



OPERATIONS IRAQI FREEDOM/ ENDURING FREEDOM REVIEW

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Information for Veterans Who Served in Iraq and Afghanistan and Their Families

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BLAST INJURY: IED's AS THE CURRENT WEAPON OF CHOICE

The following article was prepared especially for the readers of this publication. Authors Heather G. Belanger, Ph.D., and Stephen G. Scott, D.O., noted that while it was supported by the Department of Veterans Affairs, Veterans Health Administration, the Defense and Veterans Brain Injury Center, and the James A. Haley Veterans' Hospital in Tampa, FL, the views expressed are their own and do not necessarily reflect the views of the Department of Veterans Affairs.

The number of blast-related injuries has exploded in recent wars. Current military research suggests that explosive munitions and small arms account for approximately three out of four combat-related injuries.¹ Blast injuries occur almost daily in Iraq and Afghanistan from the impact of rocket-propelled grenades, improvised explosive devices (or IEDs), and land mines. And, because of the rise of global terrorism and urban warfare, these blast injuries also have become more common in the civilian sector.

Blast injuries result from the rise in atmospheric pressure in an explosion. The explosion can generate a wave of increased pressure that spreads quickly, causing the greatest risk of injury to those closest to the explosion and often causing multiple injuries.

A variety of factors contribute to the extent of the injury, including the distance of the victim from the blast, the surrounding environment (that is, water versus air), the size of the surrounding environment (that is, open versus closed space), and the composition of the explosive materials (that is, high versus low explosion). Although improvements in body armor and better medical treatment on the front-lines are saving soldiers' lives from devastating blast injuries, more war wounded are returning with multiple complex injuries or "polytrauma."

Blast Injuries Produce Many Different Patterns of Injuries

Blast injuries typically are divided into four categories: primary, secondary, tertiary, and quaternary or miscellaneous injuries². Individuals may sustain many injuries from one or more of these mechanisms:

- (1) *Primary blast injuries* are caused by overpressure to gas-containing organ systems, such as the lung, bowel, and inner ear. Primary blasts may also result in traumatic limb or partial limb amputation.

- (2) *Secondary blast injuries* occur from fragments and other missiles, causing head injuries and soft tissue trauma. Fragments also may be contaminated, which can cause infection.
- (3) *Tertiary blast injuries* result from displacement of the whole body by combined pressure loads (shockwave and dynamic overpressure). These injuries also are called "displacement injuries" and may include head injury, broken bones, tissue damage, and other injuries.
- (4) Finally, there are miscellaneous blast-related injuries such as burns, smoke inhalation, and crush injuries from collapsed structures and displaced heavy objects.

Possible "Invisible" Injuries

A common problem for medical care is that many injuries are initially "invisible." For instance, injury to the brain, emotional problems, small fragments imbedded in the body, and hearing and balance problems may not be obvious immediately to the treating physician or to the patient.

(Continued on page 2)

ALSO IN THIS ISSUE

| | |
|--|----|
| Mental Health Issues Are a Major Concern for OIF/OEF Veterans | 2 |
| Quick Guide to Traumatic Brain Injury | 2 |
| Readjustment Issues after Deployment | 3 |
| VA Social Worker Deployed: A Year in Iraq | 4 |
| New Brochure Explains Registry Programs | 5 |
| About OIF/OEF "Review" | 6 |
| How to Apply for Disability Compensation from VA | 6 |
| VA Disability Compensation Rates in 2007 | 7 |
| Many Vets May Be Missing Out On Special Compensation .. | 7 |
| Newsletter Editor Rosenblum Retires | 8 |
| Address Changes | 8 |
| Transition Assistance Advisors – Trained and Ready to Serve Veterans | 9 |
| Where to Get Help | 11 |

All four types of blast injuries described may include brain injury. For instance, secondary blast injuries may include brain injury due to an object piercing the skull and damaging the brain. Tertiary brain injury would involve blunt trauma to the head (that is, the skull hitting an object with force). These brain injuries, particularly if they are mild, may go undiagnosed and untreated as attention is focused on more “visible” injuries. If the survivor did not lose consciousness for a lengthy period of time, he or she may not be aware of any injury to the brain.

The long-term effect of several, mild brain injuries due to blasts is largely unknown. Symptoms of mild head injury or “concussion” may include forgetfulness, slowed thinking, and difficulty doing more than one thing at a time. Typically, these symptoms go away within a few months, though brain injury due to blasts is not well studied in humans.

Survivors of blast may sustain emotional shock and may develop posttraumatic stress disorder (or PTSD). Early diagnosis of PTSD-related symptoms is helpful in preventing worse problems later on.

Finally, hearing loss, balance problems, and small metal fragments imbedded in the body often initially go undetected and may cause pain, confusion, and/or functional limitations later on. Due to the potential for these “invisible” injuries following exposure to a blast, a medical approach focusing on the mechanism-of-injury (that is, the blast), rather than the most obvious presenting symptom, is therefore thought to be important in these cases.³

Polytrauma Rehabilitation Centers

In April 2005, recognizing the special needs of returning soldiers, Congress charged VA with establishing four Polytrauma Rehabilitation Centers (in Tampa, Florida, Palo Alto, California, Richmond, Virginia, and Minneapolis, Minnesota). VHA Polytrauma Rehabilitation Centers (PRCs) are conducting research and developing the best processes for managing the multiple challenges faced by severely injured soldiers.

