Joining Forces With Veterans: Veterans' and Researchers' Perspectives on Veteran-Centered Engagement Practices

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Abstract

Community-engaged research must reflect the uniqueness of the specific community involved. To help researchers produce quality community-engaged research with the veteran community, the authors of this paper (a coalition of both veterans and academic researchers) have highlighted essential considerations when engaging the veteran community in the research enterprise. Research with veterans requires unique sensitivity based on the impacts of their military service, history, and experiences. Understanding the impacts of veteran culture and community on recruitment is an essential prerequisite for anyone engaging with this population. At a minimum, community-engaged researchers should have an understanding of veteran history in relation to research, how veterans have experienced "volunteering" while under the chain of command, the impacts of a veteran's military experience, and veterans' views of the research process. The element most crucial to a successful research project conducted with the veteran community is incorporating veterans as full research team members. Building a veteran-centered research team requires academic researchers to establish trust with veteran team members and the veteran community, to conduct the research project with respect, and to actively encourage veterans' participation in project activities. All of these are facilitated by having veterans as full members of a research team. It is our hope that sharing the lessons we have learned through working with veteran communities, as well as our lived experiences as veteran research team members, will help pave a smoother path forward for others wishing to conduct impactful veteran-centered research.

Community-engaged research principles offer insights for scholars seeking to conduct research with a wide variety of patient communities (Sofolahan-Oladeinde et al., 2015). While many traditionally marginalized communities, such as racial and ethnic minority communities and communities of patients with particular diseases, have been explored extensively, other populations, such as veterans, have received less attention in the community-engaged research literature. This article was written in collaboration with academicians and veterans to convey the lessons learned through our combined efforts in working with the veteran community. Drawing from our experiences, we suggest some best principles and practices when conducting community-engaged research with veteran populations.

Our collaborative authors include two academicians, Drs. Krause-Parello and Mullins, and three veterans, Brian Gliba, U.S. Army; David Hibler, U.S. Army; and James B. Morris, U.S. Air Force. Our collaboration derives from our previous veteran-related projects, our commitment to veteran-centered research, and our duty to include veterans as full partners in the research enterprise. Collectively, the team has decades of research and practical experiences from working in and being a part of the veteran community. A large portion of this team's academic and professional experience comes from a medical background and from working with marginalized populations on health initiatives.

However, the information that we share here—that is, our lessons learned in working with veterans—is universally applicable for researchers in other disciplines, across community-engaged research, and in many other types of research activities. Several systematic literature reviews have examined components of effective patient and stakeholder engagement and documented that implementation can be highly variable in content and quality (Concannon et al., 2014; Esmail et al., 2015; Sheridan et al., 2017). Thus, despite progress in the science of patient and stakeholder engagement, there is a need to continue to advance and apply best practices. Moreover, as the application of patient and stakeholder engagement research matures, there is a need for greater specificity regarding how to engage particular marginalized communities. While many community-engaged research projects focus on communities based upon medical conditions or

socioeconomic factors (Day et al., 2020; Luger et al., 2020; Morgan & Lifshay, 2006; Rodriguez Espinosa & Verney, 2021; Sapienza et al., 2007; Shalowitz et al., 2009), we propose that the veteran community has unique factors that should be addressed when conducting community-engaged research. From our experiences, the two areas of focus that are most significant in conducting community-engaged research *with* the veteran community are (a) developing a purposeful understanding of the impacts of military service on research participation and (b) creating a veteran-centered research team. Therefore, the purpose of this paper is to share pertinent knowledge about veterans and to discuss best practices when building a veteran-centered research team.

Understanding the Veteran Community's Experiences With Research

When conducting community-engaged research, it is important to know your community. As in research with other patient populations, the first step is meeting veterans where they are, an effort that encompasses understanding their lived experiences, culture, preferences, mindset, and emotional states. This entails focusing on the veteran community's needs and desires, understanding and working within the nuances of this culture (such as the chain of command), and respecting complicated histories with research, medicine, and health care.

