

# **EPEEC for Veterans**

Education in Palliative and End-of-life Care for Veterans

## **Trainer's Guide**

### **Module 9**

# **The Experiences of Veterans from Different War Eras**

**Emanuel LL, Hauser JM, Bailey FA, Ferris FD, von Gunten CF, Von Roenn J, eds. EPEC for Veterans: Education in Palliative and End-of-life Care for Veterans. Chicago, IL, and Washington, DC, 2012.**

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## Module 9 trainer's notes

### Principal message

Military service exerts a transformative effect on the life of Veterans. Veterans' cultural experiences can be a source of strength and meaning, as well as a source of distress at the end of life. Veteran's cultural experiences vary based on time and type of service. This can provide helpful clues to evaluate during assessment and in addressing distress and suffering at the end of life.

### Module overview

Cultural attributes are important factors that can have profound impacts on how individuals respond and interact to others and their environment. Often culture is defined as the community one is born into and/or raised in. However, sometimes individuals will join a group or organization that has distinct cultural attributes that can affect how this individual will live their lives. Military service is one of these types of acquired cultural experiences. After leaving military service, this cultural connection continues with the Veteran. At the end of life the cultural context of a Veteran can have both positive and negative connotations that can increase the capacity to bear suffering or in some cases adds to the emotional, spiritual, social and physical distress expressed by the Veteran. Understanding of the cultural context of Veterans is important to understanding what for some will be a source of strength as well as distress at the end of life.

### Preparing for a presentation

#### 1. Assess the needs of your audience

Choose from the material provided in the syllabus according to the needs of your expected participants. It is better for participants to come away with a few new pieces of information, well learned, than to come away with a deluge of information, but remembering nothing.

#### 2. Presentation timing

Allow sufficient time to collect participants' demographic data and complete the pre-test.

The suggested timing for each part of this module is:

Introduction	2-3 minutes
Video trigger tape & discussion	10-12 minutes
Presentation	25-30 minutes
<u>Summary</u>	<u>2-3 minutes</u>

### **3. Number of slides: 19**

### **4. Preparing your presentation**

The text in the syllabus was not designed to be used as a prepared speech. Instead, the slides have been designed to trigger your presentation. Although the slides closely follow the text of the syllabus, they do not contain all of the content. Their use presumes that you have mastered the content. You may want to make notes on the slide summary pages to help you prepare your talk in more detail and provide you with notes to follow during your presentation. You may choose not to use all of the slides. By giving a handout, you can refer participants to it for the information you choose not to cover.

Practice your presentation using the slides you have chosen, and speaking to yourself in the kind of language you expect to use, until it is smooth and interesting and takes the right amount of time.

### **5. Preparing a handout for participants**

The syllabus text and slides in the **Trainer's Guide** were designed to be reproduced and provided to participants as a handout, either in its entirety, or module by module. If the entire curriculum is not being offered, please include the following in each handout:

- **EPEC for Veterans Front Cover Page**
- **EPEC for Veterans Acknowledgment Pages** (to acknowledge the source of the material)
- Syllabus and slides for **Module 9**

### **6. Equipment needs**

- computer with DVD capability or separate DVD player
- flipchart and markers for recording discussion points

## **Making the presentation**

### **1. Introduce yourself**

If you have not already done so, introduce yourself. Include your name, title, and the organization(s) you work for. Briefly describe your clinical experience related to the information you will be presenting.

### **2. Introduce the topic**

Show the title slide for the module. Tell participants the format and time you will take to present the session. Identify any teaching styles other than lecture that you intend to use.

### **3. Review the session objectives**

Show the slide with the session objectives listed. Read each objective and indicate those that you are planning to emphasize.

### **4. Show the trigger tape or present your own clinical case**

After reviewing the objectives for the session, show the trigger tape or present your own clinical case below. The trigger tape has been designed to engage the audience and provide an appropriate clinical context for the session. It was not designed to demonstrate an ideal interaction, but to ‘trigger’ discussion.

#### **Clinical case**

The trigger tape consists of two Veterans:

1. Mr. Verlo, a WWII Veteran, who suffered a disabling stroke and is cared for at the Tomah, Wisconsin VA Medical Center. He discusses his experience in WWII and how it affects him now in palliative care.
2. Mr. Burns, a Vietnam Veteran, is cared for in the palliative care program at the Jesse Brown VA medical center in Chicago, IL. Mr. Burns has a diagnosis of lymphoma and he discusses how his experience in Vietnam relates to his current care.

Alternatively, you can construct a case of your own where a Veteran’s experience of war was an important part of his care.

