

AT EASE



Vietnam Veterans of America Central New York Chapter #103
P.O. Box 675, Liverpool, NY 13088
www.cnyvva103.org

April 2008

VIETNAM VETERANS OF AMERICA
CHAPTER #103
P.O. BOX 675. LIVERPOOL, NY 13088
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WWW.CNYVVA103.ORG

2008

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SYRACUSE VET CENTER
478-7127

BUFFALO REGIONAL
OFFICE
1-800-827-1000

The website of the New York State Council of Vietnam Veterans of America is www.nyvietnamvets.org.

Sue Doan, our State Veterans Counselor, has the following address:

Sue Doan
State Veteran Counselor
State Office Bldg. 4th Floor
333 E. Washington Street
Syracuse, NY 13202

If any veteran has a question or problem that needs to be addressed, give Sue a call at 428-4046 at the State Office Building. She helped many veterans last year, especially through referrals from members of this chapter. The Iraqi/Afghan vets we've helped send to her are very thankful to Sue for watching out for them.

President's Message-April 2008

The annual election of Officers and Directors produced some different names this year and I am happy to welcome Mike Haven as our Assistant Treasurer to back up Charlie, and welcome to Marty Goettsch who was elected as a new Director. Up front will be Pat Sims as our new Secretary replacing John Lamanna. John with his frequent travel decided to move to a Directors position. Thank you guys for stepping up and thanks John for your past service.

Our Installation and Awards Dinner was again held at the Liverpool Elks. Our speaker was Col. James McDonough (ret.) the newly appointed NYS Director of Veterans Affairs. Col McDonough spoke on our failures when it comes to educating our troops on becoming Veterans after serving as soldiers. They learn about soldiering just fine, but are taught nothing about getting their benefits and help from the V.A. after discharge.

Judge and long time member Norm Mordue officiated at the swearing ceremony—and we later congratulated our own Donald Benack as the newest member of the Judiciary- he was recently elected as East Syracuse Town Justice. Our attendance this year appears to have surpassed the 143 we had last year—final numbers will be in later this week.

At the dinner I announced that our program for the 2008-2009 year will be to involve ourselves with the Homeless Veterans effort. Statistics show that one-fourth of the homeless population is veterans. Most alarming is that to date there have been 1500 new homeless vets created by our current war against terror. We won't be dealing with "vets" at the intersections, but instead will collaborate with the professionals at the V.A. whose job it is to conduct outreach and integrate vets into programs that will get them into the system, get them the help and benefits they earned and back into society. You will read more in this Newsletter as we move forward.

Our program to educate law enforcement officers and the Judicial System on how and why Veterans and active duty soldiers need and deserve special considerations when they run afoul of the law is well on its way to implementation in our area. The organizers and key guys involved are Pete Bronstad and Gordy Lane. Both were recognized for bringing this program to fruition by being presented with The Vietnam Veteran of the Year Awards at our dinner. These gentlemen have spent a tremendous number of hours of work developing and lecturing on this program throughout Central NY. These gentlemen are doing good things for your Chapter and Veterans.

The Chapter was selected by the family of Edward Houck who recently passed on from cancer to receive donations in his honor. Edward was not a Vietnam Vet or even a veteran but his checkbook showed he had donated to Vietnam Vets in the past which led his family to select Chapter 103. Chapter thank you cards were sent to each donor and a final acknowledgement was sent to the family to show our appreciation and sympathy.

Pappy Patchin has retired, and Mr. Bob McLean who several of us know from Syracuse Nationals and membership on the On-Center War Memorial Board was appointed by the new County Executive to take over the department. Bob attended our dinner and we had a chance to talk with him about his future plans for the department. He is positive and plans to revitalize the agency. Bob, is retired Marine Corps Officer (Marine Air Wing) and currently works in the Public Relations area.