Understanding the Diversity of Veterans

When engaging veterans in research studies, particular consideration should be given to veteran diversity and military culture. A great breath of diversity exists within the veteran community, which is tied together by a common military culture. Our community-engaged research team members collectively pulled from their lived military experiences and professional efforts in working with this population to create a set of terms, definitions, and explanations of importance to military culture and diversity. It is our hope that this set of terms may help other researchers develop their own understanding of the nuanced and diverse characteristics and culture of the veteran community (see Table 1). Being informed

Table 1. Areas of Diversity in Veterans

Area of Diversity	Definition	Importance to Veteran Diversity and Military Culture
Veteran-Specific Diversity Areas		
Branch of service	The subdivision of the national armed forces of which the Veteran was a member (i.e., Air Force, Army, Coast Guard, Marines, Space Force)	The various duties and tasks associated with the separate branches can give veterans various perspectives on the same issues.
Component	Active Duty (AD), Reserve Component (RC), or National Guard (NG).	AD have a federal chain of command and are employed as 24/7 military. RC are also federal but only serve one weekend a month and 2 weeks of the year unless on active orders or have special duty requirements. The NG is the state's military, also serves one weekend a month and 2 weeks of the year unless under special circumstances, and can be deployed as AD.
Tour of duty	The period of time and location(s) spent in combat or in a hostile environment (Powers, 2019)	Experiences can change over the times and locations that a veteran is at war.
MOS (Military occupational specialty)	The duty or related group of duties that a soldier by training, skill, and experience is best qualified to perform and that is a basis for the classification, assignment, and advancement of enlisted personnel (Merriam-Webster, n.d.)	MOS is the job that a military member is trained to do and defines what type of work, interactions, responsibilities, and promotions they may have.

Table 1 (continued). Areas of Diversity in Veterans

Area of Diversity	Definition	Importance to Veteran Diversity and Military Culture
Veteran-Specific Diversity Areas		
Active combat	A situation where there is enemy engagement; an active combat zone is an area where there is active engagement with an enemy element	The military is a large organization which consists of many jobs, some are more likely to be engaged in active combat or deployed to active combat zones than others.
Enlisted, warrant officer, commissioned officer	The three main rank systems of the military. Enlisted personnel serve until their contract ends, and then renew it or leave the military. This is the lowest ranked hierarchy in the military. Warrant officers are the midranked hierarchy in military rank. They are technical experts and have specific technical or tactical specialties. Commissioned officers, the highest-ranked hierarchy of military rank, are educated professionals trained to lead other soldiers. They receive training in general leadership and management (ASVAB Career Exploration Program, n.d.; U.S. Army, n.d.).	An individual's rank and rank system can strongly affect their perspective on their service, their activities while in service, their depth of knowledge of military operations, and their responsibilities while in service.
Rank/pay grade	The military rank system defines authority and responsibility in the military hierarchy. Pay grade reflects rank and time in grade.	As rank increases, pay grade follows, but so does amount of responsibility.
Discharge/ retirement status	A military discharge is given when a member of the armed forces is released from their obligation to serve. There are several kinds of discharge (honorable, general, other than honorable (OTH), bad conduct, dishonorable, entry-level separation, medical, and separation for convenience of the government). Those with 20 or more years of qualifying service are also able to retire from the military. Individuals may medically retire even without serving a full 20 years (Crocker, 2022; Guina, 2023).	Discharge/retirement status signifies the type of circumstance under which an individual separated from the military, can affect the types of benefits that they are eligible for, and can affect how that individual perceives their time in the service.
Years of service (time frame and number)	The amount and period during which an individual was in the military	Different time periods may expose the veteran to different events, wars, or other situations that may give them a different perspective.
Duty station	The place at which the member is assigned for regular duty. This does not necessitate a deployment (Under Secretary of Defense, 1999).	Servicemembers can serve in regular capacity in various parts of the U.S., world, or on various ships and vehicles. Different locations can provide veterans with a range of perspectives and experiences.
Deployment	Where the individual service member was deployed to and what wars or operations they served in	While there are many commonalities that veterans share in their deployment experience, each unique deployment has its own nuances.

