

# CDP



## Research Update -- May 30, 2024

### What's Here:

- Survey of Resources in Behavioral Sleep Medicine Across the Department of Defense, Defense Health Agency.
- Incidence and prevalence of eating disorders among U.S. military service members, 2016-2021.
- Suicide Attempts and Ideation Among Veterans/Service Members and Non-Veterans Over 5 Years Following Traumatic Brain Injury: A Combined NIDILRR and VA TBI Model Systems Study.
- Insufficient Sleep and Behavioral Health in the Military: A 5-Country Perspective.
- Deep brain stimulation of the amygdala for treatment-resistant combat post-traumatic stress disorder: Long-term results.
- Alcohol and Binge Drinking Frequency and Hypertension: a national cross-sectional study in the U.S.
- Impacts of exposure to suicide of a military colleague from the lived experience of veterans: Informing postvention responses from a military cultural perspective.
- Changes in self-reported cannabis use in the United States from 1979 to 2022.
- Mental health and U.S. attitudes towards social determinants of health policies.
- Military sexual trauma, combat trauma, and disordered eating among United States veterans: An exploration of underlying mechanisms.

- Observed Warming Trends at U.S. Army Basic Combat Training Installations and Implications for Future Recruit Training.
- Suicide in Military and Veteran Populations: A View Across the Five Eyes Nations.
- Clinical relevance of subthreshold PTSD versus full criteria PTSD following traumatic brain injury in U.S. service members and veterans.
- Posttraumatic Stress Disorder, Military Sexual Trauma, and Birth Experiences at the Veterans Health Administration.
- Leadership Styles Experienced During Military Service Predict Later Anhedonic Depressive Symptoms and Self-Efficacy in Veterans With Alcohol Use Disorder.
- Longitudinal health outcomes in caregivers of military members with traumatic brain injury.
- Being a woman in a man's military: The impact of military service on the lives of older U.S. women Veterans.
- Women Veterans' definitions of peer support: A qualitative description analysis.
- Maternal Processes Contributing to Child Internalizing and Externalizing Symptoms: Comparing Military, Two-parent, and Single-parent Families.
- Predicting soldier retention from army spouse characteristics and attitudes: Soldiering on with spouse support.
- "We're Trained to Survive.": Veterans' Experiences Seeking Food Assistance.
- Sexual and reproductive health in military settings: A qualitative study.
- Links of Interest
- Resource of the Week: Review of the Army's Efforts to Prevent and Respond to Harassment of Soldiers (DODIG-2024-074) Department of Defense Office of Inspector General

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<https://doi.org/10.1093/milmed/usad409>

## **Survey of Resources in Behavioral Sleep Medicine Across the Department of Defense, Defense Health Agency.**

Germain, A., Wolfson, M., Klenczar, B., Brock, M. S., Hearn, H., O'Reilly, B., Blue Star, J., & Mysliwiec, V.

Military Medicine

Volume 189, Issue 5-6, May/June 2024, Pages e1089–e1097

### Introduction

Insomnia affects approximately 40% of active duty service members and adversely affects health, readiness, and safety. The VA/DoD Clinical Practice Guideline for the management of insomnia recommends cognitive-behavioral treatment of insomnia (CBTI) or its abbreviated version (brief behavioral treatment of insomnia [BBTI]) as the first-line insomnia treatment. The goal of this study was to assess CBTI/BBTI resources at MTFs, perceived facilitators and barriers for CBTI/BBTI, and gaps in these treatments across the Defense Health Agency.

### Materials and Methods

Between July and October 2022, we conducted an electronic survey of CBTI/BBTI resources across Contiguous United States and the District of Columbia (CONUS) and Outside Continental United States (OCONUS) MTFs. The survey was distributed to 154 military sleep health care providers from 32 MTFs, and a link to the survey was posted on two online military sleep medicine discussion forums. Fifteen providers from 12 MTFs volunteered to complete a 30-minute qualitative interview to explore their perception of barriers and facilitators of CBTI/BBTI at their facility.

### Results

Fifty-two of 154 providers (33.8%) at 20 MTFs completed the survey. A majority of providers indicated that hypnotics remain the most common treatment for insomnia at their facility. Sixty-eight percent reported that CBTI/BBTI was available at their facility and estimated that less than 50% of the patients diagnosed with insomnia receive CBTI/BBTI. The main facilitators were dedicated, trained CBTI/BBTI providers and leadership support. Referrals to the off-post civilian network and self-help apps were not perceived as significant facilitators for augmenting insomnia care capabilities. The primary barriers to offering CBTI/BBTI were under-resourced clinics to meet the high volume of patients presenting with insomnia and scheduling and workflow limitations that impede repeated treatment appointments over the period prescribed by CBTI/BBTI

protocols. Four primary themes emerged from qualitative interviews: (1) CBTI/BBTI groups can scale access to insomnia care, but patient engagement and clinical outcomes are perceived as inferior to individual treatment; (2) embedding trained providers in primary or behavioral health care could accelerate access, before escalation and referral to a sleep clinic; (3) few providers have the time to adhere to traditional CBTI protocols, and appointment scheduling often does not support weekly or bi-weekly treatment visits; and (4) the absence of quality and/or continuity of care measures dampens providers' enthusiasm for using external referral resources or self-help apps.

### Conclusions

Although there is a wide recognition that CBTI/BBTI is the first-line recommended insomnia treatment, the limited scalability of treatment protocols, clinical workflow limitations, and scarcity of trained CBTI/BBTI providers limit the implementation of the VA/DoD clinical guideline. Educating and engaging health care providers and leadership about CBTI, augmenting CBTI-dedicated resources, and adapting clinical workflows were identified as specific strategies needed to meet the current insomnia care needs of service members. Developing protocols for scaling the availability of CBTI expertise at diverse points of care, upstream from the sleep clinics, could accelerate access to care. Establishing standardized quality measures and processes across points of care, including for external providers and self-help apps, would enhance providers' confidence in the quality of insomnia care offered to service members.

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<https://doi.org/10.1002/eat.24229>

### **Incidence and prevalence of eating disorders among U.S. military service members, 2016-2021.**

Bauman, V., Thompson, K. A., Sunderland, K. W., Thornton, J. A., Schvey, N. A., Sekyere, N. A., Funk, W., Pav, V., Brydum, R., Klein, D. A., Tanofsky-Kraff, M., & Lavender, J. M.