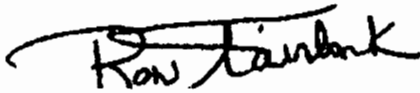
On May 3rd our Honor Guard and as many chapter members as we can turn out will be marching with the South Vietnamese Community to City Hall to participate in the annual celebration and raising of

the Vietnamese Flag over the City. Some of us attended the first ceremony and proudly supported our allies. We'd love to have you attend—call me at 451-5986 for details.

Remember our Annual Watch fire coming up on Sunday May 25th. Also plan to attend the ceremonies at the Veterans Cemetery that morning, followed by the ceremony at the KVA Memorial.

In closing say thanks to Billy Martin, Dick Sperry, Jim Edick, Pete Bronstad and of course Cliff and Bonnie for setting up and working a booth selling stuff at the annual Classic Car show a couple of weekends ago. The Chapter needs more of these guys—we will provide free training to all who volunteer to help.

For the good of the order,



Ron Fairbank

May 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3 Vietnamese Flag Raising Ceremony City Hall
4	5	6	7 T.V. Program Ch. 98 6PM	8	9	10
11 Mother's Day	12	13	14 T.V. Program Ch. 98 6PM	15 Monthly meeting 7pm American Legion	16	17
18	19	20	21 T.V. Program Ch. 98 6PM	22	23	24
25 Watchfire 	26 Memorial Day	27	28 T.V. Program Ch. 98 6PM	29	30	31

April Notes

There are various items from our previous veteran's museum in storage. That storage needs to be cleaned out. Many of those items belong to our chapter members. If you wish to reacquire your war memorabilia, please contact Bonnie Canfield at 668-6372.

July 18-20 at the Fairgrounds – the Syracuse Nationals car and custom show. We need volunteers to work the VVA #103 booth selling our myriad collection of hats, t-shirts and other memorabilia. Call Bonnie at 668-6372 – meet lots of people, see old friends and thousands of the coolest cars on the planet!

May 25th – our annual Watchfire celebration is coming up and we'll be saying more on that next month. We have our own designated park in Onondaga County – Veterans Memorial Watchfire Park – with which to celebrate one of the premier events of the Memorial Day weekend in Central New York. We could use a few good men – where have you heard that before? – oorah! to help out building the log structure, staffing our venue and working our hot dog cart. Call one of our officers.

We have an urgent need for additional van drivers to help bring our disabled veterans to the VA for their appointments. I say we because I'm a DAV van driver. The patients run the gamut from WWII to Iraq. They're a bunch of great guys with some incredible stories - they could use your help. If you're so inclined, please contact the DAV transportation office at the VA and ask for Frank – he'll set you up!

One In Five Iraq and Afghanistan Veterans Suffer from PTSD or Major Depression

Nearly 20 percent of military service members who have returned from Iraq and Afghanistan — 300,000 in all — report symptoms of post traumatic stress disorder or major depression, yet only slightly more than half have sought treatment, according to a new RAND Corporation study.

In addition, researchers found about 19 percent of returning service members report that they experienced a possible traumatic brain injury while deployed, with 7 percent reporting both a probable brain injury and current PTSD or major depression.

Many service members said they do not seek treatment for psychological illnesses because they fear it will harm their careers. But even among those who do seek help for PTSD or major depression, only about half receive treatment that researchers consider "minimally adequate" for their illnesses.

In the first analysis of its kind, researchers estimate that PTSD and depression among returning service members will cost the nation as much as \$6.2 billion in the two years following deployment — an amount that includes both direct medical care and costs for lost productivity and suicide. Investing in more high-quality treatment could save close to \$2 billion within two years by substantially reducing those indirect costs, the 500-page study concludes.

"There is a major health crisis facing those men and women who have served our nation in Iraq and Afghanistan," said **Robert L. Hoge**, the project's co-leader and a researcher at RAND, a nonprofit research organization. "Unless they receive appropriate and effective care for these mental health conditions, there will be long-term consequences for them and for the nation. Unfortunately, we found there are many barriers preventing them from getting the high-quality treatment they need."

