

NEW CO-WORKERS/VOLUNTEERS ORIENTATION

WE HONOR VETERANS

“To care for him who shall have borne the battle and for his widow and his orphan...”
~ Abraham Lincoln

Arkansas Hospice is a partner in the nation wide program entitled We Honor Veterans, a collaboration of the National Hospice and Palliative Care Organization (NHPCO) and the Department of Veteran Affairs (VA). The program goal is to “provide the best possible care for Veterans in the best possible manner and setting, while honoring Veterans’ preferences” through education and partnerships with other Veteran service providers.

Approximately 680,000 Veterans die in the US every year. That’s 25% of all deaths! A vast majority of Veterans are not enrolled in a VA benefits program and may not be aware of the end-of-life services and benefits available to them. The Military History Checklist can help Arkansas Hospice staff and volunteers learn more about our Veteran patients and their families. (You will find an example of the information collected via the Military History Checklist at the end of this section.)

VETERAN POPULATION

1. Did you know?

- There are 23.8 million living Veterans; approximately 9% of the US population.
- 8.1% are women; 91.9% men. However more women are enlisting and these numbers will change.
- There are 37 million dependents (including spouses and dependent children of living Veterans and survivors of deceased Veterans).
- Together, they represent 20% or 1/5 of the US population.

2. Most Veterans living today served during times of war. There are:

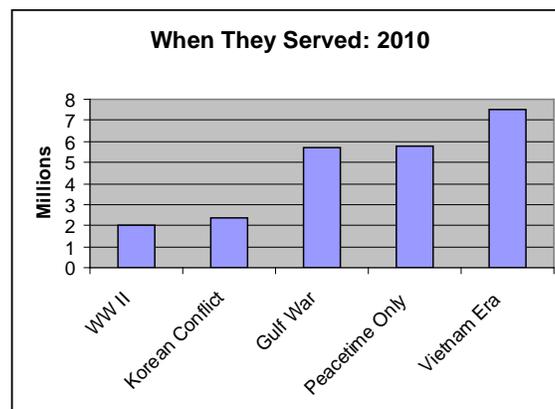
2.0 million World War II Veterans; by 2023 only 96,000 will remain

2.4 million Veterans who fought in the Korean Conflict

5.7 million Veterans who fought in the Gulf War

5.8 million Veterans who served in peacetime only; and

7.5 million who served during the Vietnam era

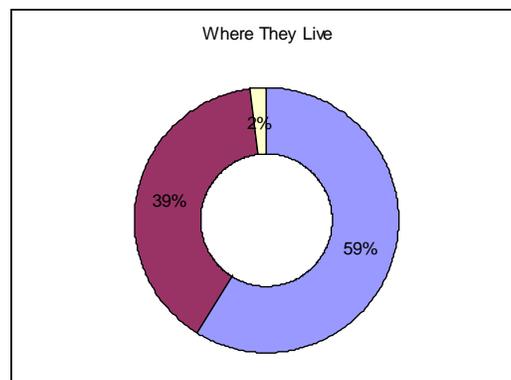


3. Veteran Related Facts:

- Between 2000 and 2010 (a ten year span) the number of Veterans 85 years of age and older tripled.
- The number of Vietnam-era Veterans 65 and older will increase until they account for 60% of all Veterans in that age group.
- One third of all men and women Veterans who spent time in a war zone will experience Post Traumatic Stress Disorder (PTSD).
- On average, those who fought in the Vietnam War are dying years younger than other Veterans.
- There are about 40 different illnesses related to agent orange exposure.
- The number of Veterans, especially our newer group of fighting men and women, with neurodegenerative illnesses is skyrocketing.
- New government regulations now make it possible for any Veteran who served in a combat zone and is subsequently diagnosed with ALS to get immediate 100% VA medical coverage.

4. Rural Veterans:

- Not quite 1/3 (8 million) of the 23.4 million of our country's living Veterans are enrolled in VA health care.
- These are Veterans who have met the financial requirements for benefits and qualify for medical care.
- Approximately five and a half million Veterans receive care each year at one of the VA's 1400 locations including VA hospitals, walk-in clinics, vet centers and Community Based Outpatient Clinics or (CBOC in military talk).
- Of the 8 million enrolled in VA health care, more than 1 in 3 live in rural and highly rural areas where the services they need might not be readily available.



