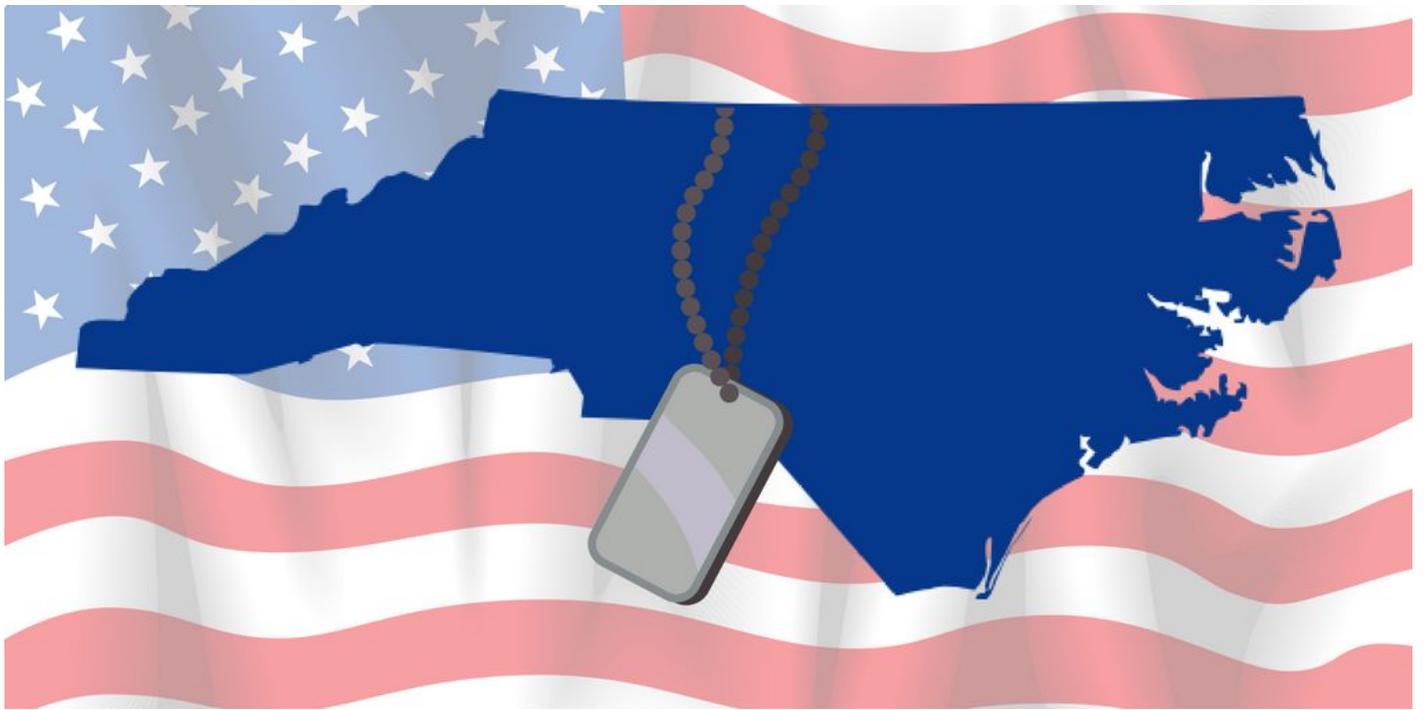


VETERANS FOCUS TOOLKIT



HOW TO USE THIS TOOLKIT

Shortly after the 9/11 attacks on New York, Pennsylvania, and the Pentagon, military forces entered Afghanistan, a war that continues today. The Iraq War began in 2003 and lasted through 2011, with some US troops still on the ground. For the last sixteen years, war has touched all of our lives.

In all likelihood, you know someone who is a veteran: your friend, your sister, your uncle, your cousin. Beyond our current, longest-lasting war, we have veterans from World War II, the Korean War, the Vietnam Conflict, and numerous other conflicts.

Veterans are all around us. In North Carolina in particular, we have five military bases, including Fort Bragg, the largest base by number of personnel out of all the branches of military; a military ocean terminal; a US Coast Guard base; and, over 100 National Guard facilities.

North Carolina has designated November as Veterans' History Awareness Month and as on every November 11, we honored those who have served in our Nation's Armed Forces on Veteran's Day.

For the November Toolkit, Stronger NC is focusing on some of the critical issues facing our veterans. With a greater understanding of these issues, we can provide support, lend a helping hand, and most importantly, show our profound appreciation for their sacrifice.

Sincerely,
The Stronger NC Communications Team

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Change starts with you. Being willing to talk to your friends, neighbors, and family about these issues is the most important action step you can take. Share this toolkit and its message broadly!

We invite you to send us your thoughts, comments, and perspectives on the most important issues you think North Carolina's veterans face. Post a note or video to our [public Facebook page](#) or e-mail: strongernorthcarolina@gmail.com

Follow us for more ways to engage:



VETERANS' STORIES

David: Realities of Combat

I am a veteran from a family of veterans; my wife, both of my brothers, both of my brothers-in-law, most of my uncles, and both of my grandfathers are all veterans. As I grew up, surrounded by the military and knowing nothing else, it was almost a foregone conclusion that I was going to serve.

When I came of age, I entered the US Navy as a Midshipman Candidate at the US Naval Academy Preparatory School (NAPS) in Newport, RI, but, six months later, my heart called me in another direction. I decided I needed to spend some time as an enlisted member before becoming an officer as my father and his father had.