#### **Setting limits to discussion time**

Limit discussion of each scene of the trigger tape to no more than 5 minutes, then move on to the presentation. To help move on if the discussion is very engaged, try saying something like:

- Let’s hear two last points before we move on.
- Now that you have raised many of the tough questions, let’s see how many practical answers we can find.

### **5. Present the material**

#### **Recommended style: Interactive lecture**

An interactive lecture will permit you to engage your audience, yet cover the material within 45 to 60 minutes. Use the case from the videotape to illustrate key points. You may want to use case experiences of your own as examples. You may want to ask participants for comments and examples during the presentation. However, be careful that they don’t get derailed in such a way as to prevent you from covering the material you want.

## **6. Key take-home points**

1. Through the Veterans Oral History Project, Veterans can leave a legacy of their war memories that will be archived at the Library of Congress.
2. World War II Veterans, now in their 80s and 90s, represent the largest proportion of dying Veterans.
3. Although there was not combat during the Cold War, there are Veterans of that time who may have had significant radiation exposure due to testing of atomic weapons in the later 1940s and 1950s.
4. Despite having approximately 500,000 soldiers, the Korean Conflict is less well-known in American history than other wars.
5. The Vietnam War is associated with a higher incidence of Posttraumatic Stress Disorder (PTSD) than other wars.
6. Because of the political climate during the Vietnam War, Vietnam Veterans may feel that their service has not been as recognized or celebrated as other Veterans'.
7. Two of the major sequelae for Veterans of the Persian Gulf War, Operation Iraqi Freedom and Operation Enduring Freedom are Gulf War Syndrome and Traumatic Brain Injury.

## **7. Summarize the discussion**

Briefly review each part of the presentation. Recap 2 or 3 of the most important points that were discussed.

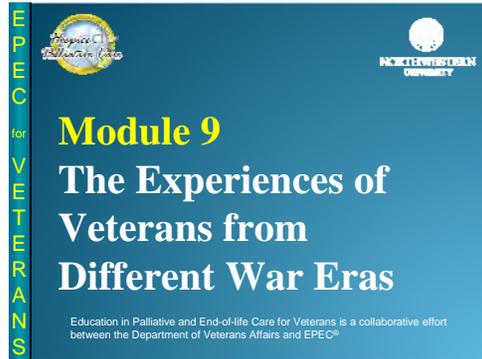
## **8. Post-test/evaluation**

Ask the participants to evaluate the session.



## Abstract

Slide 1



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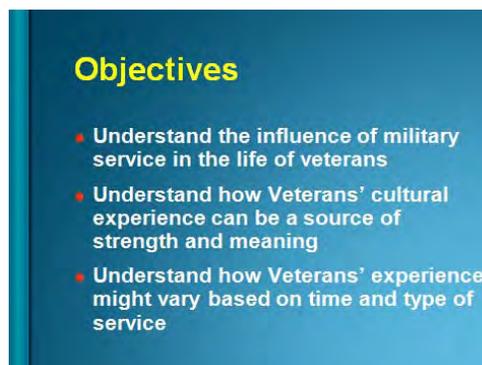
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Cultural attributes are important factors that can have a profound effect on how often individuals respond to and interact with others and their environment. Culture is defined as the community one is born into and/or raised in. However, sometimes an individual will join a group or organization that has distinct cultural attributes that can affect how this individual will live their lives. Military service is one of these types of acquired cultural experiences. After leaving military service, this cultural connection continues for many Veterans. At the end of life, the cultural context of a Veteran can have both positive and negative effects that can increase the capacity to bear suffering or in some cases add to the emotional, spiritual, social and physical distress these Veterans experience. This module describes some features of military culture that may affect the care of Veterans in palliative care. It is not intended to be a thorough review of different war and war eras, but rather offer some suggestions for things clinicians can learn to recognize.

## Objectives

Slide 2



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After studying this module, clinicians will be able to:

- understand the influence of military service in the life of Veterans;

- understand how Veterans’ cultural experiences can be a source of strength and meaning as well as a source of distress and result in poorer coping at the end of life; and
- understand how Veterans’ experiences might vary based on time and type of service.

