

CASS MILITARY STUDIES

Military Health Care

From pre-deployment to post-separation

Edited by
Jomana Amara and Ann M. Hendricks



16 Veteran care at the end of life

Their last battle

Deborah L. Grassman and Scott T. Shreve

Media images of soldiers dying on a battlefield are familiar to most Americans. Less familiar are the 1,800 veterans who are dying every day (one out of every four deaths in America), years after they leave military service. Many people do not realize that military service influences soldiers in ways that can sometimes complicate peaceful dying, even though their death may not occur until many years after they leave military service. We provide an appendix on the Culture of War to show how some of these complications may depend on the particular war the veteran fought. However, some military influences from any war impact how veterans and their families cope with the dying process and can include:

- The value of stoicism so earnestly and necessarily indoctrinated in young soldiers might interfere with peaceful deaths for all veterans, depending on the degree to which stoicism permeated their later lives;
- Veterans who served in dangerous duty assignments might have their deaths complicated by traumatic memories or paralyzing guilt, depending on the extent to which they were able to integrate and heal traumatic or guilt-inducing memories;
- There is a high incidence of alcohol abuse (Grossman, 1996, p. 260) or other “flight”-type behaviors used either to avoid confronting locked-up feelings or to numb traumatic memories. These factors might contribute to “unfinished business” as veterans face the end of their lives;
- Veterans often acquire wisdom because they have reckoned with trauma, stoicism, and addictions. Understanding these three elements helps access their wisdom and has been referred to as “post-traumatic growth” (American Psychological Association, Post Traumatic Growth Inventory, www.apa.org/ptgi).
- Veterans and their families have unique bereavement needs to consider when providing care.

The above examples highlight just a few of the possible impacts combat experience can have on veterans at end of life. For those charged with caring for terminally ill veterans and their families, the literature is only beginning to evolve in providing guidance for addressing these unique areas of needs. Pharmacologic interventions for select conditions can be helpful but when a provider is faced with

a veteran refusing to admit he or she is in pain when the grimace says otherwise, care often extends well beyond the medicine cabinet.

Stoicism at the end of life

Veterans are often non-complaining, “grin-and-bear-it” types who endure their sufferings silently. The few times tears or fears break through their stoic façades, they feel embarrassed, apologize, and quickly re-retreat; these walls offer protection. Unfortunately, their “fight to the bitter end” attitudes sometimes mean just that – fighting until a death that is, indeed, bitter. Their “attack and defend” instincts make death the enemy and dying a battle. Survival-mode mentality interferes with letting go. When backed into a corner, soldiers are not conditioned to surrender; they are conditioned to fight.

The dictionary defines the word *stoic* as: “showing indifference to joy, grief, pleasure, pain” (*Webster’s New World Dictionary* 1995: p. 581). Like spores that entomb potential energy and growth, stoicism seals off vitality – separating inward and outward selves. Stoicism sometimes robs people of a peaceful death. It can keep people trapped in isolation, disconnected from their inner selves and from those they love.

Breaching façades can be important because these walls of stoicism contribute to agitation and lack of peace as veterans die. Box 16.1 provides some examples for how to create safe emotional environments to breach stoic façades. Otherwise, veterans will underreport their physical and emotional pain as well as any fear they are experiencing as they face death. For example, one VA Hospice nurse exasperatedly asked, “How much pain does a veteran need to die?” She was frustrated by the stoicism she was witnessing with a veteran who kept refusing pain medication in spite of his suffering.

Stoicism is necessary on the battlefield, as it is in many life situations, but the walls that stoicism erects can outlast its usefulness. The walls keep out necessary feelings – and other people. Stoicism can create protection from untrustworthy influence in anyone’s life for a period of time, but as a long-term coping mechanism, it can be stifling. It is the *relationship to* stoicism that often needs modification so that stoicism will not be used inappropriately. Its overuse creates problems as serious as the problems it has been used to counteract. Though it is important to respect veterans’ silence when they choose to maintain stoic fronts, it is also important to offer alternatives. Helping veterans use stoicism like a door instead of a wall can be useful. A door can be opened or closed at will and as often as they want, leaving the safety of their stoicism available to them.

Stoicism might be conceptualized as being comprised of three components: pride, control, and independence. Anything threatening pride, control, or independence can incite anger and defensive fight/flight responses. Dying is a humbling experience that challenges all of these. Control is lost, pride takes a blow, and independence is gradually taken away. Sooner or later, the wall has to crumble. Later means fighting to the bitter end; sooner means a weary soldier is finally able to surrender to hope for a peaceful death.

Box 16.1 Creating safe emotional environments with stoic veterans

Help dying veterans feel comfortable emerging emotionally if they so choose. You can do damage if you push; you also do damage by not asking difficult questions. Your job is to open the door without pushing.

Validating suffering

Validating suffering is one of the most important contributions you can make to the veteran's dying process; it helps them acknowledge that there's a problem – not always easy for people who are stoic.

- Resist the urge to tell them "It'll get better," "Count your blessings," "Don't be so negative," or any of the other things that indirectly communicate: "Don't tell me your problems. Don't let yourself feel human. Put up that stoic wall and hide behind it."
- Avoid platitudes about smiling or keeping their chins up. This is just another way of telling them to hide behind a stoic wall.
- Affirm their suffering. Statements such as "You've had a hard go of it" or "It takes a lot to go through all of this" tell the veteran that someone understands how hard their situation is. It lessens their sense of isolation.

Confronting stoicism

Try to open the door for veterans to consider alternatives:

- "I know a lot of veterans put on a macho front and don't want to take pain medication. But pain can consume your energy. You need your energy for other things now."
- Encourage veterans to consider softening prideful ways so transitions can be navigated as they near the end of their lives:
- Encourage them not to confuse stoicism with courage: "Anyone can hide behind a stoic wall of silence. It takes courage to reach out to connect with others or say 'I'm sorry' or 'I'm wrong'."
- "Sounds like pride might be keeping you stuck – getting in the way of things going better for you."
- "Most of us have a hard time owning our mistakes. Do you sometimes find it difficult to own your mistakes?"

Recognize the opportunity to penetrate stoicism by acknowledging their lack of control. Encourage coming to peace with the helplessness of dying by asking them to consider what they need to let go of and what new things might they want to hold onto now that their situation has changed:

Box 16.1 continued...

- "Your world has changed a lot. It's really shrinking."
- "I find it hard to accept that some things are beyond my control. Tell me how you're doing with that."
- "It can be hard to wait for death to come – to know it's not on your timetable."
- "It's tough to realize we can't control the world – that we're not God."
- "Sometimes veterans tell me that feeling helpless makes them angry. I imagine it's hard for a soldier to learn how to surrender – to let go."

Don't try to affirm their self-sufficiency any more. It only reinforces independence they no longer have as they are dying. Instead, validate their suffering and encourage reckoning:

- "It's hard to not be able to do things for yourself anymore."
- "It's not easy to be at the mercy of others now."
- "Some veterans tell me asking for help is humiliating. Tell me how helplessness makes you feel."
- "Are you the kind of person who can accept things are changing and ask for help – or do you sometimes try to pretend nothing has changed and things can go back to the way they used to be?"

