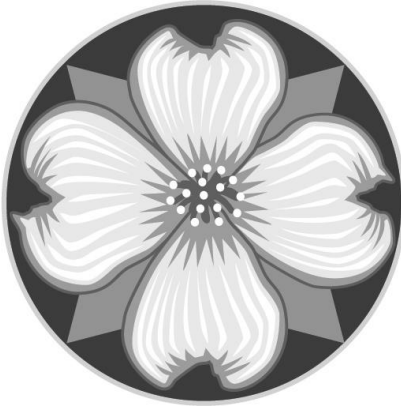




Work Session

WS

Milwaukie City Council

COUNCIL WORK SESSION

City Hall Council Chambers
10722 SE Main Street
www.milwaukieoregon.gov

AGENDA

NOVEMBER 20, 2018

Note: times are estimates and are provided to help those attending meetings know when an agenda item will be discussed. Times are subject to change based on Council discussion. **Page #**

- 1. Downtown Wayfinding Signage – Update (4:00 p.m.)** **5**
Staff: Vera Kolas, Associate Planner
- 2. Milwaukie Bay Park Pedestrian Bridge Emergency Order – Update (4:15 p.m.)** **9**
Staff: Jennifer Garbely, Assistant City Engineer
- 3. Election Review and Legislative Session Preview – Discussion (4:30 p.m.)**
Staff: Kelly Brooks, Assistant City Manager
- 4. Veterans Services – Discussion (5:00 p.m.)** **10**
Presenter: Jerry Craig, American Legion Post 180
- 5. Adjourn (5:30 p.m.)**

Americans with Disabilities Act (ADA) Notice

The City of Milwaukie is committed to providing equal access to all public meetings and information per the requirements of the ADA and Oregon Revised Statutes (ORS). Milwaukie City Hall is wheelchair accessible and equipped with Assisted Listening Devices; if you require any service that furthers inclusivity please contact the Office of the City Recorder at least 48 hours prior to the meeting by email at ocr@milwaukieoregon.gov or phone at 503-786-7502 or 503-786-7555. Most Council meetings are streamed live on the City's website and cable-cast on Comcast Channel 30 within Milwaukie City Limits.

Executive Sessions

The City Council may meet in Executive Session pursuant to ORS 192.660(2); all discussions are confidential and may not be disclosed; news media representatives may attend but may not disclose any information discussed. Executive Sessions may not be held for the purpose of taking final actions or making final decisions and are closed to the public.

Meeting Information

Times listed for each Agenda Item are approximate; actual times for each item may vary. Council may not take formal action in Study or Work Sessions. Please silence mobile devices during the meeting.



COUNCIL WORK SESSION

City Hall Council Chambers
10722 SE Main Street
www.milwaukieoregon.gov

MINUTES

NOVEMBER 20, 2018

Mayor Mark Gamba called the Council meeting to order at 4:03 p.m.

Present: Councilors Angel Falconer and Shane Abma

Absent: Council President Lisa Batey and Councilor Wilda Parks

Staff:	Associate Planner Vera Kolias	City Attorney Justin Gericke
	Assistant City Engineer Jennifer Garbely	City Recorder Scott Stauffer
	Assistant City Manager Kelly Brooks	

Mayor Gamba noted that Councilor Parks was absent due to illness and Council President Batey would be absent from the Work Session.

1. Downtown Wayfinding Signage – Update

Ms. Kolias noted the recent installation of wayfinding signs and a kiosk in the Downtown area. She explained that additional signs would be installed along McLoughlin Boulevard and in south downtown after construction in the area was completed. She reported that a Metro grant had funded part of the first phase of implementing the Wayfinding Systems Plan.

Mayor Gamba, Ms. Kolias, and Ms. Brooks noted that the kiosk would promote City events and would be updated regularly.

Ms. Kolias summarized comments from the Oregon Department of Transportation (ODOT) regarding the signs to be placed along McLoughlin Boulevard. The group discussed the consistency of state highway signs.

Councilor Abma and Mayor Gamba remarked on how nice the recently installed “Welcome to Milwaukie” sign at City Hall looked.

2. Milwaukie Bay Park Pedestrian Bridge Emergency Order – Update

Ms. Garbely explained that the pedestrian bridge in Milwaukie Bay Park had been damaged by fire set by unidentified individuals. She showed photos of the burned area and noted that due to the damage the bridge had become structurally unsound. She explained the emergency repairs that were taking place and reported that the bridge was scheduled to be open in time for the City’s Winter Solstice event.

Councilor Falconer and Ms. Garbely discussed the materials used for the bridge. **Ms. Garbely** noted the original design had included an aluminum culvert, but a plastic culvert had been installed to cut costs. The group noted other work being done while the bridge was being replaced, including improved draining features.

3. Election Review and Legislative Session Preview – Discussion

Ms. Brooks provided an overview of the November 2018 statewide, regional, and local election results. She noted that Mayor Gamba and Council President Batey had been reelected and that Katharine Hyzy had been elected to Council Position 2. **Mr. Stauffer** explained that Clackamas County would be certifying the election results soon.

Councilor Abma noted that the League of Oregon Cities (LOC) had produced an election results summary report. **Mayor Gamba** noted the passage of the Metro housing bond and Ballot Measure 102 which amended the State Constitution related to what housing funding actions local governments could take.

Ms. Brooks discussed how staff could track pending legislation during the 2019 Legislative Session. She reported that the LOC had a robust tracking system. She remarked that Council did not have a specific “ask” for the legislative session this term. The group commented on when Council had adopted a resolution regarding proposed carbon cap-and-invest policy and other policy issues. **Mayor Gamba** expressed interest in write a resolution in support of mental health policy. The group discussed the difficulty of maintaining a tracking spreadsheet and noted the importance of sharing information.

4. Veterans Services – Discussion

Jerry Craig, American Legion Post 180 Chaplain, presented information about various veterans’ issues. He discussed the history of the use of the chemical known as Agent Orange and its effects on Vietnam veterans and their families. He noted resources that veterans and their families could use to treat Agent Orange related issues.

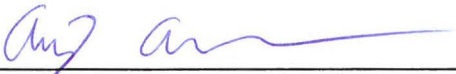
Mr. Craig discussed veteran suicide rates and related suicide prevention resources. He provided reports and news articles about water contaminants and exposures at military facilities across the country. He encouraged veterans and their families to use the health resources and services available. **Mr. Stauffer** suggested that he meet with Mr. Craig to discuss how the City could support Mr. Craig’s veterans services work.

Bernie Stout, Milwaukie resident, commented on his family’s experience working to provide resources to veterans. He expressed interest in helping promote the available veteran services.

5. Adjourn

Mayor Gamba adjourned the Work Session at 5:19 p.m.