At each Polytrauma Center, the team of experts look at the medical, psychological, rehabilitation, and prosthetic needs of these individuals. This team usually consists of a physician, rehabilitation therapists, an audiologist, a speech pathologist, neuropsychologist/psychologists, social workers, and experts from other disciplines, with access to the full range of medical and support services within the hospital to meet the patient’s needs.

Supporting these lead centers is the Defense and Veterans Brain Injury Center (DVBIC), a cooperative treatment and research program in traumatic brain injury that represents a collaboration among the Department of Defense, the Department of Veterans Affairs, and civilian organizations. Together, these partners are working hard to secure a better future for active duty personnel and military veterans through state-of-the-art

medical and rehabilitation services. Additional information regarding the DVBIC can be obtained via their website at www.dvbic.org/

References:

- ¹ Zouris, J.M., Walker, G.J., Dye, J. & Galameau, M. (2006). Wounding patterns for U.S. Marines and sailors during Operation Iraqi Freedom, major combat phase. *Military Medicine*, 171(3): 246-52.
- ² Wightman JM. & Gladish SL. (2001). Explosions and blast injuries. *Annals of Emergency Medicine*. 37:664-78.
- ³ Belanger, H.G., Scott, S.G., Scholten, J., Curtiss, G. & Vanderploeg, R.D. (2005). Utility of mechanism-of-injury-based assessment and treatment: Blast injury Program case illustration. *Journal of Rehabilitation Research and Development*, 42(4), 403-12.

MENTAL HEALTH ISSUES ARE MAJOR CONCERN FOR OIF/OEF VETERANS

We have been working with VA’s Mental Illness Research, Education, and Clinical Centers (MIRECCs) to address some of these issues. *OIF/OEF Review* is launching a new series on “Mental Health and Combat Veterans.” Featured here are articles from MIRECC experts on Traumatic Brain Injury and Readjustment after Deployment, as well as an interview with David Rabb, a VA social worker deployed to Iraq with the Army’s 785th Medical Company’s Combat Stress Unit.

We will regularly follow up on this concern in future issues of this newsletter. Many here at VA are concerned that veterans serving today in Iraq and Afghanistan may be at increased risk for mental health problems upon their return home. We are also committed to making sure that new veterans have access to the mental health care that they may need.

QUICK GUIDE TO TRAUMATIC BRAIN INJURY

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Brain injuries are becoming increasingly more common with changes in modern warfare. Returning combat veterans may not know they have suffered such a wound. That is why VA doctors want returning soldiers and their families to have this information.

If the head is hit or shaken severely, a “concussion” or “closed head injury” can result. Many types of forces can cause a brain injury. Examples include being hit on the head, being near an explosion, and being in a motor vehicle accident. A brain injury can happen in the absence of any external injury. However, it is important to remember that presence of external injury does not mean the brain has been injured.

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 serious problems. Here are some of the more common symptoms of brain injury.

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

People who have had a concussion may say that they are "fine," although their behavior or personality has changed. Changes such as these in a family member or friend suggest the need for medical help.

Recovery Following Brain Injury

Some symptoms may be present immediately. Others may appear much later. People experience brain injuries differently. Speed of recovery varies from person to person. Most people with mild brain injuries recover fully, but it can take time. Here are some things that can be done to promote healing, and to make symptoms easier to manage.

| To Promote Healing and Manage Symptoms | |
|---|--|
| THINGS THAT CAN HELP | THINGS THAT CAN HURT |
| ■ Get plenty of rest & sleep | ■ Avoid activities that could lead to another brain injury - examples include contact sports, motorcycles, skiing |
| ■ Increase activity slowly | ■ Avoid alcohol as it may slow healing of the injury |
| ■ Carry a notebook - write things down if you have trouble remembering | ■ Avoid caffeine or "energy-enhancing" products as they may increase symptoms |
| ■ Establish a regular daily routine to structure activities | ■ Avoid pseudoephedrine-containing products as they may increase symptoms - check the labels on cough, cold, and allergy medicines |
| ■ Do only things at a time if you are easily distracted - turn off the TV or radio while you work | ■ Avoid excessive use of over-the-counter sleeping aids - they can slow thinking and memory |
| ■ Check with someone you trust when making decisions | |

In general, recovery is slower in older persons. People with a previous brain injury may find that it takes longer to recover from their current injury. Some symptoms can last for days, weeks, or longer. Talk to your health care provider about any troubling symptoms or problems.