The findings are from the first large-scale, nongovernmental assessment of the psychological and cognitive needs of military service members who have served in Iraq and Afghanistan over the past six years. The RAND study is the first to comprehensively assess the current needs of returned service members from all branches of the military.

Researchers concluded that a major national effort is needed to expand and improve the capacity of the mental health system to provide effective care to service members and veterans. The effort must include the military, veteran and civilian health care systems, and should focus on training more providers to use high-quality, evidence-based treatment methods and encouraging service members and veterans to seek needed care.

Since October 2001, about 1.6 million U.S. troops have deployed to the wars in Iraq and Afghanistan, with many exposed to prolonged periods of combat-related stress or traumatic events. Early evidence suggests that the psychological toll of the deployments may be disproportionately high compared with physical injuries.

Tanielian and project co-leader **David Keane** headed a group of 25 RAND researchers who conducted a three-pronged assessment of the needs of returning service members: a national survey of those who had served in Iraq and Afghanistan to assess their psychological and cognitive injuries; economic modeling to estimate the

cost not only of providing needed treatment, as well as the costs associated with lost productivity and suicide; and an assessment of treatment services that are available to service members, as well as barriers to treatment.

Researchers surveyed 1,965 service members from 24 communities across the country to assess their exposure to traumatic events and possible brain injury while deployed, evaluate current symptoms of psychological illness, and gauge whether they have received care for combat-related problems.

Service members reported exposure to a wide range of traumatic events while deployed, with half saying they had a friend who was seriously wounded or killed, 45 percent reporting they saw dead or seriously injured non-combatants, and over 10 percent saying they were injured themselves and required hospitalization.

Rates of PTSD and major depression were highest among Army soldiers and Marines, and among service members who were no longer on active duty (people in the reserves and those who had been discharged or retired from the military). Women, Hispanics and enlisted personnel all were more likely to report symptoms of PTSD and major depressions, but the single best predictor of PTSD and depression was exposure to combat trauma while deployed.

Researchers found many treatment gaps exist for those with PTSD and depression. Just 53 percent of service members with PTSD or depression sought help from a provider over the past year, and of those who sought care, roughly half got minimally adequate treatment.

"If PTSD and depression go untreated or are under treated, there is a cascading set of consequences," Jaycox said. "Drug use, suicide, marital problems and unemployment are some of the consequences. There will be a bigger societal impact if these service members go untreated. The consequences are not good for the individuals or society in general."

Service members report many reasons for not seeking treatment. Many are worried about the side effects of medication or believe that family and friends can provide more help than a mental health professional. Even more reported that they worried seeking care might damage their career or cause their peers to lose confidence in their abilities.

The RAND report recommends the military create a system that would allow service members to receive mental health services confidentially in order to ease concerns about negative career repercussions.

"We need to remove the institutional cultural barriers that discourage soldiers from seeking care," Tanielian said. "Just because someone is getting mental health care does not mean that they are not able to do their job. Seeking mental health treatment should be seen as a sign of strength and interest in getting better, not a weakness. People need to get help as early as possible, not only once their symptoms become severe and disabling."

Researchers also found an urgent need to train more mental health providers throughout the U.S. health care system on delivering evidence-based treatments to service members and veterans. While many opportunities for treatment exist for active-duty personnel, there is no system in place to monitor the quality of those services to ensure they are getting the latest science-based forms of treatment.

The Department of Defense's newly created Defense Center for Excellence for Psychological Health and Traumatic Brain Injury may provide a historic opportunity to change the culture of psychological health within the military and to promote and monitor the use of high-quality care to service members. The RAND report provides information that the center could use to pursue these objectives through the use of innovative care models and performance measurement techniques.

Researchers suggest special training programs are needed to instruct mental health providers in the military, veterans and civilian health systems about the type of evidence-based treatments needed by service members. Only providers with such training should be eligible to treat service members and payment programs should be retooled to reward providers who use science-based treatments.

"It's going to take system-level changes — not a series of small band-aids — to improve treatments for these illnesses," Tanielian said.

