

VETERANS JOURNAL



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Spring 2006 Issue

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The information in this journal is being provided to make the veteran community aware of some current events, activities and veterans issues that are of mutual concern. From time to time, we will include some relevant information important enough to be repeated to insure that veterans and their families are aware of the full range of benefits and entitlements available to them.

Memorial Day Event



Arthur W. Sprankel, Franklin County Veterans Service Commissioner announced that Paula Brooks, President of the Franklin County Commissioners, will be the Speaker for the County's Memorial Day Program here in Columbus, on Monday, May 29th.

The program commences at 11:00 AM at the Soldiers Section 104 at Greenlawn Cemetery located at 1000 Greenlawn Avenue. Military Personnel will be under the Direction of Colonel John Fair, of the Ohio Military Reserve 4th Brigade, the Ohio Civil Air Patrol, Rickenbacker Air National Guard Base, Members of the Franklin Post No. 1 of the American Legion, General Manager Linda Burkey and numerous cemetery staff.



VA FUNDING 2006

On 30 November 2005 the President signed into law the fiscal year (FY) 2006 Military Quality of Life and Veterans Affairs appropriations bill, Public Law 109-114. This measure provides funding for a variety of federal agencies, including the Department of Veterans Affairs (VA). The VA funding breakdown follows.

DEPARTMENT OF VETERAN AFFAIRS FUNDING:
\$36.995 billion mandatory (Primarily Veterans Compensation)
\$31.818 billion discretionary (Primarily Veterans Health Care)
\$1.225 billion contingent emergency funding for medical services (Must be approved/authorized by the President)
\$70.038 billion TOTAL VA

* Including the recently passed COLA, total VA funding would be brought up to \$70.249 billion.

Department of Veterans Affairs
Medical Care and Benefits:

- Veterans Medical Services are funded at \$22.5 billion, \$575 million above the President's budget request and \$1.7 billion above FY05. VA also has available an additional \$1.14 billion in available funding from FY 05 for carry over into the FY 06 funds.
- Mental Health Services – for the first time ever, \$2.2 billion is fenced for specialty mental health care and the bill doubles funding for mental health research.
- This bill contains a new "Prosthetics and Integrative Health Care Initiative" to treat returning soldiers from Iraq and Afghanistan who have lost limbs in combat. \$412 million will provide for medical and prosthetic research, which is \$19 million over the budget request.

- For construction programs, the bill recommends the budget request levels of \$607 million for major construction and \$199 million for minor construction. Of these funds, \$532 million of major construction and \$155 million of minor construction are designated for the "Capital Asset Realignment for Enhanced Services" or CARES program.
- Veteran's Benefits have increased \$1.9 billion over the last year.

Other highlights include:

- \$1.2 billion for VA IT and IT restructuring.
- An additional \$40 million for VBA operation expenses to prevent staff reductions in processing disability claims benefits.
- \$85 million for state extended care facilities.
- Creates 3 "Center for Excellence" for Mental Health/PTSD medical care.
- Requires VA to brief Congress on a quarterly basis on the status of their financial situation.
- Requires the VA to maintain the current system of processing home monitoring devices for diabetes patients.
- Fully funds all mental health care and PTSD requirements.
- The agreement encourages the VA to provide full assistance to veterans in rural areas through information campaigns and distribution of VA benefits handbooks.



TRICARE Fee Increase

By Tom Philpott
December 8, 2005

Defense Department officials have drafted plans to raise TRICARE enrollment fees and deductibles sharply over the next three years for military retirees under age 65 and their families, about three million beneficiaries.

If the changes touted by senior Defense officials are adopted, annual enrollment fees for TRICARE Prime, the military's managed care option, would triple by October 2008 for working-age retired officers and double for enlisted retirees.

Yearly deductibles for retirees using TRICARE Standard, the fee-for-service health insurance option, would be double for officers and rise by a third for enlisted. Also, for the first time retirees who use TRICARE Standard would pay an enrollment fee in addition to their deductible.

Pharmacy co-payments also would be raised but for all retirees and their families, regardless of age, if they use the retail drug network or the TRICARE mail order program to buy brand name drugs on the military formulary.

