

# Questions and Answers to Know Before Caring for a Veteran

1st Edition

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# Acknowledgements

## Introduction

“Questions and Answers to Know Before Caring for a Veteran” is a booklet created to provide information to anyone who cares for veterans. We interviewed Veterans to inquire about what they want health care providers to understand about the special considerations of caring for a veteran. There were hundreds of unique perspectives to consider. We analyzed repeating themes and organized them into topics to be presented.

## Objectives

1. Develop an understanding of appropriate questions to better engage with Veterans regarding their military experience.
2. Discuss the challenges faced by Veterans and family members.

## Background

In our interviews, we asked questions to Veterans about what you would want your healthcare provider (e.g., doctor, nurse, physician associate, physical therapist, social worker, allied health worker) to know about you as a Veteran? From responses, the following booklet presents information that Veterans want non-military people to understand.

Throughout this booklet the authors use many generalizations, primarily because of the scope and page constraints. We do recognize that there are variations among the different branches of the military, as well as within each branch itself. Understanding cultural awareness when caring for veterans is no different from gaining cultural awareness of any other group. It is a matter of taking time, making an effort, and applying what is learned to practice.

## Understanding military culture

The complexities of military culture with its own norms, values, customs, socialization, vocabulary, and branch distinctions that can be overwhelming for healthcare providers. Understanding military culture has additional challenges complicated by the fact that service members also occupy other cultures (race/ethnicity, socioeconomic status, religion, sexual orientation) that need to be considered in the delivery of health care. Nonetheless, the consideration of military culture and experiences (e.g., training process, war-time duty, war-related trauma, and the dilemma of seeking help) can help explain patient symptoms, enrich treatment planning, and ultimately improve health outcomes.

As a basic overview, there are five branches of the military. Here is a quick review of the branches.

**Army (soldiers)** - The Army is the oldest service of the United States military. Originally formed to protect the freedom of the first 13 colonies, the Army has evolved and grown from a small militia force into the world's premier fighting force.

**Marines (marines)** - The United States Marine Corps was established on November 10, 1775, to augment naval forces in the Revolutionary War. On July 11, 1798, Congress ordered the creation of the Corps, named it the United States Marine Corps and directed that it be available for service under the Secretary of the Navy.

**Navy** - On October 13, 1775, the Continental Congress voted to fit out two sailing vessels, armed with ten carriage guns, as well as swivel guns, and manned by crews of eighty, and to send them out on a cruise of three months to intercept transports carrying munitions and stores to the British army in America. This was the original legislation out of which the Continental Navy grew and as such constitutes the birth certificate of the navy.

**Air Force (airmen)** - The U. S. Air Force became a separate military service on September 18, 1947 with the implementation of the National Security Act of 1947. The Act created the National Military Establishment, later renamed the United States Department of Defense, which was composed of four of the five branches, the Army, Marine Corps, Navy, and a newly created Air Force.

**Coast Guard** - The Coast Guard is both a federal law enforcement agency and a military force, and therefore is a faithful protector of the United States in peacetime and war. In times of peace, the Coast Guard operates as part of the Department of Homeland Security, enforcing the nation's laws at sea, protecting the marine environment, guarding the nation's vast coastline and ports, and performing vital life saving missions. In times of war, or at the direction of the President, the Coast Guard serves under the Department of the Navy, defending the nation against terrorism and foreign threats.

When discussing military service with a patient, ask the patient which branch they served in. In addition, it is important to know if they served during peace time or if they were deployed during wartime. Understanding this distinction allows the healthcare provider to assess risks the patient may have such as post-traumatic stress disorder, environmental exposure, or difficulty reintegrating after a deployment. Another important questions would be to ask the patient what their *military occupational*

*specialty* (MOS) was. This explains what the military personnel's job was in the military. This can help the healthcare provider consider risk factors for the patient. For example, carrying heavy equipment can result in musculoskeletal injuries. Below is a list of the recognized periods of wartime that personnel may have served in.

### **Recognized Periods of Wartime**

Under the law, Veteran Affairs recognizes the following periods of war:

**Mexican Border War:** May 9, 1916 to April 5, 1917. Veterans who served in Mexico, on its borders, or in adjacent waters.

**World War I:** April 6, 1917 to November 11, 1918. This period was extended to April 1, 1920 for those who served in the Soviet Union. Service after November 11, 1918, through July 2, 1921, qualifies for benefits if active duty was performed for any period during the basic World War I period.

