

IOWA DEPARTMENT OF VETERANS AFFAIRS

RECEIVED

JAN 15 2008

HOUSE OF REPRESENTATIVES

Veterans Counseling Program

Status Report on the Implementation of

Iowa Code 35.12

VETERANS COUNSELING & OUTREACH PROGRAM

January 15, 2008

TABLE OF CONTENTS

I.	Overview	3
II	Background.....	4
III.	What We Are Doing.....	7
IV	What We Can Do	9
V.	Summary.....	10
V.	Attachments	
	A – Welcome Home Pamphlet	11
	B – State of Iowa Veterans Benefits.....	12
	C – Signs and Symptoms of TBI and PTSD.....	13
	D – Iowa Veterans Medical Facilities	14
	E – VA Website Redesign Project	15
	F – March 3, 2007 Human Transportation Services Letter	16
	G – Super Market of Veterans Benefits Flier.....	17
	H – <i>The Story County Veteran</i> newsletter.....	18

OVERVIEW

House File 909, Section 4, appropriated from the General Fund to the Iowa Department of Veterans Affairs for the fiscal year beginning July 1, 2007, and ending June 30, 2008: \$50,000 for implementation of the veterans counseling program established pursuant to Iowa Code 35.12, as enacted by 2007 Iowa Acts, House File 817.

House File 817

Section 1. NEW SECTION. 35.12 VETERANS COUNSELING PROGRAM

1. The department shall coordinate with United States veterans administration hospitals, health care facilities, and clinics in the State and the Department of Public Health to provide assistance to veterans and their families to reduce the incidence of alcohol and chemical dependency and suicide among veterans and to make mental health counseling available to veterans.
2. The assistance program shall include but not be limited to the following:
 - a. Public education and awareness programs for veterans, health care professionals, and the public, relative to the needs of veterans.
 - b. Referral services to identify appropriate counseling and treatment programs for veterans in need of services.
3. Any assistance program established pursuant to this section shall be implemented in a manner that does not duplicate other services readily available to veterans.

The purpose and legislative intent of this appropriation is to:

- Coordinate with various federal, state, and county partners to provide appropriate referral assistance to veterans and their families – assistance designed to reduce the incidence of drug abuse, chemical dependency, and suicide prevention.
- Identify appropriate counseling and treatment programs and a referral service process for veterans in need of these services.
- Develop and circulate literature to veterans and their families, communities, and organizations relative to the availability of appropriate referral assistance centering on drug abuse, chemical dependency, and suicide prevention; coordinate with appropriate health care officials, counselors, veteran centers, county commissions, and veteran service organizations to ensure broadest dissemination of program information.

BACKGROUND

**“The wounds of war are not always the result of explosions and rocket fire.
They can sometimes be unseen and cloaked in silence.
If left untreated, they can be just as lethal.”**

—Former Secretary of Veterans Affairs, R. James Nicholson

The Iowa Department of Veterans Affairs (IDVA) has been legislatively charged and duty-bound to ensure that every Iowa veteran gets the help they need. Indeed that is the outreach challenge – to make certain that veterans receive timely access to appropriate United States Veterans Affairs services and benefits. One of IDVA’s first priorities has been to coordinate with various federal, state, and county partners to work toward enhancing the existing programs already in place – and, if necessary, to identify gaps in services – if any exist.

The armed services branches and the Iowa National Guard have in place excellent debriefing procedures and follow up programs such as the Guard’s “Enduring Families.” IDVA’s Executive Director is regularly involved in armed services debriefings: distributing veteran benefits materials, answering questions, and delivering proper referral information.

Many Iowa County Commissioners of Veteran Affairs administrators have also been actively involved in meeting the needs of their returning soldiers and veterans. Together, all the veteran agencies – federal, state, and county – are striving to ease the ways in which veterans can access the help they need – to make that process quicker and more efficient. They strive to provide the proper referral assistance to veterans and their families in an effort to reduce the incidence of drug abuse, chemical dependency, suicide, and homelessness.

During the last few years – and particularly this past year of 2007 – the media has been very thorough in documenting the medical, psychological, and social effects of the Iraq/Afghanistan conflict on returning soldiers. Many of the stories reported concern the incidence of suicides, Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and the stigma surrounding such mental health issues. The Army has reported that suicides among veterans serving in Iraq and Afghanistan are rising at alarming rates – 17.3 per 100,000 troops – and, in fact, reached a 26-year high in 2006 (*Military.com/NewsContent*). After leaving the military, veterans appear to be at even *greater* risk for suicide (than those who didn’t serve in the military).

As former Secretary of Veterans Affairs, James Nicholson stated, the injuries of war aren’t always visible and there are serious post-war issues (mental, medical, social) that our veterans are experiencing and that we are challenged to heal. What follows is an overview of those issues; what is being done to address them; and what other programs might be instituted to help our veterans.

Suicide

The Federal Department of Veterans Affairs (VA) estimates that more than 5,000 veterans commit suicide each year; statistics indicate that suicide rates are 35 percent higher for veterans serving in Iraq than for the general population. Despite the lack of consistent available data and difficulty in tracking suicide rates among veterans, the VA has nevertheless begun to systematically collect and track suicides so they can develop a true understanding of the problem and begin to formulate a comprehensive prevention strategy.

Initially, one of the ways the VA has responded to this crisis is by putting in place the VA Suicide Hotline. The 24-hour Veterans’ Suicide Prevention Hotline (put in effect in June 2007) is the cornerstone of the VA’s new program. It puts veterans in touch – any time anywhere – with suicide prevention coordinators. Although

there is cautious optimism about the new suicide program, it is clear that early intervention and treatment is critical to preventing suicide. (<http://republicans.veterans.house.gov>)

The recently passed Joshua Omvig Suicide Prevention bill takes this care even further – by stepping up screening, counseling, and other mental health services for returning war veterans. The bill requires mental health training for Veterans Affairs staff; a suicide prevention counselor at each VA medical facility; and mental-health screening and treatment for veterans who receive VA care. It also supports outreach and education for veterans and their families, peer support counseling, and research into suicide prevention. Nevertheless, military officials admit more needs to be done to help service members overcome their reluctance to get treatment. “...We have to *get to the families*,” said Travis Bartholomew, Director of the U.S. Army Reserve’s family programs in Iowa. Therapists are available for Iowa’s veterans – but many are underused.

Post Traumatic Stress Disorder (PTSD)

In April 2007, the VA reported that one-third of the veterans of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) have sought VA health care since fiscal year 2002. It is said that of 84,000 patients that received a diagnosis of possible mental disorder, almost half received provisional diagnoses of PTSD. It has been estimated that the number of veterans serving in Iraq diagnosed with mental-health issues triples during their first six months at home (*Newsweek*, 12-31-07). The VA counts PTSD as the most prevalent mental health malady to emerge from the wars. Mental health issues are the second-largest area of illness (the first being orthopedic problems) for which veterans serving in Iraq and Afghanistan seek treatment at VA hospitals and clinics. In spite of these statistics, however, it is felt that PTSD figures are being under-reported. Colonel Elspeth Ritchie, psychiatry consultant to the Army surgeon general, acknowledged, “...for PTSD and acute stress disorders...soldiers are worried about being perceived as weak and don’t want to have people in their unit find out.” A new program, begun in mid-July, 2007, has the Army educating every commander and soldier about PTSD and traumatic brain injury through a mandatory training program aimed at increasing awareness and reporting. (*Courant* 8-6-07)

Traumatic Brain Injury (TBI)

Mild traumatic brain injury has been called the “signature wound of the war on terror.” Identifying and treating that injury has become a priority for Armed Service medical commands worldwide. Once soldiers return from deployment, family members may begin to notice irritability, sleeplessness, chronic headaches, clumsiness, and memory problems. These are common signs of TBI – with families often the first to notice changes.

Pentagon scientists report conservative estimates that between 10-20% of all returning veterans of the Iraq war have suffered a previously unidentified form of brain damage as a result of close encounters with roadside bombs. Powerful pressure waves from the blasts can cause microscopic cell damage to the brains of soldiers who aren’t visibly injured, leading to delayed memory problems, scattered thinking, and constant headaches.