The aim of these initiatives is to slow the projected rise in military healthcare costs by as much as \$12 billion over five years and \$32 billion through fiscal 2015. This would occur, proponents argue, by having working-age retirees pay a greater share of TRICARE costs and by encouraging others to switch to their employer-provided health insurance.

One assumption being used to estimate cost savings is that for every 10 percent increase in out-of-pocket costs, the number of beneficiaries using TRICARE Prime or Standard will fall by one percent. If accurate, 600,000 beneficiaries would drop out of TRICARE plans by 2015.

Defense officials have expressed alarm over a recent migration of retirees into TRICARE and away from employer-provided health insurance. Dr. William Winkenwerder, assistant secretary of defense for health affairs, has said that some civilian employers are offering their retired military workers cash incentives to use TRICARE instead of company insurance.

Bryan Whitman, deputy assistant secretary of Defense for Public Affairs, said defense health care spending, if left unchecked could reach \$64 billion by 2015, or 12 percent of total defense spending, endangering a prized benefit. In fiscal 1995, he said, healthcare was only five percent of the defense budget.

TRICARE Prime enrollment fees of \$230 a year for individual coverage and \$460 for family coverage, and the TRICARE Standard deductible of \$150 (single) and \$300 (family) haven't been raised since they were set more than a decade ago. Whitman said this contributes to growth in department costs.

Budget documents contend the TRICARE fee structure in only one-third as costly to users as equivalent civilian plans. Defense officials not only want fees and deductibles to be raised for retirees and their families, in three hefty annual increments, but also want fees after that indexed to inflation so they climb in lockstep each year with growth in medical costs nationwide.

Some of the planned TRICARE increases won't require a change in law, only in regulation, although department plans for fees are sure to be the subject of congressional hearings in 2006. Lawmakers could

step in to block or amend the plan if the planned increases seem unreasonable.

VETERANS JOURNAL SPRING 2006 Page 3

Draft budget papers predict a "pushback" from retiree organizations. The first shot was fired Dec. 8 when the Military Coalition, a consortium of 36 service associations and veterans' groups, sent a letter to members of the House and Senate armed service committees urging that they oppose department plans to shift a larger share of medical costs to retirees.

Congress gave military retirees better health benefits as an "offset to the unique demands and sacrifices inherent in military career," the coalition said. Requiring them to pay more for health care, the letter argues, "is not a prudent course of action, especially when the nation is at war."

The "benefit adjustment" scenario being discussed, both in the fiscal 2007 budget formulation process and resource-sharing debate for the Quadrennial Defense Review, calls for all under-65 retirees to pay more to use TRICARE Prime, Standard and Extra, the preferred provider network option, but retired officers also would pay more than enlisted retirees.

Prime enrollment fees (now \$230/\$460) would be raised for retired officers to \$400/800 (individual/family) next October, to \$600/\$1200 a year later and \$750/\$1500 by October 2008, the start of fiscal 2009. Enlisted retirees under 65 would see Prime enrollment fees climb to \$300/\$600 next October, to \$375/\$750 a year later and to \$450/\$900 in October 2008.

First-ever enrollment fees for TRICARE Standard and Extra, now \$150/\$300, would climb for retired officers to \$200/\$400 next fall, to \$250/\$500 in October 2007 and to

\$300/\$600 in 2008. Enlisted retirees would see their Standard deductible rise to \$175/\$350 next October, remain there for two years and rise to \$200/\$400 in October 2008.

Co-payments under the TRICARE pharmacy program would be reshaped to discourage purchase of maintenance medicines in the more expensive retail network. The \$3 co-payment for generic drugs will rise to \$5 in the retail network but would be free if order by mail. The current \$9 co-pay for brand drugs would rise to \$15 in retail network and \$10 by mail.

For a detailed chart showing the proposed TRICARE Fee changes visit

www.military.com/TRICARE_Chart.

COMMUNITY SHELTER BOARD

RELEASES FIRST COMMUNITY REPORT ON HOMELESSNESS

Released December 2, 2005

COLUMBUS, Ohio – The Community Shelter Board (CSB) released its first annual Community Report on Homelessness today. The 2005 Community Report on Homelessness: A Snapshot is the first comprehensive report on the Columbus and Franklin county emergency shelter system and includes data on persons experiencing homelessness in our community.