International Journal of Eating Disorders

First published: 23 May 2024

### Objective

Despite unique experiences that may increase eating disorder risk, U.S. military service

members are an understudied population. The current study examined incidence and prevalence of eating disorder diagnoses in U.S. military personnel.

### Method

This retrospective cohort study utilized Military Health System Data Repository (MDR) data on eating disorder diagnoses (2016–2021). Active duty, Reserve, and National Guard U.S. military service members who received care via TRICARE Prime insurance were identified by ICD-10 eating disorder diagnostic codes.

### Results

During the 6-year surveillance period, 5189 Service members received incident eating disorders diagnoses, with a crude overall incidence rate of 6.2 cases per 10,000 person-years. The most common diagnosis was other/unspecified specified eating disorders, followed by binge-eating disorder, bulimia nervosa, and anorexia nervosa. There was an 18.5% overall rise in total incident cases across the surveillance period, but this trend was not statistically significant ( $p = 0.09$ ). Point prevalence significantly increased across the 6-year timeframe for total eating disorders ( $p < 0.001$ ). Period prevalence for 6-year surveillance period was 0.244% for total eating disorders, 0.149% for other/unspecified eating disorder, 0.043% for bulimia nervosa, 0.038% for binge-eating disorder, and 0.013% for anorexia nervosa.

### Discussion

Overall crude incidence estimates for total eating disorders were higher than reported in prior research that included only active duty Service members and required an eating disorder diagnosis code in the first or second diagnostic position of the medical record. Comprehensive and confidential studies are needed to more thoroughly characterize the nature and scope of eating disorder symptomatology within U.S. military personnel.

### Public Significance

U.S. military service members are a vulnerable population with regard to eating disorder symptoms. Previously reported incidence and prevalence estimates using data from the Military Health System may have been underestimated due to overly stringent case definitions. Given personal and occupational barriers (e.g., career consequences), confidential studies of military personnel may provide more complete data on the scope of eating disorders to inform screening and clinical practice guidelines for military populations.

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<https://doi.org/10.1097/HTR.0000000000000902>

**Suicide Attempts and Ideation Among Veterans/Service Members and Non-Veterans Over 5 Years Following Traumatic Brain Injury: A Combined NIDILRR and VA TBI Model Systems Study.**

Klyce, D. W., Perrin, P. B., Ketchum, J. M., Finn, J. A., Juengst, S. B., Gary, K. W., Fisher, L. B., Pasipanodya, E., Niemeier, J. P., Vargas, T. A., & Campbell, T. A.

Journal of Head Trauma Rehabilitation  
39(3):p 183-195, May/June 2024

**Objective:**

This study compared rates of suicide attempt (SA) and suicidal ideation (SI) during the first 5 years after traumatic brain injury (TBI) among veterans and service members (V/SMs) in the Veterans Affairs (VA) and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) Model Systems National Databases to each other and to non-veterans (non-Vs) in the NIDILRR database.

**Setting:**

Twenty-one NIDILRR and 5 VA TBI Model Systems (TBIMS) inpatient rehabilitation facilities in the United States.

**Participants:**

Participants with TBI were discharged from rehabilitation alive, had a known military status recorded (either non-V or history of military service), and successful 1-, 2-, and/or 5-year follow-up interviews completed between 2009 and 2021. The year 1 cohort included 8737 unique participants (8347 with SA data and 3987 with SI data); the year 2 (7628 participants) and year 5 (4837 participants) cohorts both had similar demographic characteristics to the year 1 cohort.

**Design:**

Longitudinal design with data collected across TBIMS centers at 1, 2, and 5 years post-injury.

**Main Outcomes and Measures:**

History of SA in past year and SI in past 2 weeks assessed by the Patient Health Questionnaire-9 (PHQ-9). Patient demographics, injury characteristics, and rehabilitation outcomes were also assessed.

#### Results:

Full sample rates of SA were 1.9%, 1.5%, and 1.6%, and rates of SI were 9.6%, 10.1%, and 8.7% (respectively at years 1, 2, and 5). There were significant differences among groups based on demographic, injury-related, mental/behavioral health, and functional outcome variables. Characteristics predicting SA/SI related to mental health history, substance use, younger age, lower functional independence, and greater levels of disability.

#### Conclusions:

Compared with participants with TBI in the NIDILRR system, higher rates of SI among V/SMs with TBI in the VA system appear associated with risk factors observed within this group, including mental/behavioral health characteristics and overall levels of disability.

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<https://doi.org/10.1007/s11920-024-01497-1>

### **Insufficient Sleep and Behavioral Health in the Military: A 5-Country Perspective.**

Alger, S. E., Bennett, C., Bennett, N., Huebner, M. G., Lee, J. E. C., Edge, H. J. M., Simms, A., & Adler, A. B.

Current Psychiatry Reports

Published: 03 May 2024

#### Purpose of Review

The goal of this paper was to highlight the degree to which sleep, behavioral health, and leader involvement were interrelated using data from militaries in five English-speaking countries: Australia, Canada, New Zealand, the UK, and the United States.

#### Recent Findings

Many service members reported sleeping fewer than the recommended 7 h/night: 34.9%, 67.2%, and 77.2% of respondents from New Zealand, Canada, and the United States, respectively. Countries reporting shorter sleep duration also reported fewer insomnia-related difficulties, likely reflecting higher sleep pressure from chronic sleep loss. Across all countries, sleep problems were positively correlated with behavioral health symptoms. Importantly, leader promotion of healthy sleep was positively correlated with more sleep and negatively correlated with sleep problems and behavioral health symptoms.

## Summary

Insufficient sleep in the military is ubiquitous, with serious implications for the behavioral health and functioning of service members. Leaders should attend to these risks and examine ways to promote healthy sleep in service members.

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<https://doi.org/10.1016/j.jpsychires.2024.05.008>

## **Deep brain stimulation of the amygdala for treatment-resistant combat post-traumatic stress disorder: Long-term results.**

Koek, R. J., Avecillas-Chasin, J., Krahl, S. E., Chen, J. W., Sultzer, D. L., Kulick, A. D., Mandelkern, M. A., Malpetti, M., Gordon, H. L., Landry, H. N., Einstein, E. H., & Langevin, J. P.