Mandatory brain-function tests are starting with the 101st Airborne Located at Fort Campbell, Kentucky and are expected to spread to other military bases. The tests provide a standard objective measurement for each soldier’s reaction time, their short-term memory, and other cognitive skills prior to deployment. This data will be used when the soldiers return home to identify mild brain trauma that can often go unnoticed and untreated.

Homelessness

The *Des Moines Register* reports that on “any given winter night in Iowa, as many as 1,000 homeless veterans don’t have a place to sleep. And there are just 56 beds available for homeless veterans in this state.” Veterans comprise approximately one-fourth of the homeless people in the United States. Reports

indicate that younger veterans that have served in Iraq and Afghanistan are showing up in shelters and soup kitchens seeking treatment or help with finding a job. "The Iraq veterans seeking help are more likely to be women, less likely to have substance abuse problems, and more likely to have mental illness – mostly related to post-traumatic stress." (Peter Dougherty, *The Des Moines Register*)

WHAT WE ARE DOING

Obviously there are no clear demarcations between the afore-mentioned mental and physical health issues. But there *is* a common denominator by which these issues can be addressed: The veteran's family and support mechanism. The family is a vital component in the veteran's ultimate well-being. Indeed, the family is the most important factor in any kind of post-deployment rehabilitation. It is important for family members to understand what the recovery process is, what they should look for, and what they can do to help. Again, soldiers may be hesitant to seek treatment, and it may fall to the spouse or family members to see that their soldier (husband, father, son, or daughter) gets help.

The following list describes the newest outreach projects currently underway in the Iowa Department of Veterans Affairs.

- **Database:** The outreach challenge began by building a large database of all returning Iowa veterans. This database will facilitate the broadest dissemination of literature to veterans AND their families regarding appropriate referral assistance and ensuring that those veterans and their families are aware of the services available to meet their needs within their respective communities and the state. The database can further serve by being sorted in a myriad of ways: by county, region, or district; identifying district hospitals, veteran centers, Community Based Outpatient Clinics (CBOC), county directors, and county locations – enabling providers the ability to target groups in specific ways. The first mailing using the newly-created Iowa veterans database is attached. (See Attachments A, B, C, and D.) Currently, the database numbers over 4,400 veterans; database entry began in August 2007 and is now going backwards by date as time allows.
- **Webpage Accessibility:** A grant for up to \$20,000 was obtained by IDVA to fund the concept design and implementation of a new IDVA website. The current webpage is being revamped so that it is more user-friendly and expansive in scope. Technically, the site will be updated so that it reflects current technology, has a more professional appearance, and easier usability. Static forms will be included as part of the site improvement and the general scope will expand with the addition of new help pages, links, news, events, and legislation. These improvements will facilitate outreach and provide veterans easier access to information and direct application to services that are available to them as they reintegrate into civilian life and their communities. Project manager for this project is Drew Dinsmore, DAS. Also serving on the project committee are Bob Pals (DAS), and IDVA Outreach Coordinator Jill Joseph. It is expected that the first phase of the webpage re-design project to be up and running by March 2008. (See Attachment E.)
- **State Partnering:** IDVA is negotiating a partnership with the Iowa DOT to provide transportation services to veterans: "...offering any excess capacity in VA transportation services to other Federal agencies under agreements that provide for reimbursement to VA." Veterans living in rural areas are at risk – the isolation that is part of rural America makes it far more difficult to get care. This would be particularly helpful for rural veterans whose transportation options are limited. (See Attachment F.)

The IDVA Outreach Coordinator has begun to establish alliances with other state agencies, including the Iowa Department of Public Health, and the Brain Injury Association of Iowa.
- **Educational Outreach:** In addition to the many services already provided by the Federal VA, IDVA, and local Iowa VA county offices, the Iowa Veterans Affairs Benefits Awareness Task Force has initiated a program entitled "Super Market of Veterans Benefits." This informational and service program was developed to guide and educate veterans regarding their benefits. Department representatives set up in locations across the state (on weekends) and offer job search assistance, Iowa Veterans Home information,

health screenings, vet center counseling, and advice on the other programs and benefits available. (See Attachment G.)

Many of the county veteran offices are reaching out as well with their own publications. (See attachment H: *The Story County Veteran* newsletter.)

- **Federal Assistance:** The VA is the largest federal provider of direct assistance to the homeless, with services including 346 program clinicians working nationwide that contact homeless veterans as part of their dedication to the homeless health care outreach effort. More than \$300 million in grants have been provided to local partners for homeless programs. VA also partners with hundreds of communities – including Polk County – on Stand Downs across the nation, where they can obtain food, shelter, clothing, and community and VA assistance.
- **Veterans Needs Report:** The 2007 legislature requested that the IDVA and the Iowa Commission of Veterans Affairs prepare a report regarding the needs of veterans. This report has been submitted for an outside bid to ensure it is completed in a nonbiased manner. This report shall include a comprehensive survey of existing benefits and services being provided to Iowa veterans at the local, state, and national levels, a comparison of Iowa veterans benefits and services programs with such programs offered in other states, the deficiencies in benefits and services identified by the department, and any recommendations for eliminating the deficiencies identified. The completed report will be available in October 2008. The Department and Commission hope to utilize this report as a starting point for future improvements and programs within the Department of Veterans Affairs.

WHAT WE CAN DO

In an effort to help soldiers transition into civilian society, to facilitate the rehabilitation of PTSD, and to provide support for returning soldiers, Iowa counties should consider applying for available state grants that would fund a mental health counselor in their county VA office – similar to the grant programs recently funded in both Allamakee and Winneshiek counties. The Winneshiek county office received a \$10,000 matching grant to fund a mental health counselor. The results have been extremely successful. The counselor spends four Tuesdays every month in the veterans office and sees five to six veterans on those days (as time allows); veterans representing all wars and conflicts have taken advantage of this newly-available counseling.

Consider establishing a system of “Patient Coordinators” to shepherd wounded veterans through the maze of paperwork and appeals (*NY Times* 10/18/07).

Consider mandating that soldiers report for a mental-health assessment after they return from war. “Requiring everyone to attend removes any anxiety about feeling ‘singled out.’” (*Des Moines Register*, 9-15-07)

The county, state, and federal veteran offices should continue to strive to be an active presence and reliable source of help for all of their veterans.

Parents and families of veterans must continue to be persistent and urgent advocates for their veterans.

What Other States are Doing: Programs to Consider

1. Wisconsin has established a program entitled “Mission Welcome Home” – created as an ambassador program to encourage veterans from past wars to connect with returning troop and their families – drawing from their real-life experiences. This is intended to bridge the gap between veterans of previous wars and those returning from Afghanistan and Iraq through a mentoring “ambassador program.” (www.dva.state.wi.us/welcomehome.asp)
2. Minnesota has stationed mental health professionals at Army National Guard armories as a part of a TriWest Healthcare Alliance pilot program that will provide on-site mental health consultation, education, and referral (“Mental Health Hotline”). This program specifically focuses on diagnosis and treatment of PTSD.
3. In 1991, Washington State became the first state to establish a PTSD and War Trauma Treatment program. This law enabled the WDVA to offer readjustment counseling services to war veteran and their family members. Services include grief and counseling support services for eligible family members of state residents deployed from the National Guard and military serves in times of conflict.
4. Illinois is the first state to require screening of all returning National Guard troops for traumatic brain injuries. “Many states are jumping in because the sheer volume of mental health problems – stemming from the Iraq war’s duration and multiple deployments – has overwhelmed federal officials.” (www.stltoday.com)
5. In Oregon, the Oregon National Guard is funding family assistance coordinators. The coordinators are advocates for veterans – arranging medical treatment, marital counseling, and other assistance to help soldiers and their families deal with the transition from hyper-vigilant warriors back to husbands and wives, moms and dads (www.boston.com).

All of these programs (and others too numerous to mention here) are worth our serious consideration. Further investigation and evaluation will be part of the Outreach Coordinator’s agenda during 2008.