I signed a six-year contract to serve in the Air Force with a guarantee to attend the Naval School for Explosive Ordnance Disposal (EOD) and a \$10,000 bonus if I was able to complete the program despite its 76% wash-out rate. It was a time of peace for our country and EOD sounded like both an exciting job and a great way to prove myself for an officer commissioning program. I figured I'd spend the first year of my enlistment earning the coveted EOD "crab" (the occupational badge all EOD techs wear) and then use the remaining five years to earn a degree in my down time. I knew it would be difficult, but I had made up my mind and didn't see how anything could disrupt my plans.

Five months later I was in the woods of Florida, wearing full chemical gear, and taking a practical test of my ability to render safe, handle, and dispose of chemical weapons along with my classmates from the Army, Air Force, Navy, and Marine Corps. It was complicated, confusing, and difficult work, but my class and I were doing well despite our suffocating masks and being drenched in our own sweat. A stern looking Navy Petty Officer suddenly strode into our area and told us to stop, take our gear off, and report to the main building of the school. We did as we were told devoid of our usual humor ... we all figured that one or all of us had done something incredibly stupid and were about to be punished as a class. We were wrong.

We arrived at the parking area and were bewildered to find all of the other students and staff members were already gathered together for an address from the school commander. The date was September 11th, 2001. None of us seemed to know how to process the commander's words, least of all those of us who had next to no life experience and were still technically teenagers. We were all dismissed from class and told to return to our quarters with some explanations of how incredibly tight the security posture of the base would now be. As I put my gear away and prepared to leave the school, I overheard some of the instructors pleading with detailers to get them out of their current assignment and back in an operational unit. One instructor got off the phone and made a loud proclamation that still rings in my ears today, "We're going to war!" Whether he meant "we" as a nation or "we" as almost everyone who could hear his voice, his words were prophetic for a nation about to embark in its longest war and an all too small carrier field about to enter center stage in that conflict.

I made it through EOD school, predictably wasted my \$10,000 bonus on who knows what, and reported to my first unit at Edwards Air Force Base in California. Within a year, I was deployed to Diego Garcia where I supported the continuing air campaign in Afghanistan and the initial "Shock and Awe" campaign in Iraq. It was a typical "in the rear with the gear" deployment and I even got to drink beer on my 21st birthday. But, the day I arrived at my second unit at Elmendorf Air Force Base in Alaska, I was informed that I would soon be deployed to Bagram Airfield in Afghanistan before my 23rd. I soon left my young wife and three-month-old son behind to embark on half a year of close calls, walking through minefields, being used as bait, and seeing man's own inhumanity to man up close and personal.

Hindsight being what it is, it should have been obvious to someone something was off with me when I returned. I didn't bother to tell my parents I had returned from war, I suddenly couldn't stand almost anyone that wasn't an EOD

combat veteran, and I was practically begging my command to send me back to the fight. Those things, however, went pretty much unnoticed in a unit, command, and branch of service that hadn't needed to deal with many combat veterans in over 30 years.

Meanwhile, the Army EOD program was suffering too many casualties and couldn't keep up with its growing responsibilities in Afghanistan and Iraq so the Navy, Air Force, and Marine Corps had to fill in. My requests to get back to war were soon obliged and I found myself grinning from ear to ear as my flight made a combat descent to land at Balad Air Base in Iraq. All the faces I saw around me on that flight were holding back fear but I was wearing more weathered gear than they were and was thrilled to be back "home." I had a re-enlistment contract in my bag and had managed to arrange things so I'd be a team leader in my deployed unit despite being one of the most junior non-commissioned officers in it.

I was soon leading teams off base: disarming bombs, investigating bombings, and staying one step ahead of the bomb makers by thinking about what I would do to kill me if I were them. When other EOD techs were killed or wounded by a bomb, I would study what happened to ensure I wouldn't fall victim to the same trick ... until a couple months into our tour, one of us died in a way that made me realize how vulnerable I really was. A bomb had gone off next to his vehicle, a piece of metal forced its way through the seal of his door and found its way to his head through the gap between his body armor and helmet.

The illusion that my training, expertise, and cunning would keep me safe was suddenly shattered. The same obsessive thinking that had always kept me prepared for the next bomb soon had me resigned to one of them killing me. I refused to go down without a fight, though, and I vowed to do everything within my power to keep my team from being hurt whenever that moment came. The unhinged antics that ensued included screaming at people to properly man their weapons, running in a bomb suit despite 120+ degree heat, and keeping my team protected in heavily armored vehicles while I accepted more and more risk on their behalf.

When I finished my last mission and was given permission to turn in my unused ammunition, I had a hard time wrapping my head around the idea I didn't need the bullets and wasn't going to die in Iraq. A week later I was sitting on another plane, making its final approach into Anchorage, AK. My head was in my hands and tears were streaming down my face. I was being forced, by circumstance, to return to a life I no longer knew how to live. My wife and son were waiting for me on the ground but I was a very different person than the man they had seen off to war. I knew that my wife, friends, and family would want me to become that man again, but I couldn't ... and honestly didn't even want to.



Within six months I was divorced, had firmly pushed my parents and siblings out of my life, alienated my neighbors, disposed of any friendships I had, and even come to mistrust the other EOD techs in my unit. It's impossible for me to say with any degree of certainty whether or not all or any of those people were really acting against me in any way to earn my mistrust and/or deserve my scorn but that was how I experienced it. I had returned from regular attempts on my life and a growing sense of the end being near to a cold, dark Alaskan winter where my wife, friends, family, neighbors, and coworkers seemed to all be acting in concert to deny who I'd become.