Table 1 (continued). Areas of Diversity in Veterans

Area of Diversity	Definition	Importance to Veteran Diversity and Military Culture
General Areas of Diversity		
Gender		Though this is changing, gender often determined what roles and jobs military members were eligible for.
Marital status		Military members have extreme stress placed on their relationships. Military members are significantly more likely to be married than civilians, but they are not more likely to be divorced (Karney et al., 2012). Military benefits and pay structure are also significantly affected by marital status.
Age		While there are plenty of exceptions, in the military rank, responsibility and respect generally correlate with age.
Race/ ethnicity		Due to the extreme demands of teamwork and comradery in training and military operations, race and ethnicity are not as significantly defining factors between military members as they may be in other areas.
Socioeconomic status		Socioeconomic status can often be closely related to rank and rank system in the military.
Disability (type and percent)	A disabled veteran has served on active duty in the military, was honorably discharged, and has a service-connected disability or a disability that was aggravated during active duty, or is receiving compensation, disability retirement benefits, or pension because of a disabled classification by the Department of Veterans Affairs or a military department (Employer Assistance and Resource Network on Disability Inclusion, n.d.).	There are many different types of disability recognized by the VA, and they can range in severity from 0–100%. Veterans can receive a 100% disability rating if their service-connected disabilities preclude them from obtaining gainful employment (Veterans Law Group, n.d.).

and possessing a good understanding of this diverse culture is essential for researchers when including veterans as members of the research team or as study participants.

Impacts of Research During Military Service

One consideration specific to veteran populations that community-engaged research partners should understand is that veterans may have skewed views about research. For example, during World War II, allied servicemen held in enemy prisoner of war camps were compelled to undergo medical experimentation wherein subjects' health and lives were secondary concerns (Felton, 2012; Ghooi, 2011; Johnson, 2022; Powell, 1980; Weindling, 2014). In the United States during the same period, many military servicemembers were pressured into studies under the guise of "the needs of the military" or were forced to be subjects for vaccine, drug, chemical weapons, and disease research (Encyclopedia.com, n.d.). These atrocities eventually led to the Nuremberg Code, the Declaration of Helsinki, the Belmont Report, and later the mandatory use of institutional review boards in human subjects research. These protection systems and guidelines give a framework

for ethical human subjects research so that the horrific mistreatments of people that occurred in the past in the name of research will not occur in the future (National Institutes of Health, n.d.; Rall & Pechura, 1993).

When the authors of this paper have engaged the veteran community in research enterprises, participants have often made reference to these past atrocities. Distrust stemming from historical abuse is evident today in issues related to new vaccine mandates and general lacking of trust in research personnel (Haderlein et al., 2022; Hulen et al., 2022; Jasuja et al., 2021; Krause-Parello et al., 2021). The real-life stories of unethical experimentation and the emotional and psychological costs experienced by military personnel are long-lived and linger heavily in veterans' minds; thus, community-engaged research partners should be cognizant of veterans' potential reluctance to participate or engage with researchers.

Impact of Military Culture on Research Recruitment
Regarding the recruitment of military and veteran personnel in research studies, the issue of whether personnel are truly free to accept or decline participation is murky. Voluntary participation is essential for ethical human experimentation; however, reliance on the unquestioning execution of orders and the unassailable chain of command is inseparable from the greater military culture and is an essential aspect of all decisions in a military environment (Halvorson, 2010). Military personnel are expected to follow orders—often knowing that doing so may cause significant risk to their own health and well-being. Even when participation is supposedly voluntary, servicemembers often describe how they are "volun-told" to participate; that is, an activity may appear to be voluntary on the surface, but participants understand compliance with the request to be heavily encouraged if not mandatory.

Military members who enlisted or were commissioned as officers are held to an amended list of rights compared to the general citizenry. In many respects, they are considered to be government property; they lack the ability to make certain medical decisions and no longer have complete agency over their own bodies (Annas, 1992, 2003; Beaumont, 2009). The culture and special circumstances involved in being a member of the military blur the line between being able to truly volunteer for participation in a research study and being coerced into it (Encyclopedia.com, n.d.; Howe & Martin, 1991). As reported by veteran participants in our previous work, a compulsory mindset and accompanying apprehension often follow servicemembers after they leave the military.