SUMMARY

The legislative intent of House File 817 was to "...coordinate with various federal, state, and county partners to provide appropriate referral assistance to veterans and their families..." This report reflects that there are existing programs that serve the veterans well; new programs that are showing great promise; and programs within different departments that complement each other. There are also gaps in services that exist that could be lessened by closer and newly-created alliances among departments and organizations. Many of the challenges, issues, and resources overlap and all agencies would benefit from sharing information and manpower.

ATTACHMENT A

Dear Veteran:

Welcome back home to Iowa. The people of Iowa and a grateful nation thank you for your service to our country. We are indebted to all our men and women who have risked their lives to fight terrorism around the world.

We are the Iowa Department of Veterans Affairs and we are advocates for veterans and their families. We want you to make a successful reintegration into civilian life and community and are here to help you access services and benefits that you and your family are entitled to. *We are always just a phone call away.**

**The Iowa Department of
Veterans Affairs is here to help.**

***If we don't have the answer,
we'll find someone that does.
Let us help you! Contact:***

Iowa Department of Veterans Affairs
Camp Dodge, Building A6A
7105 NW 70th Avenue
Johnston, Iowa 50131-1824
800.838.4692 or 515.242.5331
<http://www.iowava.org>
General Information: info@idva.state.ia.us

* Services available for Honorably Discharged veterans only.

This pamphlet was created by the
Iowa Department of Veterans Affairs
OEF/OIF brochure 12-07



Suicide Prevention Hotline - 800.273.8255

The U.S. Department of Veterans Affairs has a national suicide prevention hotline that has been established for veterans. *The toll-free hotline number is 1-800-273-TALK (8255).* VA's hotline is staffed by mental health professionals who will take toll-free calls from anywhere in the country and work closely with local VA mental health providers to help callers. You will be routed to the closest possible crisis center in your area. With over 120 crisis centers across the country, VA's mission is to provide immediate assistance to anyone seeking mental health services. Call for yourself, or someone you care about.

Suicide Prevention Hotline - 800.273.8255



Welcome Home!



State Resources

The Iowa Department of Veterans Affairs offers a variety of services to veterans, their dependents, and survivors, including:

- Injured Veterans Grant Program
 - War Orphans Educational Assistance Fund
 - Lifetime Hunting and Fishing Licenses for Disabled Veterans
 - Vietnam Bonus Program
 - Homeownership Assistance
 - Veterans Benefits
 - Veterans Education
 - Iowa Veterans Home
- You may also find this and additional information on the IDVA webpage: www.iowava.org*

Vet Centers

Vet Centers are staffed with professionals experienced and trained with working with veterans. Counselors come from many disciplines including psychology, social work, nursing, and rehabilitation counseling. Many staff members are veterans themselves.

- Des Moines Vet Center
515.284.4929
Katrina Mach, Team Leader
- Sioux City Vet Center
712.255.3725
Richard Jorgensen, Team Leader
- Cedar Rapids Vet Center
319.378.0016
Donna Schlimmer, Office Manager
- Omaha Vet Center
402.346.6735
Rachel Barendsen, Team Leader
- Quad Cities Vet Center (Moline and surrounding area)
309.762.6954
Pleshette Butler, Team Leader

VA Central Iowa Health Care System

- Des Moines Division
515.699.5999 or 800.294.8387
Point of Contact: Brian Ede
- Knoxville Division
641.842.3103 or 800.816.8878
Point of Contact: same as Des Moines Division
- Iowa City VA Medical Center
319.338.0581 or 800.637.0128
Point of Contact: Kirt Sickels
- Omaha Division
VA Nebraska Western Iowa Health Care
402.346.8800 or 800.608.8806
Outreach Coordinator: Lori Wardlow
- Sioux Falls VA Medical Center
605.333.6842
Point of Contact: Elizabeth Flinn

These VA health facilities can also make referrals to Community Based Outpatient Clinics (CBOCs) in your area.

Federal Resources

The Department of Defense notifies the VA when service members are released from active duty. The VA then sends a letter with information about VA benefits and assistance to aid transition to civilian life. You can find help with personal and family concerns, and community readjustment issues. The Des Moines Federal VA regional office provides compensation, pension, and vocational rehabilitation and counseling services for all military veterans in the state of Iowa. Their webpage lists regional locations for vocational rehabilitation and employment offices.

Federal Department of Veteran Affairs

Toll Free Numbers:
Benefits Information 800.827.1000
Health Care Eligibility 877.222.8387
www.va.gov

Iowa Federal VA Regional Office

210 Walnut Street
Des Moines, IA 50309
800.827.1000
Victor Tate, Outreach Specialist
Cheryl Kruse, Women Veterans Coordinator

Iowa National Guard

Lt. Barb Sutton
515.252.4317
Ashley Randall, Family Program
515.669.6308
www.iowanationalguard.com

Iowa Veterans Service Organizations

American Legion
515.323.7532
Disabled American Veterans (DAV)
515.323.7539
Military Order of the Purple Heart
515.789.4245
Paralyzed Veterans of America
515.323.7544
Veterans of America
www.iava.org - Iraq & Afghanistan
Veterans of Foreign Wars (VFW)
515.323.7546
National Guard
515.252.4582 or 515.252.4666
Vietnam Veterans of America (VVA)
515.323.7549

"Veterans should see mental health services as another benefit they have earned, which the men and women of the VA are honored to provide."

County Resources

A majority of Iowa's 99 counties have a County Commission of Veterans Affairs. Some counties have dedicated funds to assist veterans with emergency services. These may include:

State and Federal Forms Enrollment Assistance Shelter Program

Assistance with payment towards rent or mortgage
Utility Program

Assistant with payment for fuel, oil, gas, electric, water, sewer, and garbage

Medication Program

Assistance with emergency medication

Food Program

Assistance with a referral to the Food Bank and/or a Food Voucher

Dental Program

Assistance to alleviate dental pain and possible assistance for dentures

Hearing Aid Program

Some assistance towards the purchase of hearing aids

Other Valuable Resources

- Iowa Department of Education Veteran and Military Education:
www.iowa.gov/educate/content/blogcategory/187/935/
515.281.3317
Marlene Higdon, Support
- Veterans of America - Iraq & Afghanistan
www.iava.org
- Substance Abuse and Mental Health Services Administration:
www.samhsa.gov
- National Institute of Mental Health:
www.nlm.nih.gov/medlineplus
- Brain Injury Association of Iowa:
www.biaia.org (800.444.6443)
- Military Onesource - DOD Quality of Life Information:
www.militaryonesource.com
- National Center for Post Traumatic Stress Disorder:
www.ncptsd.va.gov/ncmain/veterans
- Deployment Health Clinical Center:
www.pdhealth.mil
- Department of Defense Transition Assistance Locations:
www.dodtransportal.dod.mil/dav/lsnmedia/LSN/dodtransportal
- Official Transition Assistance Program Website
www.transitionassistanceprogram.com/register.tpp
- Veterans Resource Center (NAMI):
www.nami.org/veterans
- National Coalition for Homeless Veterans
800.VET.HELP
www.nchv.org/about.cfm

If you do not have access to a computer, please contact the IDVA by phone or mail. We would be happy to send additional materials or answer any of your questions.

ATTACHMENT B

STATE OF IOWA VETERANS BENEFITS

Injured Veterans Grant - \$10,000 Maximum

This grant provides up to \$10,000 to members or former members of the U.S. military who are residents of Iowa and were seriously injured in the Iraq or Afghanistan theatre of operation. To be eligible for the full \$10,000, the individual must have been evacuated to a hospital outside of combat and remain under some type of medical care for a minimum of 91 days. Veterans who are under medical care for less than 91 days receive \$2,500 each month that medical care is needed.

Military Services Member Home Ownership Assistance Program/\$5,000 Matching Grant

This grant is available to a service member who is buying a home in the state of Iowa. Members must have served on active duty on or after September 11, 2001 and purchased a home after March 10, 2005. For more information regarding this program, visit www.ifahome.com.

Property Tax Exemption

This benefit reduces a veterans assessed home value for property tax purposes by \$1,850. In order to qualify, a service member must have served on active duty during a period of war or for a minimum of 18 months during peacetime.