Seeing those words today, it seems like the problem was clearly within me but the experience of it wasn't so simple. I had come face to face with Death, been told that my time was near, made peace with and resolved to meet that end on my own terms, and then I was inexplicably returned to "civilization" unscathed. No one comes out of an experience like that without being significantly altered as a person. I had memories from my childhood returned to me, was suddenly aware of the massive role socialization had played in my life's choices, realized to what extent I had been living my life in service to the expectations of others, and my perspective on everything started to drastically change; shifting to one less identified with my upbringing and place in society. I even came to realize that I didn't really like most of the music I was listening to but had felt compelled to play for one reason or another.

My pivots, along with more than a few lingering habits I'd picked up to stay alive, were too much for those who knew me to tolerate. They worried about me. They tried to reason with me. They came to my house for interventions. They gave me space. They didn't give me space. They passed information around behind my back. They gave me what I asked for. They denied me what I asked for. At one point they went so far as to have someone come sprinkle holy water on me to see if he couldn't get the demons out of me. There were only two exceptions to this onslaught; my three-year-old son who just loved his father, and a friend from my squadron in Iraq who just listened. That friend just allowed me to be what I needed to be; allowed me to say what I needed to say, explored my thoughts with me, validated my pain, accepted my anger, and seemed to be the only one who understood my words.

Robert: Learning to Manage the VA System

Like many veterans living in North Carolina today, Robert, a 41-year-old veteran of the US Marine Corps, didn't live in North Carolina prior to his service and hadn't originally intended to stay in North Carolina. He was born and raised in Chicago and the area surrounding the city. "I was originally going to go back to Illinois, because Illinois had their own version of free education," he said. "But my wife at the time didn't want to go back to Illinois."

While many people believe all veterans are eligible for all programs, that's not the case. Robert wasn't eligible for the GI Bill. "When I was enlisting, I had the option of one or the other—the Illinois plan or the GI Bill—and I had to choose pretty much right when I enlisted." Because he had chosen the Illinois plan, even though he eventually didn't use it, he lost his ability to use the GI Bill.

Robert enlisted in 1994, at the beginning of his senior year in high school, and received credit for a year of active reserve duty during his senior year. He explained it as being like the alternative to the draft, because during that time he could have been activated if extra troops were needed: "You have an appointment for boot camp, but if things hit the fan before then, they can call you up anytime." After graduation, he went to boot camp at Camp Pendleton in San Diego and was stationed at Camp Lejeune in Jacksonville, NC.

A misconception commonly held about military troops is if they are not serving in an active war zone, they don't see combat. Robert's experience illustrates this myth. His active duty service was from 1994-1998, during a time where the US was not directly involved in any war zones.

Yet Robert saw combat while stationed overseas: "I saw combat in Liberia in 1995; went into Bosnia for a couple of days and got a helicopter back; popped into Sierra Leone for a couple of days; and went into Central Africa for a couple of days." Robert's experiences in combat ultimately led to a diagnosis of PTSD.

After his years of active duty service, Robert served in the active reserves. He describes it as living most of the day-to-day life of an active duty service member while

simultaneously living in the civilian world. During this time, he was going through a transition experienced by many veterans as they adapt to a different way of life. "You still have all the discipline, and the work ethics you run into between civilian co-workers versus military co-workers." He said the military did prepare him a little for civilian life—"they have separation classes, and they'll point you toward a support group in the area you'll be living"—but said that there wasn't very much transition planning overall at that time.

Robert's PTSD diagnosis meant he needed to begin the process of filing for eligibility for VA health care and disability payments. Asked to describe the process, he said, "It feels a lot like throwing spaghetti at a wall and seeing what sticks." If he went to a civilian doctor, the military wanted him examined by one of their doctors too. He described mountains of paperwork, which would bounce back and forth, and getting calls to submit a copy of documentation he had provided twice before, or asking him to drive to Winston-Salem for yet another doctor's exam—a challenge when he was living in Durham and his hourly job had no sick time.

Robert said his paperwork was denied or deemed insufficient several dozen times before he finally had the documentation necessary for the VA to convene the necessary review board and make a decision. Over a period of ten years, Robert went through this process multiple times and ultimately went through three review boards by the VA before he was awarded a disability rating of 50%. "It was like, everything is there, and it's documented, so what's the problem? And then you have to relive everything again, over and over, to try to get to the next stage."

He understood the necessity of the questions, but, "It was frustrating, and they never really told you what they needed or why, so you kind of had to try to read between the lines. You have a problem, but nobody's listening to the problem." It left him feeling invalidated and confused. "I mean, if you bring your car in for service and say it's making noise, and they say okay, bring it in, and we'll look at it and send you on your way and let you know in a week or two what's wrong with it. In the meantime, you're driving around with the busted-up car, not knowing what's going on or when it'll get worse or if they're actually going to fix it or say you just have to live with the broken car."

Robert's disability allowed him to receive another type of VA benefit—Vocational Rehabilitation & Employment (VR&E). VR&E provides employment accommodations, job training, and resume skills in order to help disabled veterans struggling to find traditional employment.

Robert described challenges with complying with all the requirements of the VR&E program, saying the program created hurdles and unnecessary obstacles. He was required to attend meetings with on-campus representatives that were often only available when he was supposed to be in a class and often had to apply multiple times to get approval to take the classes related to his degree.

He also faced challenges as a veteran in his thirties going back for his undergraduate degree with much younger students. "It goes back to the same work ethic thing, so it means you're often doing everyone else's work, because they might be okay with getting a D in the class, and that's not acceptable to you." He said that when he was 10 years older than the professors, at times, it made it that much harder for him to relate to his peers and even his instructors.

One program Robert has used without difficulty is the VA mortgage loan program. Eligible veterans are able to get a mortgage loan with no money down, and because the loan is guaranteed by the VA, the interest rates are generally the lowest available and no mortgage gap insurance is required.