Resources for More Information and Help

Centers for Disease Control www.cdc.gov/ncipc/tbi

Defense & Veterans Brain Injury Center www.dvbic.org

Brain Injury Association www.biausa.org

Veterans Health Administration www1.va.gov/EnvironAgents/docs/TBI-handout-patients.pdf

Veterans Health Administration www1.va.gov/EnvironAgents/docs/TBI-pocketcard-patients.pdf

READJUSTMENT AFTER DEPLOYMENT

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All service members and their families face a period of readjustment after deployment. Skills developed in combat can cause real trouble if they continue after the warrior comes home. For example, responding with lightning speed to the slightest noise or movement may be life saving in combat, but can lead to problems with dangerous driving, aggression and isolation from friends and family when the service member comes home.

Problems like trouble sleeping, having a short temper or feeling emotionally shut down are common after combat. Such reactions generally continue during the first weeks back and are perfectly normal, but they can cause trouble in the home and at work. Other problems such as physical injuries, pain, or financial stress can further complicate the situation. Many people turn to alcohol or other substances in the belief that this will help them get by. Unfortunately drinking and drug use make readjustment even harder and can bring out new problems.

If problems grow to the point where they get in the way of functioning well in the family or on the job, it is time to get help.

Fortunately, help is available in a number of ways.

The first step is to get enough information to make an informed choice about what kind of help will be best for you and your family. Here is short list of options to consider:

VA Medical Centers and Community Based

Outpatient Clinics

- OEF/OIF veterans are eligible for free care for possibly combat-related conditions during their first 2 years post-deployment. For additional information, go to www.va.gov/EnvironmentalAgents.
- Every VA Medical Center (VAMC) has an individual staff member assigned to be the “Seamless Transition” OIF/OEF Point of Contact to personally help veterans access the VA system to meet their personal and family needs. Find out more about healthcare access and benefits on the web at: www.seamlesstransition.va.gov or call your local VAMC and ask to speak with the OIF/OEF Point of Contact.

Vet Centers

- Vet Centers offer “hassle-free” assistance to combat veterans and their families.
- There is never a charge for anyone with a DD 214 and you don’t have to be registered with the VA to get help from a Vet Center.
- Vet Centers also provide some family-centered services.
- Vet Centers can be found in over 200 community locations.
- Most Vet Center staff are veterans themselves.
- Many Vet Centers have evening hours available.
- To find the Vet Center in your area, go to www.va.gov/rcs.

Military OneSource

- Can arrange face-to-face confidential counseling for OIF/OEF veterans and their family members in their own neighborhoods through a contract with the Department of Defense. Use the toll free number or the web site cited below.
- Military OneSource provides a 24/7 telephone hotline for information and support at **1-800-342-9647**.
- Great downloadable information on coping with readjustment issues is available on the web site at: www.militaryonesource.com.

National Center for PTSD

- Offers PTSD news and information for veterans, their families, and the professionals who work with them.
- Check out the two new guides for OIF/OEF veterans and families, “Returning from the War Zone: A Guide for Military Personnel” and “A Guide for Families” at www.ncptsd.va.gov.
- The “Iraq War Clinician’s Guide” is also available at this site.

If you or someone you know could use some help with post deployment readjustment, please consider following up with some of these options. Sometimes a little help early on can go a long way towards feeling good after coming home.

A VA SOCIAL WORKER’S YEAR IN IRAQ

David Rabb came to social work with an uncommon background. In his 20s, he entered graduate school at the University of Chicago’s School of Social Service Administration -- straight from the Marine Corps. Many of his classmates still were young adults. They had experienced anti-war demonstrations but not war, and they never had met a soldier. He wrote a thesis on post-traumatic stress disorder, did an internship at Westside VA Medical Center (now renamed the Jesse Brown VA Medical Center) working with Vietnam veterans in the mental health clinic, psychiatric day hospital and chemical dependency program. He continued his work as a social worker at the Hines VA Hospital in Chicago, IL and then at the Minneapolis VA Medical Center. Today, nearly a quarter century later, those early experiences are reflected in Rabb’s commitment to veterans. He serves as the Executive Assistant to the Under Secretary for Health’s Diversity Advisory Committee, and says that veterans are one of the nation’s biggest minority groups, with “our own culture, history, value system, shared language, and unique experiences.”

In 2004, as a social worker, Rabb was deployed to Iraq with an uncommon background. He was a Lieutenant Colonel in the Army’s 785th Medical Company, Combat Stress Control Unit. The Army had invested a lot of training and preparation in the unit. But never had such a team of psychiatrists, psychologists, social workers, chaplains and other mental health specialists been deployed on such a wide and comprehensive scale – until Operation Iraqi Freedom and Operation Enduring Freedom. Rabb’s job as commanding officer of the unit was to oversee mental health care provided to soldiers in combat. Following are some questions we asked him and Rabb’s responses about his experiences and insights.

Q: What were concerns soldiers in Iraq expressed to you about their experiences serving in Iraq?

A: There were three top reasons soldiers came to us in the Combat Stress Unit.

- First, many came because they needed to talk about their experiences in combat, where they often were involved in life-threatening situations in which they were fired upon or had to return fire. There is more than one side to these intense experiences: from the mental and physical side to the emotional and spiritual side. For some service members, this may have been their first brush with death or near death, and they were trying to make sense of what they experienced. War has a way of exposing people to experiences that are outside the range of what other people experience.

