

Wounded Warriors: Their Last Battle

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He had fractured his clavicle by simply turning his head. Later, he similarly fractured his arm. Fred had weakened bones throughout his cancer-riddled skeleton. Despite these hardships, his wife Peggy managed his care at home, driving him 100 miles to the Department of Veterans Affairs (VA) for treatments.

During his hospitalization, Fred was pivoting to a bedside commode when his thigh bone broke. Howling with pain, he shifted his weight to the other leg. In an instant, his hip broke too. Peggy heard the bones snap and was beside herself. I took her out of the room while staff worked to stabilize Fred's fractures.

"This is so unfair," I told Peggy tearfully. "Fred doesn't deserve this."

I could see Peggy took comfort in these words, as I validated the suffering she was feeling.

"I don't know what we've done to deserve this," she said softly. We continued to express our dismay. Having confronted her own feelings, Peggy was able to return to the room to comfort Fred.

A few days later, we needed to lift Fred to a special mattress. He refused any pain medication, so I shut the door and told him to scream or do whatever he needed to help his distress. But

Fred had been a soldier in World War II. He knew what it took to survive, and the way soldiers survive is through sheer grit and determination. He never made a sound.

While held aloft in a lift, gritting his teeth, face knotted tightly in pain, Fred winked at me and said, "How ya doin'?"

I was stunned by his stoicism. I had seen it with hundreds of other veterans—veterans who refused pain medication, veterans who were wincing in pain and yet when asked, replied "I can handle it" or "It's just a little discomfort." For some, the more pain the better—it proved just how strong they were. "Breaking down" to take pain medication signified failure. The military magnified the "big boys don't cry" attitudes already instilled in little boys. Male soldiers received a double dose of "macho."

Fred died a few days later, never complaining. His face remained taut until the last hours of life, when stoicism finally yielded to the peace and freedom of death. I remained haunted by his determination not to succumb to what he was experiencing—fighting until the bitter end.

Stoicism

I realized I frequently admired the stoicism I witnessed in veter-

erans. They often were uncomplaining, "grin and bear it" types who endured their sufferings silently. The few times tears or fears broke through their façades, they felt embarrassed, apologized, and quickly re-treated. Walls offered protection. Yet, I noted their "fight to the bitter end" attitudes sometimes meant just that—fighting to bitter deaths. "Attack and defend" instincts made death the enemy and dying a battle. Survival mode mentality interfered with "letting go." When backed into a corner, soldiers were not conditioned to surrender. They were conditioned to fight.

I had never attempted to broach, much less breach stoic façades. It was something in Fred's eyes that made me question my wisdom in failing to do so. As I struggled with his memory, my admiration for stoicism ceded to wonderment. Could stoicism contribute to the agitation and lack of peace I sometimes witnessed as veterans died? While I was busy praising veterans for being "good patients" because they seldom cried, complained of pain, or spoke of fear, was I reinforcing façades that interfered with their becoming authentic? While I was reinforcing the façade, was I missing an opportunity to teach them how to let go? Would that teaching be different for veter-

- All enrolled veterans, regardless of category, are eligible for hospice care paid for or provided by the VA. To enroll, bring military discharge papers (DD214) to an eligibility clerk at the VA.
- All veterans and their spouses are eligible for free burial at a national cemetery. Go to www.cem.va.gov for cemeteries in your vicinity.

ans because of their “don’t surrender” training? Stoicism is important on the battlefield. But I had to ask myself, what about after the battle is over and the soldier becomes a husband, a father, or a dying human being?

I decided to get better acquainted with this wall of stoicism I encountered so frequently in veterans. I began with the dictionary. It defined stoic as one “showing indifference to joy, grief, pleasure, pain.” (Neufeld, 1994). I was staggered with the implications of the meaning. Like spores that entomb potential energy and growth, stoicism walled off vitality, dividing inward and outward selves.

Veterans’ families often complained about their stoicism, telling me how it interfered with relationships. I was not surprised. Providing healthcare to fiercely independent and proud veterans was not always easy for me either.

It was then I realized that death was not the enemy. The enemies were those things that interfered with a peaceful death. Stoicism was at the top of that list, at least with veterans, at least from my vantage

point. I decided then I had to try to breach the wall. I might make some mistakes. I might fail. But too often I had seen stoicism rob people of a peaceful death. Too often I had seen stoicism rob people of their inward selves. Too often I had seen stoicism keep people trapped in isolation, disconnected from those they loved. No more.

One day, a physician asked me to convince a patient named Steve to attend our emotional support group.

“He’s depressed, but he won’t tell me what’s wrong,” the doctor said. “The group will cheer him up.”