Lifetime Hunting/Fishing License

Veterans in receipt of at least a 10% service connected disability can receive a lifetime hunting or fishing license for a \$5.50 fee. The veteran must have served a minimum of 90 days during peacetime or at any time during wartime.

War Orphan Tuition Assistance

Children of Iowa veterans killed in action following September 11, 2001 are eligible for up to \$5,500 per year in tuition assistance at an Iowa regents university or community college. The maximum grant amount that can be received is \$27,500 over five years. Dependents of those killed in action prior to September 11, 2001 are eligible for \$600 per year with a maximum of \$3,000. Residency is required to receive this benefit.

Veteran's License Plates

Honorably discharged veterans are eligible to purchase specialty veteran license plates for their vehicle. These special plates are available for an additional charge through the Iowa Department of Transportation.

Iowa Veterans Home - Marshalltown

The Iowa Veterans Home in Marshalltown, Iowa is available for honorably discharged veterans, as well as their spouses or widows for long term care needs.

Vietnam Veterans Conflict Bonus

This bonus program is for Iowa residents who served on active duty for at least 120 days between July 1, 1973 and May 31, 1975. Veterans who served in Vietnam will receive \$17.50 for each month served. Veterans that served outside of Vietnam during this time will receive \$12.50 for each month of service. The maximum bonus amount is \$500 for veterans who served in Vietnam and \$300 for those who were not in country.

This program is an extension of the original bonus created following the Vietnam War to honor soldiers for service through June 30, 1973. The Federal government has since expanded the Vietnam era to include July 1, 1973 to May 31, 1975. Vietnam era veterans who received a bonus for service prior to July 1, 1973, will have that amount included in the maximum compensation amount for the new bonus.

Veterans Trust Fund

The State of Iowa has established a \$5 million fund to provide certain services to veterans. Beginning in December of 2007, the interest of this fund will be available to provide relief for Iowa veterans and their families. Funds can be used for travel expenses for service related medical care; unemployment assistance due to service related causes, job training or tuition assistance; vision, hearing, and dental care for veterans in a nursing home or receiving home care; grants to the children of disabled or deceased veterans following September 11, 2001; counseling services; funding for family support groups; and grants for providing honor guard services at veteran's funerals. Trust fund expenditures are approved through the Iowa Veterans Commission.

Iowa Veterans Cemetery

The Iowa Veterans Cemetery will begin operation in the late spring/early summer of 2008 and is located 10 miles west of Des Moines, near Van Meter. The cemetery will be available to all veterans, their spouses, and dependent children for burial. Honorably discharged veterans will be interred at no charge and spouses/dependents will be buried for a \$300 fee.

National Guard Tuition Benefits

Present Iowa National Guard members in good standing are eligible for up to \$2,700 per semester for full time enrollment. Part-time students are eligible for \$196 per semester hour. Additionally, Guard members who are mobilized will receive a tuition refund.

Iowa Department of Veterans Affairs
7105 NW 70th Avenue – Camp Dodge, Building A6A
Johnston, IA 50131-1824

Phone: 515.242.5331 ★ Toll free: 800.838.4692 ★ Fax: 515.242.5659

ATTACHMENT C

Signs and Symptoms of Traumatic Brain Injury (TBI)

- ★ Headaches or neck pain that does not go away
- ★ Difficulty remembering, concentrating, or making decisions
- ★ Slowness in thinking, speaking, acting, or reading
- ★ Getting lost or easily confused
- ★ Feeling frequently tired, having no energy or motivation
- ★ Mood changes (feeling sad or angry for no reason)
- ★ Changes in sleep patterns (sleeping more or having a hard time sleeping)
- ★ Light-headedness, dizziness, or loss of balance
- ★ Nausea
- ★ Increased sensitivity to lights, sounds, or distractions
- ★ Blurred vision or eyes that tire easily
- ★ Loss of sense of smell or taste
- ★ Ringing in the ears

What is a traumatic brain injury?

A traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from “mild” – a brief change in mental status or consciousness – to “severe” – an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent function. The signs and symptoms of TBI can be subtle. Symptoms may not appear until days or weeks following an injury.

What causes TBI?

- ★ Bullets, fragments, blasts
- ★ Falls
- ★ Motor vehicle-traffic crashes
- ★ Assaults

Blasts are a leading cause of TBI for active duty military personnel in war zones. Frontline combat troops in the Iraq war have a least a one in five chance of coming home with a brain injury. Blast injuries frequently result in TBI when the brain moves violently inside the skull. In addition, soldiers have received traumatic brain injuries as a result of falls, motor vehicle accidents, and gunshot wounds to the head and neck.

Treatment: Contact the nearest County Service Officer, VA Hospital/Health Center (map enclosed), Vet Center, Brain Injury Association of Iowa (1.800.444.6443), or the Iowa Department of Veteran Affairs (1.800.838.4692)*.

For more information, visit:

Defense & Veterans Brain Injury Center:	http://www.dvbic.org
American Veterans with Brain Injuries:	http://www.avbi.org/

*All inquiries are private and confidential

Signs and Symptoms of Post Traumatic Stress Disorder (PTSD)

- ★ Startle reactions to noise or movement
- ★ Reliving of traumatic memories
- ★ Hostile or suicidal feelings and impulses
- ★ Profound grief reactions
- ★ Lack of emotional reactivity – feeling numb
- ★ Problems with intimacy and/or interpersonal relationships
- ★ Avoidance of people, movies, or topics
- ★ Being hyper-alert to threats to self or loved ones
- ★ Sleep problems, dreams, and nightmares
- ★ Excessive need to control outcomes
- ★ Guilt or depression
- ★ Concentration and memory problems
- ★ Anniversary reactions to the trauma
- ★ Alcohol and/or other substance abuse
- ★ Anxiety and hyper-arousal
- ★ Thrill seeking and risk taking behavior
- ★ Employment difficulties
- ★ Authority problems

What it is: PTSD can happen to anyone who has been exposed to a traumatic event. Untreated, these symptoms can lead to physical illness, disrupted family life, inability to conduct daily activities. It may include sexual trauma as well.

What it is NOT: PTSD is NOT a sign of weakness, but a normal reaction to an intense, traumatic event. If you are a family member, you are more likely to notice problems in a veteran's readjustment. Your most important job is to encourage the veteran to seek treatment.

Treatment: If you are a veteran, treatment and counseling is readily available. **Treatment can work and early treatment is best!**

Contact the nearest County Service Officer, VA Hospital/Health Center (map enclosed), Vet Center, or the Iowa Department of Veteran Affairs (1.800.838.4692)*.