Most of the time, service members didn't come to us; we went to them by sending out mental health prevention teams that embedded with units. Over time, we built relationships with soldiers and leaders so that they knew to whom they could turn in times of need, including when a buddy was hurt badly or killed.

- A second major reason soldiers came to us was conflicts in relationships, either with leadership or with peers. When you live with the same people for 365 days, someone is bound to get on your nerves because of miscommunication, misunderstanding, or disappointment. Stress has a way of bringing out the best and worst in people. We could offer two things: Help in gaining perspective on a situation that couldn't be changed but might be able to be managed, and help in adapting to the particular situation.
- Third, homefront worries were a major source of distress for some service members – concerns about how family members or loved ones were doing, missing important events (such as births, deaths, anniversaries, graduations), worries about finances, or “Dear John” and “Dear Jane” letters or emails. Again, our goal was to talk with soldiers about their concerns, to help them build a bridge to get over or get through what they were facing.

Q: What can you tell us that will help communicate to our readers that they are not alone in their reactions?

A: Most returning servicemen and women go through a period of readjustment – you may feel off balance or like you are struggling or stuck.

It takes time to reconnect with family and friends, but gradually most service members find their balance and way. Some soldiers also may go through a period of stress reactions after returning from war. Stress reactions, such as having trouble sleeping or difficulty in feeling closeness in relationships, may be strong at first but usually fade over time.

One good rule of thumb is that for every month a person was deployed, he or she can expect a month of readjustment. So, if you were in deployed for a year, you can expect a 12-month adjustment period to feel fully back to normal.

Some service members and veterans may develop more severe stress reactions to their war experiences and will need more support to manage and make the adjustments back to civilian life. The earlier you get help, the easier it is to combat severe stress reactions. A counselor can help you sort out the problems, and also get you to other resources you may need, such as individual or group counseling, marital counseling, or anger management. A counselor can also guide you, if necessary, to care that includes evidence-based psychotherapy or psychotherapeutic medications.

Q: It seems like war should be the hard part – and coming home should be easy. But, that's not always so. Why?

A: In many cases, coming home is as difficult as leaving to go off to war. In both cases -- going off to war and coming home from war-- service members and loved ones go through many adjustments. In order to cope and manage while a husband or wife is away at war for months, family dynamics shift and family members are forced to be more independent. The deployed service member also goes through mental shifts to withstand the stress of war. When a service member returns home, everyone has changed in order to survive the experience – soldier, wife, husband, parents, even children. You may not be able to see the changes, but you can feel them, in your own mental attitudes and in your loved ones' behavior. It isn't easy – and in order to regroup and find balance, you will need to rely on thoughtful communication and negotiation.

For some service members, the readjustment also may be complicated by other factors, for instance when you come back to a living situation that brings problems you didn't have before you were deployed – you received a “Dear John” or “Dear Jane” letter, you're facing a divorce, financial problems may have mounted, a parent may be sick. In other cases, you may have lost a buddy during the war and have the added burden of returning home without him or her and also may feel survival guilt or sadness from this loss. In this “complicated readjustment,” even though the unit may be greeted with a hero's welcome, and media coverage and you know you should be happy, it is hard to celebrate. Attention to “complicated readjustment” is important thing to consider and seek support for during readjustment.

In future interviews with Mr. Rabb and others and in future articles about mental health, we will explore special issues, such as dealing with the stigma or embarrassment of getting care for mental health problems, and how to deal with grief when you lose a buddy in battle.

NEW BROCHURE EXPLAINS REGISTRY PROGRAMS

VA's Environmental Agents Service (EAS) has produced and distributed a new brochure, entitled “VA Special Health Registry Examination Programs,” that provides useful information about the various health registry programs EAS administers, including the Gulf War Registry. Operation Iraqi Freedom veterans are eligible to participate in the Gulf War Registry (See *Gulf War Registry Statistics, Including OIF Participants* in this issue).

The publication describes the health registry exams, and provides answers to questions such as why VA has registries, how a veteran gets on a registry, what benefits and limitations are included, where registry examinations are available, and how many veterans have participated in the various VA registry programs.

An additional goal of the brochure is to respond to misconceptions, including the relationship between the health registries and the disability compensation claims process. The health registries are separate from a disability claim. While the registry examination results might yield useful information for the adjudication of a claim, participation in the registry does not mean that a claim is filed. **The filing of a disability claim is a separate process.**

The brochure, or Information Bulletin 10-57, is available from the Environmental Health Coordinator at all VA medical centers and is posted on the Web [at www.va.gov/EnvironAgents](http://www.va.gov/EnvironAgents).

ABOUT THE “OIF/OEF REVIEW”

This is the sixth issue of the “Operations Iraqi Freedom/Enduring Freedom Review” newsletter. Earlier issues are dated December 2003, June 2004, February 2005, September 2005, and February 2006. The newsletter is written by VA’s Environmental Agents Service (EAS). The “Review” is published to provide information about the concerns of veterans, specifically those who served in Operations Iraqi Freedom, primarily in Iraq, and Operation Enduring Freedom in Afghanistan, their families, and others interested in possible long-term health consequences of military service in Southwest Asia in particular.

