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Person-centered older military veteran care when there are consequences

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ABSTRACT

The consequences of each war present themselves in many ways and differently within a veteran's lifetime. For civilian nurses to give applicable, vital care to the older veteran, they need to deeply appreciate the military culture, the strength of the ethos, as well as the various health concerns connected with the individual war/conflict. Attentiveness to the evolving health issues of older veterans are a priority at a time when many personal developmental changes are also creating life stressors for the Vietnam veterans and they are often presenting to civilian health facilities for their care. This article explores the controversial war within Vietnam (1955–1973), and the use of the universal question of "Have you ever served in the military?" An incremental veteran health assessment is discussed in order to care for the specific, prior-era physical/behavioral issues of post-traumatic stress disorder, Agent Orange, military sexual trauma, hepatitis C, and homelessness that are discussed for these men and women veterans, along with a rationale for their long-term presence, which is still evident today. Other relevant nursing interventions for veterans are suggested such as reminiscing, and art/animal-assisted therapy to supplement their medical care.
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> .... In one of [our] war's most profound tragedies, many of the men and women [from Vietnam] came home to be shunned or neglected—to face treatment unbefitting their courage and a welcome unworthy of their example. We must never let this happen again. Today we reaffirm one of our most fundamental obligations to show all who have worn the uniform... the respect and dignity they deserve and to honor their sacrifice by serving them as well as they served us.
>
> Barack Obama Presidential Proclamation
> Vietnam Veterans Day, March 29, 2012.

Today, while most of the attention and military veteran literature is on the reintegration of those deployed for the most recent Global War on Terrorism (GWOT) fought in Iraq and Afghanistan during 2001–2014, the purpose of this article is on another veteran. This nursing discussion will focus on the health concerns of the older Vietnam-era men and women veterans, especially the United States contingency as it had the largest military presence and command structure involved in that different, contentious war (1955–1973). This dialogue also has important international patient-centered care implications as other allies sent troop assistance. During the Vietnam War that included South Korea (320,000), Australia (61,000), Philippines (10,000), Thailand (40,000), New Zealand (3800), and Canada (30,000); Britain provided an important covert role with air support rather than ground troops (Curtis, 2006; Editor, 2013).

Military Culture

Collectively, for those who have ever served in the military, this culture is more than uniforms, training, marching, and weapons. Their mores are uniquely atypical, filled with military norms, traditions, values, and lived experiences, all packed into a way of life that for the service member leaves lasting lifetime imprints (Coll et al., 2012). Often, the veteran's only military self-identity comes in the form of their personal service duties, assignments, deployments, encounters, and education; although it is individually determined whether they will be positive and/or negative memories. Additionally, there is an immeasurable, strong

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adherence to the military ethos which places the mission, camaraderie, altruism, perseverance, loyalty, courage, and steadfastness, first. Yet, while these attributes are certainly commendable when in combat, the nurse will frequently find that these multi-faceted military characteristics can prove challenging upon the veteran's civilian reintegration, as will be described later with their health concerns.

For the nurse in the civilian sector to effectively attend to the older veteran's health needs and provide meaningful care, they will need to infiltrate their way of thinking, which is distinctively different (Coll, et al., 2012). This article provides information about the Vietnam veteran's health assessment, specific, prior-era physical/behavioral issues, and rationale for their long-term situations still evident today. Of interest also, several other aspects became evident during the development of this discussion. When compiling the older prior-era veteran snapshot, some data inconsistencies and unclear data collection techniques were noted, both in governmental and historical sites (Conard et al., 2015; IOM, 2012; IOM, 2014). In addition, as the Vietnam era medical literature remains fragmented and scattered over a wide period of time, this discussion includes some evidence-based veteran developments/rationale currently being incorporated into practice. These interventions are now often being implemented for all service members under the Veteran Health Administration (VHA) care, regardless of conflicts, especially in the areas of post-traumatic stress disorder (PTSD) and military sexual trauma (MST). Also, three other relevant interventions are included which have effectively supplemented older veteran health care and can be suggested to Vietnam veterans by nurses at any time.

Vietnam War

A short synopsis of this unique Vietnam War provides a historical backdrop for the older veterans' health needs. The major war initiation was to stop the further spread of communism after the Korean War (1950–1953), although the action was in another neighboring small Southeastern country of Vietnam (U.S. Department of Veteran Affairs, 2014). Unfortunately, what first started as a controversial and problematic United States (U.S.) conflict, slowly evolved into another international war, with 20+ years of commitment.