Journal of Psychiatric Research  
Volume 175, July 2024, Pages 131-139

## Highlights

- There are limited treatment options for treatment-resistant combat PTSD (TR-PTSD)
- Functional neuroimaging implicates amygdala hyperactivity
- Two veterans with severe combat TR-PTSD received amygdala DBS for 9 and 5.5 years
- Stimulation resulted in no seizures, neuropsychological or psychiatric impairments
- Significant clinical and functional improvements were observed

## Abstract

Deep brain stimulation (DBS) holds promise for neuropsychiatric conditions where imbalance in network activity contributes to symptoms. Treatment-resistant Combat post-traumatic stress disorder (TR-PTSD) is a highly morbid condition and 50% of PTSD sufferers fail to recover despite psychotherapy or pharmacotherapy. Reminder-triggered symptoms may arise from inadequate top-down ventromedial prefrontal cortex (vmPFC) control of amygdala reactivity. Here, we report long-term data on two TR-PTSD participants from an investigation utilizing high-frequency amygdala DBS. The two combat veterans were implanted bilaterally with quadripolar electrodes targeting the basolateral amygdala. Following a randomized staggered onset, patients received



stimulation with adjustments based on PTSD symptom severity for four years while psychiatric and neuropsychiatric symptoms, neuropsychological performance, and electroencephalography were systematically monitored. Evaluation of vmPFC-Amygdala network engagement was assessed with 18FDG positron emission tomography (PET). CAPS-IV scores varied over time, but improved 55% from 119 at baseline to 53 at 4-year study endpoint in participant 1; and 44%, from 68 to 38 in participant 2. Thereafter, during 5 and 1.5 years of subsequent clinical care respectively, long-term bilateral amygdala DBS was associated with additional, clinically significant symptomatic and functional improvement. There were no serious stimulation-related adverse psychiatric, neuropsychiatric, neuropsychological, neurological, or neurosurgical effects. In one subject, symptomatic improvement was associated with an intensity-dependent reduction in amygdala theta frequency power. In our two participants, FDG-PET findings were inconclusive regarding the hypothesized mechanism of suppression of amygdala hyperactivity. Our findings encourage further research to confirm and extend our preliminary observations.

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<https://doi.org/10.1016/j.amepre.2024.05.008>

## **Alcohol and Binge Drinking Frequency and Hypertension: a national cross-sectional study in the U.S.**

Muntasir Masum, Daniel A. Mamani, Jeffrey T. Howard

American Journal of Preventive Medicine

Available online 17 May 2024

### Introduction

The relationship between alcohol consumption and hypertension is multifaceted and a major public health concern. The association becomes even more complicated when hypertension is undiagnosed. This study investigates how alcohol consumption patterns are linked to measured, diagnosed, undiagnosed, and composite hypertension (any indications of hypertension from blood pressure readings, professional diagnosis, or reported medication use) in the United States.

### Methods

Data from the National Health and Nutrition Examination Survey (NHANES) 2015-2020, a nationally representative cross-sectional study, were analyzed in 2023-24. The final analytic sample was 12,950 participants. Complex-survey weighted multivariable linear

and logistic regression models estimated the effect of different alcohol consumption levels on hypertension.

### Results

Descriptive findings show that those who consumed alcohol more than three times weekly exhibited the highest prevalence of measured (52.5%), undiagnosed (27.0%), and composite hypertension (69.4%) compared to other levels of alcohol drinking. Multivariable linear regression analysis indicated a notable elevation in systolic (4.8 unit) and diastolic (2.46 unit) blood pressure among individuals with frequent binge drinking episodes compared to individuals with infrequent drinking. Logistic regression models estimated that drinking over three times weekly increases the odds of measured, undiagnosed, and composite hypertension by 64%, 70%, and 54%, respectively, while frequent binge drinking episodes raise these odds by 82%, 65%, and 47%.

### Conclusions

Contrary to some studies suggesting moderate alcohol intake has protective cardiovascular effects, the findings did not corroborate a “J-shaped” curve. This underscores the importance of regular blood pressure monitoring among individuals with binge drinking episodes and emphasizes the need for public health interventions to mitigate alcohol consumption and its associated hypertension risks.

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<https://doi.org/10.1080/07481187.2023.2261408>

### **Impacts of exposure to suicide of a military colleague from the lived experience of veterans: Informing postvention responses from a military cultural perspective.**

Jamieson, S. K., Cerel, J., & Maple, M.

#### Death Studies

2024; 48(7), 688–697

Although exposure to the suicide death of a military colleague has been shown quantitatively to increase suicide risk factors among veterans, there are very few studies where veterans have been asked about this experience. This article presents a qualitative analysis of 38 interviews with U.S. veterans with exposure to the suicide death of a military colleague in past war operations. Participants described the impact of exposure in relation to the military context and official response to the death, which had long-term ramifications. Our findings suggest suicide prevention and postvention

responses for veterans should be informed by the lived experience of veterans, including those for whom this experience occurred significantly in the past, as the impacts of different military policies and practices in response to suicide deaths over time are relevant to the impact of exposure to death of a military colleague in the short and long term.

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<https://doi.org/10.1111/add.16519>

## **Changes in self-reported cannabis use in the United States from 1979 to 2022.**

Jonathan P. Caulkins

Addiction

First published: 22 May 2024

Background and aims

Multiple countries are considering revising cannabis policies. This study aimed to measure long-term trends in cannabis use in the United States and compare them with alcohol use.

Design and setting

Secondary analysis of United States general population survey data.

Participants

The national surveys had a total of 1 641 041 participants across 27 surveys from 1979 to 2022.

Measurements

Rates of use reported to the US National Survey on Drug Use and Health and its predecessors are described, as are trends in days of use reported. Four milepost years are contrasted: 1979 (first available data and end of relatively liberal policies of the 1970s), 1992 (end of 12 years of conservative Reagan-Bush era policies), 2008 (last year before the Justice Department signaled explicit federal non-interference with state-level legalizations) and 2022 (most recent data available).

Findings

Reported cannabis use declined to a nadir in 1992, with partial recovery through 2008, and substantial increases since then, particularly for measures of more intensive use.