Steve had malignant melanoma. His treatment had failed. Luckily for Steve, I had grown beyond my earlier stage of trying to “cheer up” depressed patients. I entered the room ready to accept Steve’s feelings, willing to explore them with him. With downcast eyes and a flat voice, he told me how alone he felt.

“I feel like I’m letting my family down,” he said. “I’m a fighter, and they keep telling me to keep it up, but I can’t do it any longer. I feel so alone in all of this.”

Recognizing the stoic wall for the isolation it was creating, I carefully and cautiously offered a crack.

“Are you ready to die, Steve?”

He nodded his head slowly.

“You need to know it’s okay to die. If your time has come, then it’s a matter of getting ready now,” I said gently.

He looked in my eyes for the first time.

“Maybe you could tell your family you can’t fight anymore and you need their help so you can die peacefully.”

“I can’t,” he said, shaking his head. “That would be giving up. I can never surrender.”

“Surrender isn’t good on a battlefield,” I acknowledged. “But this isn’t a battlefield, Steve. Death is a natural part of life. It’s a very important part of life. You don’t have many days left, so every day is precious. You might not want to waste one by hiding, fighting, or pretending. I know your instincts are to fight. But relaxing and letting go might help you have a peaceful death.”

Hesitantly, he nodded, cautiously considering the possibility.

“Would it make it easier if I told your family in your presence? Then you could talk about it together.”

Slowly he nodded his head “yes.”

When his wife and daughter arrived, I ventured forth: “As you’ve probably noticed, in spite of everything we’re doing, Steve’s getting weaker. He’s getting tired. He’s too weary to fight any more. But he feels like if he quits, he’s letting you down.”

As I spoke, his daughter started to cry. I paused, giving them time to absorb what I was saying before I continued.

“He’s nearing the end of his life, and he needs your permission to give up the fight. He’s got a lot to face, and he wants your help.”

When I finished, his daughter turned to her father and apologized for having told him to keep fighting. Several months’ pregnant, she poignantly explained that she wanted her unborn baby to know his grandfather, to know what a fine man he was. She went on to say how her love for him would live on in her child.

In the span of a few minutes, the value of Steve’s life was affirmed, his suffering validated, and he was reconnected with himself and those who loved him.

The daughter then hugged me, sobbing in my arms. "Thank you for caring enough to not let Daddy die alone."

I accepted her gratitude, silently thanking Fred and the hundreds of other veterans for what they had taught me. Steve did not have to die alone behind that wall after all.

Helping Soldiers "Make Peace": Creating a Safe Emotional Environment

When I do hospice consults in the hospital or admit a patient to the hospice unit, I elicit three perspectives from the patient:

1. A sense of their *past* story, including how the military might have impacted them.
2. Their *current* relationship to the dilemma they are facing with poor health, including their identification of their most pressing need.
3. Hopes for their *future*, including what they need so they can "die healed."

In these interactions, I assess barriers interfering with anticipated peacefulness. After most of the questions, especially those related to trauma, I sit quietly for several seconds so they do not feel pressured. Penetrating stoic walls or opening doors to trauma must be done sensitively and respectfully. My job is to create a safe emotional environment whereby patients feel comfortable emerging *if they so choose*. I can do damage if I push. Far more frequently, I observe damage done by health-care providers not recognizing the significance of military history and its impact on end-of-life care. This is called abandonment; it also causes harm.

My job is to open the door without pushing. The following sections describe some of the ways I've found to be effective.

Questions Related to Military History

When assessing military history, do not assume all combat veterans have sustained trauma; some had "safe" assignments. Do not assume all non-combat veterans did not sustain trauma; many served in dangerous assignments. Questions to ask include

"Tell me a little bit about how things went for you in the military."

"How have your experiences in the military molded and shaped your life?"

"You probably saw a lot of ugly things in that war. Is there anything that might still be troubling you a little bit now?"

"Many veterans who've not been in combat have sustained other kinds of trauma. Are there any traumas you've sustained that might still be troubling you a bit?"

For many combat soldiers, their last experience with the death of someone else was fraught with fear, horror, and helplessness. This history can taint their peacefulness as they face their own deaths. I often encourage them to develop a different relationship with death by saying:

"I know the last time you experienced death was on a battlefield. Death was probably ugly and violent. But you're not on a battlefield now. It's okay to surrender so you can have a peaceful death."

Many people with post-traumatic stress disorder surround

the trauma imprint with a wall of silence. Offering some quotes by other veterans may enable them to give voice to their stories. "Sometimes, a vet will tell me he lost his soul in Vietnam. Did something like that sort of happen with you?" I ask. Then I sit silently. Often what I see is simply a nod of the head and a tear. The tear is the story; stories do not have to be in words. Other common quotes I use are

"90% of me died in that war."

"I've been fighting that war every day since I got home."