The Community Shelter Board is also helping to move forward our community's response to homelessness by advocating for an increase in the Franklin County real estate transfer fee. The revenue generated from the increase would be equally allocated between the Community Shelter Board and The Affordable Housing Trust of Columbus and Franklin County to fund affordable housing and homeless service programs. The Franklin county Commissioners are expected to vote on the proposed increase on December 8th.

The Community Shelter Board, established in 1986, is a non-profit intermediary organization that coordinates community based efforts, fosters collaboration, and funds services to assist families and individuals in Central Ohio to resolve their housing crisis. The Community Shelter board allocates \$9 million annually to support CSB and its partner agencies programs and services. Last year, these programs served more than 11,000 individuals. The Community Shelter Board is funded by the City of Columbus, the Franklin County Board of Commissioners, the United Way of Central Ohio, The Columbus Foundation, the U.S. Department of Housing and Urban Development, the State of Ohio and other public and private donors.



Depleted Uranium

By Dave Barker

When Anthony Principi resigned as Secretary of the VA many of the veterans leaders were baffled. Last year some articles were published which may be a reason he left. Preventive Psychiatry E-Newsletter charged February 2005 that the reason Veterans Affairs Secretary Anthony Principi stepped down earlier that month was the growing scandal surrounding the use of uranium munitions in the Iraq War... "The real reason for Mr. Principi's departure was really never given, however a special report published by eminent scientist Leuren Moret naming depleted uranium as the definitive cause of the "Gulf War Syndrome" has fed a growing scandal about the continued use of uranium munitions by the US Military."

Cutting Edge has long said that the misnomer, "Gulf War Syndrome" was merely a cover for Depleted Uranium Munitions. The Pentagon has stonewalled for years as to what really caused "Gulf War

Syndrome"; however, now a scientist with credentials too impressive to ignore has published a report stating authoritatively that this so-called "Syndrome" is nothing other than Depleted Uranium poisoning!" – Preventive Psychiatry E-Newsletter 2/28/05.

VETERANS JOURNAL
SPRING 2006
Page 4

Depleted Uranium, Continued
By Dave Barker

On February 14, 1997 I made a presentation in a meeting with Jesse Brown, then Secretary of the Department of Veteran Affairs. The meeting was in Cleveland and it was a round table conference with 7 people chosen to offer testimony regarding Persian Gulf War issues. We were allowed 7 minutes each. I took 12 minutes with permission granted in advance. We were required to supply a copy of our presentation in advance. My presentation on Undiagnosed Illness was adopted by the Secretary as policy, word for word.

The Federal government has policy of not addressing unusual health issues, until forced to by the public. Generally the public does not concern itself with these unusual issues. It is the veterans organizations who force these type issues. However that becomes another major problem. Veterans historically do not stick together very well. Already I hear a few Vietnam vets complaining of the Iraqi veterans being given priority. Back in the 1980's I heard Korean War and WWII veterans complaining about the attention the Vietnam veterans were getting regarding Agent Orange and PTSD. The Korean war veterans before that we all but forgotten.

It is my belief that we ALL owe it to each other to make absolute effort to bring all of the health issues to the forefront.

Now we are in 2006 and its 15 years since Desert Storm with our troops still in Iraq and the Persian Gulf, the Agent Orange issues are still not resolved. We

have hundreds of thousands of peripheral neuropathy victims denied because further studies have not been requested from the Nation Academy of Sciences by the VA. I testified to that fact July 8, 2004 before the NAS research committee. As a result of my testimony a slight change was made regarding diabetes descriptions.

The point being we need more veterans active in the veteran organizations and the leaders of those organizations pushing the Federal government to fulfill their obligations to those returning home with unexplained illnesses and addressing them in a timely manner. Not after death takes so many it brings attention to the media.

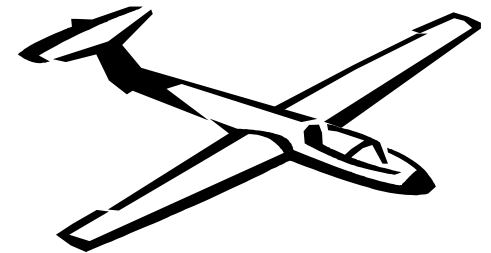
From the World Health Organization 2005 report: Depleted uranium.