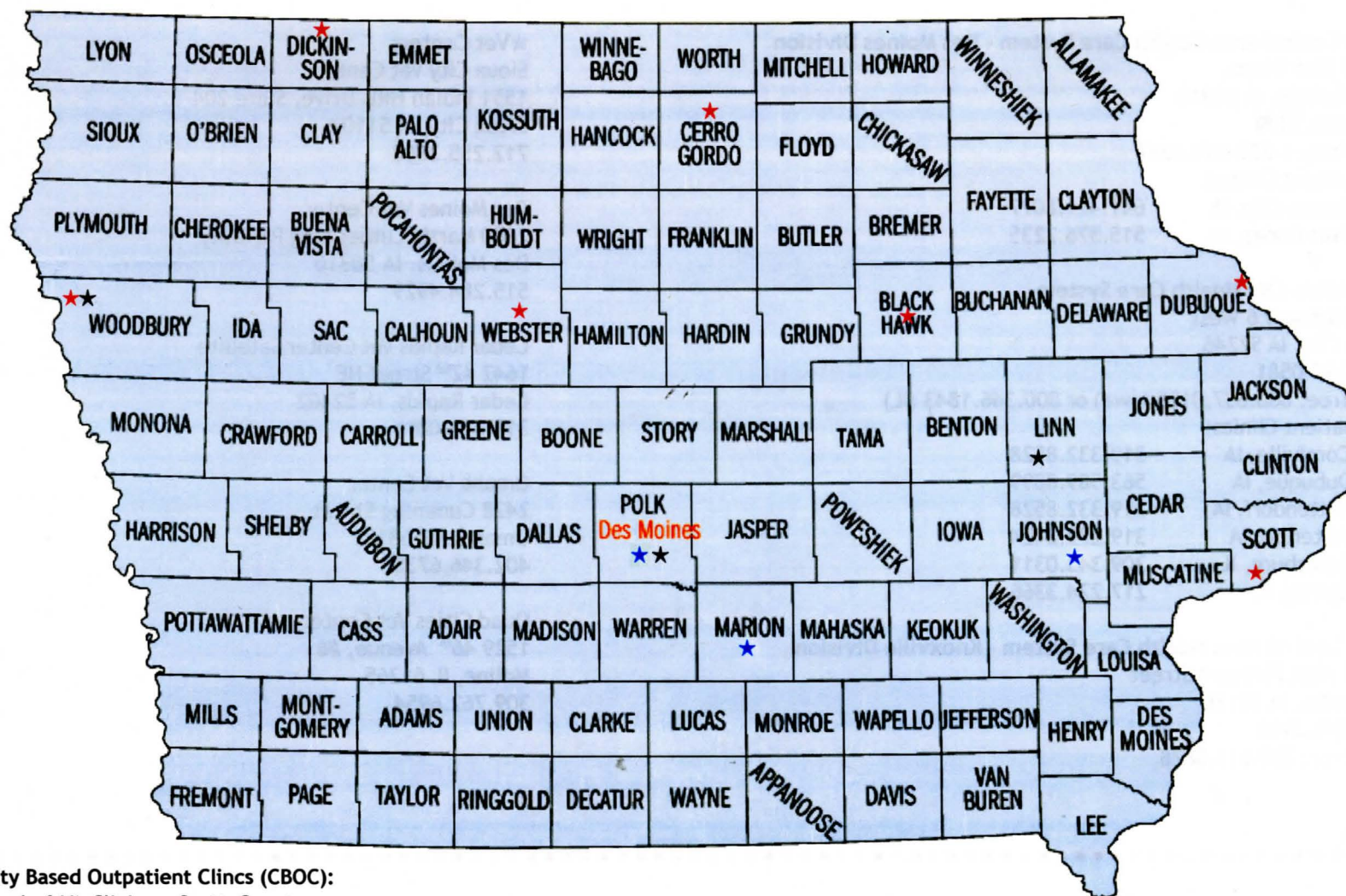
For more information, visit:

The National Center for PTSD:	http://www.ncptsd.va.gov/ncmain/information/
Mental Health services locator:	http://mentalhealth.samhsa.gov/databases/
Purple Heart Service Foundation:	www.purpleheartfoundation.org (request a free copy of their publication, "Veterans and Families' Guide to Recovering from PTSD")
National Crisis toll-free hotline:	1.800.TALK (8255)

*All inquiries are private and confidential

ATTACHMENT D

Iowa Veterans Medical Facilities



Community Based Outpatient Clinics (CBOC):

- ★ Bettendorf VA Clinic - Scott County
- ★ Dubuque VA Clinic - Dubuque County
- ★ Fort Dodge VA Clinic - Webster County
- ★ Mason City VA Clinic - Cerro Gordo County
- ★ Sioux City VA Clinic - Woodbury County
- ★ Spirit Lake VA Clinic - Dickinson County
- ★ Waterloo VA Clinic - Blackhawk County

VA Midwest Medical Centers

- ★ Des Moines VA Medical Center - Polk County
- ★ Iowa City VA Medical Center - Johnson County
- ★ Knoxville VA Medical Center - Marion County

Vet Centers:

- ★ Cedar Rapids - Linn County
- ★ Des Moines - Polk County
- ★ Sioux City - Woodbury County

Iowa Veterans Medical Facilities

★VA Central Iowa Health Care System - Des Moines Division

3600 30th Street
Des Moines, IA 50310
515.699.5999
Toll-free: 1-800-294-8387

Outpatient Clinics:

- Mason City, IA 641.421.8077
- Fort Dodge, IA 515.576.2235

★VA Iowa City Health Care System

601 Highway 6 West
Iowa City, IA 52246
319-338-0581
Toll-free: 800.637.0128 Iowa) or 800.346.1843 (IL)

Outpatient Clinics:

- Coralville, IA 319.332.8528
- Dubuque, IA 563.589.8899
- Bettendorf, IA 319.332.8528
- Waterloo, IA 319.272.2424
- Galesburg, IL 309.343.0311
- Quincy, IL 217.224.3366

★VA Central Iowa Health Care System - Knoxville Division

1515 West Pleasant Street
Knoxville, IA 50138
641.842.3101
Toll-free: 800.816.8878

★Vet Centers

Sioux City Vet Center
1551 Indian Hills Drive, Suite 204
Sioux City, IA 51104
712.255.3808

Des Moines Vet Center
2600 Martin Luther King Parkway
Des Moines, IA 50310
515.284.4929

Cedar Rapids Vet Center Satellite
1642 42nd Street NE
Cedar Rapids, IA 52402
319.378.0016

Omaha Vet Center
2428 Cumming Street
Omaha, NE 68131
402.346.6735

Quad Cities Vet Center
1529 46th Avenue, #6
Moline, IL 61265
309.762.6954

For additional facilities and information (including facilities in Nebraska, Minnesota, South Dakota and Illinois go to:

VISN 23: VA Midwest Health Care Network

www.iowa-city.med.va.gov/VISN23/New-Layout/Facilities/facilities.asp

ATTACHMENT E



Meeting Agenda & Minutes

VA Website Redesign Project Kickoff: 11/15/07 Hoover B 01

Attendance:

<input checked="" type="checkbox"/> Kent Hartwig	<input checked="" type="checkbox"/> Pat Palmersheim	<input checked="" type="checkbox"/> Bob Pals	<input checked="" type="checkbox"/> Drew Dinsmore
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agenda

- Introductions
- High Level Project Overview Kent, Pat (*handout by Kent, discussion below*)
- Next Steps All

Minutes

Site Update:

- General Scope
 - Reflect current technology
 - More professional look
 - More usability
- Recommended Development Team: Iowa interactive
- Probable Project Phase: 1

Interactive Forms: (*Note: Static forms would be included as part of the site update*)

- General Scope
 - Update Databases
 - Vietnam Bonus
 - Trust fund
 - Home ownership
 - Seriously Injured
 - Veterans Commemorative Property
 - Hunting and Fishing
 - Others Possible
- Recommended Development Team: ITE
- Probable Project Phase: 2

Secure County Link

- General Scope
 - County Access to VA Department Information
 - County to Complete Forms
 - County Grant
 - Nursing Home Report
 - All Other Applications
- Recommended Development Team: ITE
- Probable Project Phase: 2

Include Vital information For:

- General Scope
 - Mental Health
 - PTSD
 - Counseling
 - Treatment
 - Other Help
- Recommended Development Team: Iowa interactive
- Probable Project Phase: 1

Create New Families Help Page

- *General Scope*
 - Available Help
 - Available Support Services
 - Available Benefits
 - Other information and Links
- *Recommended Development Team:* Iowa interactive
- *Probable Project Phase:* 1

ADA Requirements

- *ITE and Iowa Interactive Standards*
- *Recommended Development Team:* Iowa interactive and ITE
- *Probable Project Phase:* All

Other Thoughts (brainstorming)

- New Veteran Outreach (Information). See MO
- Special Information for Women
- Site map
- Quick links
- Search Capability
- Get Phase 1 scope/design by Iowa Interactive done before beginning on Phase 2 (ITE).

Next Steps

Activity	Assigned	Date
Drew Introduction To Iowa Interactive – Tracy Smith	Bob	11/15
Meeting between Iowa Interactive and IDVA	Drew	TBD

ATTACHMENT F



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420**

IL 10-2007-006

In Reply Refer To: 16

March 2, 2007

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

HUMAN TRANSPORTATION SERVICES COORDINATION

1. This Information Letter provides Department of Veterans Affairs (VA) medical centers with guidance in implementing strategies in response to Executive Order 13330, "Human Transportation Services Coordination."

