NATO allied nations often fight side-by-side in a conflict involving member countries. Veterans who return from these conflicts will suffer from similar issues, such as traumatic brain injuries (TBI), amputations, and various behavioral health issues like Post-Traumatic Stress Disorder (PTSD). Although the injuries may be similar, different countries have distinct approaches to care for these veterans, dependent on their health systems. For example, in the United States (U.S.), veterans may be eligible to receive care from Veteran's Health Administration (VA) facilities, although this is not always a given. Those ineligible for the VA will receive care in civilian healthcare facilities, at their expense. In other countries, such as the United Kingdom (U.K.), Canada, and Australia, there is a national health service where veterans receive care from providers that may or may not be familiar with unique military and veteran issues. Such providers need to be educated about aspects of the military culture and unique experiences of military service members and veterans. An international approach to military service, veterans, veteran and military research, and family care is warranted. Because there is limited information in the international healthcare literature about these issues, the purpose of this paper is to provide information about the potential effects that military service has on veterans and family members. A multifaceted approach to delivering military nursing research and education about military and veteran healthcare will be discussed. Initiatives taken as a part of the American Academy of Nursing sanctioned "Have You Ever Served" campaign to identify all veterans seeking healthcare in civilian healthcare facilities and the "I Served 2" campaign to identify family members who may be affected by military service will also be described. Lastly, the initiatives taken by educators to encourage veterans to enter the nursing workforce and ways to educate working nurses about the unique experiences of serving in the military will be included.

## **INTERNATIONAL PARTNERSHIPS OUTPUTS**

To determine similarities and differences in military and veteran care across allied countries, a group of military and veteran nurse researchers from the U.S. and the U.K. met virtually in 2018, then subsequently convened in 2019 to plan a conference highlighting both the needs of service members, and the nursing research occurring in both countries in terms of the needs of those returning from war zones. This collaboration is now called the International Armed Forces Community Nursing Research Collaboration (IAFCNRC). In early 2020, the IAFCNRC was in the

advanced stages of planning to host an international military conference in England, which was scheduled for September 2020. However, the planned 2020 conference could not take place because of COVID-19, so the group quickly pivoted to change the format of the conference to a webinar format. Two valuable outputs from the collaboration have included international networking as well as communication and dissemination of research and other information pertinent to care for military service members, veterans, and their family members. This occurred in the form of papers for a special issue of the *British Medical Journal* and bimonthly webinars hosted by the University of Chester, U.K., with the U.S. and U.K. rotating securing webinar speakers.

## Papers

The IAFCNRC reached out and secured an agreement with the *British Medical Journal (BMJ) (Military Health)* to publish a special issue featuring papers that would have been presented at the conference. All papers had to meet the journal specifications and underwent double-blinded peer review. Fifteen papers were accepted and published online during 2021 and printed in the hard copy of the journal in December 2021. Papers from the U.S. included studies with Special Forces personnel, a health and wellness research study, a study regarding building resilience in military families, and research about the exacerbation of traumatic brain injury by embedded metals. Papers from U.K. researchers showcased veteran specific statutory healthcare treatment options across the National Health Service (NHS), the Map of Needs project to identify veteran uptake of services, a study reviewing military veterans' perspective of their care, research about military amputees, a protocol for assessing serious stress in veterans and their families, support for older veterans, the wellbeing of perinatal veterans, and the impact of service physical injury on mental health. There were other international contributions, including a study from Spanish nurses detailing care for mothers serving in the military.

Many of these subject areas are globally recognized as being under-researched. These contributions are expected to lead to improvements in clinical healthcare delivery, development of educational programs, informing policy changes, and setting foundations for future research studies. Through this effort, it also became clear that veterans across other NATO countries have similar needs not being met.

## Webinars

In addition to the *BMJ* publications, the IAFCNRC established an educational, research, and policy webinar series. The purpose of the webinars is to present high caliber, engaging and informative presentations providing an understanding of the challenges faced by the armed forces community while enabling a networking opportunity for nurses working with the armed forces and military veteran population. The presenters include internationally recognized experts who bring with them the most up-to-date empirical information. The webinars are hosted by the University of Chester in England and supported with sponsorship from the United Kingdom's Royal College of Nursing (RCN). This sponsorship is incredibly important because IAFCNRC wants to maximize the reach and connectivity of these essential important presentations, and the funds allow the sessions to be delivered at no cost to all attendees. The webinars are hosted on a Zoom IT platform, offered free to the public, recorded, and housed at the University of Chester's Westminster Center for Research in Veterans (<https://www1.chester.ac.uk/westminster-centre-research-veterans/supporting-armed-forces>). A mixture of media such as Twitter, the RCN website, and

various nursing outlets are used to publicize the events. The target audience is comprised of international nurses who work in the area of the armed forces and military veterans' health and wellbeing, and who have a responsibility to help shape care for the large armed forces communities, particularly in the U.S. and U.K. These include military nurses, veteran nurses, and those from the civilian sector. The webinars are designed to be multidisciplinary and include mental health, women's health, and primary and secondary healthcare. Nurse researchers and academics are key stakeholders. Another valuable group of participants for the webinars includes students interested in undertaking studies with this population.