The uranium remaining after removal of the enriched fraction contains about 99.8% ²³⁸U, 0.2% ²³⁵U and 0.001% ²³⁴U by mass; this is referred to as depleted uranium or DU. The main difference between DU and natural uranium is that the former contains at least three times less ²³⁵U than the latter. DU, consequently, is weakly radioactive and a radiation dose from it would be about 60 % of that from purified natural uranium with the same mass. The behavior of DU in the body is identical to that of natural uranium. Spent uranium fuel from nuclear reactors is sometimes reprocessed in plants for natural uranium enrichment. Some reactor-created radioisotopes can consequently contaminate the reprocessing equipment and the DU. Under these conditions another uranium isotope, ²³⁶U, may be present in the DU together with very small amounts of the transuranic elements plutonium, americium and neptunium and the fission product technetium-99. However, the additional radiation dose following intake of DU into the human body from these isotopes would be less than 1%.

Gulf War veterans returning from Operation Desert Shield and

Operation Desert Storm display unusual levels of medical complaints that will be the subject of a research program at the Durham VA Medical Center. Three-year funding from the Department of Veterans Affairs is to start in January, 2006 with \$180,000 to initiate animal studies into the possibility that prolonged exposure to chemicals such as pesticides and agents used to protect troops from chemical attacks might affect memory and learning. The research is also to explore possible drug therapies to reverse such problems. Meanwhile, the University of Texas Southwestern Medical Center in Dallas would be designated a Gulf War illness research. The provision also requires VA to spend \$75 million over the next five years on Gulf War illness research.

Just a thought, could it be...? Ol' Dave was right in '97?



Hero Miles

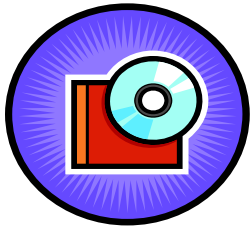
Fisher House is proud to partner with Hero Miles in support of our wounded and injured service men and women and their families. We do not yet have access to all frequent flyer miles donated through Hero Miles, but do have partnerships with the following airlines:

- [AirTran Airways](#)
- [Alaska Airlines](#)
- [American West Airlines](#)
- [American Airlines](#)
- [Continental Airlines](#)
- [Delta Air Lines](#)
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- [Midwest Airlines](#)
- [Northwest Airlines](#)
- [US Airways](#)

For more information on this program visit www.heroMiles.org

**VETERANS JOURNAL
SPRING 2006
Page 5**



NATIONAL OPERATION DVD

The goal is to collect one million-plus new and used DVDs to send to Iraq. AMVETS, a nationally chartered veteran's organization, and the Motion Picture Hall of Fame have created Operation DVD, a new effort to provide safe entertainment for United States military personnel in Iraq and Afghanistan.

Because of snipers, mines, bombs and other terrorist activities, even baseball and softball games are no longer possible, said J.P. Brown III of Youngstown, Ohio. Brown, AMVETS national 2nd vice commander and former Ohio AMVETS commander, said Operation DVD is an appeal to Americans to donate new and used DVDs, which will be shipped to the nation's fighting men and women overseas.

The goal of Operation DVD is one million-plus new and used DVDs, Brown said. "Entertaining the men and women of our armed services overseas has been the highlight of my professional career. We need to get the country behind it," said

entertainer Wayne Newton, Operation DVD's honorary spokesman.

Films for children – Children's titles donated will be distributed to servicemen's families stateside through the Family Readiness Group of the National Guard, with the assistance of AMVETS. In addition, Operation DVD is partnering with the United Service Organizations and the Boys & Girls Clubs of America. DVDs will be distributed to troops in audiences of USO tours, and children's DVDs will be provided to Boys & Girls Clubs located on military bases around the world, Brown said.

Organizations or businesses that want to provide drop-off sites for Operation DVD may contact AMVETS at 1-800-642-6838. Though Operation DVD is being announced near the holiday season, it will be a year-round program, Brown said.

People may mail DVDs or monetary donations to: Operation DVD, Box 1300, Palm Springs California 92263-1300. They can also find out how to donate DVDs by going to the Web site www.OperationDVD.us. Money is needed to complete the purchase of the 100,000 collection boxes that will be located across the nation. Also, monetary donations will be used to buy portable DVD players in bulk to provide to the troops, Brown said.