Families also are a source for the experience of war. A door can be opened by offering a quote:

"Some combat veterans' families have told me that most of their loved one remained in Vietnam after the war. They didn't know the person who came back. Have you experienced anything sort of like that with your loved one?"

Combat veterans sustain mental, emotional, social, spiritual, and moral injuries. It is the moral injury that sometimes surfaces at end of life. I always validate their suffering:

"You've had to carry a lot of burdens. Fitting back into the world after combat isn't easy..."

"I would guess there have been times when you've been pretty angry at God for allowing the world to have war in it...for not intervening to protect people from cruelty."

I encourage veterans to consider softening prideful ways so transitions can be navi-

gated. As they review their lives and reckon with “unfinished business,” I 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’.”

“You sound like a rather stubborn guy. Are you the kind of person who has a hard time compromising with others because when you do, it feels like you’re surrendering the battle . . . giving up?”

“Sounds like pride might be keeping you stuck, getting in the way of things going better for you.”

I give them control and recognize the opportunity to penetrate stoicism by acknowledging their lack of control. I let my words linger in the air so they can either consider my perspective or modify it to more accurately reflect their own:

“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 feeling helpless makes them angry. I imagine it’s hard for a soldier to learn how to surrender, to let go.”

I don’t try to affirm their self-sufficiency. It only reinforces independence they no longer

have. Instead, I 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 that 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?”

I often affirm and validate the feelings they find hard to acknowledge:

“I know it can be hard for men to express their feelings. But, now is not a time to pretend like nothing is going on, that nothing has changed.”

“It may be difficult to express the hurt you may be feeling. It may be tempting to try to hide it and act like everything is going on as 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 too.”

“Are you willing to own your ___ (pain, fear, guilt)?”

“There’s no shame in feeling your feelings. The shame is in not sharing them with those who love you. The shame is in not asking for help when you need it. The shame is in not recognizing your needs when you have them.”

“How’s your heart today, your inward heart?”

“I can see you are com-

fortable talking about the ___ (hurt, anger, guilt, helplessness, etc.). I’m wondering if there are ever times when you let yourself feel your ___ (hurt, anger, guilt, helplessness), when you let it move down from your head to your heart?”

“If your ___ (anger, fear, cancer, liver, deeper self) could speak, what might it say?”

“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.”

I often normalize feelings, conveying the naturalness and healthfulness of owning and expressing feelings:

“Many veterans tell me they feel ___ (angry, scared, sad, guilty) when something like this happens.”

“It may be tempting to try to hide your feelings and act like everything is normal. It takes energy to pretend. Now is a time when you might want to consider letting yourself be honest with yourself, to be real.”

Scaling feelings can be an effective way to both assess and intervene with emotional distress:

“On a scale of 0 to 10, what number is your ___ (anger, guilt, pain, fear, helplessness)?”

After we talk about the meaning of the number, I ask:

“What needs to happen for that number to be lowered by 1?”

Their responses often form the basis for my plan of care.

It is especially important to create safe emotional environments for guilt, because guilt can complicate death. Combat veterans often bear much guilt, which interferes with peace of mind and peace of heart. Survivor's guilt is common. ("If only I would have ____, he'd still be here today. Why him and not me?") I've come to appreciate the guilt veterans often bear. I have come to appreciate how much forgiveness is needed so peace can be restored to their world.

Much of the work of forgiveness surrounds having killed. It is this moral injury that often surfaces at the end of life. In the article "The Price of Valor," Dan Baum writes:

I spent a week among amputees at Walter Reed Medical Center and was struck by how easily they could tell the stories of the horrible things that had happened to them. They could talk about having their arms or legs blown off in vivid detail, and even joke about it, but as soon as the subject changed to the killing they'd done, a pall would settle over them (Baum, 2004).

On their deathbeds years later, self-doubts emerge; moral dilemmas surface to complicate their peaceful leaving of this world. Platitudes such as "That was a long time ago" or "You did what you had to do. You were in a war. You were just doing what was ordered" or "You did the best you could under the circumstances" indirectly communicates "Don't tell me about your guilt. I don't want to hear it. It's not safe here with me." I now know that to dismissed

guilt dismisses the gift of forgiveness it veils.

I always include Ira Byock's (1997) five steps of dying well when I am speaking with patients and their families. Byock identifies five messages patients need to say and their families need to say to them for them to have a peaceful death: "Forgive me," "I forgive you," "I love you," "Thank you," and "Good-bye." I've added two more messages because I believe it is the purpose for saying the first five: "Let go," "Open up." I have found these seven steps to be so essential that I display "Living and Dying Healed" posters in the patients' rooms. I also have made pamphlets for patients I see on consult. They are indispensable tools.

We cannot change our past. We can change our relationship to the past so we can come to peace with it. Forgiveness and the seven tasks for living and dying healed are the means to do so.