## Clinical case

Slide 3




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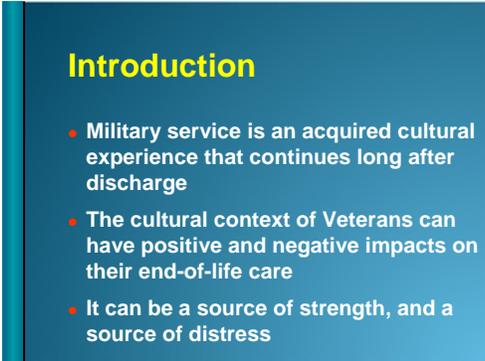
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2. Mr. Burns, a Vietnam Veteran, is cared for in the palliative care program at the Jesse Brown VA medical center in Chicago, IL. Mr. Burns has a diagnosis of lymphoma and he discusses how his experience in Vietnam relates to his current care.

## Introduction

Slide 4




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Military service has been a defining experience for many Americans as they transitioned from youth to young adulthood. In a few countries, military service after secondary school is compulsory for all. This becomes a shared experience of all young men, and in

some cases women, as they become adult members of society. In the United States, compulsory military service has never been the norm, although there have been times when, due to an increase need for soldiers during wartime, a process of conscription or draft has been instituted.

Slide 5

**Experience of service**

- All-volunteer armed forces for 35 years
- Veterans share the cultural diversity of our country, and the common bond of having served
- Many Veterans seek out Veteran Service Organizations (VSOs)

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After the highly controversial draft during the Vietnam War, the country has been committed for the last 35 years to an all-volunteer military. Veterans share the cultural diversity of our country; however, they also share a common bond of military service to their country. The unique experience of being a Veteran is something that is often hard for friends and family to truly understand. This often leads Veterans to seek out other Veterans, either informally or in Veteran Service Organizations (VSO) to review and renew connections with others in this shared experience that was for most a life-altering time. For a guide to VSOs, see <http://www1.va.gov/VSO/>.

## American military history

Slide 6

**Military history**

- First European settlers lived close to soldiers for protection
- American Revolution
- Each generation has war; each generation produces Veterans
- Military/Veterans often see integration of race, gender, etc. before mainstream society

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The history of the United States is intimately linked to its military history. The first European settlers were either members of the military or lived in close proximity to soldiers for protection. The United States was born out of the American Revolution that now over 200 years later still defines us as a people. Almost every generation has known war and conflict. Every generation has served in our military and every generation has therefore produced Veterans. As the United States has stumbled forward into a more “perfect union,” it has often been in the military and then among Veterans that you see

the integration of race, gender and every form of diversity before it becomes the norm of our society.

Slide 7

**Leaving a legacy**

- **Veterans Oral History Project**  
allows archiving of Veterans' stories
- **More informal methods**  
any clinician can ask: "Tell me about your service"

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Veterans have a rich legacy of experience to share. The Veterans Oral History Project through the Library of Congress (<http://www.loc.gov/vets/>) and other programs are ways that we can preserve and learn from the unique and powerful experience of military service. The Veterans Oral History Project allows veterans to record and archive their stories and others to read them. Each Veteran's experience and perspective is of great interest to other Veterans, as well as family and friends and the community at large. Veterans always have a story to tell; stories of the difficulty of basic training, combat, and stories about the parts of our country or the world that they were sent to during service.

Particularly near the end of life, Veterans often have a story that they want and need to tell to build their own legacy. Through programs like the Veterans Oral History Project or in more informal ways Veterans want and need to pass the torch, privilege, honor and respect to their fellow Americans, particularly those who now choose to volunteer for military service. Any clinician can ask a Veteran "tell me about your service." The act of telling that story and listening to that story is a powerful one.

## Warrior culture

Slide 8

**Warrior culture**

- **Most new recruits young, fresh out of high school**
  - some search for purpose
  - better economic circumstances
  - search for adventure

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For the most part, military recruits are young, 18-21, just out of high school or with a GED. It is at this formative time that young adults are often searching for identity,

meaning and purpose in their life; for others, due to economic hardship and limited opportunity, military service may be seen as a way to better one's circumstances. For others, it is a desire for adventure and a time to see the world; for most it is some combination of all of these things.

Slide 9

**Basic training**

- Turns soldiers into squads  
privilege, duty, connectedness
- Initiation into warrior class / stoicism  
PTSD  
depression  
substance abuse

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The process of basic training, common to each branch of the service, is an intense experience designed to transform distinct individuals into uniformed and uniform soldiers who are bound to each other as a group; a group that is most likely to thrive. Each unit is stronger than each individual and each is only as strong as the weakest member of the group. This is a remarkable experience that goes against much of what other sectors of what U.S. society value such as individuality and personal freedom. This unique experience of becoming a part of a greater entity is part of a rich military history of valor, honor, courage and duty. Anthropologically and psychologically, this is an initiation into a select group; with this selection comes privileges, duty and a connectedness that for many will continue for the rest of their lives both in the military and after discharge as a Veteran.