The Motion Picture Hall of Fame, an organization dedicated to the preservation and memory of the best in the motion picture industry, will donate a one-year membership in the Hall of Fame to anyone who donates to Operation DVD.

VA NEWS RELEASE

VA Teams with National Guard to Train New State Benefits Advisors
WASHINGTON (Feb. 23, 2006) – The Department of Veterans Affairs (VA) and the National Guard Bureau have teamed up to improve

the coordination of veterans benefits at the state level by training newly created State Benefits Advisors (SBAs) to help ensure a smooth and seamless transition for Guard members returning from active-duty deployments.

The 54 new National Guard SBAs, being 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 the Honorable R. James Nicholson, Secretary of Veteran Affairs. "We are proud to have our newest generation of heroes join the VA to help their fellow combat veterans."

The new advisors are graduates of a special training program at the Veterans Benefits Academy in Baltimore 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 will 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 will participate in 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.

Retired Soldiers Called to Duty

From
http://www.military.com/NewContent/0,13190,RN_022306_Retired_Soldiers,00.html?ESRC=retirees.nl

How you can support wounded warriors

Retired Soldiers never lose the desire to carry on lives of service to their fellow Soldiers, the Army and the Nation, to continue to answer the Call to Duty and live up to the motto, "Retired — Still Serving".

VETERANS JOURNAL SPRING 2006 Page 6

More than a million retired Soldiers and spouses are a force multiplier, helping our Soldiers who have volunteered and answered the Nation's Call to Duty.

Many of these brave Soldiers have returned home with serious, sometimes disabling wounds. Retired Soldiers can support these wounded warriors, especially those returning from Operations Iraqi and Enduring Freedom (OIF/OEF) in many ways, including: 1) providing job assistance, 2) serving as mentors, 3) organizing activities for them and their families, and 4) honoring their service.

1) Job assistance

Support for those wounded in OIF/OEF is an Army priority. The Army Wounded Warrior (AW2) program (formerly known as the Disabled Soldier Support System {DS3}) provides severely wounded Soldiers and their families with an advocacy system and follow-up personal support as they return to duty or civilian life. If you have employment opportunities for these Soldiers, call AW2 at 1-800-833-6622 or go to <https://www.aw2.army.mil>.

To provide employment assistance at the local level, contact your nearest installation or garrison commander if you have job opportunities that would assist transitioning wounded Soldiers. Local commanders can help make the connection between

employment opportunities and eligible wounded Soldiers as they prepare to leave the service.

2) Mentorship opportunities

The Army has begun integrating a new mentorship strategy into its training, education, and culture. In July 2005, the Secretary of the Army, Chief of Staff, Army, and Sergeant Major of the Army launched the new Army mentorship strategy, "Leaving a Legacy Through Mentorship," and the Army Knowledge Online (AKO) Mentorship Community. The mentor serves as an objective advisor with whom the mentee may discuss concerns related to career development and planning. The Army's mentorship strategy involves all constituents (Active and Reserve Component Soldiers; retired Soldiers; cadets; wounded warriors; spouses; civilian employees; and contract employees authorized access to AKO).

Those considering mentoring can go to the Army G-1 Mentorship Resource Center (<http://mentorship.army.mil>) which links to the AKO Mentorship Community. Online resources include reasons for becoming a mentor; the Army mentorship handbook; a sample individual development action plan and mentorship agreement; mentorship forums including a Wounded Warrior forum and a retiree forum; and a mentorship profile server that lets individuals search for mentors or mentees by a number of categories. Retired Soldiers can also pursue mentoring opportunities with wounded warriors through local installations.

3) Organizing activities for wounded Soldiers

In areas with a major military medical center(s), there are many wounded Soldiers and service members who need your support. National and local groups have assisted the wounded at these medical centers in a host of ways, including donating goods and services; spending time with patients and families; and organizing recreational activities such as tours, sports activities and outings.

Retired Soldiers can get involved in helping these wounded warriors by contacting the medical centers, or local Veterans Service Organizations (VSOs). You can also contact your nearest Army installation or garrison commander to find opportunities to participate in or organize activities for wounded warriors. Many Army installations have a medical hold unit or can direct you to regional Community Based Health Care Organizations (CBHCO) where wounded and injured Soldiers are assigned.