The RAND study estimates the societal costs of PTSD and major depression for two years after deployment range from about \$6,000 to more than \$25,000 per case. Depending whether the economic cost of suicide is included, the RAND study estimates the total society costs of the conditions for two years range from \$4 billion to \$6.2 billion.

The RAND study also estimates that about 320,000 service members may have experienced a traumatic brain injury during deployment — the term used to describe a range of injuries from mild concussions to severe penetrating head wounds. Just 43 percent reported ever being evaluated by a physician for that injury.

While most civilian traumatic brain injuries are mild and do not lead to long-term impairments, the extent of impairments that service members experience and whether they require treatment is largely unknown, researchers said. In the absence of a medical examination and prognosis, however, service members may believe that their post-deployment difficulties are due to head injuries even when they are not.

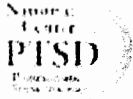
One-year estimates of the societal cost associated with treated cases of mild traumatic brain injury range up to \$32,000 per case, while estimates for treated moderate to severe cases range from \$268,000 to more than \$408,000. Estimates of the total one-year societal cost of the roughly 2,700 cases of traumatic brain injury identified to date range from \$591 million to \$910 million.

The report is titled "[Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery](#)." The full report and several summaries are available at <http://veterans.rand.org/>.

The project, jointly conducted by [RAND Health](#) and the [RAND National Security Research Division](#), was sponsored by a grant from the California Community Foundation.

[RAND Health](#), a division of the RAND Corporation, is the nation's largest independent health policy research program, with a broad research portfolio that focuses on quality, costs and health services delivery, among other topics.

The [RAND National Security Research Division](#) conducts research and analysis for the Office of the Secretary of Defense, the Joint Staff, the Unified Commands, the defense agencies, the Department of the Navy, the U.S. intelligence community, allied foreign governments and foundations.



What is Posttraumatic Stress Disorder (PTSD)?

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening.

Anyone who has gone through a life-threatening event can develop PTSD. These events can include:

- Combat or military exposure
- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical assault
- Serious accidents, such as a car wreck.
- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake.

After the event, you may feel scared, confused, or angry. If these feelings don't go away or they get worse, you may have PTSD. These symptoms may disrupt your life, making it hard to continue with your daily activities.

How does PTSD develop?

All people with PTSD have lived through a traumatic event that caused them to fear for their lives, see horrible things, and feel helpless. Strong emotions caused by the event create changes in the brain that may result in PTSD.

Most people who go through a traumatic event have some symptoms at the beginning. Yet only some will develop PTSD. It isn't clear why some people develop PTSD and others don't. How likely you are to get PTSD depends on many things. These include:

- How intense the trauma was or how long it lasted
- If you lost someone you were close to or were hurt
- How close you were to the event
- How strong your reaction was
- How much you felt in control of events
- How much help and support you got after the event

Many people who develop PTSD get better at some time. But about 1 out of 3 people with PTSD may continue to have some symptoms. Even if you continue to have symptoms, treatment can help you cope. Your symptoms don't have to interfere with your everyday activities, work, and relationships.

What are the symptoms of PTSD?

Symptoms of posttraumatic stress disorder (PTSD) can be terrifying. They may disrupt your life and make it hard to continue with your daily activities. It may be hard just to get through the day.

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or

years later. They also may come and go over many years. If the symptoms last longer than 4 weeks, cause you great distress, or interfere with your work or home life, you probably have PTSD.

There are four types of symptoms: reliving the event, avoidance, numbing, and feeling keyed up.

Reliving the event (also called re-experiencing symptoms):

Bad memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. You may have nightmares. You even may feel like you're going through the event again. This is called a flashback. Sometimes there is a trigger: a sound or sight that causes you to relive the event. Triggers might include:

- Hearing a car backfire, which can bring back memories of gunfire and war for a combat veteran
- Seeing a car accident, which can remind a crash survivor of his or her own accident
- Seeing a news report of a sexual assault, which may bring back memories of assault for a woman who was raped

Avoiding situations that remind you of the event:

You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.