Almost every society has a warrior class. The warrior may choose this identity or have it thrust upon him or her by the circumstances of war and necessity. The first step to becoming the warrior is the initiation, which is a process to break down the individual and reconstruct him or her as a soldier. This is a process that is difficult because the task of being a soldier requires developing an inner strength to face fear and adversity in combat with courage. The training is meant to prepare the citizen soldier for the hardship, danger and bravery that will be needed to win the battle.

One of the major aspects of basic training is to develop stoicism. Stoicism is the ability to tamp down emotions; to outwardly seem indifferent to hardship, pain and grief as well as to joy and pleasure. This is an important trait during military service, but this effective coping mechanism in a time of service or battle can have unanticipated and perhaps adverse affects on how people deal with pain, grief, suffering and even joy and pleasure at the end-of-life. Veterans as a group have been known to have incredible stoicism in the face of devastating injury and illness. This can lead some to under-report and minimize pain and other forms of physical suffering, which complicate pain and symptom control at the end of life.

Stoicism can also extend to psychological, emotional, social and spiritual suffering all through life but particularly at the end-of-life. In other modules in *EPEC for Veterans* you will learn more about particular struggles with unique psychosocial issues such as Posttraumatic Stress Disorder (PTSD). Depression and Substance Use Disorder (SUD) are often more common in Veterans who may be struggling with events that occurred during their military service (see *EPEC for Veterans* Module 8: Psychosocial Issues in Veterans).

Slide 10

**Feelings about service**

- Pride
- Strength of the group
- Moral ambiguity from wartime actions
  - PTSD
  - guilt / regret
- Veterans who have seen combat
  - almost all carry some suffering

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The pride of being in a group, making a difference and being a fighter are all common attributes seen in Veterans. The impact of military service has both positive and negative attributes on the Veteran and invariably impacts how the Veteran will cope with the grief, loss, suffering that are often experienced at the end of life. For many, the positive lessons learned in the military will serve them well. The Veteran has learned of the strength of many and the power and wisdom of the group.

At the same time, this may be mixed with moral dilemmas related to the ambiguity of things a soldier must do during military service. In more severe forms, this may be expressed in PTSD but may also be regret, guilt, survivor's guilt or other complex emotions that are linked to military service. On the whole, military experiences for many were positive ones, but for some their lives were never the same and they were never completely successful in reintegrating into civilian life.

The majority of Veterans were not in combat situations. However, all Veterans were prepared for that possibility as part of their training. For those who were in combat situations, these had the potential to have tremendous and lifelong impacts. Many Veterans in combat were physically wounded and some of these were left with lifelong physical disability. However, almost all Veterans carry some emotional, social and/or existential suffering away from the experience of battle. Those closest to the battle or who were in war the longest are most likely to experience more profound effects. Even those involved in support positions, such as nurses and physicians who cared for the wounded or those who maintained and repaired the equipment used in war, are affected by the loss and suffering not only of comrades but also of the people in whose country the war took place. Some Veterans have learned to cope well, while others were

profoundly changed and perhaps broken. These things must be taken into consideration in order to provide culturally competent hospice and palliative care to Veterans.

## Veteran populations by era of service

The next section discusses some of the unique issues that relate to service in a particular time or conflict; to compare and contrast the experience of Veterans who served during WWII, the Korean Conflict, the Vietnam War, the Persian Gulf War, and Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF).

### World War II

Slide 11

**World War II**

- Almost all WWII Veterans > 80 years of age
- Many died or were wounded
- Pride in American victory over fascism
- Segregation
- Many have injuries from combat or environmental exposure
  - radiation
  - mustard gas

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World War II ended over 65 years ago. Although millions of American men and women were in military service during this time, this cohort of Veterans is aging and rapidly decreasing in numbers. At this time, almost all WWII Veterans are over 80 years of age with many in their 90s. Many Veterans of WWII have already died and due to their large numbers one in five Americans who die each year are Veterans.

WWII was a brutal war that brought hardship, death and destruction to much of the world. Although there was no combat in the continental U.S., there was some fighting in U.S. territories such as Hawaii's Pearl Harbor. However, the U.S. was crucial to the Allied Victory over Nazi Germany and Imperial Japan. Often, this era has been glamorized and for Americans living today the outcome of victory portrayed as a forgone conclusion. This was not the reality for the Americans and the Allies; victory was fervently hoped for, but it did not at the time seem assured.