Between 2008 and 2022, the per capita rate of reporting past-year use increased by 120%, and days of use reported per capita increased by 218% (in absolute terms from the annual equivalent of 2.3 to 8.1 billion days per year). From 1992 to 2022, there was a 15-fold increase in the per capita rate of reporting daily or near daily use. Whereas the 1992 survey recorded 10 times as many daily or near daily alcohol as cannabis users (8.9 vs. 0.9 M), the 2022 survey, for the first time, recorded more daily and near daily users of cannabis than alcohol (17.7 vs. 14.7 M). Far more people drink, but high-frequency drinking is less common. In 2022, the median drinker reported drinking on 4–5 days in the past month, versus 15–16 days in the past month for cannabis. In 2022, past-month cannabis consumers were almost four times as likely to report daily or near daily use (42.3% vs. 10.9%) and 7.4 times more likely to report daily use (28.2% vs. 3.8%).

### Conclusions

Long-term trends in cannabis use in the United States parallel corresponding changes in cannabis policy, with declines during periods of greater restriction and growth during periods of policy liberalization. A growing share of cannabis consumers report daily or near daily use, and their numbers now exceed the number of daily and near daily drinkers.

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<https://doi.org/10.1016/j.amepre.2024.05.015>

### **Mental health and U.S. attitudes towards social determinants of health policies.**

C. Ross Hatton, Catherine K. Ettman, Sarah Gollust, Salma M. Abdalla, Sandro Galea

American Journal of Preventive Medicine

Available online 27 May 2024

### Introduction

Research has suggested that individual health may influence policy attitudes, yet the relationship between mental health and policy support is understudied. Clarifying this relationship may help inform policies that can improve population mental health. To address this gap, this study measures national support for five social determinants of health policy priorities and their relation to mental health and political affiliation.

### Methods

This study assessed support for five policy priorities related to the social determinants of

health using a nationally representative survey of US adults (n = 2,430) conducted in March - April 2023. Logistic regression was used to estimate the predicted probability of identifying each priority as important, test differences in support by self-rated mental health, and evaluate whether partisanship modified these relationships. Analyses were conducted in 2023.

## Results

The majority of US adults, across partisan identities, supported five policy priorities related to improving the economy (84%), healthcare affordability (77%), improving K-12 education (76%), housing affordability (68%), and childcare affordability (61%). Worse mental health predicted significantly greater support for addressing housing affordability (73.9% vs. 66.2%), and partisanship modified the relationship between mental health and support for improving the economy, improving K-12 education, and housing affordability.

## Conclusions

In 2023, there was substantial bipartisan support for federal policy action to address the social determinants of health, and worse mental health was related to greater policy support, particularly among Democrats. Federal policymakers have a broad consensus to take action to address the social determinants of health, which may improve population mental health.

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<https://doi.org/10.1080/08995605.2024.2336639>

## **Military sexual trauma, combat trauma, and disordered eating among United States veterans: An exploration of underlying mechanisms.**

Tilstra-Ferrell, E. L., Braden, A., & Russin, S.

Military Psychology

Published online: 23 May 2024

Military sexual trauma (MST) and combat trauma (CT) survivors experience disproportionate risk for disordered eating. A survey of MST, CT, disordered eating, trauma-related self-blame, emotion regulation challenges, body dissatisfaction, and dissociation among military personnel with a history of military-related trauma was conducted. These survey-based cross-sectional data were analyzed via parallel mediation analyses and Analyses of Covariance (ANCOVA). Six parallel mediation

analyses were conducted examining trauma-related self-blame, emotion regulation challenges, body dissatisfaction, and dissociation as mediators linking MST and CT, separately, with purging, restricting, and bingeing. ANCOVAs were also performed to examine differences in levels of bingeing, restriction, and purging among people exposed to MST, CT, both MST and CT, and neither. MST and CT exposure was indirectly related to bingeing via emotion regulation challenges. MST and CT was also indirectly related to both restriction and purging via emotion regulation challenges and trauma-related self-blame. Dissociation and body dissatisfaction were not significant mediators in any model. Participants endorsed high levels of disordered eating. Individuals exposed to both MST and CT reported greater bingeing, restricting, and purging than individuals exposed to either CT, MST, or neither. Findings highlight the nuanced symptoms that may increase risk for disordered eating among MST and/or CT survivors. Future treatment research should explore how addressing emotion regulation and trauma-related self-blame among individuals with MST and/or CT may help address disordered eating. Implications and future directions for this area of research are discussed.

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<https://doi.org/10.1093/milmed/usad425>

## **Observed Warming Trends at U.S. Army Basic Combat Training Installations and Implications for Future Recruit Training.**

Patton, E. M., & Doyle, M. W.

Military Medicine

Volume 189, Issue 5-6, May/June 2024, Pages e1145–e1153

### Introduction

Army recruits conducting BCT are among the most susceptible population of military personnel to experience exertional heat illness, a concern expected to become increasingly urgent due to steadily rising temperatures. In this study, we provide an empirical analysis of wet bulb globe temperature (WBGT) index trends at U.S. Army BCT installations and quantify the magnitude of these trends. Assuming these warming trends continue, the anticipated effects of increasing temperature trends are discussed in relation to potential impacts on recruit heat illness incidence and training disruption.

### Materials and Methods

We obtained weather data beginning in the early 1960s, including WBGT index

measurements derived by the U.S. Air Force 14th Weather Squadron. We apply these datasets to two classifications for high WBGT index days, including one classification accounting for heat illness susceptibility based on prior day heat exposure, to determine when recruits are most at risk of heat illness. The daily likelihood of extreme WBGT index values is described at each installation using a 30-year climatological average. Trends in the WBGT index are evaluated quantitatively during the warm season (May 1–September 30) and full year and compared between decades and by individual BCT classes.

## Results

Trends in the WBGT index have increased at all four BCT installations. Between January 1960 and October 2022, the mean WBGT index value increased most quickly at Ft Jackson, SC (0.272°C decade<sup>-1</sup>, CI: 0.255–0.289) and least at Ft Moore, GA (0.190°C decade<sup>-1</sup>, CI: 0.170–0.210). Ft Moore experiences the greatest heat burden, with the daily likelihood of experiencing a “black flag” event ( $\geq 90^\circ\text{F}$  WBGT index) peaking at nearly 50% in late July, while Ft Leonard Wood, MO, experiences the least heat burden. This heat burden is spread unevenly across installations and dependent on BCT class start date. Recruits beginning in mid-June will experience approximately 200 hours of hazardous heat during BCT at Ft Moore, GA; 100 hours at Ft Jackson, SC; 80 hours at Ft Sill, OK; and 61 hours at Ft Leonard Wood, MO.