- A person who was in an earthquake may avoid watching television shows or movies in which there are earthquakes
- A person who was robbed at gunpoint while ordering at a hamburger drive-in may avoid fast-food restaurants
- Some people may keep very busy or avoid seeking help. This keeps them from having to think or talk about the event.

Feeling numb:

You may find it hard to express your feelings. This is another way to avoid memories.

- You may not have positive or loving feelings toward other people and may stay away from relationships
- You may not be interested in activities you used to enjoy
- You may forget about parts of the traumatic event or not be able to talk about them.

Feeling keyed up (also called hyperarousal):

You may be jittery, or always alert and on the lookout for danger. This is known as hyperarousal. It can cause you to:

- Suddenly become angry or irritable
- Have a hard time sleeping
- Have trouble concentrating
- Fear for your safety and always feel on guard
- Be very startled when someone surprises you

What are other common problems?

People with PTSD may also have other problems. These include:

- Drinking or drug problems
- Feelings of hopelessness, shame, or despair
- Employment problems
- Relationships problems including divorce and violence
- Physical symptoms

Can children have PTSD?

Children can have PTSD too. They may have the symptoms described above or other symptoms depending on how old they are. As children get older their symptoms are more like those of adults.

- Young children may become upset if their parents are not close by, have trouble sleeping, or suddenly have trouble with toilet training or going to the bathroom
- Children who are in the first few years of elementary school (ages 6 to 9) may act out the trauma through play, drawings, or stories. They may complain of physical problems or become more irritable or aggressive. They also may develop fears and anxiety that don't seem to be caused by the traumatic event.

What treatments are available?

When you have PTSD, dealing with the past can be hard. Instead of telling others how you feel, you may keep your feelings bottled up. **But treatment can help you get better.**

There are good treatments available for PTSD. Cognitive-behavioral therapy (CBT) is one type of counseling. It appears to be the most effective type of counseling for PTSD. There are different types of cognitive behavioral therapies such as cognitive therapy and exposure therapy. A similar kind of therapy called EMDR, or eye movement desensitization and reprocessing, is also used for PTSD. Medications can be effective too. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD.



**Department of
Veterans Affairs**

Office of Public Affairs
Media Relations

Washington, DC 20420
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www.va.gov

News Release

FOR IMMEDIATE RELEASE
March 3, 2008

More Education Benefits Coming to Reservists, Guardsmen *Changes Affect Those with Multiple Tours*

WASHINGTON – Some members of the National Guard and the Reserves who serve on active duty will see a significant increase in their educational benefits, thanks to improvements announced today by the Department of Veterans Affairs (VA).

“Reservists and National Guardsmen who serve multiple tours on active duty may get an increase in their educational benefits, in keeping with the value of their service to our nation,” said Secretary of Veterans Affairs Dr. James B. Peake.

Under new provisions, members who accumulate three years on active duty, regardless of breaks in service, may be eligible for the maximum payment under the Reserve Education Assistance Program (REAP). Previously, reservists and guardsmen had to serve two continuous years on active duty to receive the highest payment.

The new eligibility rules are retroactive to October, 1, 2007. The top payment under REAP is currently \$880.80 per month.

The new law, part of the National Defense Authorization Act, also expands the period of eligibility for certain Guard and Reserve members who complete their service obligation before separation from the selected reserve.

Members meeting these criteria may be eligible to use REAP benefits for a period of ten years following discharge. Benefits typically end upon separation for members who do not complete their full, obligated service.

- More -

Changes to REAP and MGIB-SR – 2/2/2/2

Additionally, some REAP-eligible National Guard and Reserve members may now make an extra contribution to the Department of Defense to increase their monthly benefit rates.

Service members receive an additional \$5 per month for each \$20 contributed. With the maximum \$600 contribution, this option can add up to \$5,400 to a member's total 36-month education benefit package.

Beginning on October 1, 2008, participants in REAP and the Montgomery GI Bill program for the Selected Reserve who pursue non-degree programs lasting less than two years may also be eligible to receive accelerated payments.