Although WWII was 6 years in length, the US did not become involved until 1941. During the first two and a half years before direct U.S. involvement, the U.S. supported the United Kingdom and other groups fighting against Axis forces indirectly, while maintaining official neutrality. The majority of Americans, having lived through the horror of WWI, and the hardship of the Great Depression, were reluctant to commit to all-out war. However, the attack on Pearl Harbor on December 7, 1941 brought an end to neutrality. Most historians see this as the turning point in the war that would ultimately result in an Allied victory nearly four years later. The war on all fronts was brutal and

many soldiers died or were severely wounded, many others would be emotionally scarred by what we now know as PTSD.

Our country now rightly views this as a time when Americans pulled together, that the war was a galvanizing event that forged a distinctly American identity. Men and women from every region and background came together with an emphasis on our commonality. There was also a clear mission to fight the aggression of cruelty of Fascism. Americans at the time and still to this day look back with pride on what has been called “The Greatest Generation.”<sup>1</sup> Much has been done to capture and record the oral history and memories of WWII Veterans and honor them as it is clear that in a few more decades this generation will have passed into history.

In addition to honoring our Veterans, there have been attempts to help all Americans remember the horror of the Holocaust with the U.S. National Holocaust Museum, and many movies and books. The Holocaust was a horror that was not fully appreciated until after WWII was won. Although some movies and books glamorized WWII, more recent projects such as *Saving Private Ryan* in 1998, and the series *Band of Brothers* in 2001, both directed by Steven Spielberg, more accurately portray the savagery of many battles and the hardships related to deployments that lasted for some soldiers for years.

## **Issues at the end of life**

At the end of life, Veterans of WWII may have complications related to their service such as injuries suffered during combat and environmental exposures such as cold injury, mustard gas and exposure to radiation due the use of atomic bombs at the end of war in Japan. The dangers of radiation exposure were not truly appreciated and exposure often occurred during nuclear clean up in Japan and during the early years of the Cold War due to above-ground testing in remote islands in the Pacific. However, WWII Veterans often had traumatic experiences that may be aspects of nightmares or as part of delirium which is a common symptom at the very end of life.

WWII Veterans are almost uniformly proud of their military service and see their contribution to winning this war as an important part of their legacy at the end of life. However, although African Americans served, the military was still racially segregated. This is still a painful memory for many African-American Veterans of WWII who felt the sting of discrimination and rightly believed that their contributions were and still are underappreciated. Even this can be glossed over and glamorized by placing an emphasis on select aspects of the story such as the Tuskegee Airmen and the Navajo code writers.<sup>2,3</sup> It is important to express gratitude and appreciation to all who served but special effort should be made to recognize the contributions of African Americans, Native Americans, Hispanics and other minorities who fought for our freedom as a country while their own freedom was not fully realized.

# Korean Conflict

Slide 12



**Korean Conflict**

- Many Americans unfamiliar
- No clear victory  
some feel service unappreciated
- Environmental exposure  
injuries from extreme heat and cold  
cold sensitivity
- Veterans may minimize experiences  
many relive experiences

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Korea had been divided at the end of WWII into a northern Soviet occupied and Southern U.S. occupied region. The Korean Conflict was one of the major flash points in the Cold War. There was constant jockeying for advantage with the idea that countries or parts of countries could be brought under the influence of Communism or the Western Alliance. Two governments were formed and both claimed legitimacy for control of the whole country. In 1950, North Korea invaded South Korea and occupied most of the Korean Peninsula. The United Nations intervened on the side of South Korea and both Communist China and the Soviet Union supported the Communist government of the North. This conflict became a proxy war between the two great ideologies of the day. In the first year, both the Communist and the American-led United Nations force nearly occupied the entire country. For the last two years of the conflict, the fighting centered on the 38th parallel, close to the original border. A cease-fire armistice was finally signed in June, 1953 but the war has never officially ended and tensions still exist on this border.<sup>4</sup>

The Korean Conflict has been called a “conflict” or a “police action” which politically served to downplay the war. Nearly half a million Americans served in Korea, and nearly 40,000 died there. Yet many Americans do not know much about this war. Unlike the Korean Conflict, both WWII and the subsequent Vietnam War would be featured frequently in books, movies and the press.

For Korean Conflict Veterans, there was no clear victory as there was with WWII. This often leaves Korean Veterans feeling that their service, and the deaths of their comrades, was not appreciated. The same source of pride that came from winning WWII was missing. The soldiers at the end of the Korean Conflict came home to a country that had moved on after two decades of war and devastation. Korean Conflict Veterans often suffered from exposure to extremes of heat and bitter cold. Frequently supplied with inadequate equipment to protect themselves from the elements, they struggled to survive the dual enemies of humans and the environment. All of these aspects of the Korean Conflict may result in Veterans minimizing their experience, which for many of them have been life-changing. Often, this is the forgotten war with many younger Americans remembering WWII and Vietnam and now the wars in the Iraq and Afghanistan but forgetting about the 500,000 soldiers who went to Korea.

