EINSTEIN CELEBRATES VETERANS DAY

In marking Veterans Day, the office of diversity and inclusion asked Dr. Daniel Correa, assistant professor of neurology at Einstein, to share his experiences as an American of Puerto Rican descent growing up in a military family, his path to a career in medicine through a military scholarship, and the influence of his military service on his work in healthcare. Dr. Correa’s research focuses on traumatic brain injury (TBI), brain injury medicine, and clinical research on epilepsy. His efforts also include public outreach and education, patient and public involvement in research on TBI and epilepsy, and the advancement of patient-centered outcomes in neurological care.
A tradition of military and public service is in Daniel Correa’s blood. He was born in Germany while his father was stationed there as a member of the U.S. Army.

When he was growing up, the Correa family moved a lot, just like many other military families. “Initially, I didn’t think I would go into the military because I had seen how transient and challenging that life can be,” said Dr. Correa.

At home, the Correas, who are from Puerto Rico, primarily spoke Spanish. As a youngster, Dr. Correa struggled to overcome a strong accent when he spoke English and often felt misunderstood and unsupported by teachers who insisted that he assimilate. His parents were even told not to speak Spanish with him at home until he had learned enough English. He recalled, “I would get frustrated with the English language, and the schoolteachers interpreted that as me being an angry kid. So, they put me in anger-management classes.”

Of the experiences, he added, “I grew up for a long time seeing that if I didn’t perform more ‘white’ and I didn’t speak and assimilate with a neutral accent, I wouldn’t be taken seriously. I think I was drawn to professions, skills, and directions where I could earn achievements that people couldn’t take away or doubt with their opinion.”

**Medicine and the Military**

During the Persian Gulf War, Dr. Correa’s father was deployed overseas, and that deployment was extended so that he was away from the family for almost two years. “For a long time, I felt that I had given my service as a teenager, having my father gone for so long and needing to step up as the man in the house,” he said.
He added, “As I got interested in medicine, moved forward in my training, and got accepted into medical school, I explored all the different paths available. My interest in serving underrepresented communities with health disparities and the idea of training in a social medicine environment were both factors I considered while looking at training opportunities. Then, considering what I knew about my father, his friends, and the families that we grew up with, it occurred to me that I might like to take care of soldiers.”

So, Dr. Correa determined he would go into the military, not so much to be a soldier but to be taking care of soldiers and their families. He also looked into army medicine scholarships, and ultimately earned a U.S. Army health professions scholarship, which allowed him to begin his first year at Howard University College of Medicine.

While on medical school breaks, Dr. Correa also completed his military training, including a summer of medical officer basic training and a summer learning how to care for casualties in combat (referred to as the Combat Casualty Course). As he finished medical school, he considered the areas of medicine that most interested him. Because his mother has epilepsy, neurology was clearly on the radar. He was also inspired by teachers in neurosurgery, orthopedics, and physical medicine and rehabilitation.

**Finding Neurology**

“I was introduced to neurology during my medical school rotations at Howard, NIH [National Institutes of Health] stroke teams, and Walter Reed, in 2007,” he said. “That was about a year or two into the wars in Iraq and Afghanistan in which we were seeing a big change in the types of injuries and casualties, including many more moderate and severe traumatic brain injuries.

“It was an emotionally challenging time to go into neurology, seeing soldiers coming back from war with such serious issues and long-term disabilities,” said
Dr. Correa. “The modern military health network could often evacuate soldiers to Walter Reed within 48 hours of a major head injury. During our training at Walter Reed, we would take care of very acute and recent combat injuries from across the world. While training in the army neurology residency, we developed a focus on best practices in medicine, along with general neurology care of individuals with acute traumatic brain injury and managing their recovery and rehabilitation. This led to my interest in helping those living with TBI and complications such as epilepsy.”

After Walter Reed, Dr. Correa moved to Fort Gordon in Augusta, Georgia. There he joined the leadership of a neuroscience and rehabilitation center, running an intensive, outpatient traumatic brain injury recovery program where he and his colleagues would treat patients with extended, long-term, post-concussive symptoms or complications. During his time there, he frequently worked with the physical medicine and rehabilitation department. Working alongside this team, he witnessed the numerous challenges that families and soldiers go through in recovering from TBI and all of its comorbidities. He observed that “care of families is an essential aspect of military medicine that most people aren’t aware of. They think we only take care of the soldiers, but we also take care of their spouses and children. Through that work, I had the amazing opportunity to work alongside a team dedicated to the neurologic health and recovery of army families.”

**The Appeal of New York**

When leaving the army, Dr. Correa and his wife chose New York in part because of their eagerness to be in New York City. “I knew I’d have the opportunity to use my Spanish more often in the care of a community close to my ethnic background,” he said. “Similar to my work with our soldiers, I wanted to join Einstein’s efforts to support underserved communities, helping them to live better with their medical conditions while navigating systemic disparities in health.”
Lessons from the Military Healthcare Infrastructure

Among the things Dr. Correa enjoyed about military medicine was its focus on each person’s best possible outcomes and improving delivery of clinical care. He noted, “Part of the mission in army medicine is to conserve the fighting strength, and we do that by taking care of the soldiers and their families.” Toward that goal, he explained how the care team aims to work together on equal footing, including the nurse, the social worker, and the physician. “We’re all there in service of the individual and that individual’s overall health,” he said. “That health doesn’t end when the patient leaves the hospital or the clinic. That healthcare focus is holistic for the patient and family. The ultimate goal is to support their health, happiness, and perseverance.”

He explained further, “In military medicine, you’re thinking beyond ‘How do I help to decrease this soldier’s migraines?’ to ‘I need to help them manage the migraines so that they’re more comfortable, don’t have side effects, can work effectively, and not put others at risk when headache medication impairs their ability to read a radar machine or fly a helicopter.’ Then, they have to be able to go home and be a productive and interactive member of their family, because the time and support of their family is essential to the balance in their life and military service.”

Through his military medicine experience, Dr. Correa honed listening skills taking in both the patient and their family’s experiences, to understand how that might impact their medical condition and life. He said, “I think this is a skill all healthcare providers strive to develop and grow in their practice.”
He added, “I’m interested in taking care of people as we did with military medicine, looking at how we engender that care forward—not only in academic medicine but through the overall U.S. health system.”

On Being a Veteran
Dr. Correa credits his military experience with providing him access to mentors from diverse backgrounds who encouraged him to develop more as a leader. He explained, “Going into military medicine and being a Veteran actually opened more opportunities for me.

“There is a higher percentage of people of color who go into the military, and there is a little bit more of a structural system to help people advance and develop skills that are not completely dependent on someone’s family or connections.”

At Einstein, Dr. Correa has found a place that is open to accepting people who have trained in different healthcare systems. He observed, “Within neurology, we accept and take in international medical graduates and trainees from Israeli medical schools along with people from many other diverse backgrounds. I enjoy participating in Einstein’s academic efforts to support both the care and the development of individuals in medicine from diverse and underrepresented backgrounds.”
Reflecting on his own experience, he advised others interested in medicine who are from underrepresented racial and ethnic backgrounds: “It's important to find those people who value and see your differences as strengths, and who support your interests so that you hear that you can be a doctor, a researcher, or whichever profession will give you purpose. These voices are important to support you and give you the strength to move forward and develop personally and professionally. I would also like to encourage you to find role models who demonstrate balance in their lives, because investing in your balance makes you a lot stronger.”

Resources:
VetCheck is a government resource for Veterans in New York City. The program includes outreach and support with financial, career, and other resources for veterans within New York City. Learn more here.