



The Military Special Operations Family Collaborative's

Code of Ethical and Effective Care

I. Our Mission and Community Background

The Military Special Operations Family Collaborative (MSOFC) is a 501(c)(3) nonprofit public health initiative for the Special Operations Forces (SOF) community. Established in 2018, our mission is to enable the success of America's Special Operations warriors and families through collaborative health and well-being research and programs. We accomplish this through strategic activities that include clinical and behavioral research, broad and targeted stakeholder education, and connecting SOF families across the community to effective and evidence-based resources that meet their unique needs.

Unique Nature of SOF Service

MSOFC works to understand the longitudinal impact a career of SOF service has on the body, brain, and social support systems that enable individual, family, and community health. From day 1 to career-end, special operations force and family navigate a high chronic stress environment characterized by high physical demands from a robust training schedule, a high operations tempo, and a persistent fluctuation of family resources. The effects of a high allostatic load are often compounded by additional service-related exposures such as blast waves, toxins, physical trauma, etc. These factors create complex health challenges that impact service member and family health awareness, literacy, and ability to seek effective care.

The Systemic Challenge

The Special Operations community is a relatively small military subpopulation of approximately 100,000 service members and veterans. SOF units are spread across the Army, Navy, Air Force, Marine Corps, and Reserve units, and thus are often isolated from each other. The small size and distributed locations of SOF make it difficult to identify common phenomena and needs across the community that deserve and require particular care. Delivering this care also demands specialized knowledge, health communication tactics, and business/care models to reach all stakeholders: service members, their families, researchers, providers, military leaders, and policy makers. Overcoming these unique gaps and barriers to access appropriate care demands an innovative and collaborative strategic

effort to connect stakeholders devoted to clear, accurate, and evidence-based care practices and delivery.

SOF Community Posture on Seeking Care

The unique and often misunderstood needs of SOF make it difficult for the community to find effective care with durable impact. The impact of a high allostatic load (which isn't well documented by medical research) and the stoic practices of the SOF community create complex health needs involving multiple body systems. Additionally, SOF often under report or delay care, commonly resulting in advanced severity. Severe cases require more diagnostic tests and highly-coordinated, efficient care - counter to typical care delivery. This reality creates a situation where the SOF community: 1) lacks basic resources for support, 2) increasingly distrusts providers and the VA, which often lack SOF cultural competency, 3) is frustrated by models of care that do not meet their needs, and 4) increasingly seeks "quick-fix" interventions that are elevated by peers but not evidence-based.

II. The Way Forward: Building Community Trust through Common Values

In order to achieve and sustain access to comprehensive and evidence-based care, we must work to connect all stakeholders and strive to understand the unmet needs that are commonly experienced yet different from the conventional military and civilian populations. Exploring this gap demands boldness, integrity, and humility from all stakeholders. These characteristics, combined with transparent and precise health communication, build the trust within the SOF community that is necessary to understand the barriers to effective care confronting the community today. When these values are embraced by all stakeholders, innovation and change are possible. These consistent practices pave new pathways for holistic, proactive, and evidence-based care that providers can consistently deliver and the community can trust will help them thrive.

- **Boldness** - Understanding the unmet needs of the SOF community demands conversations that are outside of the box and courageous enough to ask questions that are atypical; to beget research that is uniquely designed; and to address policy that needs to be changed.
- **Integrity** - Establishing trust between the SOF community, healthcare professionals, military leaders, and policy makers can only be done when all actions taken are characterized by honesty and have integrity. Any hint of profiteering, manipulation, efforts to conceal evidence, or blur clarity will damage the necessary trust of a key stakeholder, and this may even harm the career of some portions of the active duty SOF community.