## Issues at end of life

Korean Conflict Veterans have often lived with severe disabling injuries. Veterans certainly may relive some of these experiences during times of stress or delirium. Uniquely, cold sensitivity may be due to amputations and injury resulting from frostbite leads some Veterans to feel painful cold even in what is a warm room. Special attention to extremities using warm packs, careful range of motion and positioning to reduce pain and prevent skin breakdown are important issues to incorporate into to overall hospice and palliative care plans.

## Cold War

Slide 13



**Cold War**

- **Arms race**
  - radiation exposure due to above-ground nuclear testing
  - anger / mistrust of government, including VA
- **Every VA has a registry physician**
  - Agent Orange
  - Gulf War Syndrome
  - ionizing radiation

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The Cold War refers to the increased level of political and military tension between the United States and allies and the former Soviet Union and other communist countries in Europe and Asia. The Cold War started at the conclusion of the WWII and extended until the mid-1990s. The "Arms Race" was a term used to describe the efforts of both sides to develop and project military strength by the development of larger and more effective delivery systems for nuclear weapons. During the Cold War, tensions would often erupt into outright conventional war, most notably the Korean and Vietnam conflicts.

Although nuclear weapons have not been used in war since Hiroshima and Nagasaki, nearly a quarter of a million American soldiers were exposed to radiation during subsequent testing of these weapons between 1945 and 1962.<sup>5</sup> Radiation exposure increases the risk of illnesses such as leukemia and cancer. In addition, many soldiers are still angry that they were purposely exposed to high doses of radiation. This may lead to mistrust of the government and VA.

Every VA medical facility has a registry physician for Agent Orange, Gulf War, and Ionizing Radiation that is part of VA-wide Office of Public Health and Environmental Hazard.<sup>6</sup> Exposed Veterans are eligible to participate in VA's Ionizing Radiation Program. This includes the opportunity to have an Ionizing Radiation Registry Examination performed and special eligibility for treatment of conditions that VA recognizes as potentially radiogenic by statute or regulation whether or not they have had a radiation compensation claim approved.<sup>7</sup>

# Vietnam War

Slide 14

**Vietnam War...**

- Source of much angst for United States
- Controversial
  - distrust of political leadership
  - first guerilla war
    - hard to separate combatants and civilians
    - soldiers could never let guard down
    - hard to have sense of accomplishment
- Dissent at home

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Slide 15

**...Vietnam War**

- Great physical, emotional, existential trauma
- Severely wounded more likely to survive
- Reintegration difficult
  - alcohol/substance use/abuse
  - many mental health issues, PTSD
  - Agent Orange
  - Hepatitis C
  - traumatic brain injury

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The Vietnam War has been and is a source of much angst for the United States. The decade of the 1960s seemed to start with much promise. President Kennedy opened his Administration with a call to citizens to “Ask not what your country can do for you; but what you can do for your country.” The decade ended with violence at home and violence abroad, particularly during the Vietnam War.

The Vietnam War was the first televised war and the immediacy and violence of the fighting was a shock to the country. While war reporting goes back to Homer and Herodotus, television brings immediacy that strips war of any glamour it may have once had. At the conclusion of the war, many in the United States came to question the authority and veracity of many of the institutions of government.<sup>8</sup> Furthermore, because of the large number of personnel required and the presence of the draft for much of the war, a large percentage of the men entering the services possessed baccalaureate and higher degrees. This led many to question and become more aware of the surrounding conditions, both physical and mental.

Many still believe that politicians failed both the soldiers and the country as a whole. The leadership saw this as another flare up in the cold war where the United States was preventing the spread of Communism, in what was described as a domino theory. The landscape, language and culture were very different from that of the United States. This

was the first U.S. guerilla war. In WWII and in Korea, the enemy had been in a defined uniform and the battle lines were clear. In Vietnam, it was often not possible to easily identify and separate combatants from civilians. As a result, soldiers could never let their guard down or feel safe. Soldiers did not generally feel any sense of gratitude from the Vietnamese that they were supposed to be there defending and helping. This new style of war made it harder for soldiers to have a sense of accomplishment.