These events have helped raise awareness of military and veteran issues. They clearly demonstrate support for the U.S. and British Armed Forces to our multidisciplinary colleagues (Armed Forces Community Research, 2021). These webinars are in their third year and attract audiences of up to 100 attendees. Audience members include students, academics, and clinical staff. Also in attendance are members of the third sector, such as charity organizations, multidisciplinary colleagues, members of the Armed Forces, and nurses from other countries, including Ireland, Spain, and Australia.

### ***Webinar Content***

The first webinar took place on November 13, 2020, and featured presentations from Professor Andy Bacon, the NHS England lead for Veteran's Affairs, and Lieutenant Colonel Debra Ritsperis, serving as a British Army Nursing Officer who informed the attendees of the role and outputs of the RCN Defense Nursing Forum. Two months later, the first session from the U.S. was delivered by Professors Susan Sheehy, Beatrice Gaynor, and Jennifer Graber from the University of Delaware who provided an overview of the "Have you Ever Served" initiative to identify veterans among patients seeking care in civilian healthcare facilities and to facilitate optimum diagnoses, treatments, and referrals. Professors' Alicia Rossiter and Catherine Ling from the University of South Florida and Johns Hopkins University presented "I Serve 2," identifying the unique needs of service members' children. The rotation of U.K. then U.S. focused webinars has continued and featured presentations from the U.K. about the role of the primary healthcare physician and veteran aware primary healthcare practices, evaluating veterans' accesses to support welfare services, stories of life after military service with stories of military nurses who have transitioned to successful civilian employment, and the role of the U.K. Forces in the Mind Trust Veterans Academic Hub. There have also been PhD study presentations, including reflections about a personal journey from a junior field medic to a civilian paramedic and PhD nurse education. The U.S. has provided presentations about service dogs and the impact of their bond with military and veterans, especially to support veterans with mental health problems including PTSD. Veteran and civilian education programs were also presented. Other U.S. presentations focused on the effects of deployment on military families, clinical knowledge development and lessons learned from the wars in Iraq and Afghanistan, the re-organization of military medical systems, and the work of the Department of Defense Medical Ethics Center.

The presentations regarding U.K. studies in Camp Bastion, where U.S., U.K. and other allied nurses worked side by side, resonated with the audience. Best practice can be determined by learning from operational research, in particular, research from joint tours such as those in Iraq, Afghanistan, and the Balkans and examining opportunities for joint data collection in situ.

U.K. war zone studies have explored the challenges and psychological stressors facing military nurses when undertaking their operational role. The findings indicated that military nurses faced prolonged periods of caring for

seriously injured polytrauma casualties of all ages, resulting in associated distressing psychological effects and prolonged periods of adjustment upon returning home. The results indicated that clinical training, a good command structure, and a requirement for adequate rest, recuperation, exercise, and diet were important in reducing psychological stress within a war zone. The findings were published in *Nursing Outlook*, the official journal of the American Academy of Nursing (Finnegan et al., 2016). It was envisioned that the results could be transferable internationally. This paper was one of only a handful of papers referenced by the CDC in relation to their COVID-19 response and support for their staff (Centers for Disease Control & Prevention, 2020). Presentations from U.S. colleagues indicated the similarity of experiences described in the results. Thus far, we have held 15 of these webinars, with plans to continue, adding interprofessional content. The webinars not only offer an opportunity to learn from international colleagues, but also to help inform and promote further research to guide nursing policy that will lead to improvement of care of armed forces personnel, veterans, and their family members.

## **JOINING FORCES**

The Joining Forces Initiative launched by First Lady Michelle Obama and (then) Second Lady Dr. Jill Biden in 2011, was a nationwide call to action to the health, education, and employment sectors across the country. The initiative was originally aimed at rallying support and awareness of the service, sacrifice, and unique education, health, and employment needs of servicemembers, veterans, and their families. The Joining Forces initiative aligned with the U.S. Veterans Access, Choice, and Accountability Act, or the CHOICE Act, that allows veterans to seek healthcare in the civilian sector when certain stipulations are met. This was the impetus behind the shift in veteran care competencies from a “nice to know” to a “need to know” among nurses and other healthcare professionals (D’Aoust & Rossiter, 2023). A key component to the Joining Forces initiative was educating the civilian healthcare community about the unique healthcare needs of those who serve in harm’s way and the families that support them on the home front. This included not only identifying and providing care for service members and veterans who experienced the visible and invisible wounds of war, but also occupational health issues and exposures associated with military service either as a service member, spouse, or military-connected child (The White House, n.d.).