When attempting to conduct community-engaged research with this unique population, research team members must have a well-developed understanding of the veteran community's experiences with research and must make an effort to meet veterans where they are. The three most significant areas that community-engaged research teams should understand are (a) the diversity of veterans, (b) the impacts of research during military service, and (c) the impact of military culture on research recruitment. Being knowledgeable about the diversity in veteran culture is essential for researchers when including veterans as members of the research team or as study participants. Openly recognizing the military's checkered past with regard to research and being cognizant of veterans' potential reluctance to participate or engage with researchers will go a long way in establishing rapport with the veteran community. In addition, respecting that military culture may instill in veterans a compulsory mindset and accompanying apprehension—even after they've left the military—can help research teams successfully engage with veterans and mitigate their uneasiness. Although this is not an exhaustive list, and all subpopulations within the veteran community are sure to exhibit unique and nuanced characteristics, these three considerations can be viewed as necessary prerequisites for establishing a basic understanding of the veteran community. Only after developing this foundation can investigators begin to build a veteran-centered research team.

Building a Veteran-Centered Research Team
Once academic community-engaged researchers have come to understand the unique experiences and challenges associated with veterans and research, seeking out veteran collaborators further supports community-based research practices by helping to build accountability, rapport, and trust. As research team members, veterans may bring their perspectives, expertise, and lived experiences to enrich the project. Including a veteran as a full team member will also create a vet-to-vet relationship with the focus population, which can greatly benefit project outcomes. When preparing to conduct a veteran-centered research study, considering the composition and the values of research team members is imperative. Adding a veteran's voice to the research team can help guide

the project and ensure that the research is veteran-centered and focuses on topics that are important to the veteran community. It is important to ensure cultural congruencies so that the research process is meaningful to the veteran population in terms of the topic identification, recruitment practices, research methods, and dissemination of findings. Veterans can make meaningful contributions through various roles within the research process, such as co-investigator, consultant, coordinator, recruiter, and data management coordinator/collector, among others. The following sections outline our own veteran-centered research group's reflections on how the inclusion of veteran partners benefits community-engaged research with veteran populations.

Establishing Trust and Respect

When building a veteran-centered research partnership, trust is an essential component. When assembling your team, ensure that the research team has an edifying culture that fosters the development of those less familiar with the research process, that each member is committed to the research goal, and that trust is established between the members of the team and between the team and the study population. There are two relevant types of trust: practical and emotional (González-Martínez & Mlynář, 2019; Kamena & Potter, 2016; Wooll, 2022). Practical trust can be earned (e.g., arriving to meetings on time, being dependable, and meeting your commitments), which creates a level of respect needed to maintain the cohesiveness of the unit (González-Martínez & Mlynář, 2019). Emotional trust is another key ingredient in teamwork (e.g., treating each team member with respect and kindness, being nonjudgmental, and being open to other people's ideas and thoughts; Kamena & Potter, 2016). It is important when working on a team to distinguish between the different types and expectations of trust in order to foster a positive and respectful research environment. Ensuring that the research project is congruent with veteran culture will create trust, a lack of which is frequently a major impediment to working with this unique population.

As important as trust is while building a team, it cannot be established without respect. In our experience, veterans will not extend trust unless they have your respect in return. Many aspects of military culture are important to consider for successful engagement of veterans, but treating others with respect is particularly key. Military culture includes respect as a core value, and veterans have respect instilled at every level of military training. Conducting research with respect can be accomplished through honesty and actively acknowledging veterans' diverse military experiences and contributions. Creating respectful community-engaged research practices may mean allowing space to ensure that all veterans' questions are answered; it may also require effort to provide all relevant information, since some veterans may not feel comfortable asking questions. To maximize veterans' overall engagement on the research team or as study participants, all researchers need to remember to show respect to create a productive team environment.

Encouraging Participation in Research

Historically, veterans have been reluctant to participate in research due to previous research-related experiences and their unfamiliarity with the research process (Flynn et al., 2019). Veterans are often apprehensive about being associated with research participation, which may stem from unacknowledged or unidentified potential costs, such as the assumption that participation may jeopardize their Veterans Affairs (VA) medical care or other health benefits. Veterans' benefits are often very difficult and time intensive to procure, and potential threats or disruptions to benefits can be met with extreme resistance; this could result in hesitation on behalf of veteran participants. Due to the mistrust and skepticism about research in the veteran population, it is important to include a veteran as a community-engaged research partner on the research team to lead recruitment and encourage participation within the veteran community. A veteran team member may also authenticate that, in a veteran-driven project, veterans' concerns will be acknowledged and addressed. Only after this can trust be established and the vet-to-vet relationship be utilized for the benefit of the project.