During FY 2007, more than 60,000 National Guardsmen and reservists were paid under REAP, more than 41,000 were paid under the Montgomery GI Bill program for the Selected Reserves, and approximately 344,000 participants were paid under the Montgomery GI Bill for active-duty members.

For more information on changes to VA's GI Bill benefits, go to www.va.gov or contact VA directly at 1-888-GIBILL1 (or 1-888-442-4551).

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Department of
Veterans Affairs

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News Release

FOR IMMEDIATE RELEASE
March 27, 2008

VA Reaches Out to Women Veterans
Women Vets Have Earned “Benefits, Respect, Thanks” – Peake
Fourth National Summit on Women Veterans Issues Begins June 20

WASHINGTON -- Recognizing the valor, service and sacrifice of America's 1.7 million women veterans, the Department of Veterans Affairs (VA) has created a comprehensive array of benefits and programs.

“Women who served this country in uniform -- whether veterans of World War II, Korea, Vietnam, the Gulf War, the current Global War on Terror or peacetime service -- have earned our respect and thanks,” said Dr. James B. Peake, Secretary of Veterans Affairs. “They have also earned the full range of VA programs offered by a grateful nation.”

Secretary Peake also announced the Fourth National Summit on Women Veterans Issues to be held from June 20 – 22 in Washington D.C. The Summit will offer attendees an opportunity to enhance future progress on women veterans issues, with sessions specifically for the Reserve and National Guard, information on military sexual trauma and readjustment issues, after the military veteran resources and many more programs and exhibits.

Women veterans are entitled to the same benefits and medical care as their male counterparts, including health care, disability compensation, education assistance, work-study allowance, vocational rehabilitation, employment and counseling services, insurance, home loan benefits, nursing home care, survivor benefits, and various burial benefits.

VA also has a multitude of services and programs to respond to the unique needs of women veterans. VA offers comprehensive, high-quality primary health care services for women, including Pap smears, mammography, and general reproductive health care. Along with these services, VA's mental health care for women includes substance abuse counseling, evaluation and treatment of military sexual trauma and Post Traumatic Stress Disorder (PTSD).

- More -

Women Veterans 2/2/2/2

VA has several specific initiatives for 2008 including:

- enhancing skills of primary care providers who treat women veterans;
- examining other women's health issues, including cardiac care, breast cancer, and colorectal cancer in women;
- focusing on family issues and avoiding birth defects through enhanced pharmacy practices for women veterans of child bearing age.

Women veterans are the fastest growing segment of the veteran population second only to elderly veterans. Approximately 1.7 million women veterans comprise 7 percent of the total veteran population. Approximately 255,000 women use VA health care services. Today, over 200,000 women are serving in the Armed Forces. With the increasing number of women, VA estimates by 2020 women veterans will comprise 10 percent of the veteran population.

There is a women veterans program manager at every VA medical center, a women's liaison at every community based outpatient clinic and a women veterans coordinator at every VA regional office.

VA is reaching out to women veterans who are experiencing problems related to sexual trauma or harassment while in the military. All veterans, men and women, may receive free counseling, disability compensation, and related services for sexual trauma incurred in the military. In addition, there are programs for women veterans who are homeless or are victims of domestic violence.

There is a Military Sexual Trauma (MST) point of contact for psychotherapy at every VA medical center. Extensive enhancements of the MST program have taken place over the past two years, including training of providers in the most current effective treatments for PTSD and sexual trauma. In addition, VA has sites for combat PTSD in women and is examining how best to address complex combat and MST issues.

In addition to the services provided at each VA medical center, the Department also operates fifty Women's Health Centers, within medical centers, that serve as specific locations for women veterans to receive care. These centers develop new and enhanced programs for women; some also conduct research on medical and psychosocial issues.

- More -

Women Veterans 3/3/3

Secretary Peake recently visited the largest women's center in the VA, located at the James A. Haley VA Medical Center in Tampa, Florida. With more than 20,000 women veterans enrolled for care, the center is able to provide a variety of women specific services in one location.