## Conclusions

Temperatures measured on the WBGT index have steadily increased at US Army basic training installations since at least 1960. In the future, adaptation to the BCT program will be required to maintain rigorous standards without incurring unacceptable risk of recruit heat illness. The analysis provided by this study can help inform medical, training, and policy implementations needed to ensure continued BCT in a warming world.

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<https://doi.org/10.1080/00332747.2024.2306794>

## **Suicide in Military and Veteran Populations: A View Across the Five Eyes Nations.**

Sadler, N., Pedlar, D., & Ursano, R.

Psychiatry - Interpersonal and Biological Processes  
2024; 87(2), 161–164

## Objective

This commentary highlights challenges and opportunities in suicide prevention across the military and veteran populations of the Five Eyes nations.

## Methods

Trends in suicides and suicidality in military and veteran populations are outlined, as well as identified risk and protective factors, and approaches to suicide prevention.

## Results

Suicide risk is higher in veterans compared to current serving and community samples. Despite extensive research, the causation, prediction, and prevention of suicide, is still not well understood. We propose areas for further attention in prevention strategies.

## Conclusion

Suicide and suicidality are issues of concern in military and veteran populations. Suicide prevention requires commitment to continuous improvement through research, analysis, and incorporation of evolving best practice.

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<https://doi.org/10.1016/j.jad.2024.05.015>

## **Clinical relevance of subthreshold PTSD versus full criteria PTSD following traumatic brain injury in U.S. service members and veterans.**

French, L. M., Brickell, T. A., Lippa, S. M., Rogers, A. A., Cristaudo, K. E., Walker, T. T., Higgins, M., Bailie, J. M., Kennedy, J., Hungerford, L., & Lange, R. T.

Journal of Affective Disorders

Volume 358, 1 August 2024, Pages 408-415

## Background

The purpose of this cross-sectional study was to examine the influence of subthreshold posttraumatic stress disorder (PTSD) and full PTSD on quality of life following mild traumatic brain injury (mTBI).

## Methods

Participants were 734 service members and veterans (SMV) classified into two injury groups: uncomplicated mild TBI (MTBI; n = 596) and injured controls (IC, n = 139). Participants completed a battery of neurobehavioral measures, 12-or-more months



post-injury, that included the PTSD Checklist Civilian version, Neurobehavioral Symptom Inventory, and select scales from the TBI-QOL and MPAI. The MTBI group was divided into three PTSD subgroups: No-PTSD (n = 266), Subthreshold PTSD (n = 139), and Full-PTSD (n = 190).

### Results

There was a linear relationship between PTSD severity and neurobehavioral functioning/quality of life in the MTBI sample. As PTSD severity increased, significantly worse scores were found on 11 of the 12 measures (i.e., MTBI: Full-PTSD > Sub-PTSD > No-PTSD). When considering the number of clinically elevated scores, a linear relationship between PTSD severity and neurobehavioral functioning/quality of life was again observed in the MTBI sample (e.g., 3-or-more elevated scores: Full-PTSD = 92.1 %, Sub-PTSD = 61.9 %, No-PTSD = 19.9 %).

### Limitations

Limitations included the use of a self-report measure to determine diagnostic status that may under/overcount or mischaracterize individuals.

### Conclusion

PTSD symptoms, whether at the level of diagnosable PTSD, or falling short of that because of the intensity or characterization of symptoms, have a significant negative impact on one's quality of life following MTBI. Clinicians' treatment targets should focus on the symptoms that are most troubling for an individual and the individual's perception of quality of life, regardless of the diagnosis itself.

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<https://doi.org/10.1016/j.whi.2023.11.006>

## **Posttraumatic Stress Disorder, Military Sexual Trauma, and Birth Experiences at the Veterans Health Administration.**

Schafer, K. M., Wallace, K. F., Kroll-Desrosiers, A., & Mattocks, K.

Women's Health Issues

Volume 34, Issue 3, pps 303-308, May 2024

### Background

Women are a growing portion of the U.S. veteran population, and every year the Veterans Health Administration (VHA) serves an increasing number of women seeking

obstetrics services. Women veterans experience elevated rates of anxiety, depression, posttraumatic stress disorder (PTSD), and traumatic events, including military sexual trauma, as compared with women in the general population. It is possible that mental health disorders may be associated with birth experiences.

### Objectives

We investigated the link between anxiety, depression, PTSD, and military sexual trauma (MST; i.e., rape and sexual harassment) with perceived birth experience (i.e., Negative or Neutral vs. Positive).

### Methods

Participants included 1,005 veterans who had recently given birth and were enrolled in the multisite, mixed methods study known as the Center for Maternal and Infant Outcomes Research in Translation study (COMFORT). Using  $\chi^2$  tests, we investigated the relationship between mental health conditions including anxiety, depression, and PTSD and MST with birth experience (coded as Negative/Neutral vs. Positive).

### Results

Findings indicated that participants who endorsed PTSD (39.5%), MST-rape (32.1%), or MST-harassment (51.4%; all  $p < .05$ ) were significantly more likely to report a Negative/Neutral birth experience (14.7%) versus a Positive birth experience (85.3%). Anxiety and depression were not associated with birth experience.

### Conclusions

Veterans with PTSD and/or who experienced MST were more likely to report a negative or neutral birth experience. Thus, screening for PTSD and MST during obstetrics services as well as providing trauma-informed obstetrics care during pregnancy, labor, birth, and recovery may be important among veterans seeking obstetric services.

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<https://doi.org/10.1093/milmed/usad405>

## **Leadership Styles Experienced During Military Service Predict Later Anhedonic Depressive Symptoms and Self-Efficacy in Veterans With Alcohol Use Disorder.**

Durazzo, T. C., Humphreys, K., & LaRocca, M. A.

Military Medicine

Volume 189, Issue 5-6, May/June 2024, Pages e1064–e1071

## Introduction

Lifetime and past-year alcohol use disorder (AUD) prevalence is significantly higher in US Armed Services Veterans than in non-veterans across adulthood. This study examined the associations of perceived transformational leadership styles (TLS) experienced during military service and anhedonic depression and self-efficacy related to confidence to abstain or reduce alcohol consumption in Veterans seeking treatment for AUD. The ramifications of perceived leadership styles on multiple aspects of follower psychiatric functioning, including depressive and PTSD symptomatology, during and after military service, may be substantial and enduring. Higher anhedonic depression and lower abstinence self-efficacy are related to increased risk of relapse after treatment. We predicted Veterans, in treatment for AUD, who reported higher perceived levels of transformational leadership during military service, demonstrate lower anhedonic depressive symptoms and higher alcohol abstinence self-efficacy.