A strategic step in the community-engaged research process is for academic researchers to educate their veteran team members on human subjects research protections—such as voluntary participation, deidentification, the institutional review board approval process, and so on—inherent in and specifically built into the project. Veteran team members are capable of bolstering communication and forming strong, trusting connections between the research team and the veteran community. After they have been educated, veteran team members are best suited for communicating with veteran participants the

differences between participating as a civilian versus participating as a member of the military. Having a fellow veteran explain issues regarding personal information safeguards, truly voluntary participation, issues of anonymity, and the security of VA benefits will go a long way in fostering veteran participants' willingness to engage. Having a fellow veteran as a research team member to assuage veteran participants' concerns is the best tool we found to address participant apprehension.

Conclusion

The tendency of many community-engaged research projects to focus on overly common characteristics such as medical conditions or socioeconomic factors (Day et al., 2020; Luger et al., 2020; Morgan & Lifshay, 2006; Rodriguez Espinosa & Verney, 2021; Sapienza et al., 2007; Shalowitz et al., 2009) without also addressing the unique elements of the specific study population may overshadow exclusive effects within that community. This may cause the loss of participation from members of that community, especially in special populations such as veterans. Community-engaged research must reflect the uniqueness of the specific community involved. In order to help other researchers produce quality community-engaged research work with the veteran community, the authors of this paper (a coalition of both veterans and academic researchers) have highlighted what they have experienced as the essential considerations in the veteran community that should be addressed.

Veterans are a very diverse and specialized population that provide unique opportunities for research. Research with veterans also requires unique considerations based on the impacts of their military service, history, and experiences. Additionally, understanding the impacts of veteran culture and community on recruitment is an essential prerequisite for anyone hoping to work with this population. At a minimum, community-engaged researchers should have a working understanding of veteran history in relation to research, how veterans have experienced "volunteering" while under the chain of command, the drastic impacts of a veteran's military experience, and veterans' views of the research process. The element most crucial to bolstering the chances of a successful research project conducted with the veteran community is incorporating veterans as full research team members. Building a veteran-centered research team requires academic researchers to establish trust with veteran team members and the veteran community, to conduct the research project with respect, and to actively encourage veterans' participation in project activities. All of these are facilitated by having veterans as full members of a research team.

As we look toward the future of community-based veteran-centered research, we must actively engage veterans as full members of the research team to create meaningful collaborations that are important to the veteran community. It is our hope that sharing the lessons we have learned through working with veteran communities and our lived experiences as veteran research team members will help to pave a smoother path forward for others interested in conducting impactful veteran-centered research.

References

Annas, G.J. (1992). Changing the consent rules for Desert Storm. *New England Journal of Medicine*, *326*, 770–773. https://doi.org/10.1056/NEJM199203123261117

Annas, G.J. (2003, April 1). *Bodily integrity and informed choice in times of war and terror*. American Bar Association. https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/human_rights_vol30_2003/spring2003/hr_spring03_intro/

ASVAB Career Exploration Program. (n.d.). *What's the difference? Enlisted vs. officer*. Retrieved January 30, 2021, from https://www.asvabprogram.com/media-center-article/66

Beaumont, E. (2009). Rights of military personnel. In *The First Amendment encyclopedia*. The Free Speech Center at Middle Tennessee State University. https://www.mtsu.edu/first-amendment/article/1131/rights-of-military-personnel

Concannon, T.W., Fuster, M., Saunders, T., Patel, K., Wong, J.B., Leslie, L.K., & Lau, J. (2014). A systematic review of stakeholder engagement in comparative effectiveness and patient-centered outcomes research. *Journal of General Internal Medicine*, *29*(12), 1692–1701. https://doi.org/10.1007/s11606-014-2878-x

Crocker, Brittany. (2022, November 2). *Types of Military Discharges*. Veteran.com. https://veteran.com/types-of-military-discharges-2/

Day, S., Mathews, A., Blumberg, M., Vu, T., Mason, H., Rennie, S., Kuruc, J.D., Gay, C.L., Margolis, D.M., & Tucker, J.D. (2020). Expanding community engagement in HIV clinical trials: A pilot study using crowdsourcing. *AIDS*, *34*(8), 1195–1204. https://doi.org/10.1097/QAD.0000000000002534