"Thank You for Serving Our Country"

Our hospital posts military certificates above each patient's bed. An official-looking document, it cites the veteran's name, years served in the military, and the seal of the branch of service to which he or she had belonged. Prominently featured are the words "We Appreciate our Veterans."

Repeatedly, I've noted patients' interest in having these certificates posted over their beds. I realized then how military service was and remained a source of pride and identity for many veterans. Military service had shaped their lives. It formed their young adult identity and continued to exert its influence.

For more information

about the VA and NHPCO initiative to provide hospice care for veterans, see VA/NHPCO Monograph by Larry Beresford, 2005, entitled "VA Transforms End-of-Life Care for Veterans." Available at www.va.gov/oaa/flp or www.nhpco.org/veterans.

The certificates also were important to their families. They often wanted to frame them, especially after the veteran died.

"Thank you for serving our country" is a small thing to say. It requires sincerity. Words become trite and perfunctory if there hasn't been personal exploration and development of awareness of the sacrifices veterans have made to contribute to American ideals.

Reaching out to shake their hands, I offer gratitude:

"I want to post this certificate to thank you for serving our country. I know you've paid a price for giving me my freedom. I don't take that lightly. I appreciate what you did."

Some shrug it off nonchalantly. For many others, a chord is struck, tears well, chins quiver. Over and over, I hear "No one's ever said that to me before" or "I didn't know anyone cared anymore" or "Thank you. It means so much that you haven't forgotten."

I often confess my vulnerability of forgetting:

"These certificates are as much for me as they are for

you. Sometimes, I do forget. Sometimes, I take you for granted. I don't want to do that. When I see this certificate, I remember who I'm dealing with and what you've been through."

We then worked with our Hospice-Veterans Partnership (www.va.gov/oaa/flp for hospice_Veteran Partnership Toolkit) to purchase American flag lapel pins that said "Honored Veteran." Carrying a supply in my white lab coat pocket, I had a convenient tool that symbolized gratitude. Ceremonially pinning them on patients while acknowledging their sacrifices affirmed their identity and valued their contributions.

"Welcome Home" and "I'm Sorry"

I remember the first time I realized it was not too late to say "I'm sorry." It was after the Persian Gulf War when veterans were returning home victorious, greeted as heroes.

"No one ever welcomed us home like that," a patient had told me. "They didn't want to see 'Nam vets or hear what we had to say."

He was grateful the Gulf War veterans didn't have to suffer what he had suffered. "But it still hurts," he added. I could feel the bitterness. After 30 years, it was still there, poisoning his experiences. Then he said something that was heartbreaking: "All that for nothing. My buddies killed for nothing. The government duped us. Our nation is sinful. It was all just politics and money. All I've been through since the war . . . for nothing."

I let myself feel his bitterness, absorbing its impact. When he finished, I rose slowly and knelt before his chair, I took his hands

in mine, forced my gaze to meet his hung head and downcast eyes. I let myself feel the shame of our nation not treating him with respect and not valuing his sacrifice. I let myself abide with the bitterness of suffering in vain, the emptiness of suffering without meaning. Then, I spoke words he longed to hear:

"Sir, I am so sorry for how we treated you. I am so sorry for the indignities you've had to suffer because of our ignorance. I don't know if that war was an unjust one or not. If it was, then you've had to bear the 'sins' of our nation. What I do know, is that you were treated unjustly. I want you to know that you are a hero. And unsung heroes are the most worthy kind."

His eyes never diverted from mine. The apology reached into the recesses of his soul. Great sobs erupted as he slumped forward in my arms, shame and anger washed away with his tears.

I realized several things that day. Whether we win a war or not, whether a war is "just or unjust" does not change what soldiers went through, the sacrifices they made. In fact, losing wars or fighting in "unjust" wars make the sacrifices that much more difficult to bear. I realized it's never too late to welcome a soldier home. It's never too late to say "I'm sorry," and the way we do that is one soldier at a time.

I was in the National Vietnam Veterans Museum of Art in Chicago. I saw a caption on a painting by a veteran. Entitled "Atoning," I believe it summarizes the work of healthcare providers responding to the unique needs of combat veterans at the ends of their lives:

*Hoping and wishing
you can settle
this whole thing in your mind
about this war
resolving it within yourself
before the time of atonement
comes,
weeping and crying at the
end of your life.*
(Mann, National Vietnam Veterans Museum of Art)

Death is an humbling experience. Loss of control, pride, and independence are part of the dying process. Sooner or later, the stoic wall has to crumble. Later means a "fight to the bitter end"; sooner means a weary soldier is finally able to come home. It means scattered pieces of the inward self hidden behind walls or exploded during wars are finally able to make peace with each other . . . at last. ■

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