Counteract pride, independence, and control by helping veterans value qualities they have which will transform stoicism:

- "It takes a lot of courage to open yourself to your emotions and fears. I admire that."
- "I appreciate your honesty with yourself and with me. It's refreshing."
- "You're accepting life on its own terms now rather than trying to impose your own. It's a humbling process. Humility is a good thing. It's an honorable quality I see in you."
- Veterans can often talk about their feelings; they have a more difficult time feeling their feelings. Give them permission to feel:
- "I know it can be hard for veterans to express their feelings. But, now may not be a time to pretend like nothing is going on or that nothing has changed."
- "It may be difficult to express the hurt you might be feeling. It may be tempting to try to hide it and act like everything is going on like normal. It takes a lot of energy to pretend."
- "Now is a time when you might want to consider letting yourself be honest with yourself...and maybe with a few others you trust too."
- "There's no shame in feeling your feelings. Feelings have vitality. They're meant to be shared with those who love you. It's okay to recognize your needs when you have them and ask for help when you need it."

- "I can see you are comfortable talking about the _____ (hurt, anger, guilt, helplessness, etc.). I'm wondering if there are times when you let yourself feel your _____ (hurt, anger, guilt, helplessness)?"
- "I know you said you feel 'fine;' but you don't sound like you really mean it. I noticed you _____ (sighed, tightened up, seemed rather unconvinced, etc.) as you said it."
- Normalizing feelings conveys the naturalness and healthfulness of owning and expressing feelings:
- "Many veterans tell me they feel _____ (angry, scared, sad, guilty, helpless, lonely) when something like this happens."
- "On a 0-10 scale, what number is your _____ (anger, guilt, pain, fear, helplessness)?" Don't try to reduce that number. Instead, ask them to tell you what their (anger, guilt, pain, fear, helplessness) is telling them. Don't try to lower a "10" feeling of helplessness by asking them what they can do to feel less helpless. This encourages them to hold onto what is not holdable. Rather, encourage coming to peace with the helplessness of dying by asking them to consider what they need to let go of and what new things they might want to hold onto now that their situation has changed.

Pride can prevent people from acknowledging failing health, weakness, or other changes. It might mean not listening to one's own body or working beyond the point that the body is saying it is exhausted. Pride keeps people from seeking medical help – ignoring or belittling symptoms until it is too late to do any good. It can even keep people from admitting that they are dying. Helping people let go of pride so new worlds can open can be important.

Control increases the chance of conquering enemies on a battlefield; being vulnerable can also get you killed. However, trying to control people or circumstances off the battlefield sometimes *creates* enemies. Fear of being at the mercy of others causes resistance. When the need to control manifests as a need to conquer, it can create frustration, anger, and bitterness for everyone involved. There is nothing like death to make people realize how little control they have. Yet, once they realize that they are going to die, veterans sometime want to control its timing, getting angry and frustrated with the waiting. "I'm not dead and I'm not alive. If things can't go back to how they used to be, then let's get this over with *now*." Sometimes they want to control death itself.

Fierce independence seldom yields without a fight because nothing is more embarrassing than for a proud and independent veteran to have to ask for help with personal needs. Yet, "I can handle it myself" is simply not always true. At some point, weakness forces realization of the necessity of dependence on others. Nevertheless, veterans have been taught to survive; they pull themselves up by their own bootstraps. Maintaining independence requires strong will power; ultimately, will power must also be surrendered as they are dying.

An inability to let go of pride, control, and independence so that a veteran can reach out for help increases suffering. Physical limitations and emotional displays can embarrass veterans and create fears that others will perceive them as weak. They might feel helpless and vulnerable to attack. Letting go might be viewed as admitting defeat or an act of surrender – something good soldiers do not do. Yet, mature mental health includes identifying needs and asking for help when it is needed. Both require vulnerability. Stoicism often keeps people from saying what they need or allowing others to meet their needs. This mask of invulnerability sometimes will not even allow them to admit they *have* needs. The fear of imposing on others at this time of their lives can frustrate their family members and professional caregivers, who desperately want to do whatever they can to help these “imposaphobics”. Fear of vulnerability prevents veterans from seeking Hospice or Palliative Care services or accepting help for depression or Post-Traumatic Stress Disorder.

Though it often takes longer to accomplish, ultimately most dying veterans are able to let go of control, allowing themselves to become completely human, growing in humility as they learn how to ask for help and how to become a gracious receiver, discovering connection and compassion in the process. This takes courage and it is as heroic as facing any enemy in battle.

Traumatic memories or paralyzing guilt as death approaches

One way to conceptualize war is to view it as a black hole with no light of day, no consciousness. Like black holes in the universe that suck life from surrounding space, war sometimes sucks the life out of soldiers. They return home from war and they want to leave the war behind them and get on with their plans for their future. Their ability to do this varies; this variance can be conceptualized along a spectrum of three trajectories (Figure 16.1):

- true integration and healing of post-war trauma;
- *apparent* integration of combat trauma with the veteran *seemingly* unscathed until combat memories escape from behind stoic walls as they face personal illness, death, or some other trigger;
- inadequate integration of trauma (PTSD).

One determining factor of which trajectory is taken may depend on the strength of each veteran's stoic wall to encapsulate, segregate, and isolate them from healing resources within the self. Those on the first trajectory above (the majority) may somehow be able to either not build a stoic wall or to remodel it in such a way that it does not isolate them from themselves or others. People on the last trajectory, on the other hand, might build walls that end up imprisoning themselves. Veterans on the middle trajectory might erect a wall without even realizing it. This unknown barrier is lost in a consciousness that cannot see it, feel it, or find its way through it.