Employer Assistance and Resource Network on Disability Inclusion. (n.d.). *Disabled veterans*. Retrieved January 30, 2021, from https://askearn.org/topics/recruitment-hiring/disabled-veterans/

Encyclopedia.com. (n.d.). Military personnel as research subjects. In *Encyclopedia of Bioethics*. Retrieved January 4, 2021, from https://www.encyclopedia.com/science/encyclopedias-almanacs-transcripts-and-maps/military-personnel-research-subjects

Esmail, L., Moore, E., & Rein, A. (2015). Evaluating patient and stakeholder engagement in research: Moving from theory to practice. *Journal of Comparative Effectiveness Research*, *4*(2), 133–145. https://doi.org/10.2217/cer.14.79

Felton, M. (2012). *The devil's doctors: Japanese human experiments on allied prisoners of war*. Pen and Sword.

Flynn, L., Krause-Parello, C., Chase, S., Connelly, C., Decker, J., Duffy, S., Lapiz-Bluym, M.D., Walsh, P., & Weglicki, L. (2019). Toward veteran-centered research: A veteran-focused community engagement project. *Journal of Veterans Studies*, *4*(2), 265–277. https://doi.org/10.21061/jvs.v4i2.119

Ghooi, R.B. (2011). The Nuremberg Code–A critique. *Perspectives in Clinical Research*, *2*(2), 72–76. https://doi.org/10.4103/2229-3485.80371

González-Martínez, E., & Mlynář, J. (2019). Practical trust. *Social Science Information*, *58*(4), 608–630. https://doi.org/10.1177/0539018419890565

Guina, R. (2023, January 3). Types of military discharges—Understand discharge ratings. *The Military Wallet*. https://themilitarywallet.com/types-of-military-discharges/

Haderlein, T.P., Wong, M.S., Jones, K.T., Moy, E.M., Yuan, A.H., & Washington, D.L. (2022). Racial/ethnic variation in Veterans Health Administration COVID-19 vaccine uptake. *American Journal of Preventive Medicine*, *62*(4), 596–601. https://doi.org/10.1016/j.amepre.2021.08.027

Halvorson, A. (2010). *Understanding the military: The institution, the culture, and the people* [White paper]. Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment Partners for Recovery Initiative. https://www.samhsa.gov/sites/default/files/military_white_paper_final.pdf

Howe, E.G., & Martin, E.D. (1991). Treating the troops. *Hastings Center Report*, *21*(2), 21–24. https://doi.org/10.2307/3562332

Hulen, E., Rynerson, A.L., & Dobscha, S.K. (2022). Vaccine hesitancy among Veterans Affairs Health Care System employees. *Preventive Medicine Reports*, *26*, Article 101702. https://doi.org/10.1016/j.pmedr.2022.101702

Jasuja, G.K., Meterko, M., Bradshaw, L.D., Carbonaro, R., Clayman, M.L., LoBrutto, L., Miano, D., Maguire, E.M., Midboe, A.M., Asch, S.M., Gifford, A.L., McInnes, D.K., & Elwy, A.R. (2021). Attitudes and intentions of US veterans regarding COVID-19 vaccination. *JAMA Network Open*, *4*(11), Article e2132548. https://doi.org/10.1001/jamanetworkopen.2021.32548

Johnson, K. (2022). A scientific method to the madness of Unit 731's Human Experimentation and Biological Warfare Program. *Journal of the History of Medicine and Allied Sciences*, *77*(1), 24–47. https://doi.org/10.1093/jhmas/jrab044

Kamena, G., & Potter, A. (2016). The emotional constructs of trust: A practical approach. *Journal of Character & Leadership Integration*, *3*(2), 42–49.