The “Review” describes actions by VA and others to respond to these concerns. For past and current issues of the “Review” and additional information, see our Web site at www.va.gov/EnvironAgents. For Gulf War Review newsletters or information about the Gulf War, see www.va.gov/GulfWar.

Comments or questions concerning the content of the “Review” are encouraged. Suggestions and ideas for future issues of the newsletter should be sent to the Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420.

Requests for additional copies of this and/or future issues should also be sent to the above address. A limited supply of the prior issues is available. Please specify the quantity and issue date requested.

Questions about the Gulf War Registry examination should be directed to the Environmental Health Coordinator or Environmental Health Clinician at the nearest VA medical facility. The telephone number can be found in the local telephone directory under the “U.S. Government” listings. Assistance is also available from the toll-free Veterans Special Issues Helpline: 1-800-749-8387. VA benefit offices also have a great deal of information about VA benefit programs. The national toll-free telephone number is 1-800-827-1000.

HOW TO APPLY FOR DISABILITY COMPENSATION FROM VA

(Because of the high level of interest in this subject, the following article has been updated and is repeated).

Like other veterans, OIF/OEF War veterans with service-connected illnesses or injuries are eligible for monthly payments, called disability compensation. The disability must have been incurred or aggravated during active military service. Furthermore, the service of the veteran must have been terminated from military service through separation or discharge under conditions that were other than dishonorable.

Disability compensation varies according to the degree of disability and the number of dependents. Benefits are not subject to Federal or state income tax. The receipt of military retirement pay, disability severance pay, and separation incentive payments known as SSB and VSI (Special Separation Benefits and Voluntary Separation Incentives) also affects the amount of VA compensation paid.

The disability ratings range from 0 to 100 percent (in increments of 10 percent). For example, in 2007, a veteran with a disability rating of 10 percent receives \$115; a veteran with disability rating of 50 percent gets \$712; and a veteran who is totally disabled and evaluated at 100 percent receives \$2,471 monthly.

Veterans with disability ratings between 30 and 100 percent also are eligible for monthly allowances for each child. (The amount depends on the disability rating).

A veteran who either is in need of regular aid and attendance of another person or who is permanently housebound may be entitled to additional benefits. VA must make that determination before the veteran can get these benefits.

Must Apply To Be Considered

Veterans must apply separately for disability compensation. It is not provided automatically; nor does participation in a health registry substitute for filing a claim. VA veterans service representatives (VSR) can provide the necessary application and assist veterans who need help in completing it. VSRs are located at all VA Regional Offices, in VA medical centers, and at most VA clinics. For help in locating a VSR near you, call the following toll-free telephone number: **1-800-827-1000**.

Other Benefits

In addition to the compensation program described above, individual veterans may be eligible for the full range of other benefits offered by VA, including education and training,

vocational rehabilitation, home loan guarantees, life insurance, pension, burial benefits, and more.

To learn more about VA's programs, OIF and OEF veterans and other interested parties can visit the VA home page www.va.gov or call **1-800-827-1000**.

VA DISABILITY COMPENSATION RATES IN 2007

| Percent Disabled | No Dependents | Veteran & Spouse |
|------------------|---------------|------------------|
| 10% | \$115 | -- |
| 20% | \$225 | -- |
| 30% | \$348 | \$389 |
| 40% | \$501 | \$556 |
| 50% | \$712 | \$781 |
| 60% | \$901 | \$984 |
| 70% | \$1,135 | \$1,232 |
| 80% | \$1,319 | \$1,430 |
| 90% | \$1,483 | \$1,608 |
| 100% | \$2,471 | \$2,610 |

These rates were effective December 1, 2006. Veterans with disability ratings of at least 30 percent are eligible for additional allowances for dependents. Dependents include spouses, minor children, children between ages 18 and 23 who are attending school, children who are permanently incapable of self-support because of disabilities arising before age 18, and dependent parents. The additional amount depends on the disability rating.

Veterans with certain severe disabilities may also be eligible for additional special monthly compensation. For additional rate information, see compensation rate tables online at www.vba.va.gov/bln/21/Rates/comp01.htm. Legislation is pending to increase the rates.

MANY VETS MAY BE MISSING OUT ON SPECIAL COMPENSATION

This article was submitted on behalf of the Air Force, Army, Navy, Marines, and Coast Guard by Rick Castro, Combat Related Special Compensation Program Manager, HQ Air Force Personnel Center. Please keep in mind that only those veterans who can answer 'yes' to all four of the questions in this article may qualify for this program.

Just because a veteran was not injured in combat does not mean he or she may not be entitled to receive Combat-Related Special Compensation (CRSC). Many veterans may be missing out on hundreds, if not thousands, of dollars every month because they have not applied for the compensation. Don't let the term combat throw you; there are many circumstances which are combat related that could justify approval of extra tax-free money for you.