- **Humility** - An open learning posture is necessary to understand the change and resources (both tangible and intangible) needed to better support the unique needs of the SOF community. All stakeholders must accept a degree of vulnerability to accurately express health and wellness challenges and confront, instead of defend, processes, procedures, and systems that must change. Additionally, stakeholders must be humble in their representation (symbolic, verbal, or marketing) of themselves and their organizations to earn SOF community trust.
- **Transparency** - Actions, intentions, procedures, functions, and information from all stakeholders must always be clear and precise. Regardless of reasoning, if actions are not transparent then individuals, businesses, and medical evidence cannot be trusted, and this presents a barrier.
- **Precision** - Language, intent, and business practices must be precise or they will not generate lasting results. The possibility of intentionally or unintentionally misleading the SOF community or other stakeholders will damage trust, which is necessary for hope, promotive behavior change, and systematic changes to impact care and delivery.
- **Education** - Accurate and effective communication is education. Education is necessary to fundamentally bring together various stakeholders and foster the conversation and efforts needed to understand needs and make change.
- **Innovation** - When we identify a gap in care or care delivery, innovation is a moral obligation. Innovation can come in many forms, but understanding unmet needs demands a commitment and interest in innovation regardless of form: education, behavior, procedure, practice treatment, or policy.

III. Ethics in Action

Posture of Compliance: An Active Commitment to Ethical and Effective Care

Navigating the unknown is difficult for all stakeholders. MSOFC established this Code of Ethical and Effective Care so all community health stakeholders have a starting place for improving the state of performance and well-being for the special operations community - to include the SOF family. Consistent practice of the above values is essential at all times. While it is natural for stakeholders to uniquely prioritize their intent and desired outcome, the emphasis should always be on lasting, holistic outcomes that take into account all social

determinants of health. Short-term gains or misplaced sympathy can have damaging effects in the long-term.

Health Communication and Education

All written, verbal, and illustrative health and wellness communication should be precise, clear, and grounded in, or at minimum address, evidence-based information. This means the method of care, instrument of change, targeted illness/disease and specific symptoms all must be connected and clearly addressed.

- Medical/healthcare explanations should not over generalize applicability, use, risk, or reward/outcome.
- Medical/healthcare comparisons should not be made that do not align in substance, technique, or use.
- If an off-label use is being addressed, this should be communicated and include a justification for why the off-label use is compelling.

Provision of Health and Medical Care

SOF health needs often involve multiple body systems and root-cause can be hard to identify. Treating a “part” separate from the awareness of the “whole” can confuse, mislead, or overwhelm SOF service members and Veterans.

- How care is delivered (standard of care) should not change if a partner organization is involved. It should always begin with evidence of patient needs and evidence-based practice.
- Care should always be grounded in evidence-based practice, as a mechanism of integrity. This helps ensure no provider can target, take advantage, or be perceived as taking advantage of a certain vulnerable population.
- Care delivery should always consider the possibility of chronic and/or complex needs.
- Care delivery should always be open to including the family or at minimum encourage communication with the family.
- Care delivery should encourage or actively engage internal medicine/primary care providers and other involved providers. This collaborative care minimizes the risk of medical error, misdiagnosis, or over-prescribing.

Community Collaboration and Partnerships

Care that is complex, delivered to a special population, or addressing under/unmet needs often involves collaboration or partnership with nonprofit organizations, other organizations, researchers, or providers.

- Ethical standards should not differ between organizations.
- Organizations should not partner with other entities if it contributes to or encourages actions that would jeopardize this ethical code.

- If an organization learns of a partner acting/behaving in a manner contrary to these ethical standards, they must attempt to educate the partner, otherwise address the behavior, or terminate partnership/collaboration.

Commercial, Sponsorships, Advertisement, and Marketing

Sponsorship, advertisement, partnerships, and marketing can lead to perception of support and/or endorsement, or even be confused with health communication.

- Stakeholders should be mindful that financial ties to outside efforts/support may impact the way their efforts or mission are perceived. This can impact integrity and trust.
- No stakeholder should accept funds or support if it jeopardizes their ability to act in alignment with this ethical code. Examples of this would be a paid opportunity to access the SOF community.
- There should be a clear difference between health communication and marketing.

This Code of Ethical and Effective Care was adopted by a vote of the Board of Directors on May 26, 2022.



KaLea Lehman
President of the Board

