

Military History Checklist Guide

The Military History Checklist is designed to help community hospices identify their veteran patients, evaluate the impact of the experience and determine if there are benefits to which the veteran and surviving dependents may be entitled. This Guide provides a quick overview of the questions and implications for each. Additional information can be found in the Military History Toolkit and on the Department of Veterans Affairs website (www.va.gov).

Many Veterans who did not experience combat did experience other types of traumatic assignments, for example, the person who transports body bags or the clerk who enters names of service members who were killed in action.

All hospice programs are encouraged to modify the Military History Checklist to meet their needs and the needs of the Veterans in their community.

- 1. Did you (or your spouse or family member) serve in the military?** Those who have served in the military are a part of a distinct culture with its own language, rituals and norms, and this can define the functioning of entire families, especially when there is a strong familial history of military service. This culture has a number of significant subcultures and era of service, Special Forces service, combat vs. non-combat service, theater, whether the vet was an officer, enlisted vs. drafted, and gender are all vital factors. Also, if a patient's family is currently serving on active duty or engaged in combat operations, this has clear implications for the family's psychosocial needs. Finally, the DD214, a veteran's discharge form, is a primary driver in the VA enrollment process. Verification of discharge status is required for VA enrollment.

There are several ways to obtain a veteran's DD214:

- Many veterans register their DD214 in their local courthouse
- National military archives www.archives.gov/st-louis/military-personnel
- VA benefits office at the local VA regional office.

- 2. In which branch of the military did you serve?** As mentioned above, each branch of service has a distinct culture, and has its own methods of training and instruction. The focus of each branch also partially determines the likelihood of combat related trauma. For more information regarding the specific branches of the US military, please see the following: www.marines.mil; www.af.mil; www.navy.mil; www.army.mil; www.uscg.mil
- 3. In which war era or period of service did you serve?** Often in the VA or military system a soldier's dates of service are spoken of in terms of the conflict in which the veteran served. As with branch of service, each era of service has its own unique culture, which can dramatically influence the outcome of a soldier's experience. For example, WWII veterans are more likely to have had areas of safe haven than Vietnam veterans, who were often in immediate physical danger and resulted in a higher incidence of stress-related disorders. Korean veterans were often told not to discuss their military service and are sometimes overlooked in the discussion regarding the needs of veterans. A significant number of Korean veterans were POWs held by the Chinese, and subjected to torture and other mistreatment.

Medical issues seen in the various eras and locations are as follows and may be associated with presumptive disabilities:

- a WWII: Infectious diseases, wounds, exposure to nuclear weapons or clean-up, exposure to chemical agents, asbestos.
- b Korea: Injuries related to cold temperatures.
- c Cold War: Soldier may have been exposed nuclear testing or materials, or have been exposed to chemical or biological agents.
- d Vietnam: Conditions related to exposure to Agent Orange, infectious diseases.
- e Gulf War: Exposure to smoke, complications from immunizations, exposure to chemical and biological agents, infections, exposure to depleted uranium.
- f Iraq: Complications from immunizations, exposure chemical and biological agents,

infections

- g Peacekeeping: Varies significantly by location. Many were exposed to the aftermath of atrocities, and may have served in a combat environment in which they were not allowed to react with force. Possible exposures include infections, depleted uranium, chemical and biological agents, and land mine injuries.

4. Overall how do you view your experience in the military? Veterans often take great pride in their service, seeing it as a period of time when they did something meaningful to make a difference in the world despite the fact that they may well have been imprisoned, tortured, wounded, exposed to atrocities, or had other traumatic experiences. Not all veterans see their service as a positive one or do not see their sacrifice as having made any difference, and this has resulting complications. There may be extensive existential questions, and providing opportunities during follow-up visits for team members to explore these has a great deal of value. Understanding how veterans view their service, whether it is positive or negative, has implications for how they view their disease, especially if it is related to their service.

5. Would you like your hospice staff/volunteer to have military experience, if available?

The common military culture of veterans, which is often able to span eras and theaters of service despite the previously mentioned differences, can be a powerful force at end of life. Having a volunteer or staff member who is a part of the military culture can provide support in a way not otherwise available, and may provide an outlet for the stories and experiences that have never been communicated to family or others in the veteran's life. Also, volunteer opportunities for veterans are often a path to healing war related trauma for the volunteer. Be aware that veteran volunteers may need additional support when caring for a fellow veteran, as their own trauma may also be re-triggered. Your local VA hospital, Vet Center, County Veterans Service Office, or a Veterans Service Organizations can be good sources of information and support for community hospices that are developing veteran volunteer programs.

6. Are you enrolled in VA? All veterans that were honorably discharged or discharged due to a disability may be eligible for VA benefits (health care and/or monetary). Veterans must be enrolled in the VA in order to be considered for these benefits. If the veteran is not enrolled in VA, it may be possible to expedite enrollment by working with the nearest VA Medical Center, a County Veterans Service Officer or a Veterans Service Organization.

6a. Do you receive any VA benefits? There may be benefits to which the veteran is entitled.

6b. Do you have a service connected condition? A veteran may have sustained an injury or a disabling condition during his or her military experience. A veteran's service history is reviewed by a VA benefits specialist who rates the veteran's percentage of service connection. A veteran's level of service-connected disability is determined by how much the injury or disabling condition has incapacitated him or her. Disability compensation is a monetary benefit that may be available to veterans. The survivors of a service-connected veteran may be eligible for monetary benefits.

6c. Do you get your medications from the VA? A veteran enrolled in the VA for healthcare benefits may receive their medication (non-hospice related) from their VA primary care provider at a reduced rate.

6d/6e. What is the name of your VA facility or VA provider? VA services must be ordered or referred to by a VA provider.

6f. For more information regarding VA please refer to the following:

www.va.gov

www.myhealth.va.gov

www.WeHonorVeterans.org