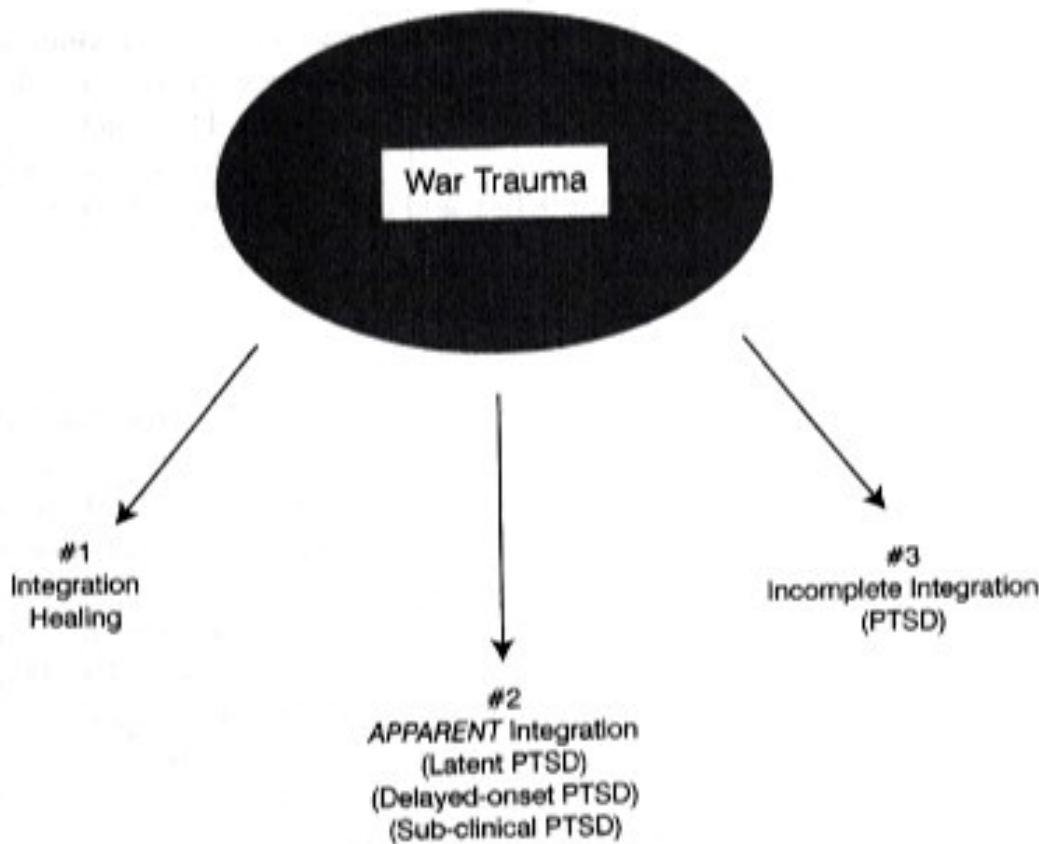


Figure 16.1 Possible trajectories in the aftermath of war (Grassman 2009 p. 61)

Trajectory with integration of trauma

In general, the extent to which veterans reckon with trauma *before* they come to the end of their lives, is the extent to which they will have a peaceful death. Combat veterans of the first trajectory who have struggled and successfully reckoned with their combat experiences have a better end-of-life experience than the civilian population. They have journeyed into a deep part of themselves to reconcile the horrors they faced in the military including confronting their own mortality at an early age. As they face their death, they might say, "I've faced death before in the war. I'm not afraid of it anymore." They say it sincerely without bluster that can arise from stoicism or other attempts to deny fear. They might say other things too:

- "Every day since the war has been a gift – each day a day I didn't think I'd have."
- "But for the grace of God, it could have been me who died in that war. I'm aware of the gift of grace with me now as I'm facing death."
- "I must have been spared in that war for a reason. I've lived my life trying to live up to the reason, to fulfill that meaning. If I didn't do that, it means my buddies died for nothing."

War did not erect a stoic wall in veterans on this trajectory; it tore one down. War brought focus and changed priorities. "It made me see what was *really*

important." All else pales after having experienced the worst humankind has to offer. Perspectives shift, and often shift toward a willingness to reckon with any obstacle interfering with peace, including inward obstacles. The cruelty of war taught them how to love and forgive others and themselves. It was a lesson they lived daily. Because they faced death before and lived their lives differently, they live their deaths differently.

Trajectory with apparent integration of trauma

Some people seem to integrate trauma into their lives, but it emerges later when something unmask the unresolved trauma. Though it might seem to appear suddenly after many years, a review of their lives usually finds PTSD creeping out in subtle ways. For those who have successfully hidden combat memories (even from themselves), turmoil or agitation might surface at end of life because with approaching death the protective mechanisms of the conscious mind may no longer be able to conceal memories of war. This delayed-onset PTSD may be particularly overwhelming and frightening, requiring intense support because these veterans have built especially strong defensive walls. However, when they are able to push through their defenses so they can recover scattered pieces of broken self, they become role models for how to redeem suffering.

Trajectory with PTSD

Many veterans with PTSD have successfully suffered war experiences by learning lessons that help them live their lives, deal with trauma, reckon with their PTSD, and face their deaths. If they received PTSD treatment, they can often tell the healthcare provider what helps them feel better. They might already have a PTSD network of friends who can provide support. Family members usually know how to respond to breakthrough episodes of PTSD because it is familiar territory. Other veterans with PTSD have not grown through the experience. They have compartmentalized the trauma, banishing it into unconsciousness. They might have increased difficulty as death approaches – haunted by residual memories or corroding guilt.

When patients with PTSD are admitted to a hospital, they can be anxious, suspicious, angry, or any combination of these. Leaving their home to enter an unknown hospital environment is threatening, increasing their feelings of danger. The hospital environment itself can act as a trigger with its militarized processes. Their own anticipated death can act as a PTSD trigger. PTSD, especially when combined with alcohol abuse, may have taken its toll on their relationships, leaving unfinished business to be resolved for a peaceful death to ensue. PTSD, however, can be a redeeming factor. Veterans with PTSD often have a resiliency because of what they have been through; they have been able to laugh, relate, find hope, share, and stay connected in spite of what they have experienced. They have been victims, and they have also been survivors. Many learn to live from a deeper part within themselves.

Interventions

Even though their wartime experiences were over many years ago, ask combat veterans about their military experience: "Now is a time to look back over your life. Is there anything that might still be troubling you? Anything about the war that might still haunt you?" Then, sit quietly. These are not the kind of answers that can be hurried. Veterans might talk about past experiences with death – deaths that were often violent and mutilating. They bring these experiences with them when they are enrolled in hospice programs. To allay these fears, it can be helpful to discuss the peacefulness of their expected death and the plan for how that will be achieved.

The Diagnostic and Statistical Manual (DSM) identifies how PTSD expresses itself differently in children. Children's dreams may be "frightening without recognizable content" or "trauma-specific reenactment may occur" (American Psychiatric Association 2000: 467–468).

The DSM does not address PTSD in people who are dying. Dying people often express PTSD as children do; they act it out. The reason for acting it out might relate to a more porous connection between the conscious and unconscious mind such that controlling traumatic memories when they arise becomes more difficult. Controlling traumatic memories when they arise from unconsciousness becomes more difficult; agitation (acting out the trauma) sometimes ensues. It is important to distinguish the agitation of PTSD from "terminal restlessness" or delirium. Some of the medications used for terminal restlessness may be ineffective for PTSD at the end of life; for example anti-psychotic medications are often more effective than benzodiazepines. However, before medicating agitation, it is important to determine its source. Pain, full or infected bladders, constipation, dyspnea, PTSD, medication interactions, unfinished business in personal relationships, and terminal restlessness can cause agitation. Treatment is different depending on the cause. An "8 P Assessment" for agitation can be performed: pain, pee, poop, puffing, PTSD, polymedicines, people (unfinished business with), and pre-death (terminal restlessness).

Many of the standard treatments for PTSD are not feasible when veterans are imminently dying. Medications taken for PTSD may no longer be administered by mouth and might be unavailable by other routes. Normal "talk therapy" or groups are not practical. Usual "grounding techniques" may not be effective because the veteran's rational access to his conscious mind is limited. Sometimes, PTSD surfaces for the first time at end of life and is particularly frightening at a time when the veteran is especially vulnerable. Some Hospice organizations and Vet Centers are partnering to develop PTSD Response Teams that can respond to this emergency when it surfaces at end of life in the home setting; certainly, no single healthcare team member should be expected to handle this alone. Not only do staff at the Vet Centers have the expertise and resources to deal with the trauma, but they can provide outreach services to dying veterans who are not enrolled in VA.

