**No. 23 Veterans and Health Disparities**

Team Reflection

When aiming to bolster health equity among the people served in our communities, one population sometimes overlooked are those who themselves have served our nation—veterans. People with a military service background have a shared experience, often accompanied by strong bonds. Veterans of all types carry a distinctive burden than their civilian counterparts, and it shows in health outcomes. Researchers find “the effects of military service on physical and psychological health, especially after extended overseas deployments, are complex.” [23.1]

The CDC reports veterans are significantly more likely to have two or more chronic diseases, such as diabetes, heart disease, and high blood pressure, among other conditions. Nearly 1 in 5 vets between the ages of 45 and 54 reported at least two chronic conditions compared to less than 15% of non-veterans. One-quarter of men who never served, ages 55 to 64, have more than one chronic disease compared to almost 1 in 3 for former service members. [23.1]

The social needs of veterans may be more pronounced than non-veterans. A pilot in Massachusetts discovered 82% of veterans reported at least one unmet health-related social need. Other reported social factors included 46% experiencing social isolation, 48% with employment needs, and 42% expressing educational needs. Across the country, more than a third of veterans live in rural and highly rural areas, a major factor impacting social needs and which overlaps with health challenges faced by rural populations overall. Moreover, veterans experience higher rates of serious mental illness, are more likely to be older, and disability is associated with their time of military service. [23.2]

The Veteran Health Administration has an Office of Health Equity that champions the elimination of health disparities and achieving health equity for all Veterans. It supports the provision of appropriate individualized health care and eliminating quality variances. They support leading practices for LBGT health, racial and ethnic groups, as well as rural and women’s health. [23.2]

The U.S. Armed Forces has also long supported the faith lives of its members. Catholic priests and chaplains of various religious traditions are among the service personnel.

Emil Kapaun was a Catholic priest and U.S. Army Chaplain born in the small Czech farming community of Pilsen, Kansas in 1916. He served the troops in World War II throughout Burma and India. Later, in 1950, his Division defended South Korea after invasion by the North. On November 2, a Chinese Army ambushed his Calvary. Fr. Kapaun braved the battlefield to rescue the wounded and give the dying ‘last rites.’ The enemy captured him and other American soldiers, forcing them to march over 60 miles in bitter cold to a prison camp. Fr. Kapaun endured seven months there, caring for fellow prisoners by nursing the sick and wounded, stealing food for the hungry, washing soiled clothes, and encouraging them with humor and prayer. Fr. Kapaun fell ill himself and died May 23, 1951.

Two years later, surviving Prisoners of War were released. Father Kapaun’s memory lived on in a beautiful crucifix carved by a Jewish POW. The Prisoners testified to Father Kapaun's role in their survival and told the world about this veteran and caregiver. Supporters have advanced the cause to canonize him as a Catholic saint for his heroic courage, service, and care for others. [23.3]

Combat experiences forge a special bond among veterans. The general civilian population can scarcely grasp the trauma on the one hand, and the deep connections among the soldiers on the other. When that ends and soldiers return home, the transitions carry a mix of relief and tension. Figures like Emil Kapaun show the great value in extending and sustaining care for veterans for their lifetime.

**Consider**

* Who are the veterans in my life? Do I know veterans in my workplace or neighborhood? What are my attitudes or biases about veterans?
* What do I know about the experiences of veterans?
* How does my hospital or system support the health and well-being of veterans?

**Let us pray together,**

*Almighty and Eternal God, look with love upon our men and women in uniform and protect them in their time of need. Give them health and stability and allow them to return to their loved ones whole and unshaken.*

*Grant strength and peace of mind to the Veterans who have given their best for the country they love. Support them in infirmity and in the fragility of old age. Teach us to remember their sacrifices and to express our gratitude.*

Adapted from the [Prayer of the Archdiocese](https://www.milarch.org/prayer-of-the-archdiocese/) for the Military Services, USA

[23.1] <https://www.webmd.com/men/news/20120801/cdc-military-veterans-report-poorer-health>

[23.2] <https://www.va.gov/HEALTHEQUITY/docs/Social_Determinants_Fact_Sheet_V2-0.pdf>

On this pg: <https://www.va.gov/HEALTHEQUITY/Publications_and_Research.asp>

[23.3] Catholic Diocese of Wichita: <https://catholicdioceseofwichita.org/father-kapaun/>