At the invitation of First Lady Obama and Dr. Biden, colleges of nursing deans from around the country were invited to “join forces” with the White House to pledge support to improve the health outcomes of servicemembers, veterans, and their family members. More than 500 nursing schools participated at this event, which led to an outpouring of support from the nursing community (D’Aoust & Rossiter, 2023). Additionally, 160 nursing organizations pledged their support for Joining Forces and agreed to provide guidance to schools of nursing about how to incorporate veteran competencies into nursing programs.

### **Veteran Health Administration Fellowships/Traineeships**

Nurses are critical to identifying and mitigating gaps in care for over 19 million veterans residing in the U.S. Service members, veterans, and military-connected family members have unique issues secondary to the distinct culture of the military and the injuries and illnesses that resulted from when and where they served. To have an understanding of this unique population so that accurate assessments, diagnoses, therapeutic interventions, and referrals take place, it is essential that veterans’ care content be integrated into nursing education curricula. Content should include

curriculum development, lectures, panels, readings, case studies, and simulations (Cooper et al., 2016), as well as clinical experiences that provide engagement and interaction with the veteran population.

Historically, in the U.S., opportunities for nurse and physician trainees are available within the VA in the form of a Veterans Administration Learning Opportunities Residency (VALOR), Veterans Administration Nursing Academic Partnerships (VANAP), and medical school traineeships and Fellowships. The VALOR and VANAP programs provide clinical opportunities and enhanced partnerships between colleges of nursing and VA facilities, which allow nursing students opportunities to care for veterans in the VA setting. These programs provided a pathway to employment within the VA upon graduation. The VALOR and VANAP programs are instrumental in providing a foundation for those involved in caring for veterans within the VA healthcare system. However, the competencies learned in these programs typically did not directly translate to caring for veterans and their families receiving care in the civilian sector.

### **Health Resource Service Administration Grants**

The U.S. Health Resource Service Administration (HRSA) provided a grant opportunity—The Nurse Education, Practice, Quality, and Retention Veterans Bachelor of Science in Nursing (VBSN) grants—to colleges of nursing across the country to help mitigate the under and unemployment of veterans, primarily medics and corpsmen, leaving military service. The grants were aimed at expanding the nursing workforce while providing a pathway to increase the enrollment, progression, and graduation of veterans as baccalaureate prepared (BSN) nurses (D'Aoust et al., 2016). Many of the VBSN programs partnered with VA facilities while others partnered with civilian hospitals and clinics. Regardless of the clinical partnership, the outcome included an increased the number of nurses entering the U.S. workforce with knowledge of the military culture and the lived military experience, potentially benefitting veteran patients in their care. In 2013, the first cohort of nine inaugural grantees received funding to develop VBSN programs at their respective colleges of nursing. In subsequent years, the HRSA VBSN grant funding expanded to an additional 22 grant awards—11 grantees per cohorts two and three—leading to hundreds of veterans successfully completing their BSN and entering the nursing workforce.

## **INTEGRATING VETERAN CARE CONTENT INTO NURSING CURRICULA TO IMPROVE HEALTH OUTCOMES**

In 2012, the American Association of Colleges of Nursing (AACN), along with the Department of Veterans Affairs and in cooperation with the Joining Forces Initiative, created the *Enhancing Veterans Care (EVC) Tool Kit* to assist nurse educators regarding care of military members, veterans, and their family members in civilian healthcare. It contains many educational resources, such as assessment tools, case studies, journal articles, and links to videos that are available to include in veteran-specific healthcare curricula (AACN, n.d.).

With the support of the various nursing organizations and the Joining Forces Initiative, several university nursing programs developed modules for inclusion in their didactic and clinical courses to highlight the specific needs of veterans. Other universities created standalone didactic courses with a sole focus on caring for the unique needs of servicemembers, veterans, and their families. Combined, these programs have educated thousands of U.S. undergraduate and graduate nurses about how to provide culturally competent care to servicemembers, veterans, and

their families both within the VA healthcare system and the civilian sector.