Karney, B.R., Loughran, D.S., & Pollard, M.S. (2012). Comparing marital status and divorce status in civilian and military populations. *Journal of Family Issues*, *33*(12), 1572–1594. https://doi.org/10.1177/0192513X12439690

Krause-Parello, C.A., Flynn, L., Moreno, S.J., Dillon, J., Hibler, D.A., Lapiz-Bluhm, M.D., Mullins, C.D., Peterson, A.L., Presciutti, R.E., & Weglicki, L.S. (2021). Operation PCOR: A community engagement project preparing veterans as full partners in PTSD-related research. *Journal of Veterans Studies*, *7*(1), 14–22. https://doi.org/10.21061/jvs.v7i1.202

Luger, T.M., Hamilton, A.B., & True, G. (2020). Measuring community-engaged research contexts, processes, and outcomes: A mapping review. *The Milbank Quarterly*, *98*(2), 493–553. https://doi.org/10.1111/1468-0009.12458

Merriam-Webster. (n.d.). Military occupational specialty. In *Merriam-Webster.com dictionary*. Retrieved January 30, 2021, from https://www.merriam-webster.com/dictionary/military+occupational+specialty

Morgan, M.A., & Lifshay, J. (2006). *Community engagement in public health*. Contra Costa Health Services. https://cchealth.org/public-health/pdf/community_engagement_in_ph.pdf

National Institutes of Health. (n.d.). *The Nuremberg Code*. Retrieved January 4, 2021, from https://history.nih.gov/display/history/Nuremberg+Code

Powell, J.W. (1980). Japan's germ warfare: The U.S. cover-up of a war crime. *Bulletin of Concerned Asian Scholars*, *12*(4), 2–17. https://doi.org/10.1080/14672715.1980.10405225

Powers, R. (2019, December 7). *Understanding military active duty: Knowing the terms of active duty is key for military members.* LiveAbout. https://www.thebalancecareers.com/active-duty-3332036

Rall, D.P., & Pechura, C.M. (1993). *Veterans at risk: The health effects of mustard gas and lewisite.* The National Academies Press. https://doi.org/10.17226/2058

Rodriguez Espinosa, P., & Verney, S.P. (2021). The underutilization of community-based participatory research in psychology: A systematic review. *American Journal of Community Psychology*, *67*(3–4), 312–326. https://doi.org/10.1002/ajcp.12469

Sapienza, J.N., Corbie-Smith, G., Keim, S., & Fleischman, A.R. (2007). Community engagement in epidemiological research. *Ambulatory Pediatrics*, *7*(3), 247–252. https://doi.org/10.1016/j.ambp.2007.01.004

Shalowitz, M.U., Isacco, A., Barquin, N., Clark-Kauffman, E., Delger, P., Nelson, D., Quinn, A., & Wagenaar, K.A. (2009). Community-based participatory research: A review of the literature with strategies for community engagement. *Journal of Developmental & Behavioral Pediatrics*, *30*(4), 350–361. https://doi.org/10.1097/DBP.0b013e3181b0ef14

Sheridan, S., Schrandt, S., Forsythe, L., Hilliard, T.S., & Paez, K.A. (2017). The PCORI Engagement Rubric: Promising practices for partnering in research. *The Annals of Family Medicine*, *15*(2), 165–170. https://doi.org/10.1370/afm.2042

Sofolahan-Oladeinde, Y., Mullins, C.D., & Baquet, C.R. (2015). Using community-based participatory research in patient-centered outcomes research to address health disparities in under-represented communities. *Journal of Comparative Effectiveness Research*, *4*(5), 515–523. https://doi.org/10.2217/cer.15.31

U.S. Army. (n.d.). *Army warrant officer and commissioned officer careers.* Retrieved January 30, 2021, from https://www.goarmy.com/careers-and-jobs/become-an-officer/army-officer-jobs.html

Under Secretary of Defense (Comptroller). (1999). *Financial Management Regulation, Volume 7A: Definitions* (Military Pay Policy and Procedures for Retired Pay). U.S. Department of Defense. https://comptroller.defense.gov/Portals/45/documents/fmr/archive/07aarch/07adefin.pdf

Veterans Law Group. (n.d.). *Types of claims.* Retrieved January 30, 2021, from https://www.veteranslaw.com/types-of-claims/

Weindling, P. (2014). *Victims and survivors of Nazi human experiments: Science and suffering in the Holocaust.* Bloomsbury.

Wooll, M. (2022, October 21). *How to build trust in the workplace: 10 effective solutions.* BetterUp. https://www.betterup.com/blog/how-to-build-trust

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