

Stigma *noun* stig·ma \ 'stig-mə

A degrading and debasing attitude held by society that discredits a person or group because of an attribute (such as an illness, gender, gender identity, color, sexual orientation, nationality, religion, socioeconomic status, etc.). The resulting coping behavior of the affected person results in internalized stigma. Self or internalized stigma is equally destructive, whether or not actual discrimination occurs. Stigma often negatively affects a person's dignity; marginalizes affected individuals; violates basic human rights; markedly diminishes the chances of a stigmatized person achieving their greatest potential; and impedes pursuit of happiness and contentment.

What does stigma have to do with military veterans, service members and their families?

Stigma was identified by NH Veterans as the #1 barrier to accessing healthcare. More specifically, NH Veterans identified feeling embarrassed or ashamed of their needs (internalized stigma) and feeling as though their providers did not understand them.

The perception that healthcare providers do not understand veterans stems from: 1) the fact that the vast majority of NH health care professionals have no military background and/or zero to minimal exposure to military culture 2) the veteran/service member's fear/belief that a lack of understanding will result in stereotypes, pathologized interactions, misunderstandings, and over-glorification or negative judgments about their identity and experiences.

What does understanding military culture have to do with stigma?

When health care professionals and systems are responsive to their patients' cultural backgrounds, patients are more likely to receive appropriate care, show up to appointments, follow through with treatment plans, disclose necessary treatment information, and pay their bills. It's a win, win.

Fighting stigma in your practice:

Considerations for interacting with veterans, service members, or their family members...

A good start:

- Make eye contact
- You can never go wrong with *"Thank you for your service"*
- Or a hand shake
- She serves too
- No matter how old or young the veteran is, say *"Welcome Home"*
- Show you care by asking *"How has it been going for you since you've been home?"*
- Do ask, *"Do you get any of your healthcare through the VA?"*
- Remember that most NH Veterans do NOT get health care through the VA, and that's ok.
- Accept their level of identification with their service, no matter how high or low
- Believe the stories. War is hell.
- Transitions are hard, whether the transition is from a deployment to home or from military service to civilian life.

Validate, Support, Accept, Refer

Just don't:

- Never insert politics into any conversation about someone's service
- As well-meaning as you may be, don't say "I'm glad you made it home [safe/okay/unharmful, etc.]" or "Good thing you didn't have to go over there!"
- "How many people did you kill?" Nope, NEVER. Just Do Not Ask.
- Don't assume that one's military service has involved a deployment or that a military deployment has involved combat. Listen and Ask.
- Don't assume that one's service is a factor in their presenting problem. Don't assume that it isn't. Listen and Ask.

Remember: The first step to fighting stigma is in knowing who you're talking to. **Ask the Question.** Ask every patient you see, *"Have you, or has anyone in your family ever served in the military?"*