## **TOOLS FOR CARING FOR THE MILITARY FAMILY IN THE CIVILIAN SECTOR**

In 2014, the CHOICE Act was passed, which allowed veterans to receive care outside of the VA if the veteran had to wait more than 30 days for service, lived greater than 40 miles from a VA, or had excessive travel burdens. The MISSION Act of 2018 further expanded access to care in the civilian sector through partnerships between the VA and civilian providers. In 2022, Congress passed the Promise to Address Comprehensive Toxics (PACT) Act, which would provide benefits to veterans exposed to toxic substances such as the burn pits, defoliants, and other exposures to toxins. Veterans would be required to file claims with the VA, but these same veterans may be receiving care in civilian sectors. However, there was also a glaring deficit in all these acts—the lack of guidance and provisions to prepare civilian providers to understand the complex needs of servicemembers, veterans, and their families. Although increased access to healthcare for veterans is a priority, it is important to note that not all access is equal, and access does not equate with quality, especially with the complexity of care veterans may require. There is a demonstrated knowledge deficit regarding the military, its culture, and the effect of military service on the mental and physical health of veterans, which leaves the veteran community at a significant disadvantage regarding optimizing their healthcare needs. To date, several studies confirmed the need for more robust education and training of U.S. healthcare providers concerning veteran healthcare. Most recently, a report out of the State of New York indicated that only 20% of licensed healthcare professionals in New York reported routinely screening patients for military or veteran affiliation, and only 2.3% met all criteria for effectively serving the veteran population (New York Health Foundation, 2017).

### **Have You Ever Served?**

Critically important to caring for veterans in the civilian sector is identifying these patients and ensuring that providers have the knowledge and comfort level to care for this patient population. In 2013, in response to the CHOICE Act, veteran nurses in the American Academy of Nursing created the *Have You Ever Served?* pocket card to serve as a tool for nurses, advanced practice nurses, and other healthcare providers to use to (1) identify veteran patients in their care and (2) to guide them through questions that should be asked to best address their service-connected health issues (American Academy of Nursing, n.d.; D'Aoust et al., 2023). The pocket card is housed on the American Academy of Nursing's website (<https://www.haveyoueverserved.com/>) and is updated regularly due to the ever-changing needs of the veteran population. Housing it there also ensures the use of best practices and current research.

### **I Serve 2**

Military families also have endured tremendous stressors over the past 20 years. More than 700,000 military spouses and 1.68 million military children have experienced 3.3 million deployments in support of the wars in Iraq and Afghanistan (Department of Defense, 2018; Rossiter & Ling, 2022). Prior to the pandemic, there were policy discussions that the U.S. Defense Health Agency was intending to shift care of all spouses, children, and veterans to civilian providers and health care systems. A recent study found that closing Military Treatment Facilities would negatively impact the health and well-being of military families (Zogg et al., 2021).

To improve the care for military children, the *I Serve 2: A Pocket card for Healthcare Providers Caring for Military Children*<sup>®</sup> was created to serve as a tool for health providers to assess and care for the unique needs of military children (Rossiter et al., 2020). Currently, a pocket card highlighting the needs of military spouses, *Serving on the Homefront*, has been finalized (Ling et al., 2020). These pocket cards provide guidance for screening military-connected spouses, partners, and children for social determinants of health associated risks. Emphasis is placed on assessment of physical, psychological, behavioral, educational, and employment risks as they pertain to the unique lifestyle challenges military connected family members face. Most of these service families do not self-identify as military connected, and therefore, providers may not be aware of this significant affiliation. Knowing service connection is critical for providers to be proactive in providing tailored care and support for patients as well as screen for specific military-connected physical and psychological risks such as relocation or deployment-associated depression and anxiety, pediatric cancers secondary to an environmental exposure of the service member or related to an exposure on a military installation to name a few. The goal of these pocket card initiatives is (1) inclusion of the pocket card questions into electronic medical records to identify and streamline clinical visits and (2) incorporation of all three pocket cards in providing care that is holistic and comprehensive for the entire military and veteran family.

## CONCLUSION

The need for information and nursing research regarding care for military and veterans across NATO allies has never been made more apparent than in the recent conflicts in Iraq and Afghanistan. Through the international collaboration described in this paper, nurse clinicians and researchers found that military health care needs are similar across allied countries, and information can be shared for adaptation and use in home countries. Several U.S. initiatives for care of service members, veterans, and their families were highlighted, providing solutions that could be incorporated into healthcare and academic settings throughout NATO countries. Additionally, implementation of novel educational practices to inform the civilian sector about the unique needs of service member, veteran, and military family populations were described. All the international collaboration efforts discussed in this paper are undertaken with the purpose of improving and enhancing the care of service members, their families, and veterans across our allied nations. Allied service members continue to be deployed worldwide; therefore, efforts to meet their healthcare needs, as well as those of their families and the veteran community, must be continuously updated. In addition, there must be an ongoing exchange of research findings aimed at ensuring the best healthcare outcomes for these vulnerable populations.



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Author's Note

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