He's also used the VA health care system with mixed results. While he had minor issues that were easily handled, he also encountered odd situations—being sent far more medication than he needed, or randomly getting letters telling him to start or stop a particular medication.

Seeing doctors in a timely manner was never really an issue, but the urgency for other issues was. After a serious health issue came up that sent him to the emergency room, the doctor told him he needed an urgent medical test—scheduled for two months in the future. When asked to describe if he had confidence in the doctors and the VA health care system, he said, "When they tell you that you need an emergency test and then schedule it two months later ... I mean, when they have people walking around the waiting room, checking to make sure patients are still alive because they've been waiting that long, it doesn't exactly make you very confident."

Robert's story highlights some of the very real hurdles veterans face with life after the military. One thing Robert wants civilians to remember about dealing with veterans, especially ones that have recently left the military, is that there's more than a change in one's surroundings or schedule. There's a huge change in mindset that also takes place. "You're used to submitting paperwork and things get done immediately, or you repeat an order back to your superior officer to make sure you understand, and it gets taken care of immediately. After the military, things work differently, and you can't always count on the guy sitting next to you anymore."

VETERANS' TRANSITIONS Health Care

According to the RAND Corporation:

- [Only half of veterans who had sought medical care for mental health issues received minimally adequate treatment.](#) Reasons for this include factors such as wait time, availability of providers, personal or cultural concerns, or a fear that seeking treatment would have a negative impact on one's military career.
- Without the ACA, non-elderly veterans would have used 1% more VA health care in 2015—which translates to an additional 125,000 office visits, 1,500 inpatient surgeries, and 375,000 prescriptions. [Eliminating the ACA would increase the existing strain on the VA health care system.](#)

HEALTH CARE

One of the many adjustments veterans make when transitioning to civilian life is navigating health care. The veteran may be eligible for one, more than one, or none of the health care programs offered by the government to veterans. Veterans who aren't eligible for post-duty health care programs administered by the government, and even some who are eligible, also currently have the option to obtain health insurance via their civilian employer or via the health insurance market exchange in NC. Compounding the issue is the fact that veterans suffer from certain health issues at a much higher rate than the general population.

TRICARE

TRICARE is the health care program available to active duty members of the military (including National Guard/Reserve members); military retirees; families of active duty or retired military members; and survivors of active duty or retired military members. There are others who may qualify for TRICARE coverage as well. According to the TRICARE website (www.tricare.mil), Tricare offers several different health plans for beneficiaries to choose from. Half a million North Carolina veterans are covered by TRICARE.

Patients by Beneficiary Category

- TRICARE serves approximately **9.4 million** beneficiaries.
- The table below shows the breakdown by the type of beneficiary.

Type of Beneficiary	Approximate Number of Beneficiaries (Total: 9.4 million)
Active Duty Service Members	1.4 million
Active Duty Family Members	1.8 million
Survivors of Deceased Active Duty Family Members	605,000
National Guard and Reserve Members (includes active and inactive members)	331,000
Family Members of National Guard and Reserve Members	527,000
Retired Service Members	2.2 million
Family Members of Retired Service Members	2.6 million
Others	52,000

Shared from Health.mil, the official website of the military health system

VA Health Care Benefits

Veterans who served as active duty military and who have been discharged or released under conditions other than dishonorable may be eligible for VA health care benefits. Additionally, certain combat veterans are eligible for VA health care benefits for up to five years after an honorable discharge. There are certain service time requirements, which may not apply to all veterans, particularly those who incur a disability or aggravate an existing disability in the line of service. VA health care coverage and services are free to those enrolled.

The VA health care system has been in the spotlight particularly since early 2014, when a former VA doctor detailed to a newspaper patient deaths that were avoidable and caused by delays and inefficiencies in the VA health care system. Subsequent investigations revealed falsification of patient waiting times and other fraud perpetrated by employees of the VA health care system. In the wake of the scandal, a program called the Veterans Choice Program was implemented, which allows eligible veterans receiving VA health care benefits to see private doctors of their own choosing if they are unable to get timely appointments with VA health care providers. Legislation was also passed increasing funding for VA health care centers. While there are still problems with wait times exceeding expectations, the wait times for veterans to receive appointments in the VA health care system have decreased, with some facilities having more success decreasing waiting times than others. It's not yet clear whether the Veterans Choice Program will be successful in helping to bring about the desired changes as the program is still fairly new.

TRICARE, VA Health Care, and the ACA

The relationship between health care coverage for military, veterans, and their family members and the Affordable Care Act (ACA) is complicated. Unlike civilian health care plans, the ACA requirements for coverage have no effect on TRICARE or VA health care. However, military and veterans still need to meet the ACA mandate requiring minimum essential coverage; otherwise, they are on the hook for fees or penalties.

Despite TRICARE and VA health care not being subject to the ACA, VA health care and the vast majority of TRICARE plans do count as meeting the minimum essential coverage requirement.

Starting in 2018, there are changes coming to many facets of TRICARE—premium changes for some beneficiaries but not others; changes to coverage levels; and changes to structural organization, to name a few. Veterans face many of the same challenges as civilians with changes to insurance and with understanding the changing parameters of their insurance.

Veteran-Specific Health Issues

A journal article published in 2015 in [Advances in Medical Education and Practice](#) detailed the following list of health issues that US veterans face at much higher rates than the general population:

- Mental Health or Behavioral Adjustment Disorders
- Substance Use Disorders
- Post-Traumatic Stress Disorder (PTSD)—four times the frequency in the general population
- Traumatic Brain Injury
- Depression
- Suicide (more than twice as likely to commit suicide than non-veterans)
- Chronic Pain
- Amputations
- Hazardous exposures to chemicals, radiation, air pollutants, occupational hazards, warfare agents, noise, and vibration
- Homelessness

How Much Has Federal Spending on VA Disability Changed Since 2000?