- Two-thirds of those living in rural + highly rural areas (more than three million of those enrolled) received VA health care.
- One-third or approximately 1 million Veterans, who served our country, did not get the care they needed and deserved. (Source: VA 2008)

5. Homeless Veterans

- One out of every four homeless individuals (men, women and children) in the US is a Veteran.
- One out of three homeless males is a Veteran.
- It is estimated that more than 100,000 Veterans are homeless on any given night and approximately 200,000 may be homeless at sometime during a single year.
- Another 1.5 million are at risk for homelessness because of poverty, lack of support networks and dismal living conditions.
- A good 50,000 of them are chronically homeless...they are under bridges, in cardboard boxes in doorways and parks a good deal of the year. During a conversation with one homeless Veteran, the question "Where do you sleep?" was asked. His response was, "Oh! here and there".
- The majority of homeless Veterans are single and from deprived communities.
- Almost 45% have a mental illness; for example Post Traumatic Stress Disorder.
- Half of them have a drug abuse problem
- More than a third have a combination of mental and drug abuse problems.

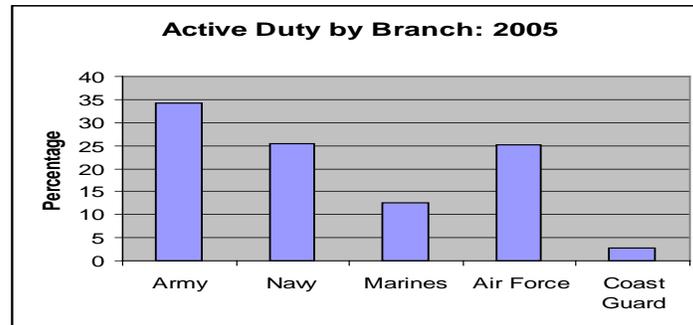
6. Arkansas Veterans

- Arkansas boasts a population of 2.9 million; 260,000 are Veterans
- In 2008, almost 1,200 Arkansas Veterans were buried in National Cemeteries or in State Cemeteries with the aid of VA grants.
- Over the course of one year, there are approximately 4,700 headstones and grave markers provided for Arkansas Veterans by the VA. These headstones and markers are made at no cost to the family and shipped FREE anywhere in the world.
- Presidential Memorial Certificates are issued to a Veteran's family when their journey ends (they must be requested by the family). As many as 3,400 could be distributed in a year's time.

Many Veterans come home to their lives, families and jobs, picking up where they left off. They are our relatives, friends and co-workers; we see them everyday. However, other Veterans have a more difficult return home and they deserve our caring attention and help. Let's consider what circumstance might negatively influence a Veteran's return home and/or life journey:

7. First: How Might a Veteran's Service Might Affect His/Her Life and Final Journey Home?

- The branch of service in which they served. Some flew, some sailed, some submerged, some were in trenches and others served in tanks. Each command has different responsibilities, expectations and experiences.



Source: VA 2005

- Did they serve as an officer or were they enlisted? In the military there is a huge culture gap between the two.
 - There is an Officer's Club and an NCO (non commissioned officer) Club.
 - Additionally, there is billeting (housing) for officers separate from NCO's.
- Were they drafted or did they enlist.
- What was their age when their service began? Were they very young?
 - Did they fudge on their age to perhaps get away from home or earn some money? Or, did they have some education and/or life experience under their belt?
- Rank can play a major role in their life after service. What were their responsibilities, their authority?
 - Did they have to make a lot of life-threatening decisions or did they have no authority and just do what they were ordered to do?
- Were they male or female?
 - As more females "sign-up" this will become a real issue because men and women deal with stress in different ways.
- The two circumstances that have the greatest impact on a Veteran's life journey are whether or not they saw combat and/or spent time as a Prisoner Of War (POW).

8. Second: What Happened When Veterans Returned From Service? How Might Their Welcome Home Have Affected Their Life and Final Journey Home?

- World War I Veterans were received as Heroes while World War II Veterans were hailed as the Greatest Generation
 - These Veterans came home on ships where they talked with buddies, got medical and psychological care. They had time to unwind and return to a sense of normalcy. Their journey home might take a week or more. And when they arrived back on US soil they were greeted with ticker tape parades, great music (you might remember "When Johnny Comes Marching Home) and articles in newspapers honoring their service.
- Korean Veterans were ignored and many were instructed not to talk about their experiences; many still won't talk about what they did or what they saw.
- Vietnam-era Veterans were shamed when they arrived home.
 - Many had to put on civilian clothes to come ashore. Often they were spit upon, called all kinds of 'four letter words' and hit with rotten eggs.