4) Recognizing those who have served

The Army started the Freedom Team Salute (FTS) program to strengthen the Army community by honoring veterans for their service and giving Soldiers the opportunity to recognize those who support them. Anyone can nominate a veteran for an FTS commendation at <http://www.freedomteamsalute.army.mil>.

FTS is reaching out to more veterans through its new Ambassador Program. FTS Ambassadors at Department of Veterans Affairs (VA) hospitals raise program awareness within Army and veteran communities. To sign up as an FTS Ambassador, go to the FTS site or e-mail freedomteamsalute@hqda.army.mil

Retired Soldiers can continue to answer the Call to Duty by supporting our wounded warriors.

Iraq Vets Bringing Home Mental Health Needs at High Rate

By Neil Osterweil, Senior Associate Editor, MedPage Today

Reviewed by Zalman S. Agus, MD; Emeritus Professor at the University of Pennsylvania School of Medicine.

March 01, 2006 MedPage Today Action Points understand that a significant proportion of service men and women returning from

deployment to Iraq may be suffering from mental health problems requiring treatment, such as post-traumatic stress disorder, depression, substance abuse, or problems re-adjusting to family and civilian life.

Review:

SILVER SPRING, Md., March 1 - Soldiers and marines who served in Iraq during the current war are seeking mental health services at a high rate within a year of returning home, according to army researchers here.

VETERANS JOURNAL
SPRING 2006
Page 7

The problems go beyond post-traumatic stress syndrome, although the investigators at the Walter Reed Army Institute of Research counted nearly 22,000 veterans in that category.

Of the 21,822 service members who screened positive for post-traumatic stress syndrome, 79.6% said they either saw someone being killed or wounded or took part in direct combat during which they fired their guns.

In contrast, 47.8% of 200,798 veterans who screened negative for post-traumatic stress syndrome reported similar combat experiences during the invasion of Iraq and its aftermath, reported Charles W. Hoge, M.D., and colleagues in the March 1 issue of the Journal of the American Medical Association.

Nineteen out of every 100 returning soldiers and marines met the criteria for "a mental health concern," said the army researchers, compared with about 11 in 100 returning from duty in Afghanistan, and about nine in 100 coming home from other locations.

In all, 35% of Iraq war veterans sought mental health services for any reason in the year after returning home. Of them, 12% per

year received a diagnosis of a mental health problem, the investigators found, and an additional 23% per year were seen in mental health clinics but did not receive a diagnosis.

More than half of those who were referred for a mental health problem received follow-up care, but less than 10% of all returning vets who were treated for mental health problems were referred through the military's screening program, the investigators found.

The study marked the first systematic assessment of how veterans of the Iraq and Afghan wars have used mental health services, the investigators wrote.

"This study provides new data showing the strong relationship between combat duty and a variety of mental health outcomes and most importantly high mental health care utilization in the first year after deployment," the authors wrote.

"The findings have important implications for estimating the level of mental health services that may be needed in military, Veterans Affairs, and civilian practice settings that care for returning veterans," they added. "Additional research is needed beyond a year after deployment to determine the long-term burden that this war will have on the mental health care system.

Previous studies have shown that after other wars and military engagements, returning soldiers are at a significantly increased risk for post-traumatic stress syndrome, substance abuse, major depression, and difficulties functioning in the day-to-day work and home environments, the authors noted.

Among the service personnel returning from Iraq, 9.8% had scores of two or more on the four-item posttraumatic stress disorder scale, compared with 4.7% of those who had been in Afghanistan, and 2.1% for those coming back from

deployment elsewhere. The adjusted odds ratio for a high posttraumatic stress disorder score among Iraq veterans compared with Afghanistan veterans was 2.52, 95% CI, 2.30-2.76; $P < 0.001$, and compared with veterans deployed to other places, the adjusted OR was 5.51, 95% CI, 5.20- 5.83; $P < 0.001$.

The authors found that "the prevalence rates of mental health problems and combat experiences were consistently higher" following deployment to Iraq than to Afghanistan or other locations.

In all, 19.1% of soldiers and Marines who returned from Iraq met risk criteria for a mental health concern, compared with 11.3% for those deployed to Afghanistan and 8.5% for those sent to other locations. The adjusted odds ratio for service personnel sent to Iraq compared with other deployment locations was 2.72; 95% confidence interval, 2.63-2.80; $P < 0.001$.