## Materials and Methods

Veterans with AUD ( $n = 60$ ;  $50 \pm 14$  years of age) were recruited from residential treatment at the VA Palo Alto Health Care System. All procedures were approved by the VA Palo Alto Health Care System and Stanford University institutional review boards. A series of mediation analyses were completed with The Multifactor Leadership Questionnaire measures of TLS (average across leadership measures [transformational leadership average; TLS average]) as predictor and the Alcohol Abstinence Self-Efficacy Scale, Mood and Anxiety Symptom Questionnaire, anhedonic depression subscale, as dependent measures. PTSD Checklist for DSM-5 score was tested as a mediator variable.

## Results

Higher reported perceived TLS average during military service was significantly related to lower anhedonic depressive symptoms. Higher TLS average was related to higher self-efficacy to resist alcohol use in contexts involving experience of physical issues and withdrawal/cravings and urges. These relationships were not mediated by PTSD symptomatology or duration of military service, age, education, time since military service, military branch, combat exposure, or current psychiatric diagnosis.

## Conclusions

The significant associations of perceived TLS during military service with anhedonic depression and alcohol use self-efficacy are clinically relevant because these measures are associated with relapse risk after AUD treatment. Further study of the implications of perceived TLS during military service for AUD and other substance use disorder treatment outcome is warranted in Veterans.

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<https://doi.org/10.1037/rep0000522>

## **Longitudinal health outcomes in caregivers of military members with traumatic brain injury.**

Brickell, T. A., Ivins, B. J., Wright, M. M., French, L. M., & Lange, R. T.

Rehabilitation Psychology  
2024; 69(2), 135–144

### **Purpose/Objective:**

To examine longitudinal change in health-related quality of life (HRQOL) in caregivers of service members/veterans with traumatic brain injury and factors associated with clinically elevated symptoms.

### **Research Method/Design:**

Caregivers (N = 220) completed nine HRQOL outcome measures and 10 risk factor measures at a baseline evaluation and follow-up evaluation 3 years later. Caregiver's responses on the nine HRQOL outcome measures were classified into four clinical change categories based on the presence/absence of clinically elevated T-scores ( $\geq 60$  T) at baseline and follow-up: (a) Persistent (baseline  $\geq 60$  T + follow-up  $\geq 60$  T), (b) Developed (baseline  $< 60$  T + follow-up  $\geq 60$  T), (c) Improved (baseline  $\geq 60$  T + follow-up  $< 60$  T), and (d) Asymptomatic (baseline  $< 60$  T + follow-up  $< 60$  T). A clinical change composite score was calculated by summing the number of Persistent or Developed HRQOL outcome measures and used to create three clinical change groups: (a) No Symptoms (n = 69, zero measures), (b) Some Symptoms (n = 88, one to three measures), and (c) Numerous Symptoms (n = 63, four to nine measures).

### **Results:**

Of the nine HRQOL outcome measures, Bodily Pain, Perceived Stress, Sleep-Related Impairment, and Fatigue were most frequently classified as Persistent or Developed from baseline to follow-up in the entire sample. A linear relationship was found between the vast majority of risk factors across the three clinical change groups at baseline and follow-up (Numerous > Some > None). The risk factors were correlated with the number of elevated HRQOL symptoms at baseline and follow-up. Most Asymptomatic or Persistent caregivers did not have meaningful change ( $\geq 1$  SD) in HRQOL scores. A

sizable proportion of Developed or Improved caregivers had either meaningful or no change in HRQOL scores.

#### Conclusions/Implications:

There is a need for ongoing clinical services for military caregivers. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

#### Impact Statement

This study extended previous cross-sectional research by examining risk factors for poor physical, psychological, and social health-related quality of life (HRQOL) in caregivers of service members/veterans with traumatic brain injury over three years. Most caregivers reported stability in HRQOL over three years (symptomatic to symptomatic or asymptomatic to asymptomatic); however, some reported a decline (asymptomatic to symptomatic) or improvement (symptomatic to asymptomatic). Constructs related to positive affect, relationships, social support, caregiving, economic, and service members and veteran functioning were risk factors for persistent or developed clinical symptoms. Early intervention while in Department of Defense health care may help military families adapt to and cope with caregiving and stall the stress-health process. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.3138/jmvfh-2023-0024>

### **Being a woman in a man's military: The impact of military service on the lives of older U.S. women Veterans.**

Amanda Carroll, Twylla Kirchen

Journal of Military, Veteran and Family Health  
Advance Access Article

This qualitative study explored the experiences of older U.S. women Veterans regarding their experiences and perceptions of their time in military service and its overall impact on their lives. Five women Veterans participated in interviews that were analyzed and resulted in four main themes: 1) family military history, 2) being treated differently and proving themselves, 3) making the most of opportunities, and 4) lasting personal strengths. Findings from this study highlight how, despite enduring negative experiences during military service because of gender, participants credited the military with having an overall positive impact on their lives in the long term. This study suggests

that health care interventions and services that tap into positive aspects of military service, as identified by older women Veterans (i.e., personal strengths such as resilience and pride), may have the potential to promote the health and well-being of this population.

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<https://doi.org/10.3138/jmvfh-2023-0013>

### **Women Veterans' definitions of peer support: A qualitative description analysis.**

Amanda L. Matteson, Eric R. Hardiman

Journal of Military, Veteran and Family Health  
Advance Access Article

This study examines peer support among women who served in the U.S. military. Women Veterans reported peer support to be helpful for mental health and well-being by meeting social, emotional, and concrete needs. Participants found peer support to be acceptable, non-clinical, and non-stigmatizing. Critical elements of peer support included a safe environment, someone to listen to and validate them, and the shared experience of serving as women in the military. Peer support was particularly helpful for discussing sexism, sexual assault, and trauma. Mental health providers should understand the importance of peer support for women Veterans and how it is a distinct and complementary service to clinical treatment. Peer support programs can help ensure women Veterans' needs are considered in service delivery.