**World War II:** December 7, 1941 to December 31, 1946. This period was extended to July 25, 1947, where continuous with active duty on or before December 31, 1946.

**Korean Conflict:** June 27, 1950 to January 31, 1955.

**Vietnam War Era:** August 5, 1964 to May 7, 1975 for Veterans who served in the Republic of Vietnam during that period. August 5, 1964 to May 7, 1975, for Veterans who served outside the Republic of Vietnam.

**Gulf War** (August 2, 1990, through a future date to be set by law or presidential proclamation).

## **Building a relationship with a Veteran**

## Environmental factors in the military

Military service comes with the increased risk of severe injury or possibly even death. Military personnel often have an elevated risk of illness due simply to toxic exposures from their everyday work environments, living conditions or other hazardous circumstances. Symptoms can occur immediately or exposure may result in long-term effects that go unnoticed for many years until they pose major health concerns for veterans.

The Department of Veterans Affairs recognizes that certain illnesses can be caused directly by or linked to military service. There are six health registries that exist for veterans who have had exposure to certain environmental hazards:

- ❖ Agent Orange
- ❖ Airborne Hazards and Open Burn Pit
- ❖ Depleted Uranium Follow-up
- ❖ Gulf War
- ❖ Ionizing Radiation and Toxic Embedded Fragments

Period of Military Service	Agent Orange	Airborne Hazards and Open Burn Pit	Depleted Uranium Follow-up	Gulf War	Ionizing Radiation	Toxic Embedded Fragments
1940s–1950s					✓	
1960s	✓				✓	
1970s	✓					
1990s		✓	✓	✓		
2000s–Present		✓	✓	✓		✓

These registries can assist veterans in exploring potential health issues related to those exposures. (<https://www.publichealth.va.gov/exposures/benefits/registry-evaluation.asp>)

Veterans can check their eligibility to participate, review updated registry information and find contact information for the VA environmental health coordinator. These registries can also help the VA track and understand health conditions among veterans, but it's important to note that participation does not confirm exposure to military-related environmental hazards for the purposes of disability compensation. Veterans must still undergo the VA claims process in order to verify such exposures according to military service records.

Veterans, reservists and National Guard members who served at Marine Corps Base Camp Lejeune or Marine Corps Air Station (MCAS) New River in North Carolina may have come in contact with contaminated drinking water at those installations, which have been scientifically shown to be associated with the development of certain diseases.

Individuals who served at either site for 30 cumulative days between Aug. 1, 1953, and Dec. 31, 1987, and who have been diagnosed with any of eight associated diseases are presumed to have incurred or aggravated the disease in service, and are therefore entitled to VA benefits.

The eight associated diagnoses include adult leukemia, aplastic anemia and other myelodysplastic syndromes, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin lymphoma and Parkinson's disease.

During Operations Desert Shield and Desert Storm (1990–1991) and since, burn pits were utilized in not only Iraq but also Kuwait, Oman, Qatar, United Arab Emirates, Saudi Arabia and Bahrain. During Operation Joint Endeavor in Bosnia in 1995 and 1996, burn pits were considered an operational necessity during combat operations. Since Sept. 11, 2001, burn pits

have been used throughout the operations in Afghanistan and Djibouti, as well as in Iraq after March 20, 2003.

After returning from deployment, some military personnel exposed to the toxins emitted by burn pits, and who had no other known risk factors, reported pulmonary conditions, insomnia and oral cancers. However, the Veteran Affairs does not currently provide a presumption of service connection for any diseases related to burn pit exposure, though many experts believe that ongoing and future research could establish such connection.

### WHAT IS A PRESUMPTIVE CONDITION?

Over the years, the Veteran Affairs became aware that there are medical conditions that were a result of a veteran’s service often in a specific location during a specific conflict at a particular time.

Conditions on the list are “presumed” to be caused by military service even though there may not be definitive medical reasoning to support the connection to the specific veteran. The only information needed to prove entitlement is that the veteran has the specific condition and service in the area at the designated time.