Through its Center for Women Veterans and the Secretary's Advisory Committee on Women Veterans, VA is continually looking into new and innovative ways to provide improved benefits and services to women veterans.

More information on the Fourth National Summit on Women Veterans Issues can be found at www.va.gov/women04. For more information about VA benefits and services, veterans may contact their local VA regional office, medical center, or vet center. For questions concerning VA benefits call 1-800-827-1000, for questions concerning VA health care call 1-877-222-8387 or go to our website at <http://www.va.gov>.

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"Presumptive" Disability Benefits for Certain Groups of Veterans

What is "Presumptive" Service Connection?

VA *presumes* that specific disabilities diagnosed in certain veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a veteran in one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded.

What Conditions are "Presumed" to be Caused by Military Service?

Veterans in the groups identified below: Entitlement to disability compensation may be presumed under the circumstances described and for the conditions listed.

Veterans within one year of release from active duty: Individuals diagnosed with chronic diseases (such as arthritis, diabetes, or hypertension) are encouraged to apply for disability compensation.

Veterans deployed to the Southwest Asia Theater of Operations from August 2, 1990, to July 31, 1991: Individuals diagnosed with amyotrophic lateral sclerosis (ALS)/Lou Gehrig's disease are encouraged to apply for disability compensation.

Former Prisoners of War	Vietnam Veterans (Exposed to Agent Orange)	Atomic Veterans (Exposed to Ionizing Radiation)	Gulf War Veterans (Undiagnosed Illness)
<p>(1) Imprisoned for any length of time, <i>and</i> disability at least 10 percent disabling:</p> <ul style="list-style-type: none"> • psychosis • any of the anxiety states • dysthymic disorder • organic residuals of frostbite • post-traumatic osteoarthritis • heart disease or hypertensive vascular disease and their complications • stroke and its residuals <p>(2) Imprisoned for at least 30 days, <i>and</i> disability at least 10 percent disabling:</p> <ul style="list-style-type: none"> • avitaminosis • beriberi • chronic dysentery • helminthiasis • malnutrition (including optic atrophy) • pellagra • any other nutritional deficiency • irritable bowel syndrome • peptic ulcer disease • peripheral neuropathy • cirrhosis of the liver 	<p>Served in the Republic of Vietnam between 1/9/62 and 5/7/75:</p> <ul style="list-style-type: none"> • chloracne or other acneform disease similar to chloracne* • porphyria cutanea tarda* • soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma) • Hodgkin's disease • multiple myeloma • respiratory cancers (lung, bronchus, larynx, trachea) • non-Hodgkin's lymphoma • prostate cancer • acute and subacute peripheral neuropathy* • type 2 diabetes • chronic lymphocytic leukemia <p>*Must become manifest to a degree of 10 percent or more within a year after the last date on which the veteran was exposed to an herbicide agent during active military, naval, or air service.</p>	<p>Participated in atmospheric nuclear testing; occupied or was a POW in Hiroshima or Nagasaki; service before 2/1/92 at a diffusion plant in Paducah, KY, Portsmouth, OH, or Oak Ridge, TN; or service before 1/1/74 at Amchitka Island, AK:</p> <ul style="list-style-type: none"> • all forms of leukemia (except for chronic lymphocytic leukemia) • cancer of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, bile ducts, gall bladder, salivary gland, urinary tract (renal pelvis, ureter, urinary bladder and urethra), brain, bone, lung, colon, ovary • bronchiolo-alveolar carcinoma • multiple myeloma • lymphomas (other than Hodgkin's disease) • primary liver cancer (except if cirrhosis or hepatitis B is indicated) 	<p>Served in the Southwest Asia Theater of Operations during the Gulf War with condition at least 10 percent disabling by 12/31/11. Included are medically unexplained chronic multi-symptom illnesses defined by a cluster of signs or symptoms that have existed for six months or more, such as:</p> <ul style="list-style-type: none"> • chronic fatigue syndrome • fibromyalgia • irritable bowel syndrome • any diagnosed or undiagnosed illness that the Secretary of Veterans Affairs determines warrants a presumption of service connection <p><i>Signs or symptoms of an undiagnosed illness include:</i> fatigue, skin symptoms, headaches, muscle pain, joint pain, neurological symptoms, respiratory symptoms, sleep disturbance, GI symptoms, cardiovascular symptoms, weight loss, menstrual disorders</p>



