



Denton County was established by the Texas legislature on April 11, 1846

County Judge Mary Horn, Commissioner Cynthia White, Precinct 1;
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Serving the Veterans of Denton County



REMEMBER PEARL HARBOR

DECEMBER 7TH, 1941

VA Services for Returning Combat Veterans of Operation Iraqi Freedom and Operation Enduring Freedom

The Department of Veterans Affairs (VA) has developed special programs to serve the nation's newest veterans — the men and women who served in Iraq and Afghanistan — by assisting them with a smooth transition from active duty to civilian life. VA's goal is to ensure that every seriously injured or ill serviceman and woman returning from combat receives easy access to benefits and world-class service. Combat veterans have special health care eligibility. Their contact with VA often begins with priority scheduling for care and, for the most seriously wounded, VA counselors visiting their bedside in military wards before separation to ensure their VA disability payment coverage will be ready the moment they leave active duty. Through enhanced programs and new policies, VA is striving to ensure it holds open the doors to a seamless transition from soldier to citizen.

Benefits and Services

For two years after discharge, these veterans have special access to VA health care, even those who have no service-connected illness. Veterans can become "grandfathered" for future access by enrolling with VA during this period. This covers not only regular active-duty personnel who served in Iraq or Afghanistan, but also Reserve or National Guard members serving in the combat theaters. Veterans with service-related injuries or illnesses always have access to VA care for the treatment of their disabilities without any time limit, as do lower-income veterans. Hospital care, outpatient treatment and nursing home services are offered at 1,400 locations. Additional information about VA medical eligibility is available at <http://www.va.gov/healtheligibility>.

VA's broad range of benefits includes disability compensation and pension, vocational rehabilitation and employment, education and training, home loan guarantees, automobile and specially adaptive equipment grants, home modification programs for the disabled, life insurance and traumatic injury protection, and survivor benefits. Information on these programs is available at http://www.vba.va.gov/benefit_facts/index.htm.

VA launched an ambitious outreach initiative to ensure separating combat veterans know about VA benefits. Programs available to them, including compensation for service-related disabilities, are described at <http://www.seamlesstransition.va.gov/benefits.asp>. Each veteran with service in Iraq or Afghanistan receives a letter from Secretary of Veterans Affairs Jim Nicholson introducing the veteran to VA and its benefits and providing phone numbers and Web sites for more information.

As with all military members, transition briefings prior to discharge also acquaint them with benefits as do additional pamphlet mailings following separation. Brochures, wallet cards and videos have been produced, and briefings are being conducted at town hall meetings, family readiness groups and during unit drills near the homes of returning Guard members and reservists. Because of the large number of reservists and Guard members mobilized in this conflict, VA has made a special effort to work with their units to reach transitioning service members at demobilization sites and has trained recently returned veterans to serve as National Guard Bureau liaisons in every state to assist their fellow combat veterans.

Seamless Transition Liaisons for the Severely Wounded

In an effort to assist wounded military members and their families, VA has placed workers at key military hospitals where severely injured servicemembers from Iraq and Afghanistan are frequently sent. These include benefit counselors who help the servicemember obtain VA services as well as social workers who facilitate health care coordination and discharge planning as servicemembers transition from military to VA care. Under this program, VA staff members serve at Walter Reed Army Medical Center in Washington, D.C.; National Naval Medical Center in Bethesda, Md.; Eisenhower Army Medical Center at Ft. Gordon, Ga.; Brooke Army Medical Center at Ft. Sam Houston, Texas; Madigan Army Medical Center at Tacoma, Wash.; Darnall Army Medical Center at Ft. Hood, Texas; Evans Army Hospital at Ft. Carson, Colo.; and Camp Pendleton Naval Medical Center in San Diego.

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VA and the Department of Defense have improved collaboration and communication. VA employees based at military treatment facilities brief service members about VA health benefits, disability compensation, vocational rehabilitation and employment. Coordinators at each VA benefits regional office and VA medical center work both with the out based VA counselors and with military discharge staff to ensure a smooth transition to VA services at locations nearest to the veteran's residence after discharge. At the VA facilities serving the veteran's home town, the hospital is alerted when the seriously wounded servicemember is being discharged so that the continuity of his or her medications and therapy is ensured when they arrive home.

Medical Conditions of Combat Veterans

Patterns of disease shown in diagnoses of recent combat veterans who have come to VA for care have not suggested significant differences from the types of primary care, chronic conditions or mental health issues seen in earlier combat veterans. However, careful studies will be required to draw appropriate comparisons using control groups of similar veterans, representative samplings, and other scientific methods. An early neurological study tested 654 Army veterans before deployment to Iraq in 2003 and again after returning in 2005, finding mild impairments in memory and attention lapses, but significantly faster reaction times when compared to other veterans not deployed to the theater. These warrant further investigation. VA also will analyze combat veterans' deaths from diseases in hopes of publishing mortality studies in the future.