### PRESUMED CONDITION

Former Prisoners of War	Vietnam Veterans	Atomic Veterans	Gulf War Veterans	Gulf War Deployed Veterans
Imprisoned for any length of time: -Psychosis -Any anxiety state -Dysthymic disorder -Organic residuals of frostbite -Post-traumatic osteoarthritis -Heart disease or hypertensive vascular disease -Stroke and the residual effects Imprisoned for at least 30 days: -Beriberi -Chronic dysentery -Helminthiasis -Malnutrition	AL amyloidosis B-cell leukemia Chronic lymphocytic leukemia Type 2 diabetes Hodgkin's disease Ischemic heart disease Non-Hodgkin's lymphoma Parkinson's disease Parkinsonism Prostate cancer Respiratory cancers Soft-tissue sarcoma Bladder cancer Hypothyroidism  <i>The following conditions, if they become greater than 10 percent debilitating within a</i>			

<ul style="list-style-type: none"> <li>-Pellagra</li> <li>-Other nutritional deficiencies</li> <li>-Irritable bowel syndrome</li> <li>-Peptic ulcer disease</li> <li>-Peripheral neuropathy</li> <li>-Cirrhosis of the liver</li> </ul>	<p><i>year of exposure to an herbicide agent:</i></p> <p>Acute and subacute</p>			
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## Post-traumatic stress disorder

It is very difficult for veterans with post-traumatic stress disorder to articulate what they are experiencing.

## **Traumatic brain injury**

**Depression**

**Suicide**

## **Musculoskeletal injuries**

## **Military sexual trauma**

## Reintegration after deployment

Civilians often do not realize the challenges military members face as transitioning veterans. This can be especially difficult for veterans with trauma. Transitioning service members may have issues re-establishing and maintaining relationships with family and friends.

Civilian life can be much more relaxed. Veterans returning from a war time deployment may be very high strung, overly alert, critical or skeptical of what a healthcare provider is doing. Anger outbursts can also be a symptom of the anxiety a veteran may be experiencing. Veteran may have a hard time with

sirens or even regular tornado siren tests triggering a severe panic attack because of war time sirens indicated impending attack. Hospitals have a multitude of alarms going off for various reasons and this could be traumatic to the Veteran.

In addition, veterans are often vague in their communication. Healthcare providers may need to learn to read between the lines or take the time to continue to ask questions until the patient's concerns are heard.

## Appendix

### VETERANS RESOURCES

**Michigan Department of Veterans Affairs**

Michigan Veterans Trust Fund – 517-788-4424

Michigan Veterans Affairs Agency – 800-MICH-VET (800-642-4838)  
(<https://www.michiganveterans.com/a/Emergency-Assistance>)

Emergency Assistance from utility bills, home repairs, medical costs, mortgage etc.

Wayne County Veterans Trust Fund – 313-224-5045

Macomb County Veteran Trust Fund – 586-469-5315

Oakland County Veteran Trust Fund – 248-655-1265

St. Clair County Veteran Trust Fund – 810-989-6945

Michigan Association of Veteran County Counselors – [www.macvc.net](http://www.macvc.net)

### **Veterans Relief Fund**

Veterans Relief Fund (Soldiers Relief Fund / Soldiers & Sailors Relief Fund) based on PA 214 of 1899 (Veterans Relief Fund Act) exist in most counties. It is used for many different things and use varies from county to county. Veterans Relief Fund can be used for delinquent mortgages and rent, delinquent utilities, food vouchers, transportation, and other basic needs.

### **Housing**

Contact Health Care for Homeless Veterans (HCVC) Program through any VA Hospital. They have Housing Navigators that assist homeless veterans and other veterans locate housing that is affordable and sustainable.

The Supportive Services for Veteran Families (SSVF) Program is another option for homeless veterans and their families. The SSVF Program is operated by non-profit agencies that receive the federal grant. MAP (Michigan Ability Partners) has the SSVF grant for Washtenaw and Jackson counties. Other counties are covered by different non-profits for that program.

### **Veteran Food Pantry**

Macomb County - <https://www.macombgov.org/vets-food> - 586-469-5315

West Michigan Veteran Assistance - [wmvap.org/food-pantry](http://wmvap.org/food-pantry)

Downriver Community Food Pantry – 734-281-6733

Saginaw Food Pantry – 989-823-2073

Michigan Veterans Chamber of Commerce, our efforts to support veterans, veteran owned businesses – 734-740-0807

### **Ebooks**

### **Wounded Warriors Project**

[www.woundedwarriorsproject.org](http://www.woundedwarriorsproject.org)