2. Background

a. Personal mobility often can be taken for granted. For many people, it means starting the car or walking to the subway. However, an increasing number of Americans are unable to get to work, run errands, or access medical care simply because they do not have reliable transportation. The number of older adults in America, 30 million in 2000, is expected to double by 2030. Many of them belong to the population of "transportation-disadvantaged" individuals who cannot operate vehicles because of medical conditions or limitations. Other transportation-disadvantaged people are unable to afford their own automobile, or live in areas without public transportation.

b. In recognition of the fundamental importance of human service transportation and the continuing need to enhance coordination, Executive Order 13330 was issued February 2004. The Executive Order established a Federal Interagency Transportation Coordinating Council on Access and Mobility (CCAM), whose tasking is to simplify access to transportation for people with disabilities, people with lower incomes, and older adults.

(1) The CCAM Secretaries members are of: VA; Department of Transportation (DOT), Department of Health and Human Services (DHHS), Department of Labor (DOL), Department of Education (DOE), Department of Interior (DOI), Department of Housing and Urban Development (DHUD), United States Department of Agriculture (USDA), and the Commissioner of the Social Security Administration, the Attorney General, and the Chairperson of the National Council on Disability.

(2) Executive Order 13330 requires that CCAM members work together to provide the most appropriate, cost effective services within existing resources, and reduce duplication to free up funds for more service. The CCAM launched United We Ride (UWR), a national initiative to implement the Executive Order and the Action Plan established by the CCAM. The CCAM then submitted a detailed 2005 United We Ride Report to the President. The report outlined collective and individual department actions to decrease duplication, enhance efficiencies, and simplify access for consumers.

March 2, 2007

c. At the CCAM meeting, members of the CCAM adopted the following policy statements:

(1) "Member agencies of the Federal Coordinating Council on Access and Mobility resolve that Federally-assisted grantees that have significant involvement in providing resources and engage in transportation delivery should participate in a local coordinated human services transportation planning process and develop plans to achieve the objectives to reduce duplication, increase service efficiency and expand access for the transportation-disadvantaged populations as stated in Executive Order 13330."

(2) "Member agencies of the Federal Coordinating Council on Access and Mobility resolve that Federally-assisted grantees that have significant involvement in providing resources and engage in transportation should coordinate their resources in order to maximize accessibility and availability of transportation services."

3. Recommendations for VA Medical Centers. It is strongly recommended that each facility take the following steps to comply with Executive Order 13330:

- a. Evaluate transportation services offered within the facility.
- b. Participate in any coordinated transportation planning processes in the local community.
- c. Consider offering any excess capacity in VA transportation services to other Federal agencies under agreements that provide for reimbursement to VA.
- d. Consider the feasibility of using any excess capacity in the transportation service of another Federal agency under an agreement that provides for reimbursement to that agency.
- e. Consider informing veterans of the transportation services of other government agencies that might be available to them.

4. Inquiries. Questions may be addressed to the Chief Business Office at (202) 273-0384.

Michael J. Kussman, MD, MS, MACP
Acting Under Secretary for Health

DISTRIBUTION: CO: E-mailed 3/6/07
FLD: VISN, MA, DO, OC, OCRO, and 3/6/07

ATTACHMENT G

*The Iowa Department of Veterans Affairs
Benefits Awareness Task Force Presents:*

**Des Moines, Lee, and Louisa County Area
Supermarket of Veterans Benefits**

- **Job Search Assistance**
- **Iowa Veterans Home**
- **Health Screenings**
- **VA Medical Center Eligibility**
- **Educational Opportunities**
- **Vet Center Counseling**
- **Social Security Administration**
- **Organizational Service Officers**
- **Veterans Benefits** Des Moines VA Regional Office

*This information and service programs were developed to guide and enlighten veterans regarding their veteran's benefits.
Brought to you by Patrick Palmersheim, Executive Director of the Iowa Department of Veterans Affairs.*

Saturday, February 2nd, 2008 - 9:00 a.m. - 3:00 p.m.
West Land Mall
550 South Gear Avenue
West Burlington, Iowa 52655

All information and services are free of charge.
For more information, call: 319.372.2346

ATTACHMENT H



The Story County Veteran

Fall 2007

Post-Traumatic Stress Disorder Among Military Veterans

Besides the obvious risk in combat, there are other special risks as well. There are many potentially dangerous situations, from training with arms, explosives and large machinery to the possibility of transportation accidents, or interpersonal violence. Some incidents may cause physical injuries, which are easily recognized, but many can cause emotional damage as well.

Emotional damage can occur from surviving an event where one's life, or the lives of others emotionally close to one, are threatened. Emotional scarring can also happen if one or those close to one have survived frightening events. It is called post-traumatic stress disorder (PTSD) by mental health professionals.

In the 1860's this emotional response was called "railroad spine." It was related to railroad workers who had been exposed to life threatening accidents and were reluctant to return to work. They often reported back pain, but there were no physical injuries. They also were nervous, had nightmares, depression and sleeplessness.

In the Korean War, the term "gross stress reaction" was used to describe the emotional turmoil that was a result of combat and being a prisoner of war.

During the Vietnam War, there were very few battlefield emotional casualties. The emotional distress began to show later, after the veterans returned home from the one-year combat tours. This delay in the appearance of symptoms was called "delayed stress reaction" and "post-Vietnam syndrome."

In the 1970s, other terms started being used to describe the same emotional response, but caused by other

traumatic events, such as "rape trauma," "battered woman syndrome," "police officers shooting trauma," and "abused child syndrome."

Since 1980, the American Psychiatric Association has included "Post-traumatic stress disorder" in its official diagnostic manuals. The current diagnostic manual is used worldwide as the bible of mental difficulties. The diagnosis of PTSD is given to people who have been confronted with events which seem to be potentially harmful to themselves or others. The people responded to the event or series of events with intense fear, hopelessness or horror. Not just those surviving the event are included among PTSD's victims, but those who think that a harmful event is about to happen to them or to a loved one or close friend.

Traumatized people describe psychological reliving the event in several ways. Thinking about it a lot when they are not trying to remember it is one way. It seems that the memories just pop into their minds. Some tell of occasional nightmares about the trauma; others recount becoming very upset when reminded of it. Flashbacks give victims the feelings and sensation of returning to the scene where the trauma was experienced. Many have guilty or shameful feelings despite the fact that the trauma was not their fault.

Many actively avoid things that remind them of the trauma, such as not watching certain movies or TV shows, not talking about it or avoiding certain locations that bring back the memories. Some periodically become depressed, feel that they are living on borrowed time or experience difficulty having fun.

Some report feeling anxious, tense

and jumpy. They have trouble falling or staying asleep, may have fits of rage over nothing. There may be trouble remembering or concentrating. Almost all report that they are jumpy and nervous now, startle easily, and don't like being in crowds. They don't feel safe.

While we all have some of these problems at various times, a person with PTSD continues to have the symptoms on a cyclic basis. They don't have problems all the time, but do have them on and off over a period of time. They may feel guilty about surviving the event, and feel different from other people and from how they used to be.

If this sounds like you or a family member, it may be helpful to consult with a mental health professional who specializes in PTSD. PTSD is a treatable disorder. While the memories never completely go away, the symptoms can become manageable. Many people simply put up with their symptoms because they are embarrassed to ask for help for emotional problems. Others feel that nothing can help, but generally that impression is mistaken. Veterans of all wars who wish to file a service connected claim for PTSD need to have a stressor and a current diagnosis for PTSD and should contact Brett to schedule an appointment.

Brett McLain, Director
Story County Commission
of Veterans Affairs
Office: 515-382-7292
bmclain@storycounty.com

Traumatic Brain Injury

Brain injuries are the "signature wounds" of our Global War on Terrorism. Returning combat veterans may not know they have suffered such a wound. That is why VA doctors want these "new warriors" and their families to have this information.

When the head is hit or shaken, a "concussion" or "closed head injury" can result. Concussion is seldom life-threatening, so doctors often use the term "mild" when the person is only dazed or confused or loses consciousness for a short time. However, concussion can result in serious symptoms. People who survive multiple concussions may have more severe problems.