It can be important to eliminate as many "triggers" for PTSD as possible. Coming into a hospital (especially a VA hospital) can trigger past military memories

of barracks, procedures, unsafe environments, past combat hospitalizations, and visiting injured comrades. A government hospital and its employees may not be trusted by Vietnam vets. On the other hand, a VA might be a source of comfort, belonging, security, and camaraderie, especially if the veteran previously received care there.

Loud or unexpected sounds will startle people with PTSD, so they should not be touched without first calling their name or letting them see you. The use of bed alarms should be limited; they exacerbate the startle response. Restraints should also be avoided; even tight bed clothes or linens can trigger memories of being confined in prison if the veteran is a POW.

Farewell to arms: coming to peace at the end of life

Veterans who have served in dangerous duty assignments not only sustain physical injuries, they sustain mental, emotional, social, spiritual, and moral injuries. Some of the non-physical injuries arise from issues surrounding having killed other people. Some sources even report that the act of killing is the single most important factor generating PTSD (Baum 2005). Experiencing or witnessing violence can cause PTSD in anyone; the difference with veterans is that they often *committed* this violence as part of their military mission. This is a deeper level of traumatization. It should not be surprising that these kinds of spiritual and moral wounds surface when veterans are getting ready to “meet their Maker” as they come to the end of their lives.

Veterans may carry guilt or shame for things they have seen and done. This can interfere with peace of mind and peace of heart. Some veterans feel guilty about having killed other people. Others report that they loved the rush of the killing and later have guilt for having enjoyed it. Some veterans do not even want to acknowledge the awards they received for marksmanship. Others have guilt for killing women and children. Killing enemy soldiers can at least be justified; civilians’ deaths cannot, nor can the accidental killing of comrades in what is called “friendly fire.” Intentionally killing officers who consistently made poor judgments that jeopardized lives of those they commanded also produces guilt. Other veterans feel guilty for *not* killing: “They had to take me off the front lines. I was such a coward.” Some veterans suffer survivor’s guilt. Non-combat veterans sometimes feel guilty when they have seen fellow soldiers volunteer for dangerous missions. Nurses and medics sometimes express guilt about the life and death decisions they made. There may be shame for “leaving a buddy behind” so escapes could be made more quickly. War protestors sometimes feel guilty for the harm their actions caused soldiers.

It is essential that healthcare providers know how to respond to veterans’ guilt and shame. It is tempting to try to soothe the guilt with rationalizations: “That was a long time ago” or “You were just obeying orders and doing your duty.” These dismissive responses do not help; they essentially communicate to the veteran that the healthcare provider does not want to hear about their guilt. What veterans need is to have the guilt acknowledged and accepted so that they can forgive

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soul that seeks it. If that forgiving force is denied, vitality and peace remain elusive. If someone is unable to achieve forgiveness, they might arrive at the end of life filled with bitterness. Stockpiling transgressions of others (blame) or self (guilt) is the recipe for making bitterness. Bitterness is a poison that greatly complicates peaceful dying.

Rituals of forgiveness can be developed to restore integrity. Chaplains are another important resource; they are usually trained in both the process of forgiveness and the value of rituals. Healthcare providers can also help precipitate the process with veterans who report mistreatment, such as Vietnam War vets: "I wish our country could have shown greater respect for the service you provided. I wish you didn't have to experience the indignities you've had to suffer because of people's ignorance. I want you to know that you *are* honored now and should have been considered a hero. And *unsung* heroes are the *most* worthy kind." Tears often well up in the veteran. More importantly, a soldier is brought home from war as the forgiveness process is precipitated.

Behaviors that avoid confronting feelings or memories

The brother/sisterhood that saw veterans through danger is often called into action when a buddy is dying. Veterans come to the bedside to care for their falling comrade. And after death, they often check on their fallen comrade's family to make sure their needs are being met. On the other hand, there is a high incidence of alcohol abuse (Grossman 1996 p. 260) or other "flight"-type behaviors that veterans sometimes use either to avoid confronting locked-up feelings or to numb traumatic memories or anything associated with death. These factors might contribute to "unfinished business" as veterans face the end of their lives.

Stoicism, PTSD, and alcohol abuse can all lead to estrangement of families and the need for forgiveness. Any of these problem areas can complicate peaceful dying and effective grieving. This kind of "unfinished business" often surfaces as people face death because perceptions of time change. This is reflected with people who survive a potentially fatal accident when they say, "My whole life flashed before me." In that moment, past, present, and future are no longer experienced as sequential; rather, time is compressed into the ever-present now. Experiencing the eternity of the ever-present now is one of the gifts death offers. It is an inward space where past, present, and future *coexist*. This experience is very different from trying to block the past or defer plans for the future in order to live in the "present moment." People who are aging often experience the eternity of the ever-present now not in a flash, but in a process of reflection. Elders do not "live in the past;" the past lives in the now, offering opportunities for insight and healing. They review their lives to see what lessons they have learned or what meaning their life contains. It is a natural search for meaning and insight before they let go of their earthly existence.

During this life review, there is opportunity to guide veterans in seven steps that facilitate inner peace (Byock 1997). These steps include saying:

- Forgive me
- I forgive you
- I love you
- Thank you
- Good bye.

This is followed with encouraging them to do the last two steps (Grassman 2009 p. 201):

- Let go
- Open up.

Providing guidance in the above steps and giving veterans considerations for reflection can be important. The discussion might be introduced like this: "All of us have done things to hurt each other; none of us are saints. Now is a time to reflect on people you may have hurt and consider asking for forgiveness. Think about those who have hurt you, as well as any hurts you may be holding onto. Consider letting them go, offering forgiveness. Think about whom in your circle of friends and family may benefit from an expression of your love. Think about those people who have impacted your life. Who might benefit from an expression of gratitude for having touched your life?" Encourage the veteran to be as specific as they can in these contemplations. Affirm they can do this privately and that it is a process that takes time.

Continue dialogue with them regarding the last steps: "The next thing is the hardest but probably the most important and that is to say goodbye to all those you love and want to hold onto, to say goodbye to this world and everything in it, to say goodbye to all that has been the same. Let yourself grieve. After you've done this, then your new job is to relax and let go of all that is familiar – to open up to all that is new and different that is coming." Family members should also be encouraged to do the process with their dying loved one.

Veteran wisdom

Veterans often acquire wisdom produced from having reckoned with trauma, stoicism, or addictions. The following story highlights this kind of wisdom. In her book, *Peace at Last: Stories of Hope and Healing for Veterans and Their Families*, Deborah Grassman (2009) writes about veteran wisdom as she describes her encounter between two veterans: one who had wisdom and one who was willing to learn how to become wise.

- They had been strangers until fate found them in the same room on our Hospice unit. Luke was a quiet, gentle man. He was paralyzed by a spinal cord compression caused by prostate cancer. He was down to 100 pounds and his body was contorted like a pretzel. He was also blind from glaucoma.