Respectfully submitted,



Amy Aschenbrenner, Administrative Specialist II



CITY OF MILWAUKIE

Memorandum

To: City Council
From: Alma Flores, Community Development Director
CC: Ann Ober, City Manager
Date: November 16, 2018
Re: Community Development Department Projects - City Council Update for November 20, 2018 Council meeting

<u>Community Development/Housing/Economic Development</u> ▪ Milwaukie Housing Affordability Strategy: 2018-2023 ▪ Housing Authority of Clackamas County: Hillside Manor rehabilitation and Hillside Master Plan ▪ Cottage Cluster Feasibility Study ▪ Downtown Wayfinding ▪ Harrison and Main ▪ Business Support During Construction	<u>Building</u> ▪ October in Review
<u>Planning</u> ▪ Comprehensive Plan ▪ Land Use/Development Review: • City Council • Planning Commission ▪ Design and Landmarks Committee	<u>Engineering</u> ▪ Traffic Control ▪ Engineering Projects

Community Development/Economic Development/Housing

Milwaukie Housing Affordability Strategy (MHAS): 2018-2023

- The **Milwaukie Housing Affordability Strategy** was adopted by the City Council on July 17, 2018. City staff is in the process of initiating a number of the actions in the strategy including increasing the supply of housing by making it easier to develop cottage cluster housing (see below) and accessory dwelling units. Developing a comprehensive website to serve as an outlet for residents to find the resources they need to either buy/rent housing, stay in their housing, or connecting to available resources. Soft Launch of NEW! Housing Affordability Website--
<https://www.milwaukieoregon.gov/housingaffordability>

Housing Authority of Clackamas County (HACC): Hillside Manor Rehabilitation and Hillside Master Plan

- As part of the County's engagement strategy, three visioning sessions (two for the public

and one for service providers) were held during October 24-25. On November 7th, City staff will participate in a Sustainability Charette to continue gathering information on the vision for the site. Between January and May of next year, additional design workshops and an in-person and online open house will take place to develop and refine design concepts. Staff continues to dedicate time to bi-weekly Health Impact Assessment (HIA) team Meetings, monthly stakeholder meetings and planning committee meetings with the County and consultants. Visit the county's website periodically for updated information at <https://clackamas.us/housingauthority/hillsidemasterplan.html>

Cottage Cluster Feasibility Study

- The [Cottage Cluster Feasibility Study](#) has been updated with the Milestone 4 deliverables of the project, which included a zone code analysis and draft recommendations for code changes. Additional documents corresponding to the deliverables for this milestone are available on the website. The next Stakeholder Advisory Group (SAG) meeting will be scheduled in Mid-January of 2019.

Downtown Wayfinding

- Installation of the first phase of downtown wayfinding signs has begun! The informational kiosk at the top of Adams Street Connector, a vehicular sign at Washington St and 21st Ave, and several pedestrian signs have been installed. The remaining signs not affected by downtown construction, will be installed over the next few weeks. Please visit the following site for additional information:
<https://www.milwaukieoregon.gov/communitydevelopment/downtown-wayfinding-systems-plan>

Harrison and Main

- Staff had anticipated an RFQ release date of November 2018. That date has been delayed until 2019.

Business Support During Construction

- Working with the Downtown Milwaukie Business Association (DMBA) and other downtown business to install temporary signs throughout the downtown to alert people to the construction and that businesses are open during construction. Visit the South Downtown website for up-to-date information:
<https://www.milwaukieoregon.gov/southdowntown>

Planning

Comprehensive Plan Update

- Staff has prepared a draft set of policies for the Block 2 topic areas: Parks and Recreation, Climate Change and Energy, Willamette Greenway, and Natural Hazards. The draft policies were based on input received from the November 5 Comprehensive Plan Advisory Committee (CPAC) meeting as well as comments received through the October 15 Town Hall and the Online Open House.
- Staff held a work session to discuss policy concepts with the Planning Commission on November 13 and will return to the Commission on November 27 for an in-depth review of draft policies.
- The City's Technical Advisory Committee (primarily key Department Heads) are meeting to review draft policies on November 19.
- CPAC will meet to discuss the draft policies on December 3.
- The work on the Housing Element of the Comprehensive Plan kicks-off with the Housing Forum scheduled for December 6.

Land Use/Development Review¹

- City Council
 - ZA-2018-004 – The City Council will hold a public hearing on December 18 to review a set of amendments intended to clarify and correct various development-related code sections. A key issue being addressed is the green building requirement associated with four- and five-story buildings in the downtown.
 - ZA-2018-005 – On November 20, the City Council will hold a hearing to review code amendments related to construction and maintenance of trails and pathways within natural areas and the Willamette Greenway.
- Planning Commission
 - HR-2018-001 – On November 13, the Planning Commission held a continued public hearing regarding proposed improvements to City Hall to accommodate the renovation of the fire bay, installation of replacement roll-up doors, and the construction of a new ADA accessible door. The Commission approved the project with the condition that the existing original windows be repaired and restored rather than replaced.
 - ZA-2018-004 – On November 13, the Planning Commission held a public hearing regarding the next round of code amendments. The Commission discussed the proposed amendments and voted to recommend approval of the code package, with some additional recommendations, to the City Council. The City Council hearing is scheduled for December 18.
 - MOD-2018-002 – A Type II application to modify the approved plans for the Ledding Library was approved by the Planning Director on October 17. The appeal period ended on November 1. No appeals were filed.
 - VR-2018-012 – An application for a Type II fence variance at 11770 SE 33rd Ave was submitted on October 26. The application was withdrawn by the applicant.
 - VR-2018-013 – An application for a side-yard setback variance at 9371 SE 42nd Ave was submitted on November 5. The application will be processed with Type II review and is currently out for public comment and review.
 - CSU-2018-018 – The School District's application for review of the proposed Transportation Demand Management Plan (TDMP) for the Milwaukie High School's Lake Rd sports facility was submitted on November 13. The applicant has requested that the application be deemed complete, and a public hearing has been tentatively scheduled for January 8, 2019.
 - S-2018-001 (master file) – Subdivision application and zone change application from R-7 to R-5 were both deemed complete as of Nov. 6, 2018. The zone change application will move forward with Planning Commission. Tentative hearing is scheduled for Jan. 22nd. The applicant is waiting to move forward with the subdivision application pending further investigation of wetlands on the property.

Design and Landmarks Committee (DLC)

- The DLC held its regular monthly meeting on November 5. On November 13, the group had its annual update with City Council, followed by a short special session. The group continues its work on updating the Downtown Design Review process and will meet next on December 3.

¹ Only those land use applications requiring public notice are listed here.

Building

October 2018 in review:

	Valuation of permits issued:
New Single Family – 1	\$309,676
New ADU issued – 0 issued	\$0
Residential Alterations/Additions –5 issued	\$29,376.50
Commercial new - 0 issued	\$0
Commercial Alterations –11 issued	\$2,458,500
Demo's –0 issued	

Total number of permits issued (Structural, Mechanical, Plumbing, Electrical): 137

Total number of Inspections performed (Structural, Mechanical, Plumbing, Electrical): 317

Engineering

Traffic Control:

- Traffic regulation number 494 was signed on 10/25/2018. This new regulation will restrict vehicle movements at the intersection of SE Monroe St and SE Linwood Ave. The new traffic control measure for the intersection include:
 - No left turn signage on Linwood
 - Right turn only signage on Monroe
 - Continental crosswalks across Linwood
 - Raised center lane delineators on Linwood

Projects:

13001 Rusk Road:

- The demolition permit inspection was approved on October 26th.

South Downtown Improvements:

- The Project was awarded to Emery & Sons Construction Group and the Pre-Construction conference will be taking place on November 16th 2018.

Kellogg Creek Bridge Replacement:

- Contractor has completed paving and waterline work. Currently working on sidewalk railing, kayak rack, landscaping, and final punch list.

Riverfront Bank Repair:

- The contractor, HP Civil has completed all major work below the ordinary high water level. The stairs are complete and final items include landscaping, curb, and clean up. We are anticipating all work to be complete before the end of November.

COUNCIL STAFF REPORT

To: Mayor and City Council
Ann Ober, City Manager

Reviewed: Alma Flores, Community Development Director

From: Vera Kolias, Associate Planner

Subject: **Downtown Wayfinding Update**

Date Written: Nov. 13, 2018

ACTION REQUESTED

No action requested. This is a project update.

HISTORY OF PRIOR ACTIONS AND DISCUSSIONS

[January 3, 2017:](#) The City Council adopted Resolution R3-2017 which authorized the City Manager to enter into a contract with Metro for grant funds for the implementation of the Wayfinding Systems Plan.