VA HEALTH CARE

Fact Sheet 16-2

February 2008

Beneficiary Travel Benefits

Benefit Description: If you meet the criteria below, you may be eligible for VA beneficiary travel benefits associated with obtaining VA health care services. In most cases, travel benefits are subject to a deductible. Deductibles **do not** apply for compensation and pension examinations and for travel by an ambulance or a specially equipped van.

You Qualify If:

1. you have a service-connected (SC) rating of 30 percent or more, or
2. you are traveling for treatment of a SC condition, or
3. you receive a VA pension, or
4. your income does not exceed the maximum annual VA pension rate, or
5. you are traveling for a scheduled compensation or pension examination, or
6. you are in an authorized Vocational Rehabilitation Program

You Qualify for Special Mode Transportation (Ambulance, wheelchair van etc.) If:

1. your medical condition requires an ambulance or a specially equipped van, and
2. you meet one of the eligibility criteria in 1 through 4 above, and
3. the travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health)

Note: OEF/OIF Combat Veterans must meet one of the qualifying eligibilities or conditions noted above.

Mileage Rates:

General Travel\$ 0.285 (28.5 cents) per mile

Scheduled appointments qualify for round-trip mileage. Unscheduled visits may be limited to return mileage only.

Deductible:\$7.77 one-way (\$15.54 round trip)

- Deductible requirement is subject to a monthly cap of \$46.62. Upon reaching \$46.62 in deductibles, travel payments made for the balance of that particular month will be free of deductible charges.

- Veterans whose projected income in the year of application will not exceed the applicable VA pension rate may request a waiver from the deductible requirement.

NOTE: Mileage reimbursement claims for travel prior to February 1, 2008 will be processed at the previous rates of 11 cents per mile for travel in relation to health care and 17 cents per mile for recalls due to an insufficient lab, EKG, x-ray, etc. in relation to a Compensation and Pension examination ("Convenience of the Government") with deductibles of \$3 per one-way trip; \$6 for a round-trip; with a maximum of \$18 per calendar month.

Supersedes Fact Sheet 16-2, dated April 2007 which will not be used

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VIETNAM VETERANS OF AMERICA
CENTRAL NEW YORK CHAPTER #103
P.O. BOX 675
LIVERPOOL, NY 13088

MEMBERSHIP APPLICATION

Veterans must provide evidence of service (DD214 or Equivalent)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Veteran (Y) ___ (N) ___

Are you a Vietnam-Era Vet? (Y) ___ (N) ___

In-Country Vet? (Y) ___ (N) ___

ANNUAL DUES for Veterans is \$20.00/year. We accept checks, credit cards or money orders. Please do not send cash.

Type of Membership: () New () Renewal Amount Enclosed \$ _____

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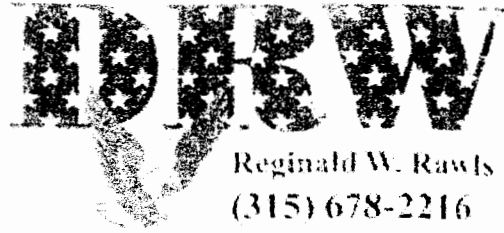
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★ AT EASE ★

VVA Chapter #103 holds its meetings at American Legion Post 188, 205 Cypress St., Liverpool, NY on the 3rd Thursday of each month at 7:00 p.m.

Directions: From Heid's Corners, follow signs to Rt. 370 (2nd Street). Take first left past Washington Park. The Post is on your right side, across from the park.