Nationally automated data from VA's payment system for service-connected diseases and disabilities does not distinguish between combat-related injuries and those incurred or worsened while the service member was in non-hostile locations. Some of the most common service-connected conditions among those who served at some point in the Iraq and Afghanistan theaters include musculoskeletal conditions and hearing disorders.

Polytrauma Centers Provide Specialized Care

Improvised explosive devices and rocket-propelled grenades often result in devastating injuries, including amputations, sensory loss and brain injury. Modern body armor and advances in front-line trauma care have enabled combat veterans to survive severe attacks that in prior wars were fatal. In response to the demand for specialized services, VA expanded its four traumatic brain injury centers in Minneapolis, Palo Alto, Richmond and Tampa to become polytrauma centers encompassing additional specialties to treat patients for multiple complex injuries. This is being expanded into a network of 21 polytrauma network sites and polytrauma clinic support teams around the country providing state-of-the-art treatment closer to injured veterans' homes.

These centers treat traumatic brain injury alone or in combination with amputation, blindness, or other visual impairment, complex orthopedic injuries, auditory and vestibular disorders, and mental health concerns. VA has added clinical expertise to address the special problems that the multi-trauma combat injured patient may face. This can include intensive psychological support treatment for both patient and family, intensive case management, improvements in the treatment of vision problems, and rehabilitation using the latest high-tech specialty prostheses. Polytrauma teams bring together experts to provide innovative, personalized treatment to help the injured service member or veteran achieve optimal function and independence.

Because brain injury is being recognized as the signature injury of the current conflict, VA launched an educational initiative to provide its clinicians a broad base of knowledge with which to identify potential traumatic brain injury patients, mechanisms for effective care, and a better understanding of patients who experience this condition. VA has made training mandatory for physicians and other key staff in primary care, mental health and rehabilitation programs.

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Mental Health Care and Post-Traumatic Stress Disorder

About one-third of these combat veterans who seek care from VA have a possible diagnosis of a mental disorder, and VA has significantly expanded its counseling and mental health services. VA has launched new programs, including dozens of new mental health teams based in VA medical centers focused on early identification and management of stress-related disorders, as well as the recruitment of about 100 combat veterans in its Readjustment Counseling Service to provide briefings to transitioning servicemen and women regarding military-related readjustment needs.

Many of the challenges facing the soldiers returning from Afghanistan and Iraq are stressors that have been identified and studied in veterans of previous wars. VA has developed world class expertise in treating chronic mental health problems, including post-traumatic stress disorder (PTSD).

Post-traumatic stress involves a normal set of reactions to a trauma such as war. Sometimes it becomes a disorder with the passage of time when feelings or issues related to the trauma are not dealt with and are suppressed by the individual. This can result in problems readjusting to community life following the trauma. Since the war began, VA has activated dozens of new PTSD programs around the country to assist veterans in dealing with the emotional toll of combat. In addition, 207 readjustment counseling "vet centers" provide easy access in consumer-friendly facilities apart from traditional VA medical centers.

One early scientific study indicated the estimated risk for PTSD from service in the Iraq war was 18 percent, while the estimated risk for PTSD from the Afghanistan mission was 11 percent. Data from multiple sources now indicate that approximately 10 to 15 percent of soldiers develop PTSD after deployment to Iraq and another 10 percent have significant symptoms of PTSD, depression or anxiety and may benefit from care. Alcohol misuse and relationship problems add to these rates. Combat veterans are at higher risk for psychiatric problems than military personnel serving in noncombat locations, and more frequent and more intensive combat is associated with higher risk. With military pre- and post-deployment health assessment programs seeking to destigmatize mental health treatment, coupled with simplified access to VA care for combat veterans after discharge, experts believe initial high rates likely will decrease.

Studies of PTSD patients in general have suggested as many as half may enjoy complete remission and the majority of the remainder will improve. Research has led to scientifically developed treatment guidelines covering a variety of modern therapies with which clinicians have had success. Treatments range from psychological first aid to cognitive behavioral therapy. Psychopharmacology may include drugs such as Zoloft or Paxil -- with newer drugs under studies now in progress. More information about VA's PTSD programs is available at <http://www.va.gov/opa/fact/docs/ptsd.doc> and <http://www.ncptsd.va.gov>.

Additional Resources

Combat Veterans Information	http://www.va.gov/Environagents/page.cfm?pg=16
Transition Assistance Program	http://www.va.gov/opa/fact/transasst.asp
PTSD and Combat Veterans	http://www.ncptsd.org/topics/war.html
Survivors Benefits	http://www.vba.va.gov/survivors/index.htm
Women Veterans Information	http://www.vba.va.gov/bln/21/Topics/Women/