[September 20, 2016:](#) The City Council approved the final Wayfinding Systems Plan and directed staff to implement the plan

(https://www.milwaukieoregon.gov/sites/default/files/fileattachments/community_development/page/45111/09.27.16_downtown_milwaukie_wayfinding_plan.pdf).

ANALYSIS

After a competitive Request for Proposals (RFP) process, Sea Reach, Ltd. was selected as the fabricator of Phase 1 of the downtown wayfinding signs. The signs were redesigned to conform to the City's new branding scheme and the final design was approved in the spring. The project webpage has the final locations and legend plan set:

(https://www.milwaukieoregon.gov/sites/default/files/fileattachments/community_development/page/45111/05.16.18_mil_legend_plan_-_revised_final_for_website.pdf). Department partners throughout this process have been the City Manager's office (Public Affairs Specialist and Assistant City Manager), Community Development Department (Planning and Economic Development), and Public Works (sign shop).

Fabrication of the signs was completed in October and the first two signs and the first informational kiosk have been installed. The remaining signs will be installed over the next few weeks. However, there will be a delay in the installation of three of the signs due to construction projects taking place where the signs were to be installed in this phase:

- VEH-014: construction of Ledding Library
- PED-001: construction of the Axeltree mixed-use building
- PED-011: reconstruction of Washington St

We expect that these Phase 1 signs will be installed by the end of 2019, as December 2019 is the estimated completion date of the construction projects. Phase 2 and Phase 3 of the Wayfinding

Systems Plan is still being programmed. We are currently in search of grant funds and have included the implementation into the 2019-2024 Capital Improvement Plan.

Installation photos – kiosk at Adams Street Connector:



Installation photos – vehicular sign on Washington St at 21st Ave:



Installation photos – pedestrian sign at City Hall and Jackson St:



BUDGET IMPACTS

Phase 1 has been funded with a combination of City funds and Metro grant funds.

WORKLOAD IMPACTS

Public Works staff is installing the signs; Community Development and Planning staff are managing the project.

COORDINATION, CONCURRENCE, OR DISSENT

Public Works, Community Development, City Manager's office, and Planning staff have all worked on this project.

Downtown Wayfinding Update

Presentation to the
Milwaukie City Council
Vera Kolas, Associate Planner
November 20, 2018



Progress to Date

- Sign installation!
 - Kiosk at Adams Street Connector
 - Vehicular sign on Washington St @ 21st Ave
 - Pedestrian signs: City Hall, Scott St; Harrison St; Jefferson St







Next Steps

- Finalize 99E signs with ODOT
- Remaining vehicular signs delivered.
 - Installation over the next few weeks, except those affected by construction





Questions?



COUNCIL STAFF REPORT

To: Mayor and City Council
Ann Ober, City Manager

Date Written: Nov. 13, 2018

Reviewed: Kelly Brooks, Assistant City Manager
From: Jennifer Garbely, Assistant City Engineer

Subject: **Milwaukie Bay Park Pedestrian Bridge Emergency Order**

ACTION REQUESTED

Update for Council on Milwaukie Bay Park Pedestrian Bridge A emergency replacement. The City Manager, on the 26th day of October 2018, declared the bridge an emergency exemption from competitive bidding.

HISTORY OF PRIOR ACTIONS AND DISCUSSIONS

This bridge is an important feature on the park's river walk, not only connecting pedestrians and maintenance vehicles to the rest of the park, but also functions as a culvert, a tunnel allowing water to be carried downstream. This bridge was part of construction phase II completed in Spring of 2016.

ANALYSIS

Milwaukie Police Department responded to an act of criminal mischief on October 11th, 2018. The officer discovered that an unidentified suspect or suspects had damaged the underside of our pedestrian bridge. Ash and soot covered the scene. Someone had caught the bridge on fire. The bridge was constructed with plastic pipe with concrete endcaps. Without the internal plastic pipe creating an arch and deflecting load through the backfill and soil, the culvert bridge became structurally unsound.



The bridge is currently undergoing emergency repairs. In place of a plastic pipe with concrete endcaps, an aluminum structural plate will form the underpass of the bridge. This new bridge will be installed by the contractor already on site. The new bridge is anticipated to be open in time for Milwaukie's Winter Solstice event. The rest of the construction in Milwaukie Bay Park, including rock work and cleanup, will be completed in time for the new year.

BUDGET IMPACTS

An emergency contract was issued to HP Civil, Inc. for \$91,376 and structural design and inspection to OBEC for \$15,000.

EMERGENCY MILWAUKIE BAY PARK BRIDGE A REPLACEMENT

Jennifer Garbely



BRIDGE A DAMAGE

Contractor onsite
working on the Bank
Repair reported
damage to the bridge.



EMERGENCY DECLARED ON OCTOBER 26, 2018

Police Report was taken
and someone was still
trying to live under the
bridge.



OLD BURNT CULVERT



SCHEDULE

- Footings poured this week
- New Steel culvert delivered next week
- Bridge A open by Winter Solstice
- Clean up and punch list by end of the year





Are you a Veteran or do you know one?

Compensation and or health benefits may be available for health conditions considered presumptive by the Veterans Administration.

Lou Gehrig's Disease (ALS) and Multiple Sclerosis (MS) are presumptive conditions for which all military veterans with 90 days or more of continuous active duty may receive compensation.

Vietnam Veterans: Do you have any of the following Conditions?

- AL Amyloidosis
- Chronic B-cell Leukemias
- Diabetes Mellitus Type 2
- Hodgkin's Disease
- Ischemic Heart Disease- also known as coronary artery disease or "hardening of the arteries"
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Parkinson's Disease
- Peripheral Neuropathy, early-onset
- Prostate Cancer
- Respiratory Cancers (lung, bronchus, larynx, trachea)
- Soft Tissue Sarcomas (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)
- Chloracne - a skin condition that occurs soon after exposure to chemicals and looks like common forms of acne seen in teenagers
- Porphyria Cutanea Tarda - a disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas

If you are a veteran or know a veteran with ALS or MS, exposure to Agent Orange, or were stationed in Camp Lejeune from 1953 to 1987, please call the Clackamas County Veterans Service Office at 503-650-5761.

Call the Clackamas County Veterans Service Office at 503-650-5761.

Health, Housing
& Human Services
CLACKAMAS COUNTY

Call the Clackamas County Veterans Service Office at 503-650-5761.

Health, Housing
& Human Services
CLACKAMAS COUNTY

Health, Housing
& Human Services
CLACKAMAS COUNTY

Jerry Craig- Basic Bio-

1). **Married** to Judy A. Craig 52 years (son Jeff VP and Director of IT and Communication for Atlanta HUD /daughter Jaime- A County Health Inspector) Lived Milwaukie 25 years, Gladstone 27.

2). **US Army 68-2007**--(Active, National Guard, US Army Reserve, Army Development and Evaluation Agency, and Special Operations Branch) Started as a private to Sergeant First Class, became an officer, 2Lt (OCS) to Flag Staff, Operations, and Command slots platoon to Division to I Corp. **Completed Military training:** Ranger, Airborne, Air Assault, Pathfinder, Jungle Warfare, Chemical Biological warfare, and Logistics, plus Operations schools. **Completed** Command and Staff School, Ft. Leavenworth, Kansas. **Instructor** at United States Army Military Academy – Liaison ORARNG/USAR 1 Year

3). **BS/MBA Business and Law, Personnel Management**, (Linfield College/Oregon State University/Portland State.). A member of Alpha Kappa Psi Fraternity. (attended through Military support program)

4). **Retired International Brotherhood of Electrical Workers**, retiring as a Builder Design Construction Superintendent for Electrical Construction Company (in between Active, National Guard, Reserve service and Special Services deployments)

5). **Ordained Minister in 2010**-Episcopal Church of Seattle.

