



Toolkit for Professionals

Military service and health history



As a clinician providing care to Veterans, it is important for you to gather information and develop an understanding of the military experience of your patient and/or family. Learning more about the military culture (branch of service) and the individual experiences helps in identifying areas that may be of concern or should be considered in providing care. All too often, the family that stayed behind is overlooked in these discussions, and their experience ignored. Taking time to sit and learn from the whole family is important.

What is the toolkit?

The toolkit is a bridge between the patient and an understanding of the possible health, emotional, and psychological impact military service might have on the end of life experience of the patient and/or family. The questions asked are a compilation of questions from the We Honor "Veterans Military History Checklist," the U.S. Department of Veterans Affairs "Military Health History," and "Fast Fact #152 The Military History as a Vehicle for Exploring End-of-Life Care with Veterans" from End of Life/Palliative Education Resource Center (EPERC).

The Military Health History form is for clinicians.

Understanding the military conflict in which the patient participated and possible environmental exposures can lead to better understanding possible health implications to be considered.

In addition, understanding the type of combat experience can be important when addressing issues of agitation at end of life that typically are handled only with medication. In the case of a Veteran, the agitation might be due to combat experience and a referral to a social worker or chaplain would be more effective than medical sedation. If there are close family members currently serving who will want to come home in the Veteran's last days, it is important for the nurses to be alerted so that calls to the Red Cross can be made in a timely fashion.

The Military Service History form is for Social Workers (although it could be used by trained and educated staff familiar with the unique end-of-life needs of Veterans). This form is a tool to help organize and document the interview with the Veteran and family to understand the time of
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service or specific conflict, military and/or combat experience, and information needed to determine possible VA benefits.

Who should be interviewed?

The Military Health History form is appropriate if the patient is a Veteran. The Military Service History form can be used if the patient is a Veteran, the family has a strong history of family members serving in the military, and/or if a family currently has a family member serving. Loved ones are important to be included.

Why is this information important?

There is a documented link between the effect military service and/or combat experience has on the end-of-life experience of most Veterans and their families. Understanding the unique experience is the first step in developing a Vet-centric care plan to meet these needs. The Hospice Foundation of America, as part of their “Living With Grief Series,” published an excellent handbook for any professional working with Veterans. You can find it in the Resource section below.

How to obtain a Veteran’s DD214

The Veteran’s discharge papers are the single most important document needed to determine possible VA benefits. This form is used to verify discharge status and is required for VA enrollment. Copies can be obtained from:

- Local courthouse, if the Veteran registered it there.
- National military archives www.archives.gov/st-louis/military-personnel
- VA benefits office at the local VA regional office

What is the significance of knowing the war era (conflict) or period of service?

Each conflict had its own unique military experience with different outcomes on the soldiers that served during that time, similar to different experiences and culture based on branch of service. What these Veterans experienced socially, emotionally, and historically shapes their attitudes, values, and behaviors, especially as they respond to crises such as end-of-life situations.

The table below highlights unique characteristics that effected soldiers returning from WWII, Korean War, Cold War, Vietnam War, Gulf War, Iraq War, and Operation Enduring Freedom.

Conflict	Medical Issues	Emotional / Psychological Issues
World War II	Infectious diseases, wounds, exposure to nuclear weapons for testing or cleanup at Hiroshima and Nagasaki, exposure to chemical agents or experiments (Agent Orange and Mustard Gas), asbestos exposure, cold injury, embedded fragments	PTSD-like symptomatology that emerges at end-of-life and is seen in stoic response to pain, repressed memories of feelings of guilt related to acts committed during war, need to tell their story- unburden; conflict in reconciling the trauma of war with personal spiritual beliefs and values.

**Conflict****Medical Issues****Emotional / Psychological Issues**

Korean War

Same as for World War II with more exposure to cold injuries (frostbite, and immersion ["trench) foot"]). Long term and delayed symptoms include peripheral neuropathy, skin cancer in frostbite scars, arthritis in involved areas, chronic tinea pedis, fallen arches and stiff toes, nocturnal pain, and cold sensitization. May have been exposed to atmospheric nuclear weapons tests in Nevada and the Pacific Ocean.