CRSC is designed to restore military retirement pay that has been offset by Department of Veterans Affairs (VA) compensation when evidence exists to confirm the associated disabilities are combat related. For example, if a veteran is currently rated for a disability of 10 percent with the VA, he or she receives a check from the VA for \$115 each month, but his or her retired pay is reduced by that same amount. If that disability is found to be combat-related by the CRSC review board, he or she would continue to receive the monthly check from the VA for \$115 along with the remainder of the retired pay, but begin to receive an **additional** monthly check from CRSC for \$115.

Many disabilities that resulted from conditions during peacetime may meet the criteria for CRSC. Some examples are an aircraft mechanic who works on the flight line and begins to lose his hearing while in-service; a personnel technician who dives for cover during a simulated air raid and injures her shoulder; and a special forces journeyman who makes a peacetime parachute jump and breaks his ankle upon landing.

If you're not sure the circumstances surrounding your disability meet the combat-related criteria, it would be beneficial for you to apply for CRSC and let the board make a determination for you. There are a few prerequisites to consider before submitting a CRSC application. To meet the basic eligibility criteria to be considered for CRSC, veterans **must**:

- Be retired with 20 (or more) years of active-duty military service, or retired at age 60 from the Guard or Reserve and
- Be receiving military retired pay and
- Have a compensable VA disability rating of 10 percent or higher and
- Receive military retired pay that is reduced by VA disability payments.

NOTE: Veterans who waived military retirement pay for Civil Service credit are not eligible to apply for CRSC.

Copies of the Claim for Combat-Related Special Compensation, DD Form 2860, and more information on the program can be obtained from the following websites:

DoD DefenseLink
www.dod.gov/prhome/mppcrsc.html

AIR FORCE
HQ Air Force Personnel Center
ask.afpc.randolph.af.mil
1.800.616.3775 toll-free (Select option 5, then option 1) or 210.565.1600

ARMY
Army Human Resources Command
www.hrc.crsc.army.mil/site/crsc/
1.866.281.3254 toll-free

COAST GUARD

Coast Guard Personnel Command (adm-1)

www.uscg.mil/hq/cgpc/adm/adm1.htm

1.866.307.1336 toll-free

NAVY AND MARINE CORPS

Naval Council of Personnel Boards

www.hq.navy.mil/ncpb/CRSCB/combatrelated.htm

1-877.366.2772 toll-free (prerecorded)

Applying is worth the effort. It will take a little time to complete the application and make copies of your documentation, but it could mean qualifying for monthly tax-free compensation for the rest of your life.

NEWSLETTER EDITOR RETIRES



After nearly 34 years of Federal Service, including 32 years with VA, the writer/editor of the OIF/OEF Review, Donald J. Rosenblum, retired in early September 2006. This is his final issue of the *OIF/OEF Review*. He was the chief writer and editor of the newsletter since helping create it in 2003.

Rosenblum worked on issues related to environmental hazards since he joined the Agent Orange program office in September 1980. He prepared the *Agent Orange Review* (since 1989), the *Gulf War Review*, and the *Ionizing Radiation Review*. In addition, he has authored numerous Information Bulletins (brochures, pamphlets, fact sheets), co-edited two books in the Veterans Health Initiative series, assisted in the development of various posters, exhibits, and videotape programs, other outreach items, and has responded to thousands of letters.

Rosenblum won numerous awards (including the Wordmaster Award three times) and commendations from VA and several organizations for whom he volunteers.

Rosenblum created a strong foundation for this and the other newsletters that will continue past his retirement.

For this article, Rosenblum’s supervisor, Mark A. Brown, Director, Environmental Agents Services, offered the following remarks about his retiring Deputy’s contribution to VA and the veterans it serves:

His fellow workers all will miss his enthusiasm and hard work, but they know that his work over the years has touched the lives of literally millions of veterans and their families, including, of course, the readers of this newsletter.

We are fortunate to have as our new editor of the “OIF/OEF Review” Mr. Steven S. Sloane. Mr. Sloane has many years of experience at VA Headquarters and in the field.

ADDRESS CHANGES

If this newsletter has your old address, please use this form to update our mailing list. Send the completed form to the OIF/OEF Review, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001. If you have access to the OIF/OEF Review via the VA Web site www.va.gov/EnvironAgents and wish to discontinue receiving a copy by mail, please complete the above form and return it to the Austin Automation Center. If you are receiving more than one copy of the newsletter, please let us know. Write to the address above. Please provide your name, address, and last four digits of your Social Security number. Thank you.

Check or circle the language that describes your situation.