Yet, he emanated serenity. He had a wonderful sense of humor and a youthful giggle that invited everyone into light-heartedness.

He also emanated gratitude. He was grateful to be alive, grateful to receive care, grateful even to be dying because he knew he would soon be home with "my Lord." As an elder in his church, Luke was well known and well loved in the town's African-American community. Now that he could no longer go to church, his family brought church to him: hymns, communion, scripture, and prayer. When none of his family was around, staff members would play recordings of the Bible or of Mahalia Jackson.

There was a genuine holiness in Luke; whenever he spoke, everyone in his presence felt this holiness. Everyone, that is, except his roommate.

Arthur was a gruff ex-Marine Corps sergeant. He admitted to being in pain, but usually refused medication. Instead, he paced. The effects of frostbite from inadequate uniforms in the cold regions of Korea had caused some painful nerve damage to his feet; nevertheless, he was grateful that he hadn't had an amputation the way some of his comrades had.

As Luke had brought everyone into his serenity, Arthur brought everyone into his misery. He was a surly man with little tolerance for anyone's ways except his own. Divorced four times, he claimed all his wives had been stupid. He was estranged from his children. But his 41-year-old son, Frank, began to visit him. Not having seen his father for 30 years, Frank wanted one last chance to know him. Arthur frequently snarled and cursed at Frank. Yet, Frank remained undaunted and stayed faithfully at his father's side.

I made an effort to reach Arthur. "You seem so angry," I said. "It worries me to see how you're pushing everyone away from you."

He shrugged. "They're all morons, that's all," he said contemptuously.

"Is it possible," I asked lightly, "that *you're* the one being moronic at the moment?"

He scowled, but he didn't push me away.

"You really want everything to go your way," I continued. "Anyone who has other ideas is wrong."

"Yeah," he grunted. "You gotta problem with that?"

"That was important in the military. It worked well then. You were a sergeant and you needed your men to do what you told them to do. But I don't know about now. You might be facing the end of your life in the next several months," I said soberly. "Everything's changing. You might want to think about doing things a little differently now so you can get ready to have a peaceful death – a death *without* fighting."

Arthur didn't say anything, but I could see him mulling it over. "Maybe..." he said grudgingly and then quickly changed the topic. Motioning toward Luke's bed, he asked to have his room changed. When I asked why, he described a racial incident in the Marine Corps in which he had been reprimanded when a subordinate "played the race card against me." We talked about how this had intensified his racism. He said he had little use for a blind, paralyzed black man.

I had to resist the urge to move Arthur. It would easily resolve the problem, but it would avoid an opportunity for making needed inward changes.

"I'll ask Luke and see what *he* says," I replied. Arthur was used to calling the shots. I wanted him to know that Luke had a voice in this too. I didn't want Arthur's prejudice to affect Luke, but I also knew Luke could be a healing influence on Arthur.

I spoke with Luke. He was not fazed by Arthur's mean-spirited assaults. Used to bigotry all his life, Luke shrugged off Arthur's ill temper and laughed with understanding at the proposed room change. Though Arthur didn't like it, I decided not to move him to another room.

Over the ensuing weeks, Luke's aura of holiness slowly infiltrated Arthur's side of the room. Arthur complained less about having Luke as a roommate. Gradually, Arthur started seeking the peace he saw in Luke. In the middle of a lonely night, Arthur called to Luke:

"You awake, Luke?"

"Yep."

"How about a prayer?"

Luke prayed and Arthur seemed to surrender some of his anger and bitterness. The wall that had shielded his tender, vulnerable feelings was slowly crumbling. Arthur became more mellow with fewer bursts of temper.

Luke and Arthur began sharing other things. When Luke's family brought communion, Arthur had communion too. When Arthur went home on the weekends, he would bring back food to share with Luke. Frank talked to the staff to get approval to use the stove in the kitchen on the unit so he could make breakfast for his father; Arthur asked him to make enough for Luke too. When Frank fixed breakfast the next week, Arthur invited the other eight patients on the unit. Mahalia Jackson and the smell of bacon called everyone within hearing and smelling distance into satisfying repast. Soon the weekly event outgrew Frank's capabilities; volunteers and the Hospice chaplain and physician were recruited into cooking, singing, and praying. Word of good food and fellowship spread throughout the Medical Center. Each week new faces from other wards eagerly appeared. (A tradition was born that 12 years later, continues to thrive and has had the surprising effect of providing "pre-Hospice" care for non-Hospice patients.)

The friendship between Luke and Arthur deepened over their weeks together. Possibly for the first time, Arthur was caring about someone other than himself. When Luke needed something, Arthur was there to get it. Conversation drifted between their beds at all hours. A synchrony emerged as though they were still soldiers bonded in the same trench.

One morning as the sun was rising, Luke called out, "You awake, Art?"

"Yeah. What do you need Luke?"

When Luke didn't respond, Arthur sat up so he could see him more clearly. Luke lay there with his hand outstretched toward Arthur. "I'm dying Art. The Lord is here for me."

"I'll get someone," Arthur said in a panic. Hurrying from the room, he returned with the housekeeper, *Margurite*. *Luke smiled as the three joined hands*. Arthur asked Margurite to pray. When they opened their eyes after the prayer, Luke had died.

Arthur was heart-broken. He beckoned to me as I came down the hallway. "Luke died Deborah. I can't believe it. He died." He told and re-told their last moments together as if to convince himself of the reality. I put my hand on Arthur's shoulder and said nothing. After a while, he spoke again but he wasn't speaking to me or to anyone in particular. "Tell Luke I'll be joining him soon."

Arthur was given time alone with Luke, but at last it was time to prepare Luke's body for the morgue. Arthur's fierce Marine loyalty would not allow him to leave the room.

"I'm staying right here with him. I'm not going to abandon him now." The room was a foxhole from which these two had faced death together. Luke had carried Arthur through its fire. Now, it was Arthur's turn.

Arthur lingered at the doorway, watching as Luke's body was placed on a morgue cart. As Luke's body passed, Arthur raised his hand into a stiff salute. "There goes my best friend," he said, tears streaming down his face as the cart clattered down the hall. "Who would have ever thought..." he added, his voice trailing off.

I could only remain silent, tears in my eyes, beholding the moment. I was filled with admiration for Arthur's courage and humility. I felt awed by the crumbling walls of prejudice Luke had penetrated. I had witnessed this kind of heroism in many veterans, but still I remained filled with wonder.

Arthur was now inconsolable. "How could Luke leave me?" he moaned despairingly.

Over the next few days, Arthur erected his wall again, becoming gruff and demanding. Nothing satisfied him – including his new roommate. No matter what his roommate said or did, it was wrong; it was not Luke. The roommate was moved and the bed kept empty for awhile to help Arthur focus on his grief. The empty bed seemed to contain Luke's spirit so that the Arthur that Luke had so lovingly coaxed from hiding, gradually re-emerged.