6). **Current member** since 2011, of the Clackamas County **Veterans Advisory Board**. Designated a **Veterans Advocate** 2011. In 2010 became a **Military Service Chaplain** for Veterans Programs, and Military family support organizations within Clackamas County. Coordination with VA Chaplains in Portland, Social Services in Clackamas County, and Oregon City. **Member** of Oregon City and Milwaukie Elks – 32 years

7). **Member of the Milwaukie American Legion Post 180**, 2009-held Judge Advocate, Designated Senior Adviser, Services Chaplain, First Vice Commander, and Special Projects Officer.

8). **Lead** on establishing A.L. CERT (Community Emergency Response Teams, and Red Cross Sheltering at the Post in Milwaukie. Current member of Gladstone CERT Program.

9). **Legion Liaison** with the City of Milwaukie City Council, City Manager, plus associated Business organizations (Rotary, Downtown Business Association, Milwaukie Historical Museum) in Milwaukie, Oregon. This includes the NW Chamber of Commerce and Clackamas Rotary. Currently Liaison with City of Gladstone City Council, Rotary, Business Association, Kiwanis, and Celebrate Gladstone group.

10). **American Legion Honor Guard Commander (8 years)** (Color Guard, Funerals, and Memorials, plus many Department of Defense, State of Oregon, North Clackamas County Chamber of Commerce, and local ceremonies on request.).

11) **Coordinated, (CO) &Chairman, and completed the “Moving Vietnam Wall”** project in Milwaukie in June 2015 with the City of Milwaukie and Milwaukie High School cooperation and assistance. Chairman of the **Milwaukie Vietnam War Monument** for Clackamas County residents who passed during the conflict November 11, 2017. Many in Gladstone helped support that project. (all Part of the National Vietnam War Commemorative Program).

WHAT IS THE AMERICAN LEGION IN BRIEF?

American Legion: (Non-Profit organization)-Briefly!

4 Pillars of Service:

Fostering a Strong National Security

Taking Care of Veterans

Mentoring the Youth of Our nation

Promoting Patriotism and Honor

Committees, internal organizations, and activity for the Legion and Community:

Americanism

Ceremonials-Memorials-Graves registration

Children and Youth

Economics

Foreign relations

Legislative

Public Relations

Veterans Affairs and Rehabilitation--working with Veterans everywhere in the community

Security

Post Members-Male and female who have worn the uniform in all services of their country, home and in foreign lands.

Sons of the American Legion (sons of Post members)

Auxiliary (daughter's and spouses of Post members)

Junior Girls (daughters under 18 who belong to Post and Auxiliary members)

Added community involvement:

Liaison and cooperation with City of Milwaukie (City Council, Downtown Milwaukie Business Association, Rotary, NW Chamber of Commerce, Milwaukie High School) and Gladstone (City Council, Business Association(?), Rotary, Kiwanis, and Gladstone High)

Partnering with the City of Milwaukie in the 50th Vietnam War Commemorative Program 2015-2017.

Working with Clackamas County, Milwaukie, and Gladstone Police and Fire Departments.

Providing Accredited Full Military Honor Guard and Color Guard for Funerals, Memorials, and National Flag honors as requested in many venues to include Willamette National Cemetery.

Providing community services in multiple ways such as Thanksgiving dinners to the community, Christmas toys and baskets to those in need.

Supporting five Families each year, who are stationed or attached to the Camp Withycomb ORANG.

Liaison with local Churches in Gladstone and Milwaukie in spiritual matters and support of Veteran's.

Organization and coordination of Legion Posts in Family support of local units.

We raise and provide donations to Veterans no matter where they are, VA Hospitals and clinics, and other such groups from Portland to Medford

Provide support to 12 different veteran groups in the NW Oregon sector (IE: Vets 4, 1st Cav Assoc., 25th Infantry, 1 Infantry ID, National Naval Aviation Assoc., Rivershore's Vets, Town Center Veterans) presentations to 12 Assisted Livings and National Quilts of Valor,

List goes on, we have approximately 100 programs that we try to complete each year with our member's help.



BSA SAFETY MOMENT

YOUTH SUICIDE PREVENTION

SUMMARY

Youth suicidal behavior is a problem that you may encounter in Scouting or with friends of Scouting youth, but it is often preventable. In order to save the life of a youth at risk, it is important to have a plan in place beforehand, know local professional resources, understand the severity of the problem, look for the signs in the boys you lead, understand major risk factors, and know how you can help.

GENERAL INFORMATION

Youth with risk factors are more likely to engage in suicidal behavior, while youth with protective factors in their families and communities are less likely. While the risk factors don't directly cause the behavior, research with youth who have attempted suicide often show that those factors were present. They include:

- Mental illness
- Substance abuse
- Previous suicide attempts
- Non-suicidal self-injury
- Low self-esteem
- Having a clear plan for suicide
- Having close proximity to a means of killing oneself
- Severe depression
- Loss of a loved one
- Medical problems
- Family or friend rejection
- Sleep or eating problems
- Withdrawing from friends and social activities
- Expressing a sense of hopelessness
- Being a victim of bullying

Protective factors include family and school connectedness, affiliation with religious organizations, safe schools, academic achievement, positive self-esteem, and active involvement in groups that promote a sense of achievement—such as the Boy Scouts of America.

When you suspect that someone might be suicidal:

- If you have a plan in place, follow it.
- Take every threat seriously.
- Don't be afraid to ask whether the person has considered suicide.
- Listen and accept the person at face value.
- Don't give false reassurance.
- Notify the person's parent or guardian and seek professional help.
- Report any abuse to the appropriate authorities.
- One easy way to engage a youth is to simply ask if something is sad, bad, or scary in their life.

ADDITIONAL RESOURCES

- National Suicide Prevention Lifeline—www.suicidepreventionlifeline.org; telephone: 1-800-273-8255
- Centers for Disease Control and Prevention—www.cdc.gov
- American Foundation for Suicide Prevention—www.afsp.org
- American Association of Suicidology—www.suicidology.org

EMPLOYMENT

Clackamas County Veterans Workforce Program (operated by Community Solutions)

Ken Bietschek, Veteran Employment Specialist
104 11th Str., Oregon City, 97045
Phone: (503) 650-8914 or (503) 502-3411

Worksource Clackamas Disabled Veterans Outreach Program (DVOP) Specialists

** Help with employment training, job search and other job related needs*

506 High Street, Oregon City, 97045
Contact: Rosemarie Harding, (971) 673-6400

OTHER RESOURCES

Portland VA Vocational Rehabilitation

**Service connected veterans with 30% or more*
100 SW Main Str. (2nd floor), Portland, 97204
Phone: (503) 412-4577

Multnomah County Veterans' Service (<https://multco.us/ads/veterans-services-office>)

**Help Veterans and their families receive all state and federal benefits available to them*

421 SW Oak St. Suite 510, Portland, 97204
Phone: (503) 988-8387

Veterans' Recovery House (Residential Rehabilitation Treatment Program, RTRP)

** Must be enrolled in the VA; Self-referral can walk in on Wednesdays at 1 p.m.; other referrals come from VA providers and the CRRP*

*** (36) bed residential facility for veterans experiencing homelessness and/or substance abuse*
****Contact Heather Marshall, VA Social Worker for additional details*

1601 East 4th Plain Blvd, Bldg 12, Vancouver, WA 98661
Referrals: (360) 696-4061 ext. 34019

VA Caregiver Support

Portland VAMC Caregiver Support line (503) 273-5210
National caregiver support line (855) 260-3274

Clackamas Community College Veteran Service Coordinator (CCC Community Center, Room 100)

(<https://www.clackamas.edu/veterans/>)
19600 Molalla Ave., Oregon City, 97045
Contact: R.B. Green: (503) 594-3442

CRISIS LINES

Clackamas County Crisis Line (Centerstone Urgent Mental Health Walk-in Center)