Common Symptoms of Brain Injury

- "I just don't feel like myself"
- Trouble with memory, attention, or concentration
- Difficulty organizing daily tasks
- Impaired decision making or problem solving - impulsive
- Slowed thinking, moving, speaking or reading
- Easily confused, feeling easily overwhelmed
- Feeling tired all the time
- Change in sleep - much more or much less
- Feeling light-headed or dizzy
- More sensitive to sounds, lights or distractions
- Blurred vision or eyes tire easily
- Headaches or ringing in the ears
- Feeling sad, anxious or listless
- Easily irritated or angered
- Change in sexual interest or behavior

Suicide Prevention Lifeline

The National Suicide Prevention Lifeline has been enhanced to provide a new service for veterans in crisis. Call 1-800-273-TALK (8255) and press 1 to be connected immediately to VA suicide prevention and mental health service professionals.

Facts about the 1973 St. Louis Fire and Lost Records

The National Archives and Records Administration is the official depository for records of military personnel separated from the U.S. Army, Navy, Air Force, Marine Corps and Coast Guard. The records are housed in three locations: the National Archives Building in Washington, D.C., the Washington National Records Center in Suitland, MD, and the National Personnel Records Center (NPRC) in St. Louis, MO.

The NPRC in St. Louis contains records relating to:

- Army officers separated after June 30, 1917, and enlisted Army personnel separated after October 31, 1912.
- Air Force officers and enlisted personnel separated after September 1947.
- Naval officers separated after 1902, and naval enlisted personnel separated after 1885.
- Marine Corps officers separated after 1895, and enlisted personnel separated after 1904.
- Coast Guard officers separated after 1928, and enlisted personnel separated after 1914. Civilian employees of predecessor agencies (Revenue Cutter Service, Life-Saving Service and Lighthouse Service) of the Coast Guard from 1864-1919.

The Fire

A fire at the NPRC in St. Louis on July 12, 1973, destroyed about 80 percent of the records for Army personnel discharged between November 1, 1912, and January 1, 1960. About 75 percent of the records for Air Force personnel with surnames from "Hubbard" through "Z" discharged between September 25, 1947, and January 1, 1964, were also destroyed.

What Was Lost

It is hard to determine exactly what was lost in the fire, because:

- There were no indices to the blocks of records involved. The records were merely filed in alphabetical order for the following groups:

WWI:

Army-Nov. 1, 1912-Sept. 7, 1939

WWII:

Army-Sept. 8, 1939-Dec. 31, 1946

Post-WWII:

Army-Jan. 1, 1947-Dec. 31, 1959

Air Force-Sept. 25, 1947-Dec. 31, 1963

Millions of records, especially medical records, had been withdrawn from all three groups and loaned to the Department of Veterans Affairs (VA) before the fire. The fact that one's records are not in NPRC files at a particular time does not mean the records were destroyed in the fire.

Reconstruction of Lost Records

If veterans learn that their records may have been lost in the fire, they may send photocopies of any documents they possess - especially separation documents - to the NPRC. The address is National Personnel Records Center, Military Personnel Records, 9700 Page Blvd., St. Louis, MO 63132-5100. The NPRC will add those documents to the computerized index and file them permanently.

Alternate Sources of Military Service Data

When veterans don't have copies of their military records and their NPRC files may have been lost in the St. Louis fire, essential information about their military service may be available from a number of other sources.

- The Department of Veterans Affairs (VA) maintains records on veterans whose military records were affected by the fire if the veteran or a beneficiary filed a claim before July 1973.

• Service information may also be found in various kinds of "organizational" records such as unit morning reports, payrolls and military orders on file at the NPRC or other National Archives and Records Administration facilities.

- There also is a great deal of information available in records of the

St. Louis Fire (continued)

State Adjutants General, and other state "veterans services" offices.

By using alternate sources, NPRC often can reconstruct a veteran's beginning and ending dates of active service, the character of service, rank, time lost on active duty, and periods of hospitalization. NPRC can issue NA Form 13038, "Certification of Military Service," considered the equivalent of a Form DD-214, "Report of Separation From Active Duty," to use in establishing eligibility for veterans benefits.

Necessary Information for File Reconstruction

The key to reconstructing military data is to give the NPRC enough specific information so the staff can properly search the various sources. The following information is normally required:

- Full name used during military service
- Branch of service
- Approximate dates of service
- Service number or Social Security number
- Place of entry into service
- Last unit of assignment
- Place of discharge

Veterans Day on the Hill

**Wednesday
January 16, 2008**

All Story County veterans are invited to Veterans Day at the State Capitol in D's Moines. We need every veteran in Story County to attend and have your voice heard.

If you need a ride, please call:
Brett McLain • 515-382-7292
Harlan Borton • 515-291-2367
Brian Anderson • 515-231-7778
Chad Cook • 515-291-4446

Frequently Asked Questions

How long will it take to receive a decision on my compensation claim?

The length of time it takes to receive a decision depends on several factors, such as the complexity of your disability(ies), the number of disabilities you claim, and the availability of evidence needed to decide your claim. Currently most claims are being processed within six months, but can take longer in complex claims.

How can I get a copy of my DD-214 if I need it?

The Department of Veterans Affairs does not maintain records of veterans' military service, except as necessary for providing benefits from VA.

To obtain or amend a copy of your military service record and/or your Official Military Personnel File (DD-214, OMPFs), please visit the website for the Military Personnel Records Center (MPRC) in St. Louis, which is part of the National Archives and Records Administration (NARA). If you have been discharged from military service, your personnel files are stored at NARA, the official repository for records of military personnel who have been discharged from the U.S. Air Force, Army, Marine Corps, Navy and Coast Guard.

To get to the NARA Web site, you will need to leave the VA website and go to <http://www.archives.gov/veterans/military-service-records/>

This site gives instructions to submit a SF 180 - Request Pertaining to Military Records. It also has links for:

- Personnel Files (OMPFs)
- Request Service Records or Proof of Military Service
- Locations of Military Service Records
- Medical and Health Records
- Correcting Service Records and Discharges
- Replacement Medals and Awards
- Military Service Records at the National Personnel Records Center's Archival Research Room

I am the widow/surviving spouse of a veteran. Am I entitled to any benefits?

VA offers benefits for survivors:

1. Dependency Indemnity Compensation (DIC) is generally payable to survivors of veterans who die from service-related causes.

2. If the veteran dies from a disease or disability that is not related to military service, death pension is payable to the survivors provided the veteran had qualifying military service and the survivor meets certain income requirements. An additional benefit may be payable for eligible survivors who are in need of aid and attendance for their personal maintenance, or who are permanently housebound.

3. Some surviving spouses may be also entitled to education and training benefits, VA medical care and home loan guaranty benefits.

New Veteran License Plates

The 2007 Iowa legislature approved seven new license plates, including a Gold Star plate and plates for the recipients of the Distinguished Service Cross, the Navy Cross, the Air Force Cross, the Soldier's Medal, the Navy/Marine Corps Medal, or the Airman's Medal. These plates have

been designed by the Department of Transportation and will be available beginning January 1, 2008. The plates will cost \$25 with an annual renewal fee of \$5. The plate fees will be placed in the Veterans License Fee Fund.

Health Conditions

Health Conditions Presumptively Recognized to Date

The following health conditions are presumptively recognized for service connection as having been associated with (and may have been caused by) exposure to herbicides used in Vietnam. Vietnam veterans with one or more of these conditions do not have to show that their illness(es) is (are) related to their military service to get disability compensation; VA presumes that their condition is service-connected.

1. Chloracne (must occur within 1 year of exposure to Agent Orange)
2. Non-Hodgkin's lymphoma
3. Soft tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)
4. Hodgkin's disease
5. Porphyria cutanea tarda (must occur within 1 year of exposure)
6. Multiple myeloma
7. Respiratory cancers, including cancers of the lung, larynx, trachea, and bronchus
8. Prostate cancer
9. Acute and subacute transient peripheral neuropathy (must appear within 1 year of exposure and resolve within 2 years of date of onset)
10. Type 2 diabetes
11. Chronic lymphocytic leukemia

Conditions Recognized in Children of Vietnam Veterans

1. Spina bifida (except spina bifida occulta)
2. Certain other birth defects in the children of women Vietnam veterans (these birth defects are associated with Vietnam service but are not necessarily caused by exposure to Agent Orange or other herbicides used in Vietnam)

Conditions Briefly Described

Chloracne: A skin condition that looks like common forms of acne seen with teenagers. The first sign of chloracne may be excessive oiliness of the skin.