Arthur's condition stabilized and he was discharged to the Medical Center's community living center. Each week he reappeared for breakfast on the Hospice unit – usually with a few new buddies. Making new friends was no longer difficult; caring for other people was no longer foreign. Black or white, rich or poor, Arthur befriended everyone around him. His relationship with Frank grew tender; he had become the father Frank always wanted.

A year later, Arthur was re-admitted to the Hospice and Palliative Care unit for end-of-life care. With Frank at his side, he died peacefully. It had been a year of change – a year with kinship and camaraderie because Arthur had discovered the meaning of fatherhood and life without the specter of bigotry foreshadowing his perceptions. It had been a year of healing.

Bereavement care for veterans and their families

Veterans have much unresolved grief. On a battlefield, there is no time or space to grieve. A comrade dies and grief must be numbed so fighting can continue. Attention and energy are needed for survival; grief is a distraction that could be fatal. With grief on hold, their bereavement needs may stagnate. Facing their own death decades later or the death of a loved one, however, can trigger PTSD or activate grief from the many past losses during combat – deaths which were often mutilating or guilt-laden. When this occurs, there may be a disproportionate grief response. This exaggerated grief response is good if the veteran uses it as an opportunity to go back and mourn the deaths of his comrades. If he does not, he can become depressed instead.

Veterans may be aware that they have unresolved grief. This awareness can cause a fear of grieving when a member of their own family dies. “If I start crying, I may not be able to stop.” This fear compounded by the stoic culture of the military sometimes interferes with veterans’ willingness to receive bereavement services. They might fear being a “cry baby,” losing control, or becoming vulnerable. Bereavement groups are sometimes viewed as a “pity party” that they want no part of. One-on-one approaches or providing bereavement groups strictly for veterans may be more effective.

Veterans might have other issues that interfere with effective grieving. They may feel angry or bitter about medals they did not receive, service-connected disabilities they did not get, pensions they did not receive, or Agent Orange damage that went unacknowledged. Anger sometimes shields them from effectively encountering their need for grieving. If the veteran has PTSD, he probably does not trust easily or is reticent to reach out to strangers trying to provide bereavement care. They might cope with grief by isolating or “bunkering down,” which is often counterproductive. Initial approaches by bereavement counselors may need to be modified, focusing on gaining trust. For veterans who have a mental illness, the mental illness might become exacerbated when there is a death in their family. Bereavement programs need to be an integral part of mental health programs for veterans.

Suppressing grief as they are facing their own death or a loved one’s death can be stifling. Downplaying their suffering and ashamed of “weak” feelings, veterans often confuse stoicism with courage. Helping them see another kind of courage – the courage to face uncomfortable emotions head on – can help them express their grief. However, the goal is not to make veterans cry; the goal is to help them grieve in whatever way they can. Sometimes actions such as planting a memorial tree, visiting the surviving family members, or going to a grave site may be more effective. However, it is still important to give veterans permission to cry so they can feel free to do so. For example:

- “I see you choking down tears. I want you to know that it’s okay to cry. We say here that the only bad tears are uncried tears.”
- “It’s good to see your tears; they’re safe here.”
- “This is a very sad time. Tears are welcome here.”

Some bereavement issues are not emotional, but practical. Veterans who are receiving a pension that stops with their death, might fight hard to stay alive for their spouse's financial welfare. This concern can cause veterans to want resuscitation or to not want hospice services, even though focusing on futile medical treatments can interfere with anticipatory grieving for their own life. It also prevents essential dialogue with family, leaving family members with regrets for things left unsaid or undone. Military funerals include presenting an American flag to a family member. Disputes within families or divorces with multiple blended families might cause issues surrounding "Who gets the flag?" The resulting anger can complicate bereavement. Identifying these issues early and arranging to have more than one flag helps prevent this complication.

It can be important to inform veterans of their burial benefits. Veterans and their spouses are eligible for free burial at the closest national cemetery. This can ease financial burdens and facilitate "good grief" for both the veteran and the family.

Bereavement for families of veterans

Stoicism can affect whole family systems. Grief might be hidden by a silent or angry façade. If the veteran was "career military," the family may have lived in numerous places for short periods of time. This can have different effects on bereavement. Because they have no established roots, there may not be a network of support that facilitates effective grieving. On the other hand, because of frequent moving, families of veterans may readily reach out for support because they have learned how to ask for help and form new bonds quickly.

If the veteran had PTSD, especially if it became exacerbated during their dying process, the family caregivers may be exhausted and not have the energy required for grief work. They may have become so consumed with caregiving that they lost their own life or sense of self, which makes grief recovery more difficult.

If PTSD is identified for the first time as a veteran is dying, the impact on the family needs to be factored into their bereavement needs. Some feel relieved saying, "I'm so glad to know it has a name. I knew something was wrong but I didn't know what. Now this makes sense." Others might feel guilty. "I wish I would've realized this sooner, I would have _____ (listened more carefully, gotten him help, been more patient and understanding, etc.)."

Writing a condolence letter to a veteran's family can be helpful, especially if it acknowledges the influence that the military exerted on the family, such as the one cited in Box 16.2. Providing veteran-centric memorial services can also effectively respond to the bereavement needs of families. Vet Centers are located throughout the country. They were established after the Vietnam War by veterans dedicated to providing services to veterans who were reticent to come to government facilities to receive care. Vet Center staff also care for the veteran's family. Staff are trained in bereavement care and, in addition to community and VA hospice programs, are a good resource for families.

Box 16.2 Example of bereavement letter to veteran's family

Dear Susan, Greg, Jane, Paul, and Amy,

As I came away from the funeral service last night, I was left with a desire to share my own story about your Dad. I have known your Dad for the past 10 years as part of our church community. He started a small group in his home and we have been meeting monthly since. Your Dad was careful to say in the first meeting that this would not be the kind of meeting where people "spill their guts" – and your Dad kept his word about that for five years. But one night, your Dad started talking about the death of your sister. As he spoke, it became apparent that the death of this daughter at age five had been deeply disturbing, though he had never let himself grieve. Instead, he had boxed up his pain, hoping it would go away. Now, 40 years later, here it was again. This time though, he let himself feel his pain. He told of his despair over losing a child at that tender age, and he let himself cry. He was embarrassed at first. But soon the emotion gave way to the sobs of tears he had held back so long. Your Mom said it was the first time she'd ever seen him cry. I think your Dad was a little different after that day. A part of his heart was unlocked and his sharing became more open, his feelings expressed more freely.

I also think of your Dad at our 4th of July party. We did a tribute to the veterans for the freedom we were celebrating that day. I called the three veterans who were at the party to the front of the group and seated them in places of honor. Then we sang *God Bless America* and saluted them. That meant a lot to your Dad. Your Dad sacrificed a lot for his country. He bore a lot of physical and emotional scars from the war. Those scars are what I thought of last night when I saw the flag draped across his coffin.

