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The Importance of Taking a Military History

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The most important action a provider can take to ensure that a veteran receives optimal health care is perhaps the easiest and, ironically, the most neglected: asking if a patient has served in the military and taking a basic military history. In previously published articles, Jeffrey Brown[1] and Ross Boyce,[2] physicians with prior military service, reported that their own health care providers had rarely asked about their service. For Dr Brown, in the four decades since his combat service in Vietnam, he noted,

> It is only recently that I realized that although there had been dozens of medical encounters, without my prompt I had never been asked by a medical student, resident, or attending physician if I had served in the military or if my deployment might be responsible for my medical symptoms. In fact, I am embarrassed to say, I had not given it much thought either.[1]

Dr Boyce adds, "In the decade between my first combat and my first visit to a psychologist, I had dozens of interactions with medical providers. However, few asked about my military service."[2] Dr Brown went on to describe his personal assumptions and internalized rationalizations related to this experience: "I believed that the likelihood of seeing patients who were veterans was small and that those with service-related conditions were already receiving attention at the Veterans Health Administration. Both assumptions were wrong."[1]

It is often assumed that veterans, National Guard members, and Reservists receive their medical care primarily through the US Department of Defense and the US Department of Veterans Affairs (VA) health systems. Of the approximately 22.3 million living veterans, only 9.3 million received services in 2013 through the VA.[3] Regardless of where a veteran receives his or her health care, Drs Boyce and Brown remind us that a veteran's military service is relevant to his or her health care status and needs. Regarding his own health care needs, Dr Boyce noted,

> Few took notice of the immunization history that included smallpox and anthrax. Few noted the scar on my back where a small piece of shrapnel had lodged. And no one ever asked me about my dreams, my isolation, or my guilt. Instead, I was a healthy young man with low cholesterol levels and a resting heart rate in the 50s. Everything was normal. I am quite certain that I would seem like an ordinary patient to most physicians. But I also know that I carry the psychological imprint of my Vietnam experience and that I am at increased risk for developing medical complications from constant exposure to the dioxin-containing defoliant known as Agent Orange.[2]

Reports by the Institute of Medicine and RAND emphasize that after more than a decade of combat in Iraq and Afghanistan, the number of veterans with physical, mental health, and psychosocial needs is rising. Reserve and National Guard personnel and their families often face additional readjustment and transition challenges with potentially less support given that they have separated from their military community.[4-8]

It is important that clinicians in all settings are aware of the frequent co-occurrence of posttraumatic stress disorder, traumatic brain injury, chronic pain, and substance use disorders.[9-13] Deployment is associated with higher rates of cardiovascular disease, including obesity,[14] sleep disturbances, and elevated suicide risk.[15] Additionally, veterans

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may have questions about potential health sequelae resulting from environmental or toxic chemical exposures, such as Agent Orange during the Vietnam War, oil well fires and numerous other toxic exposures during the 1990-1991 Gulf War, and burn-pit exposures in Iraq and Afghanistan.[16] These concerns can be appropriately addressed only if the individual's military service and deployment history is known. As Dr Brown noted, "The 63-year-old man who presents with multiple myeloma, the 41-year-old-woman who presents with chronic fatigue and myalgia, and the 30-year-old patient with memory loss and panic attacks might all have conditions related to deployments in Vietnam, Iraq, or Afghanistan."[1]

Despite the well-documented risk factors associated with deployment, an Internet-based survey of rural mental health and primary care providers found that 56% do not regularly ask their patients about military service, and only 16% of providers had served in the military.[17] Optimal health care for veterans requires integrated, patient-centered services delivered by culturally competent teams that are able to address veterans' complex co-occurring health concerns.[18] Unfortunately, as Dr Brown noted, "Like most physicians, I was never trained to routinely ask patients if they were veterans or taught how to take a military health history."[1]

In fact, only 20% of medical schools provide training in military culture.[19] The importance of such training is increasingly acknowledged and being addressed in the academic medical community.[4] Lee et al[20] offer a number of recommendations, such as adding military health history sections to electronic health records and health care textbooks and adding questions related to veterans' health on licensing and board certification examinations. The Joining Forces initiative has taken steps to raise awareness among the public about the unique experiences and strengths of America's service members, veterans, and their families to encourage integration of services for veterans as well as engage academic institutions and professional societies to commit to educating their trainees and members in military health issues.[21] A popular and widely distributed teaching tool for taking military history is a pocket card developed through the VA Office of Academic Affiliations.[22] The clinical expertise of the VA and military health systems should be leveraged to support the community and academic institutions in expanding training opportunities on topics related to veterans' health.

Although taking a patient's military history may in some ways seem quite simple, it can be quite complex for a veteran. As Dr Boyce recalls,

> The only way I could protect myself was to keep those secrets hidden away. I concealed the most important moments of my life from those closest to me. Even in suffering, including occasional thoughts of suicide, I held back. I did not want to expose others to the horror I had experienced. I would rather let the poison kill me than infect others. "Don't ever let 'em get too close," I had been told on my first day in Iraq. I've often wondered how I would have responded to such questions. I suspect that, most of the time, I would have retreated to the usual lines of defense, making quips to deflect further examination.[2]

Each veteran's motivation for enlistment and experience in uniform is unique. Military service is a life experience that generally contributes to personal growth and development. In one survey of 1853 veterans, 96% of Iraq and Afghanistan veterans felt proud of their service, 93% felt that they became more mature as a result of their service, and 90% developed more self-confidence while in uniform. Even with these positive responses, 44% of returning veterans experienced readjustment difficulties, 48% noted a strain on family life, 47% reported outbursts of anger, 49% reported posttraumatic stress symptoms, and 32% experienced some degree of loss of interest in daily activities.[23]

For those asking about military service, it may be as simple as saying, "I want you to know that I appreciate your service." Asking is not about "checking a box," it is not because "we should find out," it is not even to "get information." Asking is about building a relationship with the veteran, showing you care, and learning more about a very important aspect of the veteran's life that often has relevance to his or her health care.

Serving in the military involves immersion in a unique culture with distinctive dress, language, values, social organization, and behavioral norms. In this sense, taking a military history is enhancing our cultural sensitivity to allow us to provide more effective health care. For those of us asking the question, we are saying, in essence, "Your military service means something to me, and I want to be as understanding, knowledgeable, and informed as I can be to be a better health-care team member for you."

The way that we as a nation can best enhance the care that we provide for our veterans is simple: Ask, listen, and learn. All health care professionals and trainees should ask about military service as part of the psychosocial and/or occupational history in all initial health assessments. The question, "Have you or has someone close to you ever served in the military?" should be asked in the course of all initial health assessments given that partners, dependents, and family members of veterans may also be affected by the veteran's service and potentially eligible for resources or benefits. A checkbox approach to the occupational history will fail to capture the complex and very personal nature of experiences associated with military service, including the health risks incurred during deployment. It is important to understand as fully as possible what a veteran's military service has involved and what it has meant to him or her.

Basic approaches to taking a military history have been described,[4,18] and this practice should be encouraged from the first day of clinical training and should continue throughout one's health care career. To achieve this goal, veterans' health topics must be incorporated into textbooks, trainings, clinical templates, and medical records. And above all, we must always remember to ask the question. In the words of

Dr Boyce, ''There were days where I was hurting and I just might have reached out. There is no way to know. I was never given the chance.''[2]

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