The odds ratio for those deployed to Afghanistan compared with other locations was 1.55, 95% CI, 1.46-1.64; $P < 0.001$.

The 8.5% prevalence of mental health problems among soldiers sent elsewhere is similar to that reported in a different study for soldiers surveyed prior to first-time deployment in Iraq or Afghanistan, the researchers reported.

The investigators analyzed data from the Post-Deployment Health Assessment survey, which all service members returning from deployment are required to complete.

They looked at data on 16,318 service men and women returning from Afghanistan, 222,620 returning home from Iraq, and 64,967 coming from other spots around the world.

Their purpose was to "determine the relationship between combat deployment and mental health care use during the first year after return and to assess the lessons learned

from the post-deployment mental health screening effort, particularly the correlation between the screening results, actual use of mental health services, and attrition from military service."

The researchers looked at how veterans used health care services, and at occupational outcomes for one year after their return, or until the time they left the service, if this occurred sooner.

Study outcome measures included a positive screen for posttraumatic stress disorder, major depression, or other mental health problems, a referral for a mental health reason, use of mental health care services after returning from deployment, and attrition from military service.

"Mental health problems reported on the post-deployment assessment

**VETERANS JOURNAL
SPRING 2006
Page 8**

were significantly associated with combat experiences, mental health care referral and utilization, and attrition from military service," Dr. Hoge and colleagues wrote.

They noted that the military's mental health screening program was inadequate at predicting the level of mental health services that returning soldiers would need.

<http://www.medpagetoday.com/Psychiatry/AnxietyStress/tb/2763>

Bone condition hampers soldiers' recovery

By Liz Szabo, USA TODAY

Many soldiers who lose limbs in Iraq or Afghanistan are developing bone problems that have been seldom seen in previous wars or civilian life and that can complicate their recoveries, military doctors say.

In heterotopic ossification, or H.O., new bone grows where it is not supposed to.

Nearly 60% of the 318 amputees treated at Washington's Walter Reed Army Medical Center develop heterotopic ossification, or H.O., a condition in which bone grows where it doesn't belong, says Army Capt. Kyle Potter, a senior orthopedic surgery resident and researcher. Nearly 70 patients from across the military have been treated for H.O. at Brooke Army Medical Center in Texas, says Jaime Cavazos, spokesman for the Army Medical Command.

Although the problem rarely occurs in civilian amputees, it is more common among the victims of blast injuries. High-intensity blasts, which can shred muscles, tendons and bone, appear to stimulate adult stem cells to heal the damage, says Vincent Pellegrini Jr., a professor and chairman of the orthopedics department at the University of Maryland School of Medicine. If repair signals go awry, new bone may stretch into long icicles or feathery webs under the skin of shortened limbs.

Doctors know relatively little about the condition among amputees. Potter searched 70 years of medical journals and found only a handful of mentions of the problem.

Potter says the complication is more common now than in past wars largely because of two advances. Blast-injury victims today are more likely to survive, thanks to body armor, modern helmets and rapid medical intervention. Doctors today also can preserve more damaged tissue, which allows patients to keep more of their limbs. But this salvaged tissue is sometimes badly mangled; injured flesh appears more likely to lead to H.O., he says.

Because the complication is so rare, surgeons need to do more research to discover the best way to prevent it or fix it, Potter says.

Exposing the amputation site to radiation appears to prevent H.O. if the treatment is given within two or

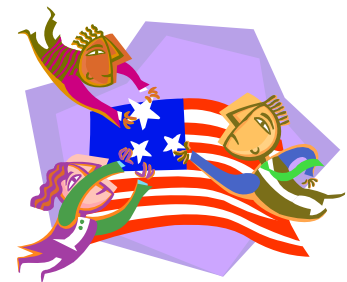
three days of the injury. But few field hospitals have access to radiation treatment. And radiation also can impair the healing of fractures, Potter says. Non-steroidal anti-inflammatory drugs, such as ibuprofen, also reduce the risk of H.O.

But these drugs may cause unwanted side effects, such as stomach bleeding.