I learned more about your Dad's struggles after the war when I visited him in the hospital last week. He wasn't taking any painkillers for his pain. He said he wouldn't have anything to do with morphine. Then, he told me the story of how he had become addicted to it with his injuries during the war. He said that during wartime, there weren't facilities for fixing the injury. Instead, he said the soldiers were "doped up" until medical services could be provided. After being on morphine for many months, he got hooked on it. After his injuries were repaired and healed, he continued on it. He told me about a time when he beat up a pharmacist friend of his to get more. He said that was about the "stupidest" thing he ever did and was deeply ashamed. But, it served as the wake-up call to kick his habit. And he kicked it the only way he knew how. He went off into a cabin in the woods. He stayed there by himself and sweated it out. Your Dad said it was pure hell. He sat with a loaded gun to his head and his finger on the trigger for many of those days. I think it was a combination of will power on your Dad's part, defiance toward his father, and faith in God that kept him from pulling that trigger. At any rate, as I listened to your Dad's story, my respect for him deepened. I had a greater appreciation of his stoicism. I had a deeper sense of who he was and why he was. My hope is that through his death, you will have a deeper sense of his life, a deeper sense of his love for you, and a deeper sense of yourselves.

Interventions for community agencies or partnerships

Helping veterans at the end of life is important because it is one last opportunity to help them find peace before they leave their earthly journey. To accomplish this, Congress passed a law allowing all enrolled veterans to have access to hospice and palliative care services as part of their uniform benefits package (38 CFR 17.36 and 17.38). Through this legislation, enrolled veterans in all settings regardless of service-connected status and deemed by a VA physician to require these services will be offered these services purchased or provided by VA. Helping veterans enroll in VA by getting their military discharge papers to the eligibility office facilitates the process. "Death with honor" has been a code the military has lived by. It is a code that is worthy to be maintained after they leave the military.

Because 96 percent of veterans die outside VA's healthcare system, the Department of Veterans Affairs has partnered with NHPKO (National Hospice and Palliative Care Organization) to establish the "We Honor Veterans" campaign to engage hospice and palliative care programs throughout the nation to assist veterans in achieving a peaceful death. Hospice Veteran Partnerships (HVPs) have been formed in communities to promote effective end-of-life care for veterans. These partnerships collaborate to provide care, overcome interagency barriers, and provide educational forums for veterans and staff caring for them. Members of the HVPs include veterans as well as staff from state hospice associations, VA Medical Centers, VA clinics and home-health programs, Vet Centers, and Veteran Service Organizations.

One of the goals of the We Honor Veterans campaign is that every veteran is identified upon admission into a hospice or palliative care program so their unique needs can be met. Admission forms should include questions asking about military service. Some veterans, however, do not call themselves "veterans," a title they reserve for those veterans who have service-connected injuries or veterans who have been in combat. When asked if they are a veteran, they might reply "No." Instead, ask if they have served in the military.

There are other issues to consider when assessing veterans at the end of their lives. Healthcare providers should not assume that all non-combat veterans did *not* sustain trauma. Many served in dangerous assignments. Rather than asking a veteran if they are a combat vet, ask them if they served in a "dangerous duty assignment." On the other hand, when assessing military history, do not assume all combat veterans sustained trauma; some had relatively "safe" assignments. Equally important, do not assume that those who sustained trauma have PTSD; most do not.

Ask open-ended questions that give the veteran control over how much or how little they choose to reveal. *How* the question is asked is more important than *what* is asked because it reveals your intent:

- "Tell me a little bit about how things went for you in the military."
- "How did your experiences in the military mold and shape your life?"

The We Honor Veterans campaign encourages agencies to express appreciation to veterans for service to their country. There are many ways to do this. Certificates can be posted above a veteran's hospital bed. An official looking document, the certificate might cite the veteran's name, years served in the military, seal of the service branch to which they had belonged, and words such as, "We appreciate our Veterans." In home-hospice agencies, the certificate acts as a reminder for all healthcare providers coming into the home that they are in the presence of a veteran. The certificates are also important to families. Families often want to frame the certificate, especially after the veteran dies.

"Thank you for serving our country" is a small thing to say but it can make a big impact. It requires sincerity however; words become trite and perfunctory when they do not come from personal exploration and development of awareness of the sacrifices veterans have made. Veterans often downplay that sacrifice, saying "I just did what needed to be done." When posting a certificate, reach out to shake the veteran's hand. Tell them you appreciate their service. Although some veterans will shrug it off nonchalantly, a tearful chord will be struck with many others. They might say: "No one's ever said that to me before," "I didn't know anyone cared any more," or "Thank you. It means so much that you haven't forgotten."

Some hospices purchase American flag lapel pins or other symbols that honor veterans. After speaking about their military service, ceremonially pin the veteran and say something that reflects your appreciation, such as: "Each time you look at this pin, may you know how much I appreciate *my* freedom. I know that it comes with a price and that you helped pay that price." Pins and certificates often invite stories about military service. Some hospice agencies go even further; they send a team to record the veteran's military history as well as the lessons they learned. Equally effective is identifying hospice volunteers who are veterans and assigning them to patients who are veterans. Camaraderie surfaces quickly. All agencies caring for dying people are encouraged to transport their veteran patients to the morgue or funeral home under an American flag quilt. It is one last opportunity to pay respect to a fallen hero.

Inpatient hospice facilities are encouraged to decorate one section with military décor or symbols for veteran patients. Facilities are also encouraged to consider placing veterans in a two-patient room with another veteran. There is great camaraderie as they care for each other. Family members of the veterans often become mutually supportive as well. Grief can also be facilitated as staff support a veteran as he grieves his roommate's death.

Community hospices and VA agencies often have veteran recognition or other kinds of acknowledgement for veterans on Memorial Day, July 4th, and Veterans Day. The Hospice-Veterans Partnership toolkit and the NHPCO "We Honor Veterans" website (www.wehonorveterans.org) provide many relevant resources that foster the care of veterans at the end of their lives.

Families are often unsung heroes because the sacrifices they have made go unacknowledged. If the veteran experienced trauma, PTSD likely impacted the entire family system. If there were frequent moves because of military reassignments, family life was disrupted. Ceremonially providing symbols that acknowledge their

sacrifices can be very meaningful to family members. Some hospices are now providing support groups for families with loved ones in current wars. Other hospices are partnering with the Red Cross to provide bereavement services to family members of soldiers killed in action. Many hospices partner with VA Medical Centers to provide bereavement groups to veterans and their families.

Summary

Veterans and their families often have unique end-of-life needs that are distinct from their civilian counterparts. Many healthcare providers and hospice agencies are joining forces to meet the needs of dying veterans so that the men and women who served our country will receive the honor they earned when they joined the military.

Appendix: culture of war – Deborah Grassman

Another important lesson my patients taught me was that each war was different. Each had its own culture that exerted a different influence on young soldiers.

World War II was enthusiastically supported by Americans. Many veterans have told me they joined when they were 16, lying about their ages so they could fight. When one veteran told me he had been 14, I could only shake my head in wonderment.

Virtually everyone sought a way to support the war effort. People grew "victory gardens" and the Red Cross sent pictures of them to the soldiers so they could see their country's support. Women worked in munitions factories while others stayed home and made clothing for the soldiers. No one was left untouched.