If you haven't put on the uniform and the boots and been in the mud, you can't imagine what they have experienced or what lurks in their minds and on their hearts!

HOW CAN I HONOR VETERANS AND MAKE A DIFFERENCE

At this point you may be wondering, “Do Veterans really have a different death experience than non-Veterans and if so, why?” And the answers are:

- Yes
- No, and
- Perhaps

Start by thinking about the Military Culture ...

- No Pain – No Gain: you’ve got to give it your all no matter what the price
- Big Boys Don’t Cry: used to be we didn’t let our little boys cry and they grew up with that built in mantra applying it to all they did. Fortunately that mind set is changing today albeit slowly
- “A FEW Good Men”: many enlistees wondered can I live up to that, will I be able to make myself, my family and my county proud
- Fear/Pain = Weakness: some walked their service journey thinking “I can’t let anyone see me afraid or in pain because I’ll appear weak
- So they became very stoic....they kept everything inside

Stoicism ...this can be a very difficult place for the Veteran to be, for the family to see and it often times makes caring for them more difficult.

- They do not show and may not feel passion for anything
- They are often unmoved by joy or grief
- They may appear indifferent to pleasure or pain
- Often they firmly restrain any response to pain or distress. They may decline pain medicine altogether. Or when they finally ‘give in’ their pain may be very difficult to get under control.

PTSD ... (DSM – IV)

(Diagnostic & Statistical Manual of Mental Disorders)

You may see Veteran experiencing the effects of exposure to traumatic events. Many will live with PTSD although it may never have a negative effect on their life. However during times of crises such as impending death, the symptoms rise to the surface and they began dealing with the effects of the events they experience or witnessed.

So what must happen for a diagnosis of PTSD to be made? (The Veteran must experience one or more of the following). He or she will persistently re-experience

- Recollections
- Dreams
- Act as if trauma is recurring
- Distress at clues that symbolize the trauma

It is important to remember that many people experience PTSD, not just Veterans. Those who have lived through tornadoes, car accidents, air plane crashes, and more.

Increased arousal... (demonstrate one of the following two or more times)

- Difficult sleep patterns
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response
- Premature aging

Signs of trauma avoidance ... (experience one or more of the following three or more times)

- Avoidance of thoughts, feelings, conversations about trauma
- Avoidance of activities, places or people that arouse recollection
- Inability to recall some aspects of the trauma
- Lack of interest in significant activities
- Feelings of detachment or estrangement from others
- Restricted range of affect
- Sense of foreshortened future

Combat Response Trajectories ...

1. Integration Healing	3. No integration PTSD
2. APPARENT integration (Subclinical PTSD) (Delayed onset PTSD)	

Trajectory #1 successfully integrated ...

- Healthy coping with life-threatening illness
- Role models at end of life

Trajectory #2 “apparent” integration ...

- “White knuckle syndrome”
- Won’t talk about the war
- Family traumatized – not the same after the war
- Tough guy
- Survivor guilt

Trajectory #3 PTSD ...

- Suspicion and lack of trust
- Alcohol usage common
- Anxiety
- Agitation
- Estranged relationships

- Unfulfilled longing for life not lived

So, you might wonder, how can I, as a volunteer, help these brave men and women on their final journey home as part of the care team at Arkansas Hospice? What part can I play in making their path as comfortable and smooth as possible?

Interventions....Of course some of what must happen will need to be done by the Hospice Clinical Team, but you can be a keen listener and talk over what you hear and see with the Volunteer Coordinator....remember your contributions count!!

- Open the door gently ... Let them decide if they are ready to talk
- If they want to talk about their service experience, you might start the conversation by asking.....“Is there anything still troubling you about the war?”
- You can sit quietly
- Wait ... wait some more ...
- Your gift of patient presence may be the best thing you can do...and it will be meaningful.
- Keep in mind that this may be a very sacred moment; you may hear things no one else has ever heard.
- Encourage war stories...some will share openly, others never will; don't force them.
- Be with them during their tears...tears are the words of the heart, never discourage them.
- You may witness severe reactions; stay calm and let them talk.
- They may feel as if they have lost their soul.
- Appeal to their nobleness
- Affirm their feelings
- Apologize for how they were treated
- Thank them for serving and preserving our freedoms
- “Welcome them home”

Other:

- Certificate of appreciation
- Formal or informal recognition
- Pinning ceremony – not a big ritual

Keys to healing ...

Forgiveness

- Self
- Government
- Enemy
- World
- God