**Mental health urgent care services, peer support, and crisis assessment & stabilization services*
11211 S.E. 82nd Ave., Suite O, Happy Valley, 9086
Crisis Line: (503) 655-8585

Veteran Crisis Line

Phone: (800) 273-8255, press 1; or text to 838255

Military Help Line (non VA)

Phone: (888) 457-4838

VETERANS' EMERGENCY ASSISTANCE

Oregon Veterans' Emergency Financial Assistance

(<http://www.oregon.gov/odva/pages/index.aspx>)

**For veterans and their immediate family*

***Assistance is granted one time only and the average award amounts vary*

Clackamas County VSO: (503) 650-5631

Oregon Department of Veterans' Affairs: (503) 373-2085

Operation Homefront

(<http://www.operationhomefront.net/>)

**Provides short-term and critical assistance, long-term stability, and ongoing family support*

7014 NE 79th Ct., Portland, 97218

Phone: (503) 928-6794

Emergency assistance: (877) 264-3968

The Salvation Army Home Front War Relief Program

(www.cascade.salvationarmy.org/cascade/)

**Strives to meet the needs of military personnel and/or their dependents with one-time financial assistance*

The Salvation Army Cascade Divisional Headquarters
8495 SE Monterey Ave., Happy Valley, 97086

Phone: (503) 794-3275

Semper Fi Fund

(<https://semperfund.org/how-we-help/>)

**Provides immediate financial assistance and lifetime support to Post-9/11 wounded, critically ill, and injured members of all branches of the U.S. Armed forces, and their families*

Phone: (760) 725-3680

Sergeant McDowell's Military Relief

(<http://www.smmroregon.com/>)

**Provides relief funds for unforeseen events such as funeral services, medical problems, and natural disasters*

***Limited financial assistance at times*

Email: smmroregon@aol.com

Phone: (503) 888-9053

Veterans of Foreign War

**Service offices on a limited basis*

***Financial assistance for hardship due to deployment, military pay issue, and/or military illness or injury*

825 SE Mill St., Portland

Local: (503) 234-6062

Unmet Needs Program: (866) 789-6333

American Legion Temporary Financial Assistance

(<http://www.legion.org/financialassistance>)

**Limited to minor children (17 yrs. or younger) whose biological parent, or legal guardian, is a veteran and is, or would have been eligible for American Legion membership*

***Contact the local American Legion Post for an application*

Oregon Legion Headquarters

30450 SW Parkway Ave., Wilsonville, 97070

Phone: (503) 685-5006

VFW Post 6057 (Anby - Aurora)

210 MAIN ST, NE Aurora 97013

2nd Thursday MTC 7PM

MARTIN LACKNER (503) - 849-8396

Clackamas County Veteran Service Office (VSO)

(not affiliated with the VA)

**Help with compensation, non-service connected pension, VA Health Care enrollment, survivors compensation, aid & attendance, request military records, burial & memorial benefits*

2051 Kaen Rd (PSB, 2nd floor), Oregon City, 97045

Phone: (503) 650-5631

DO GOOD MULTNOMAH

(<http://dogoodmultnomah.org/>)

**(13) beds and will accept up to (6) dogs accompanied by the veteran*

***Open from 8 p.m. – 8 a.m.*

Rose City United Methodist Church

5830 NE Alameda. Portland, 97205

Contact: dogoodpdx@gmail.com

HOUSING

Clackamas County Homeless Veteran Outreach Team

**Tina or Dave can meet the veteran anywhere and help the veteran connect with resources*

Contact: Dave Denney, (503) 650-5775 or (503) 729-3739 or ddenney@clackamas.us

Clackamas County Veteran Rapid Housing Specialist

Contact: Aaron Henry, (503) 650-5737 or AHenry@clackamas.us

VA HUD-VASH Representatives for Clackamas (VA supported housing through HUD-VASH Vouchers)

**Available most Tuesday mornings at the Clackamas County Veterans Services Office*

Social Workers: Ryan Parish, Christina Andrews

Transition Projects Veterans Program

(<http://www.tprojects.org/>)

**Services and assistance for veterans and their families experiencing homelessness or at risk of homelessness*

***Orientation on Thursdays at 9:00 a.m.*

650 NW Irving Str., Portland, 97209

Phone: (855) 425-5544

Veteran Community Resource & Referral Center (CRRC)

**(Mon-Fri 7:30 – 4:30)*

***Molly Finnegan is at Father's Heart on Fridays at 10:00 a.m. for those who are unable to make it downtown*

*** *Most Tuesday mornings VA VASH workers are stationed at Clackamas County CVSO, can register for VASH vouchers in Clackamas County. Coordinate with Tina Kennedy or Dave Denney.*

308 SW 1st Ave., Portland, 97204

Phone: (503) 808-1256

Clackamas County Coordinated Housing Access

**Only available during their business hours, Leave a message to be put on the waitlist and screened for eligibility*

***Screens eligibility for 18+ programs (i.e. Northwest Housing Authority, Chez Ami, Avalon, HomeSafe, HOPE I, Hope II, Jackson Transitional Housing, etc.)*

Phone: (503) 655-8575

SHELTERS

Salvation Army, Beaverton

(<http://www.cascade.salvationarmy.org/cascade/>)

**Grant Per Diem program that provides 9-month emergency and transitional shelter for veterans and their families*

*** Must attend orientation occurring every Wednesday at 9 a.m.*

****Emergency Transitional Housing Program (ETH), Men only, Referrals go through CRRC*

14825 SW Farmington Rd. Beaverton

Phone: (503) 239-1259 or (503) 731-3951

Salvation Army Female Emergency Shelter (SAFES)

(<http://safeshelterpdx.org/>)

**50 emergency beds, dorm opens from 6:00 p.m. – 8:00 a.m.*

SEVERE WEATHER CENTERS

Open by 7 PM on nights when temperature is predicted to be 32 degrees or colder

***Father's Heart Street Ministry**

603 12th St., Oregon City, 97045

Phone: (503) 722-9780

***Clackamas Service Center**

8800 SE 80th Ave., Portland, 97206

Phone: (503) 771-7914

Molalla Warming Center

Winter 2018-19 location TBD., Molalla, 97038

**Provides meals and food boxes throughout the year*

MEDICAL/COUNSELING

Portland VA Medical Center (Portland VAMC)

3710 SW US Veterans Hospital Rd., Portland 97239

Phone: (503) 220-8262 or (800) 949-1004

VA West Linn Outpatient Clinic

** Apply for your VA ID card, obtain primary care and outpatient treatment*

1750 Blankenship Rd. Suite 300, West Linn, 97068

Phone: 503-210-4900 or 1-800-949-1004

Returning Veterans Project

(returningveterans.org)

**All services are NOT connected to the VA and free; counseling, acupuncture, chiropractic, massage therapy, naturopathic, and art/music/equine/physical therapy*

Phone: (503) 954-2259

Portland Vet Center

**Not affiliated with the VA; counseling for war zone veterans of all eras and/or military sexual trauma counseling*

1505 NE 122nd Ave, Portland 97230

Phone: (503) 688-5361

University of Western States' Campus Community Clinic

**Free chiropractic and massage clinic services for Post 9/11 veterans*

Phone: (503) 255-6771

Pacific Psychology & Comprehensive Health Clinic

**Mental health, naturopathic care, speech & language pathology and occupational therapy*

***Call for phone screening (Veteran rates: \$25 for intake, \$10 per session)*

Portland (503) 352-2400

Hillsboro (503) 352-7333

Doreen's PLACE TRANSITION PROJECTS

46 BEDS 4 VETS

650 NW IRVING ST PORTLAND (855) 425-5544

Suicide

Are you or someone you know having thoughts of suicide? Suicidal thoughts may occur for a number of reasons, including depression, shame, guilt, desperation, physical pain, emotional pressure, anxiety, financial difficulties and other personal situations. If you are thinking about suicide or are exhibiting warning signs such as:

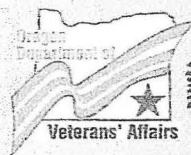
- Being depressed or sad.
- Talking or writing about death or suicide.
- Withdrawing from family and friends.
- Feeling helpless or hopeless.
- Feeling strong anger or rage.
- Experiencing dramatic mood changes.
- Abusing drugs or alcohol.
- Behaving impulsively.
- Losing interest in most activities.
- Giving away prized possessions.
- Acting recklessly.