Without televisions, the public could be shielded from war's brutality. War could be glamorized, which increased its appeal and fostered further national unity. The mission of World War II enhanced this unity; it was clear and largely undisputed – especially after Pearl Harbor. And the soldiers knew they were in the war for its duration. This fostered cohesion and a determination to get the mission accomplished – a "we're in this together until the job gets done" attitude. When the war was over, troops came home *together*. They were greeted as heroes by a public eager to hear their victorious wartime stories.

While the adulation was gratifying, the soldiers needed more from their friends, families, and the media. They had been through horrors they could not have imagined; they had done things they never thought they would do. They needed the approval they were getting, but they also needed to give voice to the traumas they had suffered. But the awaiting public only wanted to hear about acts of bravery and heroism, not of trauma and moral confusion. The soldiers, themselves, often downplayed their acts of courage: "The *real* heroes were those that didn't come home" or "I was just doing my duty." This kind of reticence was sometimes taken for modesty. But some have told me that it's not modesty. They don't feel like heroes because they knew the ugly, despairing, or cowardly acts of war: "If you knew what I did, you wouldn't think I was so heroic." These stories

often remained untold, lurking in the veterans' consciousness; they often hid guilt and shame.

The Korean War was different. My Korean War veterans are often more tight-lipped. Known later as the "Forgotten War," it was never an officially-declared war; rather, it was called a "Conflict" or "Police Action." There were no ticker tape parades for these returning soldiers; this was the happy 1950s and people wanted to forget about war and focus on growing prosperity. Korean soldiers' trauma had been minimized or neglected and their combat contributions sometimes forgotten.

If Korea taught us how to ignore soldiers, Vietnam taught us how to shame and dishonor them. There was extensive television coverage from Vietnam. Americans now understood the brutality of war and were at odds with its politics. Protests were organized across college campuses. Actress, Jane Fonda, sent much-publicized cookies to the enemy – an act that symbolized a divided nation.

Many young men had mixed feelings about the Vietnam War, and some opposed it. The draft forced these and others into military service and then into combat. Also, imposed beliefs from fathers who were World War II veterans sometimes prompted unwilling sons to volunteer for Vietnam. For others, sons sought the hero status their World War II fathers had held in the family (and usually came back disappointed, I notice).

These soldiers often became more cynical by their experience in Vietnam, and their cynicism affected the soldiers who believed the war was necessary. This prevailing mood is depicted by a caption on a painting in the National Vietnam Veterans Art Museum in Chicago. It reflects the bitterness I often saw corroding the souls of some veterans. It read:

We the willing
Led by the unknowing
Do the necessary
For the ungrateful

In addition to political influences, there were pragmatic factors. Though they could volunteer for more, soldiers were required to do only one-year tours in Vietnam. Rather than the "we're in this together until we get the job done" attitudes of the World War II soldiers, they tended to think in terms of "I'm just rotating through until my tour's up." Reports of anti-war protests at home shook their confidence in the war as well.

Frequently-rotated new troops also meant fewer available seasoned troops: "You couldn't trust new soldiers to cover your back," a Vietnam vet told me. He said green recruits were also more trigger happy. "They were more likely to kill other soldiers who they mistook as enemy soldiers" – the famously named "friendly fire."

War tactics also were different in different wars. Before Vietnam, there was a certain level of safety "behind the lines" (if there can be any safety in a war), which allowed a small degree of mental and emotional recuperation between battles. In Vietnam, it was guerilla warfare which meant there was no safe place to

let defenses down. The enemy easily infiltrated, making it difficult for soldiers to distinguish friend from foe. Soldiers were on guard even in their sleep. Explosives were sometimes hidden on dead bodies, blowing up when soldiers came to retrieve them. Commonly, I've heard stories of soldiers carrying candy on them so they could give them to village children; but this could be used against them. Sometimes, the children were booby-trapped to explode while in the soldiers' midst!

Chemical warfare with Agent Orange defoliant was being used by American soldiers against the Vietnamese. Years later, when soldiers started experiencing effects from Agent Orange, the government disregarded their complaints. Vets had to organize and fight to receive attention, treatment, and compensation. The memorial wall in Washington DC does not include the names of these soldiers who died from the effects of Agent Orange; Vietnam vets sometimes experience this as one more reminder that their service was not valued nor their sufferings understood.

As important as any of the military factors, is how the non-military public treated Vietnam veterans. Unlike World War II veterans, these men and women did *not* return as heroes. Often they weren't even welcomed home. Anti-war protests had grown and people who had advocated bringing the soldiers home now turned their anger against the soldiers themselves. They greeted returning soldiers at the airports by spitting on them and shouting "baby killers" or "murderers." As a result, soldiers often hid their history about Vietnam like a dirty secret.

I've often speculated about how differently our soldiers would have been treated had there been a convincing victory in Vietnam. But the reality is that Americans don't like losers, even in war, even when it may not have had anything to do with the warriors. We didn't want to hear; we wanted no reminders. As a result, soldiers' stories had no where to go. They couldn't even talk with each other much of the time. Unlike World War II soldiers who often came home in boats or trains that gave them time to share their experiences and "de-brief" each other along the way, Vietnam soldiers were flown home into a hostile civilian culture in a single day – their suffering never validated, their souls left burdened, their stories left untold because we didn't want to hear them.

I've often watched World War II veterans rightfully swell up with pride when Hitler is mentioned. "We got him," they'll say, feeling the satisfaction of being part of a successful campaign to protect the world from evil. Vietnam veterans rarely feel this kind of satisfaction. Uncertainty and ambiguity about the goals and outcomes of the war often erode any sense of achieved purpose. Without a convincing victory, veterans felt their sacrifices had been meaningless. The political nature of the war added to their sense of injustice: "We could have won that war if the politicians had stayed out of it," some vets have told me. "They never financed the war so that we could have the resources to do what needed to be done," others have told me. This sense that their sufferings had been futile could linger for years, corrupting their civilian lives and even their deaths years later.

When I started seeing how isolated Vietnam veterans were, I often encouraged them to join the Veterans of Foreign Wars, American Legion, or Disabled American

Veterans organizations. "We're not welcome there," I was told sometimes. "They don't understand us either." Some World War II vets couldn't comprehend that Vietnam was different. Some viewed these soldiers as "wimps" who had "lost" the war. I remembered all the quips TV's Archie Bunker made about the superiority of World War II: "the *big* one" (i.e. the *only* one). The generational clash and the war culture clash interfered with communication and support. Initially, the Veterans of Foreign Wars posts did not allow Korean or Vietnam vets to join because those wars were not *declared* wars. Though that is no longer the case, it has taken years for the American public to register more understanding and acceptance; for most Vietnam vets, the damage had already been done.

Prisoner of War camps for each war also had their own cultures depending on the country they were in, the conditions they were subjected to, and the tortures used to extract information. I have heard horror stories from some of them. Perhaps most horrifying was the one told me by a veteran who survived the Bataan Death march. As he and the other prisoners were walking past a field, a pregnant farm woman threw them some food she was picking. One of the guards walked over to her, pulled out his knife, and cut the baby out of her body as the helpless prisoners watched!

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