Although some H.O. patients feel no pain, the abnormal growths can cause skin ulcers or interfere with skin grafts, Potter says. The growths can make it more painful to walk. Left untreated, the spreading bone can fuse joints together, making it impossible for patients to bend their legs.

Army doctors intervene before H.O. becomes that severe, however. Up to 20% of patients require surgery, says Army Maj. Donald Gajewski, director of orthopedic care for the Armed Forces Amputee Patient Care Program at Walter Reed. Doctors there have operated on 18 patients with H.O.

Combining surgery with radiation and a drug such as ibuprofen appears to keep the bone from growing back. But amputees, who endure a battery of operations, might not welcome the prospect of additional surgeries, Potter says. In less serious H.O. cases, prosthetic experts can relieve pain or help patients avoid surgery by adjusting the artificial limbs.



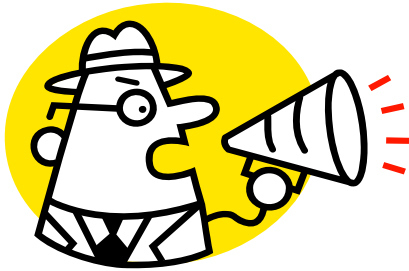
The American flag is folded precisely 13 times and each fold is symbolic

- The first fold represents life
- The second fold represents America's belief in eternal life
- The third symbolizes our remembrances of veterans who

dedicated their lives for our land globally

- Fold number four stands for man's weaker nature and the sustenance given to man by the creator
- Fold number five is devoted to our nation
- The sixth fold symbolizes where our hearts lie
- The seventh fold is dedicated to America's armed forces
- The eighth fold is a praise for those who entered the valley of the shadow of death
- The ninth fold is dedicated to women, having shaped the character of men as love and commitment
- Fold ten is a dedication to fathers
- Fold eleven is representative of the lower portion of the seal of Kings David and Solomon
- Fold twelve is representative of eternity
- The thirteenth and final fold is complete when the stars of the flag are faced up

VETERANS JOURNAL
SPRING 2006
Page 9



ANNOUNCEMENT

Ohio Department of Job and Family Services, Veteran Job Representatives Tim Sells will be on our office on Monday and Wednesday's only. Until further notice.

The Veterans Benefit Specialist that was in the West Outstation office is currently closed.

FYI

The opinions expressed below are for your scrutiny and awareness.

Please note this message being circulated among our real VA facilities. Anyone working with our service members should be aware of the underhanded tactics this business is using to gain access to veterans.

One of our employees advised me that **Veterans Affairs Services, a private company that skirts right at the edge of misrepresentation**, is again, or still, working with Guard and Reserve units in Ohio.

Some of you may recall this outfit from a year ago. They tell unit commanders that they are from Veterans Affairs Services, or "VA Services" and that they will do a briefing on VA benefits. They do some sort of briefing on the VA benefits and then sell their financial products to the service men and women. They also collect a lot of personal information about the soldiers, which could be used to continue to market insurance, investments and other stuff.

Ron Haskett of our IRM staff heard one of these guys on March 3rd at the 373rd Medical Detachment Dental during their drill at 765 Taylor Station Road in Blacklick, OH. Ron said that when he challenged them to say if they are from the VA or not, the rep said "We will tell you what you need to know about the VA" Then the guy finally owned up to the fact that he was not from the VA.

Here's the seal that they use on their documents:



And their web page:

<<http://www.vaservices.org/us/branches/guard/vets.html>>

These guys purvey information about benefits that could be accurate or out of date. They get access to soldiers only because they are trading on our name. They take valuable time from units and then when we ask to come, at least one commander told us "The VA has already been here."

I would appreciate that when you are in contact with unit commanders, that you take a moment to mention this outfit and alert them to what exactly they are.



TAPS

**DAY IS DONE
GONE THE SUN
FROM THE LAKE
FROM THE HILL**

FROM THE SKY

**ALL IS WELL
SAFELY REST,
GOD IS NIGH**

FRANKLIN COUNTY
VETERANS SERVICE
COMMISSION
250 W BROAD ST
COLUMBUS OH 43215-2787



**THANKS AND
PRAISE
FOR OUR DAYS
NEATH THE SUN
NEATH THE
STARS
NEATH THE SKY**

**AS WE GO
THIS WE KNOW
GOD IS NIGH**