Contact the Suicide Hotline at:
800-273-8255 (273-TALK)
— veterans, press 1.

There are counselors on duty 24 hours a day standing by to help.

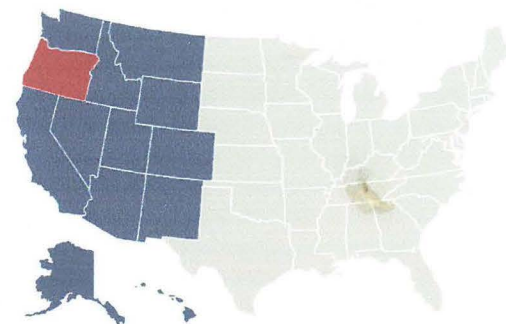
You're not alone — your fellow veterans care about you!
Make the call.

Brought to you in partnership by:



Oregon

Veteran Suicide Data Sheet, 2016



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2016 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.^a This data sheet includes information about Oregon Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

Western Region

- Alaska
- Arizona
- California
- Colorado
- Hawaii
- Idaho
- Montana
- Nevada
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

After accounting for age differences,^b the Veteran suicide rate in Oregon:

- Was significantly higher than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

Oregon Veteran Suicide Deaths, 2016

Sex	Veteran Suicides
Total	122
Male	110-120
Female	<10

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.

Oregon, Western Region, and National Veteran Suicide Deaths by Age Group, 2016^c

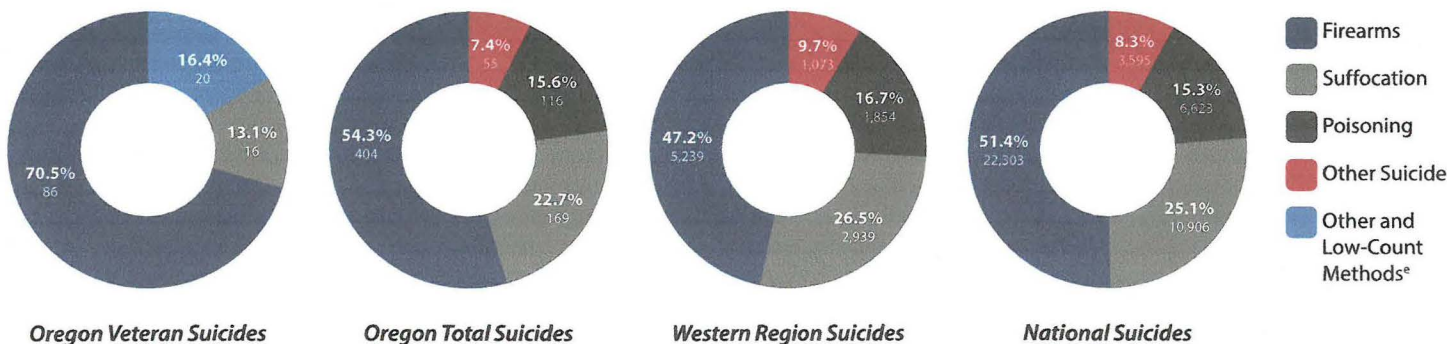
Age Group	Oregon Veteran Suicides	Western Region Veteran Suicides	National Veteran Suicides	Oregon Veteran Suicide Rate	Western Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	122	1,576	6,079	39.4	35.0	30.1
18-34	14	224	893	56.0*	47.9	45.0
35-54	30	418	1,648	44.8	38.8	33.1
55-74	50	595	2,259	34.5	30.6	25.9
75+	28	337	1,274	38.4	33.4	28.3

Oregon Veteran and Total Oregon, Western Region, and National Suicide Deaths by Age Group, 2016^c

Age Group	Oregon Veteran Suicides	Oregon Total Suicides	Western Region Total Suicides	National Total Suicides	Oregon Veteran Suicide Rate	Oregon Suicide Rate	Western Region Suicide Rate	National Suicide Rate
Total	122	744	11,105	43,427	39.4	23.1	19.0	17.5
18-34	14	165	3,061	11,997	56.0*	17.6	16.6	16.1
35-54	30	264	3,854	15,467	44.8	25.2	19.5	18.6
55-74	50	231	3,155	12,162	34.5	24.0	19.9	17.3
75+	28	84	1,035	3,801	38.4	30.9	23.0	18.5

^a Rates calculated from suicide counts lower than 20 are considered unreliable.

Oregon Veteran and Total Oregon, Western Region, and National Suicide Deaths by Method,^d 2016



These 2016 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office. For additional information, please email VASPDDataRequest@va.gov.

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Suicide Data Repository (SDR). Suicide death counts for the general U.S. population were obtained from Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging Online Data for Epidemiologic Research).¹ Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury.² The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84 and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2016 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 standard U.S. population.³ The Veteran Population Projection Model 2016 (VetPop2016) was used in calculating rates to estimate the Veteran population for each state and age group.⁴ The U.S. Census Bureau American Community Survey (ACS) one-year estimates were used to estimate the general U.S. population.⁵

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

^a The 2016 state data sheets contain suicide information for all 50 states and the District of Columbia.

^b Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value < 0.05.

^c Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (*).

^d Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm including cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

^e "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods used in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

^f National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

^g World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.

^h Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics, January 2001.

ⁱ Veteran Population Model 2016 (VetPop2016). Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

^j U.S. general population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2016 American Community Survey one-year estimates.

Download the full set of 2016 state data sheets:

www.mentalhealth.va.gov/suicide_prevention/suicide-prevention-data.asp





*Serving at one of the
nation's most contaminated
places may have health
consequences for veterans
and their families –
for generations.*

Kathy Keefer and her family have suffered a long list of unusual health problems consistent with exposure to toxic chemicals since she served at Fort McClellan, Ala., adjacent to one of the nation's most contaminated sites.

Steven Bridges/The American Legion

The Long Shadow of Fort McClellan

BY KEN OLSEN

Kathy Keefer had no idea that Fort McClellan was adjacent to one of the nation's most contaminated communities when she returned for her second Army stint in 1987 while pregnant with her eldest daughter. She didn't know that decades of polychlorinated biphenyl (PCB) pollution from the nearby Monsanto plant had permeated the tree bark in Anniston, Ala., and turned domestic pigs into hazardous waste. Or that the drinking water had been tainted by heavy metals, solvents and other hazardous waste from the Anniston Army Depot, Fort McClellan and other industrial sources.

She's thought a lot about it in retrospect, given the strange health problems visited upon herself, her husband – also a Fort McClellan veteran – and her children, problems entirely at odds with their family medical histories.

"If I had known that Fort McClellan was a potential hazard for my unborn child, I would have found a way to stay off base and petitioned not to have gone at all," Keefer says.

That sentiment is shared by thousands of veterans who suspect that a litany of cancers, autoimmune disorders and other diseases are a result of toxic chemicals they were exposed to while stationed at the base in northeastern Alabama.

"Fort McClellan is a powder keg of what was known, suspected and found there," says Joan Zakrocki, who earned her bachelor's degree in public health after leaving the Army and now researches the former base's environmental problems as an advocate for Fort McClellan veterans and families. "Our time at Fort McClellan was the single most important factor contributing to our health."