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<https://doi.org/10.1007/s10826-024-02798-y>

### **Maternal Processes Contributing to Child Internalizing and Externalizing Symptoms: Comparing Military, Two-parent, and Single-parent Families.**

Aikins, J.W., Aikins, D.

Journal of Child and Family Studies  
33, 1590–1601 (2024)

Following the United States' recent engagements in military conflicts, the impact of parent deployment on child adaptation has become an increased focus of research. This study examined the contributions of maternal depressive affect and parenting stress to young children's (ages 3 to 7) internalizing and externalizing symptomatology. In order to examine how these maternal factors contribute to child well-being, mean level differences and path analysis with group level modelling examined differences between military, single-parent and two-parent civilian families. Mean level differences reflected higher rates of difficulty for military homefront mothers in terms of depressive affect than either single or two-parent families and similar levels of parenting stress with single mothers. Military children demonstrated higher rates of internalizing or externalizing symptoms than children in single or two-parent families. Path analysis results indicated group level differences in links between maternal depressive affect and internalizing symptoms, with military families having stronger associations than single parent families. No group level differences were found between maternal depressive affect and externalizing symptoms. Associations between parenting stress and internalizing symptoms were stronger for military families than two parent families but weaker than single parent families, while the links between parenting stress and externalizing symptoms were the same for military and for single-parent families. These findings have important implications regarding potential intervention/prevention approaches for military families, suggesting that it may be particularly beneficial to target homefront mothers' depressive affect and parenting stress during deployment as a means for promoting positive child outcomes.

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<https://doi.org/10.1080/08995605.2024.2319014>

### **Predicting soldier retention from army spouse characteristics and attitudes: Soldiering on with spouse support.**

Carra S. Sims, Thomas E. Trail & Jessie Coe

Military Psychology

Published online: 28 Feb 2024

The U.S. Army has a vested interest in retaining the skilled personnel necessary to achieve its mission and strategic goals. A wealth of research has investigated the retention process and what influences service member decisions to stay in the military. While families are an important influence on soldier retention decisions, research on the mechanism by which this happens is lacking. This report explores the relationship

between spouse attitudes and perceptions, resource use, and soldier retention almost two years later, using a proposed theoretical model. Our results generally support our model, with the important change that resource use and unmet needs and stress were not directly associated with specific attitudes toward staying in the military as we had expected. Instead, the association was accounted for by relationship with general attitudes toward the military. Spouses whose needs were unmet after seeking help from available resources experienced greater stress, and spouse unmet needs and reports of greater stress were associated with worse general attitudes toward the military; worse general attitudes toward the military were associated with less inclination to stay a military family; which in turn predicted soldier turnover almost two years later. As the research in this report shows, providing benefits to military spouses is also associated with a tangible and important outcome for the military: improved service member retention.

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<https://www.muse.jhu.edu/article/919818>

### **"We're Trained to Survive.": Veterans' Experiences Seeking Food Assistance.**

Kamdar, N., Haltom, T., Epshteyn, G., Wohlford, C., Smith, J., Celardo, C., ... True, G.

Journal of Health Care for the Poor and Underserved  
2024; 35(1), 264-284

#### **Purpose.**

Food insecurity threatens veterans' health, yet little is known about their experiences seeking food assistance. Thus, we studied veterans' experiences as they navigated from food insecurity to food assistance.

#### **Methods.**

We built a journey map using thematic analysis of interviews with 30 veterans experiencing food insecurity.

#### **Findings**

The map focuses on: (1) identifying contributing circumstances, (2) recognizing food insecurity, (3) finding help, and (4) obtaining assistance. Contributing circumstances included unemployment/under-employment, mental health challenges, and interpersonal violence. Veterans did not recall being screened for food insecurity.



Military training also inhibited some veterans from recognizing their own food insecurity. Locating and accessing food assistance was a struggle. While many veterans applied for the Supplemental Nutrition Assistance Program, few qualified. Food pantries were a last resort.

#### Conclusions

Opportunities to help veterans include (1) addressing contributing circumstances, (2) improving identification, (3) sharing knowledge of resources, and (4) reexamining sufficiency of food assistance programs.

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<https://doi.org/10.1080/08995605.2024.2324644>

### **Sexual and reproductive health in military settings: A qualitative study.**

Vargas, S. E., Thornton, K., Norris, C., Gist, G., Clark, M. F., Ramirez, L., ... Landoll, R. R.

Military Psychology

Published online: 04 Mar 2024

Mission readiness is critical to the operational success of the United States (US) military and includes having a healthy and fit fighting force. Service members and their dependents have access to a wide range of sexual and reproductive health services with no out-of-pocket costs. Despite this access, negative outcomes such as sexually transmitted infections (STIs) and unintended pregnancy persist. Semi-structured, in-depth interviews were conducted with service members and stakeholders (e.g. medical providers). Interviews explored the individual, interpersonal, organizational, and institutional factors that inform sexual norms, behaviors, and healthcare experiences in the US military. Interview transcripts were coded manually; data were summarized for themes related to unique aspects of military culture and healthcare affecting sexual and reproductive health. Twenty-five (25) service members and 15 stakeholders completed interviews. Four themes emerged: 1) despite free access, both general and military-specific barriers to sexual and reproductive healthcare persist; 2) general and military-specific cultural norms apply to sexual behavior and care seeking; 3) sexual and reproductive health-related norms can be perceived as confusing and contradictory within the military; and 4) resources addressing sexual assault are ubiquitous in military settings, but resources addressing prevention of STIs and unintended pregnancy are limited. Both general and military-specific norms, behavior, and healthcare experiences

need to be considered in clinical care, public health campaigns, and other efforts to promote sexual and reproductive health in military settings.

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## Links of Interest

VA expands benefits options for vets with other-than-honorable status

<https://www.militarytimes.com/education-transition/2024/04/25/va-expands-benefits-options-for-vets-with-other-than-honorable-status/>

'Invisible'—More Women Veterans Are Dying of Suicide and VA Still Lacks Resources, Advocates Say

<https://thewarhorse.org/as-more-women-veterans-die-by-suicide-va-lacks-support/>

'Welcome Home'—For Years His Family Waited for His Return. Now, He Waits for His Daughter.