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| <input type="checkbox"/> | My address has changed, and I would like to continue to receive the newsletter. |
| <input type="checkbox"/> | I am receiving more than one copy, but I only want to get a single copy. |
| <input type="checkbox"/> | I don't need to get the newsletter by mail as I can read it at www.va.gov/EnvironAgents |
| <input type="checkbox"/> | Other (explain) _____ You may use this or other paper. Please indicate which publication that you are receiving as this office puts out 4 national newsletters. |

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| First Name | |
| Middle | |
| Last | |
| SSN (Last four digits only) | |
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| APO/FPO Indicate which if applicable | |
| City | |
| Alpha State/or APO/FPO Code | |
| Zip Code | |

TRANSITION ASSISTANCE ADVISORS - TRAINED AND READY TO SERVE VETERANS

Last year, the Department of Veterans Affairs (VA) and the National Guard Bureau teamed up to improve the coordination of veterans benefits at the state level by training newly created Transition Assistance Advisors (TAAs) to help ensure a smooth and seamless transition for Guard members returning from active-duty deployments.

The 54 new National Guard TAAs, hired in each of the states and territories, are recently returned veterans who will be available to assist their fellow combat veterans.

“As advocates for veterans, these new advisors will ease the transition for newly discharged veterans back to their home communities,” said R. James Nicholson, Secretary of Veterans Affairs. “We are proud to have our newest generation of heroes join with VA to help their fellow combat veterans.”

The new advisors are graduates of a special training program at the Veterans Benefits Academy in Baltimore, MD to increase their knowledge of VA services and benefits. The training enabled them to assist returning combat veterans and create coalitions between state veterans affairs offices, veterans service organizations, VA and community groups.

In addition to advising their state’s adjutant general and governor, the benefits advisors serve as the statewide points of contact providing advice to Guard members, their families, the family program office, employer support groups and military personnel.

They also participate in the Reserve and National Guard mobilization and demobilization process and provide materials on VA benefits, compensation, education, vocational rehabilitation, life insurance, home loans, and burial benefits.

Those interested in contacting a TAA in their area should contact the Adjutant General National Guard at the National Guard joint force Headquarters in each state for the contact information of the State TAA and also the State Director of Family Programs for assistance. Information is also available from VA’s Office of Seamless Transition. While there is not currently a single website listing all sites nationally, contact information is available state by state. Updated information will be published as it becomes available.

WRIISC NATIONAL REFERRAL PROGRAM

The War Related Illness and Injury Study Center (WRIISC) at the Washington, DC VA Medical Center and the East Orange, NJ VA Medical Center provides post-deployment

care to combat veterans who have difficult-to-diagnose disabling illnesses. Veterans of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) who are experiencing persistent and unexplained symptoms may be referred to the WRIISC National Referral Program for a comprehensive post-deployment evaluation.

The WRIISC programs have helped hundreds of veterans since opening in 2001.

The DC WRIISC staff told us that they specialized in providing veterans a roadmap for managing their unexplained symptoms. Their comprehensive post-deployment clinical evaluations focus on symptom presentation and any relationship between combat deployment and current health. This specialty evaluation serves as a “second opinion” after a thorough evaluation has been completed at the local VA Medical Center. OIF/OEF veterans may request a referral to the WRIISC through their primary care providers.

Primary care providers may initiate a WRIISC referral by completing the following steps:

1. Complete WRIISC Pre-Screen Form (VA Form 10-0417) which can be found in the WRIISC handbook (at www1.va.gov/EnvironAgents/)
2. FAX the completed VA Form 10-0417 and the veteran’s DD214 to **(202) 273-9562**, Attention: Ms. Helen Malaskiewicz, Senior Environmental Health Coordinator at VA Central Office **(Telephone: 202-273-8463)**.
3. Complete WRIISC Assessment Note in the veteran’s CPRS medical record.

Once the Pre-Screen Form is received by Ms. Malaskiewicz and combat veteran status is confirmed, the referral will be sent to either the Washington D.C. WRIISC or the East Orange NJ WRIISC for clinical consideration and scheduling.

If you are an OEF or OIF veteran who is interested in a comprehensive “second opinion” post-deployment evaluation, please contact your VA primary care provider to request a WRIISC evaluation.

WRIISC TRANSITION AND ORIENTATION CLASS

The War Related Illness and Injury Study Center (WRIISC) in Washington, DC has developed a Transition and Orientation Class to welcome and orient combat veterans to the VA system. The Transition & Orientation Class provides information about many topics of interest to combat veterans including:

- Explanation of New Eligibility rules for VA Medical Care

- Information about Filing or Troubleshooting a Claim for Service-Connection
- Overview of the Vocational Rehabilitation & Employment Program
- Introduction to the Primary Care System and Referral Process
- Information about Vet Center services
- Overview of the services offered by the War Related Illness & Injury Study Centers including Assessment for Exposures and/or Unexplained Symptoms

When:

**The 3rd Monday of the month at 5:30 p.m.
and
the 3rd Thursday of the month at 2:00 p.m.**

Where:

**Room 3B East 203 Conference Room,
Washington, D.C. Veterans Affairs Medical
Center
50 Irving Street, N.W., Washington, DC 20422
Phone (202) 745-8000**

Each class lasts approximately an hour and one half.

Don't miss out on this opportunity to learn about important VA benefits. Join us for class and refreshments!!

If you are interested in this class, please call **1-800-722-8340** or **(202) 745-8000 ext. 6533** or email us at wriisc.dc@va.gov for more information on this class. Due to space limitations, reservations for this class are required.