From 2000 to 2013, the number of veterans who were receiving disability payments rose by almost 55%, from 2.3 million to 3.5 million, despite a 17% decline in the total population of living veterans, from nearly 27 million to 22 million. In 2000, 9% of all veterans received disability benefits; by 2013, that proportion had risen to 16%. Over the same period, the average real (inflation-adjusted) annualized disability payment also rose by nearly 60%—from \$8,100 in 2000 to \$12,900 in 2013—consistent with increases in the average number and average severity of compensable disabilities per veteran.

Both the share of veterans receiving disability payments and the average real amount of those payments increased for veterans from all periods of service. Those increases can be attributed to several factors: changes in policy that made it easier for veterans to claim benefits, the recent conflicts in Iraq and Afghanistan, and difficult labor market conditions during the past several years.

Spending on veterans' disability benefits has almost tripled since fiscal year 2000, from \$20 billion in 2000 to \$54 billion in 2013. The VA projects that obligations will total \$60 billion in 2014 and \$64 billion in 2015, a 19% increase from two years earlier.

Spotlight on the National Veterans Legal Services Program (NVLSP)

Of the 25 million veterans in the United States, approximately 3 million (13%) suffer from physical and mental disabilities incurred during military service. Disability benefits, which are provided by the Department of Veterans Affairs and the branches of our military, are a step toward restoring the lives of these men and women. Yet each year thousands of veterans have their claims for disability benefits wrongly denied or evaluated incorrectly. For many of these men and women, securing the proper amount of compensation after returning home can be a grueling, drawn-out process. Of the veterans who file appeals each year, 70% do not have a lawyer to represent them, mostly because they cannot afford one.

Veterans confront two systemic obstacles to securing those benefits: rules and practices applied by the VA, DoD, and military service branches that deny Congressionally mandated benefits, and multi-year delays in the processing of veterans' claims and appeals because of the VA's bureaucratic inefficiency.

The National Veterans Legal Services Program (NVLSP) is a nonprofit organization that has worked since 1980 to ensure that the government delivers to our nation's 25 million veterans, active duty personnel, and their families the benefits they are entitled to because of disabilities resulting from their military service to our country.

NVLSP Core Programs and Accomplishments:

- Provides free legal services to help veterans, service members, and their families secure disability benefits from the Department of Veterans Affairs and the United States Armed Forces.
 - As a direct result of NVLSP's class actions, veterans represented by NVLSP have received more than \$6.5 billion in retroactive cash benefits, in addition to health care and other disability benefits.
- Drives systemic change through legislative work
 - Worked on passage of the Combat Injured Veteran's Tax Fairness Act of 2016, enabling vets to recoup taxes wrongly withheld from severance payments.
 - Consulted with Congress on legislative efforts to improve the VA appeals process due to the current backlog of 450,000 pending appeals and lack of resources. Legislation has passed the House and is now before the Senate.
- Recruits, trains, and mentors lawyer and non-lawyer advocates who represent veterans, service members, and their family members on a pro bono basis on claims for benefits.
 - The Lawyers Serving Warriors (LSW) program offers free legal assistance on claims for federal disability benefits, assistance with applications for special compensation and disability reviews, and representation before appeals boards, in addition to other legal services.
 - NVLSP is the principal trainer for The American Legion, The Military Order of the Purple Heart, and the Veterans Consortium Pro Bono Program, training thousands of advocates to better represent claimants.
- Established a Veterans Mental Health Network in 2015 to provide high quality and affordable mental health examinations, which in turn lead to in-depth medical opinions useful in claims assessments.
- Publishes educational materials that empower advocates for veterans and service members.

Visit NVLSP.org for more information, to seek legal assistance for veteran disability claims, or to donate to their organization.

THE CHALLENGES: PTSD, TBI & SUICIDE

POST-TRAUMATIC STRESS DISORDER (PTSD)

The prevalence of PTSD among military veterans varies widely based on the type of data gathered, the format used to gather data, and several other factors. [A review of existing studies](#) done in 2010 found a prevalence rate of 2 to 17% of service members with PTSD, going back to the Vietnam conflict.

According to the [National Center for PTSD](#) (through the VA):

- About 6 of every 10 men (or 60%) and 5 of every 10 women (or 50%) experience at least one trauma in their lives. Women are more likely to experience sexual assault and child sexual abuse. Men are more likely to experience accidents, physical assault, combat, disaster, or to witness death or injury.
- About 7 or 8 out of every 100 people (or 7-8% of the population) will have PTSD at some point in their lives.
- About 10 of every 100 women (or 10%) develop PTSD sometime in their lives compared with about 4 of every 100 men (or 4%).
- About 11-20 out of every 100 veterans (or between 11-20%) who served in OIF or OEF have PTSD in a given year.
- About 12 out of every 100 Gulf War Veterans (or 12%) have PTSD in a given year.
- About 15 out of every 100 Vietnam Veterans (or 15%) were diagnosed with PTSD at the time of the most recent study in the late 1980s, the National Vietnam Veterans Readjustment Study (NVVRS). It is estimated that about 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime.
- This does not include veterans who did not directly serve in one of those three conflict periods.

A [RAND study of veterans](#) returning from the Iraq or Afghanistan conflicts found that a total of about 31% of veterans experienced either a traumatic brain injury, a mental health disorder (either depression or PTSD), or both.

TRAUMATIC BRAIN INJURY (TBI)

A traumatic brain injury is a blow or jolt to the head that causes disruption to the normal functioning of the brain. In some cases, a TBI results in loss of consciousness for a brief (or longer) period of time; in other cases, there is an alteration of mental status (feeling confused or “seeing stars”).