<https://thewarhorse.org/veteran-welcomes-home-deployed-daughter-who-waited-for-him>

Army says fitness plan cut injuries and drug use, aids mental health

<https://www.armytimes.com/news/your-army/2024/04/30/army-fitness-plan-cuts-injuries-and-drug-use-boosts-mental-health/>

Marine Corps Creates Billet to Keep Dual-Military Families Together During Stressful Moves

<https://www.military.com/daily-news/2024/04/29/marine-corps-creates-billet-keep-dual-military-families-together-during-stressful-deployments-moves.html>

What you need to know about transitioning out of the military

<https://www.militarytimes.com/education-transition/transition-guide/2024/04/29/what-you-need-to-know-about-transitioning-out-of-the-military/>

18th Airborne orders soldiers on staff duty to get 4 hours of sleep

<https://www.militarytimes.com/news/your-army/2024/05/21/18th-airborne-orders-soldiers-on-staff-duty-to-get-4-hours-of-sleep/>

Why do we overindulge?

<https://www.sciencedaily.com/releases/2024/05/240516122539.htm>

Standing firm against the escalating assault on equity, diversity, and inclusion

<https://www.apa.org/topics/equity-diversity-inclusion/standing-against-assault-equity-diversity-inclusion.html>

Violence against teachers, musical connections, and more research

The latest peer-reviewed studies within psychology and related fields

<https://www.apa.org/topics/equity-diversity-inclusion/standing-against-assault-equity-diversity-inclusion.html>

How to Care for Yourself as a Caregiver

[https://www.nytimes.com/2024/05/16/well/mind/caregiver-health.html?unlocked\\_article\\_code=1.vU0.OcME.DfZ7Jq6L5BXt&smid=url-share](https://www.nytimes.com/2024/05/16/well/mind/caregiver-health.html?unlocked_article_code=1.vU0.OcME.DfZ7Jq6L5BXt&smid=url-share)

Mental Health is Health: How To Get Mental Health Care With TRICARE

<https://health.mil/News/Dvids-Articles/2024/05/21/news471882>

Revolutionizing Mental Health Support: The Game-changing Role of U.S. Navy SPRINT

<https://www.med.navy.mil/Media/News/Article/3778824/revolutionizing-mental-health-support-the-game-changing-role-of-us-navy-sprint/>

I Am Navy Medicine – and Behavioral Health Tech – Hospital Corpsman 2nd Class

Kevin Jiang

<https://www.dvidshub.net/news/471767/am-navy-medicine-and-behavioral-health-tech-hospital-corpsman-2nd-class-kevin-jiang>

I am Navy Medicine – and Behavioral Health Tech – Hospital Corpsman 3rd Class

Gunnar Haskill

<https://www.dvidshub.net/news/471965/am-navy-medicine-and-behavioral-health-tech-hospital-corpsman-3rd-class-gunnar-haskill>

Two-Thirds of Unhoused People Have Mental Health Disorders

<https://jamanetwork.com/journals/jama/fullarticle/2818774>

Air Force updates mental healthcare waiver timeline for aviators, lowers barriers

<https://www.af.mil/News/Article-Display/Article/3762290/air-force-updates-mental-healthcare-waiver-timeline-for-aviators-lowers-barriers/>

Joint Behavioral Health conference highlights suicide prevention and new models of care

<https://www.dvidshub.net/news/471149/joint-behavioral-health-conference-highlights-suicide-prevention-and-new-models-care>

Group Therapy Provides Mental Health Support to Work Through Challenges

<https://www.health.mil/News/Dvids-Articles/2024/05/16/news471344>

Study: Caffeine and nicotine don't help sailors during high stress ops

<https://www.navytimes.com/news/your-navy/2024/05/28/study-caffeine-and-nicotine-dont-help-sailors-during-high-stress-ops/>

Americans view military families more favorably than police, the presidency, media and military itself: Survey

<https://thehill.com/policy/defense/4686272-americans-view-military-families-more-favorably-than-police-the-presidency-media-and-military-itself-survey/>

America's child care shortage is pushing military families to a breaking point

<https://www.nbcnews.com/politics/politics-news/americas-child-care-shortage-pushing-military-families-breaking-point-rcna149072>

The group aiming to stop 'endemic' suicide among Native American vets

<https://www.militarytimes.com/news/your-military/2024/05/28/the-group-aiming-to-stop-endemic-suicide-among-native-american-vets/>

Ambiguous Loss Among Military Families

<https://militaryreach.auburn.edu/ffAmbiguousLoss.jsp>

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### **Resource of the Week: Review of the Army's Efforts to Prevent and Respond to Harassment of Soldiers (DODIG-2024-074)**

From the Department of Defense Office of Inspector General:

We concluded that while Army brigade commanders generally used Defense Organizational Climate Surveys (DEOCS) results and command climate assessments (CCAs) action plans to identify and respond to harassment concerns within their respective units, brigade commanders and their command teams can make improvements to better address and respond to harassment. Additionally, we concluded

that sexual harassment complaints from the eight brigades we reviewed do not correlate with the report.

### DEOCS Sexual Harassment Complaint Questions

Each DEOCS administered contains custom multiple-choice questions generally selected by the brigade command team. For this review, two questions related to sexual harassment complaints were present in the DEOCS. The survey participants can select “Strongly Disagree,” “Disagree,” “Neither Agree Nor Disagree,” “Agree/Strongly Agree” or “Agree” for each question. Table 7 shows the listing of questions and the response numbers and percentages across the 8 brigades for DEOCS administered between January 1, 2021, and January 1, 2023.

*Table 7. DEOCS Sexual Harassment Complaint Questions and Responses Administered between January 1, 2021, and January 1, 2023*

DEOCS Questions Related to Sexual Harassment Complaints	Strongly Disagree or Disagreed Response	Strongly Disagree or Disagree Percentage	Neither Agree Nor Disagree Response	Neither Agree Nor Disagree Percentage	Agree or Strongly Agree Response	Agree or Strongly Agree Percentage
In my unit, military members/employees who file a sexual harassment complaint would be blamed for causing problems.	2,207	60	1,109	30	365	10
In my unit, military members/employees who file a sexual harassment complaint would be discouraged from moving forward with the complaint.	2,259	62	1,124	31	279	8
Total Responses and Percentages for Questions Related to Sexual Harassment Complaints	4,466	61	2,233	30	644	9

Source: The DoD OIG.

See also: [One in five soldiers see sexual harassment, hardly any report it \(MilitaryTimes.com\)](#)

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