At the same time, there was dissent in the country about the Vietnam War. This dissent became quite rancorous, with both sides using accusations of “traitor.” In the final result, some saw the collapse of the South Vietnamese government and reunification of the country under the Communist North as a result of lack of resolve and the fault of antiwar elements. On the other hand, war opponents saw this outcome as vindication of their point of view that the war was unwinnable from the beginning.

For Vietnam Veterans, the physical, emotional and existential trauma was great. With improvements in medical and surgical trauma therapy coupled with an enemy strategy to injure but not necessarily kill, severely wounded soldiers were more likely to survive. But they survived with severe and disabling injuries that would make reintegration into society difficult. The emotional and existential trauma resulting from the war was great. It is often difficult to find meaning in suffering and loss. For many Vietnam Veterans, the search is still ongoing. During the war, alcohol and substance use and abuse were common among service personnel in Vietnam.<sup>9</sup> For some, this would become substance addiction that they would bring home with them. The hypervigilance of guerrilla warfare still seems to have led to a high prevalence of PTSD.

Vietnam Veterans did not return as a group but each month hundreds and then thousands would be shuttled into the war and at the end of their tour shuttled out. In this way, there was never an official end or welcome back from the war: the return was more private and personal. The Vietnam Veterans Memorial in Washington, DC seems to have become a partial remedy for this lack of a public welcoming and acknowledgment. It was initially controversial, but ultimately a highly successful monument that can in a highly personal as well as public way honor the soldiers that died in this war as well as serve as a touchstone, site or pilgrimage and to some degree reconciliation among all parties.<sup>10</sup>

The Vietnam War led to extreme stress, PTSD, addiction and long-term mental health problems. Initially, many Vietnam Veterans did not utilize VA and even publicly blamed VA for perceived poor care and other problems. The country and the Department of Veterans Affairs have learned much from the problems facing these Veterans and the kinds of personal and programmatic responses that can be successful. The lessons learned will improve the ability of VA and the country generally to respond to the needs of Veterans of the Persian Gulf War and now of the Iraq and Afghanistan wars.

## Issues at the end of life

Vietnam Veterans at the end of life have often struggled with mental health, addiction or other reintegration issues. Even for those who seemed to have successfully transitioned to civilian life, there may be a resurgence of PTSD symptoms during the episodes of delirium. Broken marriages and other relationships can reduce the social capital that a Veteran has and make home care more difficult and increase the need for institutional care. Finally, issues like Agent Orange exposure may create a sense that the Veteran was duped and suffered needlessly. Special health concerns can be Agent Orange exposure<sup>11</sup> and Hepatitis C infections. Many Vietnam Veterans experience one, or both of these, problems as a cause, or at least complication of their end-of-life medical problems. It is important to discuss exposure with Vietnam Veterans and refer and assist them and their families in making claims as appropriate. At the time of death, it is important to include these conditions on the death certificate so as to aid families in obtaining important benefits. Many Veterans are very concerned regarding the well being of their surviving family members. Providing Veterans with peace of mind can be an important part of the psychosocial care plan at end of life.

## Gulf Wars

Since Vietnam, the United States has been involved in a number of conflicts such as the first Persian Gulf War, Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan. New Veterans are minted every day as soldiers complete their service and are discharged. There are many unknowns about what the future unique needs of these Veterans will be. What we do know is that due to advances in the treatments of war wounds and traumatic brain injury, many more severely injured soldiers are surviving. It is likely that the guerrilla nature of the war and the prolonged stress of dangerous duty stations will result in high levels of PTSD and emotional stress that VA and country must be prepared to help Veterans live well with these emotional scars of combat.

Traumatic Brain Injury (TBI) is increasingly being recognized in this group of Veterans.<sup>12</sup> It is characterized by severe, disturbing impact on cognitive ability due to the concussive force of explosions even when there is minimal apparent physical trauma. At this time only a few of these Veterans, usually with complications of severe traumatic injury, will be receiving end-of-life care through VA. However, over the next few decades as Veterans age, health care problems will develop and it will be at this time that the particular issues and needs of these newest Veterans at the end of life will become clear.

# The Persian Gulf War

Slide 16

**Persian Gulf War...**

- Many exposed to environmental toxins
  - burning oil fields
  - depleted uranium, etc.
  - multiple vaccinations
- Gulf War Syndrome
  - memory loss
  - fibromyalgia symptoms
  - no specific test or markers

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Slide 17

**...Persian Gulf War**

- Two conditions correlate with service
  - ALS
  - respiratory problems
    - asthma
    - exposure to high levels of smoke
- Young age means few need palliative care
  - will change as population ages

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The invasion of Kuwait by Iraq in 1990 led to a coalition of forces led by the United States that was able to liberate Kuwait quickly and U.S. ground troops were able to leave the region by June of 1991. Veterans of this war were exposed to significant environmental toxins, burning oil fields and military exposures such as depleted uranium used in weapons and armor. In addition, Veterans received multiple vaccines as preventive measures to reduce infectious disease problems associated with possible biological weapons and endemic disease in the region.