Not every head injury results in a TBI. At the same time, someone can suffer from a TBI even without a physical injury to the head; for example, the concussive wave from an explosion can jolt the brain enough to cause a TBI. TBIs are classified in severity from mild to severe. Most TBIs are mild.

TBIs can cause a range of symptoms: physical symptoms like headaches; cognitive symptoms like memory loss; and emotional symptoms like irritability. Recovery from a TBI is different for every person and every TBI. Most people recover from a mild TBI and concussion, even if someone sustains additional TBIs and concussions; however, recovery from subsequent TBIs and concussions may take longer.

Military members are at higher risk for TBIs due in part to demographics—the overall prevalence of TBIs is highest in males aged 18-24. Additionally, the exposure to blasts from explosive devices, whether planned or unplanned, means that military personnel face a higher risk of TBI than civilians.

It is hard to determine the prevalence rates for TBIs—partly because TBIs are not always immediately recognized or reported, and partly because there hasn’t been any type of long-term tracking or data analysis until fairly recently.

Some of the long-term effects of TBIs, particularly moderate to severe TBIs or repeated mild TBIs, include PTSD, Alzheimer’s Disease, Parkinson’s Disease, amyotrophic lateral sclerosis (ALS), and chronic traumatic encephalopathy (CTE). The postmortem study of brains of military members with documented TBIs have shown varying levels of CTE, which we typically hear about in relation to the concussion injuries that football players often incur.

JUSTIN'S STORY

Things went to shit after I got out in March of 2010, well not instantly. I used my GI Bill and went to school; I got my associates degree from a “for-profit” school.

Things were going good yet my headaches and paranoia was growing worse and worse every day. I didn't really keep in touch with my brothers from another mother that much; I figured if I'm alright they must be too.

In 2015 my world came crashing down around me—I got a divorce, quit a really good job, slept in my car a lot cause I would fight with my parents over things I don't even recall today.

Loved ones instructed me to seek help from the VA; they figured it was the best course of action. So I did, and at first it was not smooth sailing. It seemed like I was back in Baghdad yet my enemy was no longer Iraqis, it was the VA itself. I would go to my appointments to be told that they had rescheduled it for another date or other bureaucracy.

I took their medication and did not like the side effects, suicidal thoughts shouldn't be on the list of side effects for medications given to soldiers. So after not pulling the trigger on my pistol, I figured I'd stop taking the pills, become my own health advocate, and pick up the phone more to talk with my battle buddies.

Some days are harder than others but I figure I can't dwell in the past for if I do, I can't see what is in front of me, which are my kids and my family.

I also keep in touch regularly with my battle buddies. I lost 2 close friends to suicide; after the second, I swore I'd do more to help my fellow brothers. I also found that if I give myself a daily task and do two good deeds a week, life has meaning and a purpose. I may not wear the uniform any longer but I'm still a soldier.

STATISTICS

[Five veterans commit suicide in North Carolina every week—a rate that is higher than the national average.](#)

According to the [VA's Office of Mental Health and Suicide Prevention](#), approximately 20 veterans per day die from suicide. This is a decline from the previously reported 22 deaths per day; while it's not clear if the previous number was entirely accurate, what is accurate is the number was previously higher and has stabilized.

For both male and female veterans, the highest number of suicides occurs in middle age (40-59 years for female veterans and 50-69 years for male veterans), but the highest rates of suicides for both male and female veterans occurs during the youngest years (18-29 years).

As of 2014, even after adjusting for age and gender, risk for suicide is 22% higher for veterans than for adult civilians, 19% higher for male veterans than for adult male civilians and 2.5 times greater for female veterans than for adult female civilians.

From 2001 to 2014, the rate of suicide among civilians and among veterans increased. However, age-adjusted suicide rates increased for all veterans, for male veterans, and for female veterans increased at much higher rates than corresponding increases for civilians.

In 2014, about 67% of veteran suicides were committed with a firearm.

In 2014, after accounting for differences in age, the NC veteran rate of suicide was significantly higher than the national total rate of suicide.

CALL TO ACTION: HOW YOU CAN GET HELP

Call the Veterans Crisis Line at 1-800-273-8255 or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

This crisis line is open to veterans or anyone concerned about a veteran.

SPECIALLY ADAPTED HOUSING

For a limited number of veterans with severe disabilities, the VA has a little known program called Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA). Veterans with loss of use of limbs, certain kinds of severe burns, respiratory damage, blindness, and other physically incapacitating disabilities may be eligible for housing grants. These grants may be used to adapt or remodel a current home or to build a new home to better accommodate the veteran and his or her disability. Some adaptations include wheelchair ramps, widening doorways for crutches, medical beds, or other devices. In some cases, more unusual adaptations can be approved; for example, to build an attached garage for a disabled veteran in extremely cold climates.

The ultimate goal of the SHA grant is to “help Veterans with certain service-connected disabilities live independently in a barrier-free environment.” The amount of funding available varies by situation and by year, but as of last check, up to \$16k for SHA and \$81k for SAH is available for eligible veterans.

Some have criticized the program’s costs, but the costs of inaction can be much higher. Without housing adaptations, some veterans will be forced into nursing homes, which in NC for a private room [the median cost is approximately](#) \$7k per month, or \$84k per year. Another criticism of the program is the limited budget and consequently limited number of veterans who can be approved each year.

But according to veterans, the biggest problem with the program is how difficult and slow the process is. To initiate the process, the veteran fills out Form VBA26-4555. But the builders and construction companies have a difficult job navigating the forms and getting approved vendor status. In many cases, it’s easier and more lucrative for builders

to work with other private citizens than with the VA program. Or, if they do decide to do the extra work to participate in the program, the forms are confusing and the builders and construction companies often have to go through multiple attempts to get approval. The veteran must also obtain three quotes, which can be a challenge, especially if the veteran is severely disabled. As a consequence, some veterans will die or be medically forced into nursing homes before adaptation grants are awarded and disbursed.