Not only does Fort McClellan's toxic résumé rival Camp Lejeune, N.C., where trichloroethylene (TCE) and other pollutants eventually forced VA to provide exposure-related health care to Marines, formerly serving Marines and families. But the

combination of toxic chemicals from Monsanto, Fort McClellan and the Anniston Army Depot makes it the most contaminated place in the United States, says David Carpenter, director of the Institute for Health and the Environment at the State University of New York at Albany in Rensselaer.

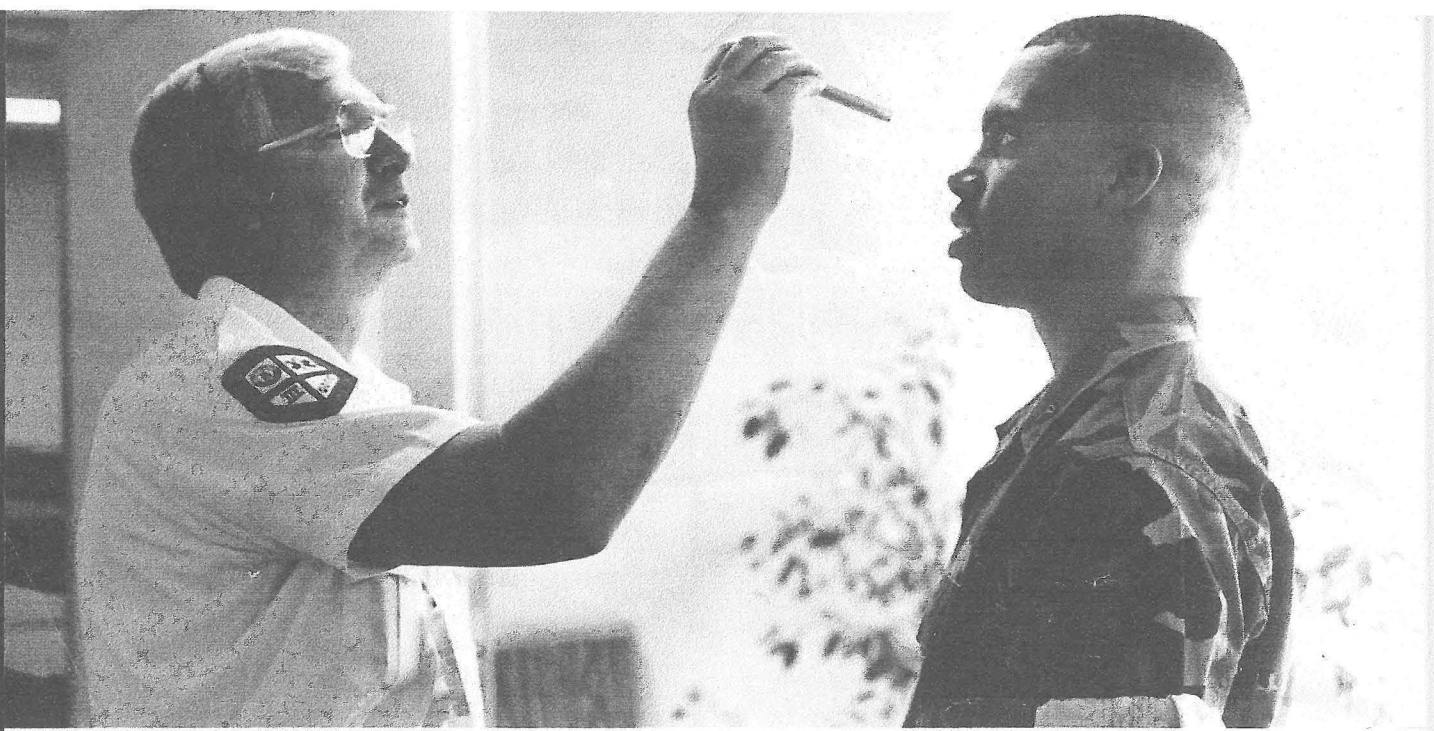
"In terms of documented contaminants, the levels are absolutely outrageous," Carpenter says. And there's plenty of anecdotal evidence that Fort McClellan veterans suffered as a result. "There's too much smoke for there not to be a cause common to those people."

The issue is particularly acute for female Army veterans, whose future children may have been affected by that exposure, Carpenter says. Add to that the fact that Fort McClellan was once the primary basic training base for women who joined the Army.

"That's what makes Fort McClellan a little different," says Diane Zumatto, who suspects her family's health problems are tied to her time in Anniston. "I think more women were exposed at Fort McClellan than other military bases."

Rather than getting help from the nation they served, Fort McClellan veterans say they are getting the brushoff, and that VA dismisses the suggestion that servicemembers may suffer health consequences as a result of toxic exposure at the base. "Veterans who mention Fort McClellan to VA providers," Zakrocki says, "are often rebuked."

TOXIC LEGACY Fort McClellan was established next to Anniston, a city known for its iron smelters, in July 1917. Named for Civil War Gen. George B. McClellan, the base has had a variety of missions. It trained approximately 500,000 soldiers and was a prisoner of war camp during World War II. The Chemical Corps was activated there in 1951. The Army's Chemical/Biological/Radiological Agency followed in 1962 and the U.S. Army Chemical School in 1979.



Safety officer Jerry Rice checks the eyes of Marine Cpl. Marty Williams at Fort McClellan, Ala., on Aug. 30, 1990. From the 1920s through the base's closure in 1999, hundreds of thousands of servicemembers were exposed to toxins through chemical weapons training, or indirectly through air, soil and water contamination. Photo courtesy The Anniston Star

Women's Army Corps (WAC) basic training started at Fort McClellan in 1952. Approximately 350,000 female recruits trained there before the WAC was disbanded in the late 1970s. Fort McClellan also served as the primary military-police training base for the Army, Navy and Marines, Zakrocki says. Over the years, it had an average population of 10,000 military personnel and 1,500 civilian employees, according to Army websites.

The fort was shuttered at the recommendation of the Base Realignment and Closure (BRAC) Commission in 1999. A portion of the acreage was turned over to the city of Anniston for redevelopment. Some of it became a national wildlife refuge. Some is used by the Alabama National Guard and the Department of Homeland Security.

Fort McClellan's toxic legacy is virtually unknown, which is surprising considering its own chemical and biological weapons training programs, the chemical weapons stockpile at the Anniston Army Depot, and its proximity to the Monsanto plant that manufactured PCBs in Anniston from 1929 to the 1970s.

There are 209 PCBs. They cause cancer, suppress the immune system,

disrupt the endocrine system – the thyroid gland, for example – and elevate the risks of high blood pressure and type II diabetes, Carpenter says. “The thing that most people don’t realize is how many different organ systems can be disrupted by exposure to a chemical.”

Monsanto's PCB pollution attracted national media attention, including a “60 Minutes” segment

AMERICAN LEGION RESOLUTION 118

Passed at the 98th National Convention in 2016, Resolution 118 urges DoD to fully disclose all wartime and non-wartime locations to VA where hazardous environmental exposures exist and U.S. servicemembers were exposed “through testing, transportation, storage, disposal, and environmental contamination,” including Fort McClellan, Ala., Fort Drum, N.Y., Fort Dugway, Utah, and others.