Many Veterans did not feel well when they returned and suffered from memory loss, fibromyalgia symptoms and other nonspecific but nonetheless disabling problems which became know as Gulf War Syndrome.<sup>13</sup> Gulf War Syndrome is a self-reported constellation of symptoms. There have not been identified any specific tests, or markers for the condition. This often leads to frustration among Veterans who may feel that their condition is not being taken seriously.

Two specific conditions have been correlated with service in the Gulf War.

ALS has been shown to occur at an increased rate among Gulf War Veterans<sup>14</sup> and respiratory problems, such as asthma related to exposure to high levels of smoke from burning petrochemicals.

Due to age, the number of Gulf War Veterans who are in need of hospice and palliative care services is small. However, as this cohort of Veterans ages, an increased number will develop serious and life-threatening diseases and need palliative care.

## Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF)

Slide 18



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On September 11, 2001 terrorist attacks on the World Trade Center in New York, the Pentagon and on a fourth airline that crashed in Pennsylvania killed nearly 3000 Americans. This attack by Al Qaeda led to an invasion of Afghanistan where Al Qaeda was based and protected by the Taliban. This war began in October 2001 and has become known as Operation Enduring Freedom (OEF). In 2002, tension between the U.S., Allied forces and Saddam Hussein and Iraq over compliance with UN Sanctions escalated. This ultimately led to the invasion of Iraq and became known as Operation Iraqi Freedom (OIF).

Since October 2001, approximately 1.64 million U.S. troops have been deployed for Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) in Afghanistan and Iraq. Early evidence suggests that the psychological toll of these deployments — many involving prolonged exposure to combat-related stress over multiple rotations — may be disproportionately high compared with the physical injuries of combat. For example, data from a recent study commissioned by RAND revealed that an estimated 18.5% (or about 300,000 OEF/OIF Veterans met criteria for probable PTSD or depression.)<sup>15</sup> Commentators have discussed some of the challenges of helping these Veterans, especially in the face of some Veterans’ reluctance to seek care and previous limitations.<sup>16</sup> In the face of mounting public concern over post-deployment health care issues confronting OEF/OIF Veterans several task forces, independent review groups, and a Presidential Commission have been convened to examine the care of the war wounded and make recommendations. Concerns have been most recently centered on two combat-related injuries in particular: PTSD and traumatic brain injury. With the increasing incidence of suicide and suicide attempts among returning Veterans, concern about depression is also on the rise.<sup>17</sup> The focus has been on PTSD, major depression, and traumatic brain injury not only because of current high-level policy interest but also

because, unlike the physical wounds of war, these conditions are often invisible to the eye, remaining invisible to other service members, family members, and society in general. All three conditions affect mood, thoughts, and behavior; yet these wounds often go unrecognized and unacknowledged.<sup>18</sup> The effect of traumatic brain injury is still poorly understood, leaving a large gap in knowledge related to how extensive the problem is or how to address it.

## Summary

Slide 19



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Veterans will continue to turn to VA for health care and ultimately palliative and end-of-life care. We as a country owe an unending debt of gratitude for their service to our country. We as health care professionals must provide the best care, which includes excellent symptom management and hospice and palliative care and to do this it is important to continually strive to better understand the special needs of each individual and how their military service and experience as a Veteran integrates into who they are and what their needs are.

## Key take-home points

1. Through the Veterans Oral History Project, Veterans can leave a legacy of their war memories that will be archived at the Library of Congress.
2. World War II Veterans, now in their 80s and 90s, represent the largest proportion of dying Veterans.
3. Although there was not combat during the Cold War, there are Veterans of that time who may have had significant radiation exposure due to testing of atomic weapons in the later 1940s and 1950s.
4. Despite having approximately 500,000 soldiers, the Korean Conflict is less well-known in American history than other wars.
5. The Vietnam War is associated with a higher incidence of Posttraumatic Stress Disorder (PTSD) than other wars.

6. Because of the political climate during the Vietnam War, Vietnam Veterans may feel that their service has not been as recognized or celebrated as other Veterans'.
7. Two of the major sequelae for Veterans of the Persian Gulf War, Operation Iraqi Freedom and Operation Enduring Freedom are Gulf War Syndrome and Traumatic Brain Injury.

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