Same as for World War II

Cold War

Nuclear Weapons Testing exposure and radiation: referred to as "atomic vets". Commonly diagnosed with leukemia, various cancers, and cataracts.

Vietnam War

Agent Orange Exposure, infectious diseases (Hepatitis C), embedded fragments, alcohol or drug abuse. Common diagnosis related to Agent Orange exposure: soft tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, chloracne, porphyria cutanea tarda, respiratory cancers, multiple myeloma, prostate cancer, acute peripheral neuropathy, and spina bifida in offspring.

PTSD: It often emerges at end-of-life. Issues same as for World War II.

The negative public attitude toward the war, specifically lack of recognition and honor bestowed on returning soldiers has had an emotional and psychological impact on these Veterans.

Gulf War

Exposure to smoke from oil well fires, complications from immunizations, exposure to chemical and biological agents and depleted uranium, infections, dermatologic issues from sand storms, infectious diseases (Leishmaniasis), reproductive health issues, alcohol or drug abuse. Common diagnosis: chronic fatigue, muscle and joint pain, loss of concentration, forgetfulness, headache, exacerbation of asthma, and ALS.

PTSD: It often emerges at end-of-life. Issues same as for World War II.



Conflict

Operation
Iraqi Freedom,
Operation
Enduring Freedom,
Operation New
Dawn

Medical Issues

Complications from immunizations,
exposure to chemical and biological
agents, infections, animal bites/rabies,
penetrating and blunt trauma, burn
injuries from blasts, dermatologic issues,
embedded fragments, Leishmaniasis,
multi-drug resistant acinetobacter,
spinal cord injury, traumatic amputation,
traumatic brain injury, vision loss, alcohol
or drug abuse, high altitude illnesses,
exposure to sewage, air pollution, and
severe sand and dust storms

Emotional / Psychological Issues

PTSD: It often emerges at end-of-life.
Issues same as for World War II.

General
Environmental
Exposures

Asbestos, burn pit smoke, contaminated
water (benzene, trichloroethylene, vinyl
chloride) endemic diseases, hexavalent
chromium, ionizing and non-ionizing
radiation, jet fuel, lead, nerve agents,
particulate matter, pesticides, TCDD and
other dioxins

Resources

Doka, K. J., & Tucci, A. S. (2013). *Living With Grief: Improving Care for Veterans Facing Illness and Death*. Washington D.C.: Hospice Foundation of America.

Hallarman M.D., L., & Kearns MSW, C. (2009, April). #152 The Military History as a Vehicle for Exploring End-of-Life Care with Veterans. Retrieved August 1, 2013, from EPERC: www.eperc.mcw.edu/EPERC/FastFactsIndex/ff_152.htm

National Hospice and Palliative Care Organization. (n.d.). *Military History Checklist Guide*. Retrieved August 5, 2013, from NHPCO: www.wehonorveterans.org/i4a/pages/index.cfm?pageid=3337

SkeltonIII, W. (2002). *American Ex-POW Experience*. Retrieved August 1, 2013, from U.S. Department of Veteran Affairs: www.publichealth.va.gov/docs/vhi/pow.pdf

U.S. Department of Veterans Affairs. (n.d.). *Military Health History Pocket Card*. Retrieved August 1, 2013, from Department of Veterans Affairs- Office of Academic Affiliations: www.va.gov/OAA/pocketcard/FactSheet.asp

Links

EPERC:
www.eperc.mcw.edu/EPERC/FastFactsIndex/ff_152.htm/

NHPCO:
www.wehonorveterans.org/i4a/pages/index.cfm?pageid=3337/
www.wehonorveterans.org/i4a/pages/index.cfm?pageid=3340/
www.wehonorveterans.org/i4a/pages/index.cfm?pageid=3343/
www.wehonorveterans.org/i4a/pages/index.cfm?pageid=3338/

National Military Archives:
www.archives.gov/st-louis/military-personnel

U.S. Department of Veteran Affairs:
www.va.gov/ooa/archive/Military-Health-Card-for-print.pdf/
www.publichealth.va.gov/docs/vhi/pow.pdf/

U.S. Marine Corps: www.usmc.mil
U.S. Air Force: www.af.mil
U.S. Navy: www.navy.mil
U.S. Army: www.army.mil
U.S. Coast Guard: www.uscg.mil