Non-Hodgkin's lymphoma: A group of malignant tumors (cancer) that affect the lymph glands and other lymphatic tissue. These tumors are rela-

tively rare compared to other types of cancer, and although survival rates have improved during the past two decades, these diseases tend to be fatal.

Soft tissue sarcoma: A group of different types of malignant tumors (cancer) that arise from body tissues such as muscle, fat, blood and lymph vessels, and connective tissues (not in hard tissue such as bone or cartilage).

Hodgkin's disease: A malignant lymphoma (cancer) characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia.

Porphyria cutanea tarda: A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas.

Multiple myeloma: A cancer of specific bone marrow cells that is characterized by bone marrow tumors in various bones of the body.

Respiratory cancers: Cancers of the lung, larynx, trachea, and bronchus.

Prostate cancer: Cancer of the prostate; one of the most common cancers among men.

Peripheral neuropathy: A nervous system condition that causes numbness, tingling, and muscle weakness.

Diabetes mellitus: Often referred to as Type 2 diabetes.

Chronic lymphocytic leukemia: A disease that progresses slowly with increasing production of excessive numbers of white blood cells.

Spina bifida (in children of Vietnam veterans): A neural tube birth defect that results from the failure of the bony portion of the spine to close properly in the developing fetus during early pregnancy.

Other disabilities in the children of women Vietnam veterans: Covered birth defects include a wide range of conditions.

For more information, please visit www.va.gov/agentorange

If you know of a Story County veteran or a surviving spouse of a veteran who is not receiving this publication and would like to, please call Brett at 515-382-7292.

Information and Instructions Covering Application for Annual Clothing Allowance

WHO IS ENTITLED TO AN ANNUAL CLOTHING ALLOWANCE?

Veterans, who because of a service-connected disability, wear or use a prosthetic or orthopedic appliance (including a wheelchair) which tends to wear out or tear clothing, and veterans, who because of a service-connected skin condition use a medication that causes irreparable damage to outer garments, are eligible for payment of an annual clothing allowance. To qualify for annual payment, eligibility must be established as of August 1 of the year for which payment is claimed. If you have not submitted a claim for disability compensation, VA Form 21-526 must be completed and sent to the VA Regional Office nearest your home. You can also apply for disability compensation on the website at <http://www.vba.va.gov>.

WHAT APPLIANCES ARE INCLUDED?

Appliances such as an artificial limb, rigid extremity brace, rigid spinal or cervical brace, wheelchair, crutches or other appliance prescribed for the claimant's service-connected disability. Soft and flexible devices, such as an elastic stocking are not included.

WHAT MEDICATIONS ARE INCLUDED?

Any medication, prescribed by a physician for a service-connected skin condition, that causes permanent stains or otherwise damages the veteran's clothing.

Questions? Call Brett at 382-7292.

Vietnam Conflict Veterans Bonus

The Iowa Department of Veterans Affairs has announced the beginning of the application process for the "Vietnam Conflict Veterans Bonus." This bonus will cover those individuals who served in the U.S. military between July 1, 1973 and up to and including May 31, 1975. The amount of each individual's bonus is dependent on the months of service either in Vietnam or elsewhere in the world.

Vocational Rehabilitation & Employment Service

President Lincoln in his Second Inaugural Address indicated the importance of caring for the Nation's veterans with the following words:

"To care for him who shall have borne the battle and for his widow and his orphan."

These words spoken by President Lincoln reflect the philosophy and principles that guide the Department of Veterans Affairs and the Vocational Rehabilitation and Employment Service as our endeavors are focused on serving our Nation's veterans and their families.

The Department of Veterans Affairs' Veterans Benefits Administration's Vocational Rehabilitation and Employment (VR&E) service is vested with delivering timely, effective vocational rehabilitation services to veterans with service-connected disabilities. Enabling our injured soldiers, sailors, airmen, and other veterans with disabilities for a seamless transition from military service to a successful rehabilitation and on to suitable employment after service to our Nation. For some severely disabled veterans, this success will be to live independently, achieving the highest quality of life possible with a realized hope for employment given future advances in medical science and technology. The Vocational Rehabilitation and Employment service strives to exceed the service delivery expectations of veterans and their families.

VR&E's primary benefit program is vocational rehabilitation services for veterans who have a service-connected disability. To receive services a veteran must be found both eligible and entitled. The outcome of these services leads to suitable employment that is consistent with their aptitudes and interests, or achieving independence in their daily living.

VR&E also provides the following benefit services. Educational and Vocational Counseling is provided for eligible service members, veterans, and veterans' dependents. The outcome of this counseling is assistance in the selection of an educational or vocational goal and/or assistance in the selection of training institutions where this goal may be pursued. Additionally the VR&E program provides educational and vocational counseling benefits for eligible dependent children of Vietnam veterans born with certain birth defects or children of Vietnam or Korean veterans born with Spina Bifida. In order to be considered for this benefit program, you must be the biological child of a veteran who served in Vietnam or in the Korean demilitarized zone during certain periods in the 1960s or 1970s. You must have been conceived after the veteran served some time in one of those two places.

For more information, please call the VR&E Division at 515-323-7498.

Beneficiary Travel Benefits

Benefit Description: If you meet the below criteria, you may be eligible for VA travel benefits associated with obtaining VA health care services. In most cases, travel benefits are subject to a deductible. Exceptions to the deductible requirement are: 1) travel for a compensation and pension examination; and 2) travel by an ambulance or a specially equipped van.

You Qualify If:

- you have a service-connected rating of 30 percent or more
- you are traveling for treatment of a service-connected condition
- you receive a VA pension
- you are traveling for a scheduled compensation or pension examination
- your income does not exceed the maximum annual VA pension rate
- your medical condition requires an ambulance or a specially equipped van, you are unable to defray the cost, and the travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health)

Mileage Rate:

General Patient Travel*

.....\$11 per mile
Scheduled appointments qualify for round-trip mileage – unscheduled visits are limited to return mileage only.

VA Directed Travel*

.....\$17 per mile
Authorized travel associated with VA's request for a re-examination of a veteran following an initial Compensation and Pension examination.

Deductible: \$3 for each one-way trip (\$6 for each round trip)*

*Subject to a monthly deductible cap of \$18. Upon reaching \$18 in deductibles, travel payments made for the balance of that particular month will be free of deductible charges.

LETTER OF REQUEST FOR MEDALS (VETERAN)

I request that I be issued all award emblems I am entitled to. I have attached a copy of my separation document (DD-214).

Full Name: _____ Rank: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Service#: _____
Claim#: _____ Branch of Service: _____
Date of Birth: _____ Place of Birth: _____
Date/Place of Entry: _____
Date/Place of Discharge: _____
Veteran's Signature: _____

You can get one free set of medals with this form and a copy of your DD-214 Discharge. Please fill this out and mail to:
Story County Veterans Affairs, 126 S. Kellogg Ave., Suite 201, Ames, IA 50010

Do You Need a Dentist?

Story County Community Dental Clinic

**Serving Medicaid and Low Income
Uninsured Families
Age 5 and older.**

126 S. Kellogg Ave., Suite 1, Ames
Located in the basement of the
Story County Human Services Center.

Call or stop by for an appointment: (515) 956-4595

Anyone with Medicaid must pay a \$3 co-pay. If uninsured, reduced dental rates are available.

Iowa Commission of Veterans Affairs
Attn: Military Graves Registrar
Camp Dodge, Building A6A
7105 NW 70th Ave.
Johnston, IA 50131-1824
Office Staff

State Library of Iowa
Miller Building
Des Moines, Iowa



126 South Kellogg Avenue, Suite 201
Ames, Iowa 50010