Advisory Involvement (1955–1964)

Most declared wars do not start on a certain day or time, but instead, as in Vietnam, Iraq, and Afghanistan, they slowly begin with numerous military and civilian advisory groups (official and unofficial) sent to assess unsettled, festering situations/incidents (Olson, 2015). Between 1955 and 1964, gradually, yet exponentially, over 60,000 American service members were eventually in an unconfirmed status inside Vietnam (Olson, 2015). This designation later became problematic for the veterans that saw their unofficial share of death and danger. Outcomes for these clandestine operations were suppressed, unacknowledged, and many times not accurately documented, which for some veterans, resulted in non-applicable Vietnam Era VA benefits or proper recognition later in their official discharge records (Olson, 2015). Prisoners-of-war describe even more difficult times.

Declared War

A 1964 North Vietnamese showoff in the Gulf of Tonkin escalated the conflict into an internationally declared war, with the U.S. taking the major role of leadership. Over 8 million U.S. service members are considered Vietnam-era veterans, but of that number, 3.5 million U.S. troops were sent to Southeast Asian combat zones until 1973 (History Net Archives, n.d. ; Kang et al., 2000). Their demographic picture was vastly different from the Korean and World War II veterans who had been mainly drafted (66%), not as ethnically diverse, possessed less high school education (45% World War II/63% Korean), and suffered higher mortality rates (IOM, 2012). In contrast, these Vietnam service members were men from lower middle/working class (76%), more ethnically diverse (Blacks 15%, Caucasian 78%, Hispanic 5%), a mixture of drafted (>25%) and volunteers, more high school education (79%), from Protestant backgrounds (64%), with an average deployment age of 19 (History Net Archives, n.d.).

Subsumed in these veteran numbers were approximately 8000 young U.S. Registered Nurses who volunteered for Vietnam service, during their enlistment (DeVanater, 1982; Fontana et al., 1997). They had between 3 and 5 years of Diploma or Baccalaureate nursing education and limited work experience before their deployment. Part of their major role while in Vietnam was working with the intricately meshed transportation and medical treatment advances that significantly reduced war-time mortality rates from World War II (Cypel & Kang, 2008; Fontana et al., 1997). Their outcomes meant more military personnel survived their injuries and came home with more visible and invisible wounds. Another estimated 2000 women assisted in Red Cross activities, as well as military clerical and logistical support, although this gender/occupational data are not clearly defined (Cypel & Kang, 2008; Fontana et al., 1997; Kang et al., 2014).

A significant turning point for this war was the surprise, immense, enemy military offensive over 2–3 months that started on Tet, the Vietnamese 1968 New Year (History Net Archives, n.d.). The eventual outcome of this offensive was a questionable military victory and a communist regime takeover, with many still believing America lost the war. Within the U.S. citizenry, this situation led to profound disillusionment, riots, and unrest; on the battlefield, U.S. troop morale dropped, and eventually the war ended with a negotiated compromise (History Net Archives, n.d.).

Once discharged and reintegrated into civilian life, many of these men and women veterans had no/few noticeable problems. Yet others returned to the U.S., individually rather than as a military unit, where they encountered rejection (and protests) for their service, government distrust, a floundering faith in God, along with war-related physical disabilities, as well as equivalent bio-socio-psychological behavioral problems (Coll et al., 2012; Feldman & Periyakoil, 2006). Few, and often no, appreciative gestures, parades, nor support for their stressful war zone experiences were experienced (Fontana et al., 1997; Gold et al., 2007). Some reports cite returning service members taking off their uniforms, throwing (or burning) them, and never discussing the war again (Beckham et al., 1998; Cook, 2011; History Net Archives, n.d.). Similarly, Vietnam women veterans were criticized, with many still carrying self-blame for being there and not being able to save more lives (Fontana et al., 1997). These sentiments are still remembered when, and if, these negative experiences happened to the Vietnam men and women veterans (History Net Archives, n.d.; Russell, 2013).

Subsequent Veteran Issues

Universal Assessment Question

With the vital role nurses play throughout the patient's journey within a health care arena, the initial entry assessment question for every adult, and accompanying member should be “Have you ever served in the military?” (Collins et al., 2013). The ensuing assessment dialogue then can inquire about general areas of military exposure-related concerns. Helpful Military Health History Pocket Cards for Clinicians (available at http://www.va.gov.oaa/pocketcard) provides further information about each U.S. war/conflict, and/or sometimes even definite duty stations which could have produced specific symptomology Allen et al., 2013; Conard et al., 2015).

Vietnam Veteran Health Care

Presently, Vietnam veterans are almost all 60 years of age, or older with both some common reintegration, as well as unique, issues. Commonly, older adulthood is comprised of many developmental

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