We look forward to hearing from you!!

Driving Directions and Metro Access

From the East: Route 50 West to New York Avenue, exit onto South Dakota Avenue. At 7th traffic light, turn left onto Monroe Street. Follow Monroe until it dead ends. Go left on Michigan Avenue. Follow right lanes onto Irving Street. Get in left lane and make first left. VAMC is located to the left.

From Baltimore & Northern Areas: I-95 Southbound. Veer right onto I-495 toward Silver Spring. Leave I-495 almost immediately at New Hampshire Avenue, exit Route 650 South. Go south for approximately 4 miles on New Hampshire Avenue, then go south on North Capitol Street for approximately 2 miles. Exit right onto Irving Street

Following signs to VAMC. Get in left lane immediately and make first left. VAMC is located to the left.

From the West: South on 270, then go east on I-495 (go left at fork marked "Washington"), to the Connecticut Avenue exit, southbound Route 185. Proceed south on Connecticut Avenue for about 3 miles. Turn left onto Military Road for approximately 3.5 miles. Turn right at light onto North Capitol street. Go approximately 1.5 miles then exit right onto Irving Street following signs to VAMC. Get into left lane immediately then make first left. VAMC is located to the left.

From Virginia & Southern Areas: Take I-95, Virginia Route 1, or Virginia Route 50, to the 14th Street bridge. Continue north on 14th Street until you reach Harvard Street where you will turn right. Harvard ends at light (approximately 2.5 miles). At light, turn left onto Irving Street. Stay in middle lane. At 3rd light turn right. VAMC is located on the left.

From Virginia: Take I-95 North to 395 North; take 14 th. Street Bridge; Go to New York Ave. and turn right; Go to North Capitol Street and turn left; Go to Irving Street and follow signs to the VAMC.

Taking the Metro : Take the Red Line to the Catholic University/Brookland Metro Station. Metro Buses H2 and H4 will bring you to the VAMC.

WHERE TO GET HELP

Active duty military personnel with questions or concerns about service in Southwest Asia (including Operations Desert Storm, Desert Shield, Iraqi Freedom, and Enduring Freedom): Contact your commanding officer or call the Department of Defense (DoD) Deployment Health Clinical Center **(1-800-796-9699)** for information. DoD also offers the “**Direct Veterans Hotline**,” with the toll-free number **1-800-497-6261**.

OIF and OEF veterans with concerns about their health should contact their nearest VA medical center. The telephone number can be found in your local telephone directory under Department of Veterans Affairs in the “U.S. Government” listings. Medical care is available, and a Gulf War Registry examination is also available on request for OIF veterans.

The Veterans Special Issues Helpline can also provide information and assistance. The toll-free telephone number is **1-800-PGW-VETS (1-800-749-8387)**.

Check our Web sites for more information on health care and other benefits for veterans who served in Southwest Asia at www.va.gov/EnvironAgents.

OIF and OEF veterans in need of **marital/family counseling** should contact the nearest VA medical center or VA Vet Center, also listed in your phonebook under Department of Veterans Affairs in the “U.S. Government” listings. For additional information about these programs call the Veterans Special Issues Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

OIF and OEF veterans seeking **disability compensation** for illnesses incurred in or aggravated by military service can contact a Veterans Benefits Counselor at the nearest VA regional office or health care facility at **1-800-827-1000**, or call the Veterans Special Issues Helpline at **1-800-PGW-VETS (1-800-749-8387)**. You can also start a claim online at www.va.gov.

OIF and OEF veterans interested in learning about the wide range of benefit programs administered by VA should contact a Veterans Benefits Counselor at the nearest VA regional office or health care facility at **1-800-827-1000**, or call the Veterans Special Issues Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Representatives of **veterans service organizations**, including the American Legion **(1-800-433-3318)**, Veterans of Foreign Wars of the United States **(1-800-VFW-1899)**, Disabled American Veterans **(1-877-426-2838)**, have been very helpful to veterans who served in Southwest Asia, especially veterans who are seeking disability compensation. (These organizations are cited as examples. There are many other excellent organizations. VA does not endorse or recommend anyone group over another.)

County Veterans Service Officers also have been of great help to many military veterans who are seeking benefits they earned through their service to the Nation.

For additional **Federal benefit** information, see *VA's Federal Benefits for Veterans and Dependents* booklet. It is updated annually to reflect changes in law and policies. It is available for purchase from the U.S. Government Printing Office, Superintendent of Documents, Washington, DC 20402, Web site: bookstore.gpo.gov. VA's World Wide Web pages are updated throughout the year to present the most current information. The VA home page www.va.gov contains links to selections on compensation and pension benefits, health care benefits and services, burial and memorial benefits, and more.



**Department of
Veterans Affairs**
Central Office (131)
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Washington, DC 20420

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**OPERATIONS IRAQI FREEDOM/
ENDURING FREEDOM REVIEW**
*Information for Veterans Who
Served in Iraq and Afghanistan
and Their Families*

April 2007