Special Adapted Housing is for the most severely disabled of veterans who would be able to live at home if modifications were made to their homes. While programs like Wounded Warriors have gotten significant attention, very few people know about this program that helps the most vulnerable of service-disabled veterans.

CALL TO ACTION: HOW YOU CAN HELP

- 1 If you know builders or construction companies who might be interested in working with these veterans, please send them this information.
- 2 Write your representatives and urge them to propose and support bills that would increase funding and support for this critical program. Including streamlining forms, vendor approval process, and other innovations, such as pre-approval to start adaptation and then an audit process to reduce the time to adaptation completion.
- 3 If you know of any veterans with disabilities, please share this information with them and be a support system to help them get through the process. Everyone needs an advocate—especially people with health impacts!

GI BILL

The term [GI Bill](#) refers to any Department of Veterans Affairs education benefit earned by members of Active Duty, Selected Reserve, and National Guard Armed Forces and their families. The benefit is designed to help service members and eligible veterans cover the costs associated with getting an education or training. The GI Bill has several programs and each is administered differently, depending on a person's eligibility and duty status.



Many of these programs provide tuition and housing assistance to veterans who are pursuing a college degree. There are also programs that provide vocational and technical training, apprenticeships, licensing and certification reimbursement, and flight training. The Servicemen's Readjustment Act of 1944, known as the GI Bill, was established to provide a benefit to veterans returning from World War II. All veteran education programs are found in Title 38 of the United States Code. Some veterans became eligible for greatly increased benefits under the Post 9/11 Veterans Educational Assistance Act of 2008. In 2015, the [Washington Post and the Kaiser Family Foundation](#) conducted a survey of Iraq and Afghanistan war veterans. That survey found that less than half of the veterans have taken advantage of the Post-9/11 Bill.

NC State University Military & Veteran Resource Center

Many universities across North Carolina have offices that provide services for military personnel and veteran students. At NC State, the [Military and Veteran Resource Center](#) provides information to students who are veterans to help them navigate the sometimes confusing bureaucracy of the university system. Timothy Swanson, one of the student employees of the Resource Center who is also a veteran, says the transition from military to civilian life can be tricky. Swanson says that in the military, there's a checklist, process, and procedure for everything you do. Contrast that with a university system, which can be nebulous and imprecise, and it's often unclear where to go to get the necessary information even for civilian students.

The Military and Veteran Resource Center opened its doors earlier this year. Before the Resource Center opened, many veterans relied on each other for the kind of support the Resource Center now provides. Staffed by employees who are also veterans, the Resource Center helps with housing, tutoring, counseling services, disability services, and career counseling. In addition, the university has a Veterans Affairs Office where students can find assistance with questions about the GI Bill process. The VA also has its own tutoring program. Swanson says that, for him, the best service the Resource Center offers is "a familiar area—a place to stop and rest. Here, you are with people who think the way you think."

LEGISLATION

Every year hundreds of bills concerning veterans are introduced in the US Congress. Bills are written to address a range of issues, including but not limited to the management and organization of the VA; research; pilot programs designed to test better approaches to serving veterans; and enhanced and expanded services to veterans. Most of these bills, like many other pieces of legislation on any number of topics, never become law. Others, such as the Victims of Agent Orange Relief Act listed below, are introduced year after year in an effort to achieve their passage. The bills discussed below focus on those introduced to the 2017 Congress related to veteran's issues.

Health Care Bills

[House Bill 918—Veteran Urgent Access to Mental Healthcare Act](#)

This bill directs the Department of Veterans Affairs (VA) to furnish to former members of the Armed Forces: (1) an initial mental health assessment; and (2) the mental health care services required to treat the member's urgent mental health care needs, including risk of suicide or harming others.

[Senate Bill 1873—Veteran's Peer Act](#)

Requires the Secretary of Veterans Affairs shall carry out a program to establish not fewer than two peer specialists in patient aligned care teams at medical centers of the Department of Veterans Affairs to promote the use and integration of services for mental health, substance use disorder, and behavior health in a primary care setting.

[House Bill 334—Victims of Agent Orange Relief Act](#)

This bill would provide health care and social services for affected Vietnamese and affected children of American Vietnam veterans, clean up the lands and restore eco-systems contaminated by Agent Orange/dioxin in Vietnam, and conduct research into the health effects of Agent Orange in the US and Vietnam.

Education Bills

[House Bill 2692—Veterans Education Flexibility Act](#)

This bill allows veterans utilizing any version of the GI bill to extend their eligibility through the end of their current semester in school if the eligibility would end at any point during the current semester.

[Senate Bill 473—Educational Development for Troops and Veterans Act of 2017](#)

This bill extends post-9/11 GI Bill eligibility to reservists; modifies the time limit and training rehabilitation requirements for disabled veterans; provides for the deferral of student loans taken out by military and veterans when they are called up to serve in war or a national emergency; establishes a grant program to establish, maintain, and improve veteran student centers on college campus; and makes other legislative changes related to military reservists and pay entitlement.

Affordable Housing Bills

[Senate Bill 1759—Keeping our Commitment to End Veterans Homelessness of 2017](#)

This bill extends through FY2018 authority for the following Department of Veterans Affairs programs: homeless veterans reintegration programs; the homeless women veterans and homeless veterans with children reintegration program; referral and counseling services for certain veterans at risk of homelessness; treatment and rehabilitation services for seriously mentally ill and homeless veterans, including a program to provide homeless veterans with benefits and services at certain locations; housing assistance for homeless veterans; financial assistance for supportive services for very low-income veteran families in permanent housing; and the grant program for homeless veterans with special needs. The bill extends through December 31, 2018, authority for the Advisory Committee on Homeless Veterans.

Women Veteran Bills

[Senate Bill 1111—Violence Against Women Veterans Act](#)

This bill would require the Secretary of Veterans Affairs to improve the provision of services and benefits from the Department of Veterans Affairs for veterans who experience domestic violence or sexual assault, and for other purposes.

[Senate Bill 700—Women Veterans and Families Health Services Act](#)

This is a bill to improve the reproductive assistance provided by the Department of Defense and the Department of Veterans Affairs to severely wounded, ill, or injured members of the Armed Forces, veterans, and their spouses or partners, and for other purposes.

DAV Legislative Priorities

[Senate Bill 1836—Veterans' Disability Compensation Automatic COLA Act](#)

This bill provides that whenever there is an increase in benefit amounts payable under title II (Old Age, Survivors and Disability Insurance) of the Social Security Act, the Department of Veterans Affairs shall increase by the same percentage the amounts payable as veterans' disability compensation, additional compensation for dependents, the clothing allowance for certain disabled adult children, and dependency and indemnity compensation for surviving spouses and children.

[Senate Bill 283—Mark Takai Atomic Veterans Parity Act](#)

This bill would amend title 38, United States Code, to provide for the treatment of veterans who participated in the cleanup of Enewetak Atoll as radiation exposed veterans for purposes of the presumption of service-connection of certain disabilities by the Secretary of Veterans Affairs, and for other purposes.

[Senate Bill 1366—Restore Honor to Service Members Act](#)

This bill requires appropriate military record correction boards or discharge review boards to review the discharge characterization of any former members of the Armed Forces requesting a review who were discharged because of their sexual orientation under the previous policy of Don't Ask, Don't Tell. Such boards are to change a characterization to honorable if such characterization is any characterization except honorable.

NORTH CAROLINA LEGISLATION

Most veteran legislation is enacted by the US Congress, but at the state level, NC has been active, especially recently, in addressing the needs of military personnel and veterans living in NC.

- In 2015, Governor McCrory created a new Cabinet-level department, the Department of Military and Veterans Affairs. The current Secretary is Larry Hall.
- NC has recently created license plates for veterans and has made available a "VETERAN" designation that can be included on the state-issued ID if desired.
- NC continues to enact legislation to benefit veterans and has enacted several pieces of legislation so far in 2017 to address the needs of veterans. There are also several pieces of legislation currently pending to benefit veterans, including such issues as:
 - Legislation that would enable veterans diagnosed with PTSD and who are receiving professional treatment to introduce that fact during criminal sentencing (HB483)
 - Creation of a pilot program in Cumberland County to provide veterans with health care from community care workers and to train veterans as community care workers to provide healthcare to other veterans (HB894)
 - Legislation that would exempt military retirement payments from NC income tax and exempt a certain part of a veteran's property's assessed value from property taxes (HB2, SB153)

LEGISLATIVE RESOURCES

US Congress website for current and past legislation:
<https://www.congress.gov/search>

NC General Assembly website: <http://www.ncga.state.nc.us/>

The House Committee on Veterans' Affairs:
<https://veterans.house.gov>

The United States Senate Committee on Veterans' Affairs:
<https://www.veterans.senate.gov/>

RESOURCES

NORTH CAROLINA

NC Department of Military and Veteran Affairs:

<https://www.milvets.nc.gov/>

NC Help for Vets - referral hub for veterans' resources:

<http://www.nc4vets.com/>

Resources for vets from NC Statewide Independent Living Council:

<http://ncsilc.org/veterans-resources/>

NC Bar Association website for legal info for vets and families:

<http://ncvetslegal.org/>

BCBSNC website with health and health care resources for vets:

<http://www.bcbsnc.com/content/campaigns/redwhiteandbluencmember/index.htm>

NC Veterans Council (comprised of many state veterans groups):

<http://ncveteranscouncil.com/council-information/>

Veteran Owned Businesses in NC

<http://www.veteranownedbusinesses.com/nc>

VETERANS AFFAIRS

<https://www.benefits.va.gov/BENEFITS/factsheets/homeloans/SAHFactsheet.pdf>

<https://www.benefits.va.gov/homeloans/adaptedhousing.asp>

<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2801>

EDUCATION

<https://mavrc.dasa.ncsu.edu/about-us/>

<http://www.ecuinnovate.org/units-initiatives/operation-reentry-nc>

RESOURCES

SUICIDE

<http://www.npr.org/2017/09/27/553917919/va-studying-suicide-prevention-in-veterans>

<http://www.mission22.com/>

<http://www.npr.org/2017/09/27/553917919/va-studying-suicide-prevention-in-veterans>

<https://www.google.com/search?q=traumatic%20brain%20injury%20veterans%20statistics>

HOUSING & HOMELESSNESS

http://nchv.org/index.php/news/media/background_and_statistics/

<http://americanhomefront.wunc.org/post/va-building-boom-cuts-wait-times-many-north-carolina-veterans>

<https://www.northcarolinahealthnews.org/2013/06/28/new-housing-for-homeless-vets-opens-in-raleigh/>

<https://www.casanc.org/casa-denson-apartments-for-veterans-honored-with-national-award/>

RECOMMENDED READING

Shooting Ghosts: A US Marine, a Combat Photographer, and Their Journey Back from War

<https://www.amazon.com/dp/B01N1RRDMH/ref=dp-kindle-redirect?encoding=UTF8&btkr=1>