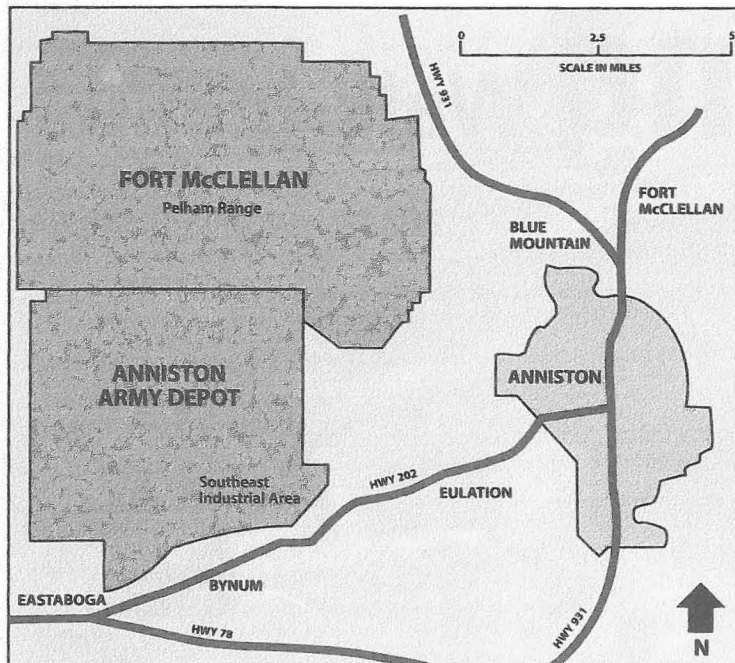
Resolution 118 calls for:

- Legislation requiring VA to establish a national center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances during service.
- Providing “thorough and appropriate examinations and treatment” to veterans reporting to VA medical care facilities claiming exposure to environmental hazards, and compassion from VA physicians in responding to the medical needs of these veterans.
- Liberalization of rules relating to the evaluation of studies involving exposure to any environmental hazard, “and that all necessary action be taken by the federal government ... to ensure that veterans are properly compensated for diseases and other disabilities scientifically associated with a particular exposure.”

Read the full resolution online:

www.legion.org/resolutions

Anniston Army Depot and surrounding area



In 2003, Monsanto settled a class-action lawsuit with residents of Anniston, Ala., but veterans who trained and lived at Fort McClellan were not included in the suit. At present, VA does not recognize Fort McClellan as the cause of toxic exposure health issues, claiming no evidence of widespread contamination problems.

Source: Environmental Protection Agency, September 1991

in 2002. The company settled a lawsuit with Anniston residents for \$700 million in 2003, a sum that reflects the extent of the contamination. "There were PCBs found in the tree bark up to three miles away – about the distance the Monsanto plant is from Fort McClellan," Carpenter says. Pigs raised by Anniston residents – often the poorer members of the community – were so contaminated they had to be carted off to hazardous-waste landfills.

No veterans were included in the litigation, likely because the attorneys who sued Monsanto focused on civilians who lived in neighborhoods closest to the manufacturing plant and had the highest PCB levels in their blood, says Carpenter, who was an expert witness in the case.

That exclusion is mind-boggling to Fort McClellan veterans. "I don't know how Anniston was exposed and we weren't," Keefer says. "Were we not drinking the same water? Were we not living in the same town? Were we not breathing the same air?"

FIRST SYMPTOMS Keefer's health problems surfaced soon after she was recalled to active duty as an MP during the run-up to the first Gulf War. Blood started leaking out of her right breast while she was taking a shower at Foot Hood. An Army doctor recommended immediate surgery. Keefer refused and, at her mother's urging, was

examined at a top civilian cancer center in Houston after she left the Army in late 1991. The medical team couldn't find a cause for the bleeding, but Keefer continues to experience strange discharges from her right breast.

Other medical problems have since piled on: benign cervical tumors and a benign lump in her left breast that grew to the size of a lemon in six months. Abdominal pain, insomnia, fatigue and Hashimoto's disease – an autoimmune disorder that causes the body to attack the thyroid gland. Keefer suffers the sudden onset of a burning sensation on her left leg that comes and goes without explanation. And she deals with involuntary muscle twitching and gastrointestinal problems. "I had so many physical problems – I had no idea why – that I kind of thought I was a huge hypochondriac."

No one in Keefer's family had previously experienced any of these health issues. But one of her daughters now has the same gastrointestinal problems. Another daughter – the one she was carrying during her second stint at Fort McClellan – suffers from periodic bouts of a ringworm-like rash, as does her husband.

"It all goes back to Fort McClellan," says Keefer, a member of American Legion Post 273 in Madeira Beach, Fla. "It has to be the crap we were exposed to."

Carpenter confirms that the health

consequences of toxic exposure could affect the children of Fort McClellan veterans. "Something your grandmother was exposed to can affect your grandchildren," he says. "The health effects are going to continue for years, if not generations. That's why we need to study the women who were stationed at Fort McClellan. Do their daughters have profiles of diseases that are elevated?"

That prospect weighs on Zumatto. Two of her children have had seizures. Her eldest son has Crohn's disease and her eldest daughter has hip dysplasia. Her sister, also a Fort McClellan veteran, has suffered seizures and two bouts of cancer. None of these health problems had previously occurred in her family.

INACTION Keefer filed a VA claim four years ago. It was rejected. Appealing that decision is a waste of time until the department officially recognizes how serving at Fort McClellan came with exposure-related problems, she says.

VA is far from convinced.

"VA has reviewed several documents on the environmental investigations conducted at Fort McClellan and has found no evidence of widespread contamination issues," VA said in an email responding to questions from *The American Legion Magazine*. That applies to PCBs as well, even with Fort McClellan's close proximity to the now-defunct Monsanto plant. VA's Fort McClellan webpage cites a report from the federal Agency for Toxic Substances and Disease Registry (ATSDR) that says people who lived outside the neighborhoods near Monsanto didn't face a higher risk of cancer or other health problems.

"That is an outrageous response that is totally inconsistent with the evidence," Carpenter says. "ATSDR has a very bad track record of minimizing risks, and they seem not to even know the relevant literature."

Fort McClellan veterans have long lobbied for a health registry that would help establish whether they've experienced abnormal health problems that can be tied to toxic exposure and potentially pave the way for VA health care for those diseases. Carpenter supports that idea.

"It's impossible, at this stage of the game, to go back and determine all of the things people were exposed to because the base has been closed so many years," Carpenter says. "We know they were exposed to organic solvents, incinerator emission from the Anniston Army Depot, TCE and some level of PCBs wafting over from Monsanto."

A health registry is the logical next step. "It's

RESOURCES

■ **Operation Stand Together** Founded by Fort McClellan veteran Vincent Diem and his wife, Carrie, in 2016, Operation Stand Together is an advocacy and education organization for veterans dealing with toxic exposure related to their military service. Diem was stationed at Fort McClellan twice and is dealing with numerous resulting health issues. He is chaplain of Shenandoah American Legion Post 77 in Strasburg, Va. The organization also has a Facebook group; search for "Operation Stand Together." Other Facebook groups include **Fort McClellan Toxic Exposure Right to Know** and **Fort McClellan Toxic Exposure for Veterans**.

■ **VA** The VA website has a page about potential toxic exposure at Fort McClellan. It lists several resources but makes it clear that VA does not believe Fort McClellan caused any contamination-related health issues.

🌐 www.publichealth.va.gov/exposures/fort-mcclellan

not trivial," Carpenter says. "It's not cheap. But it's not at all impossible."

VA, however, opposes a registry, again citing what it believes is a lack of evidence of consequential environmental hazards at the Anniston base. Efforts in Congress to mandate such measures have failed. U.S. Rep. Paul Tonko, D-N.Y., has introduced legislation to establish a health registry four times since 2010, only to have the bills die in the House. He reintroduced his bill in September with bipartisan support from seven co-sponsors, and the measure has been referred to the Veterans' Affairs Subcommittee on Health. Tonko is optimistic his effort ultimately will succeed as calls for the measure grow from affected veterans around the country.

"In this case, you have a group of veterans who appear to be showing a pattern of severe and otherwise unexplained health consequences, and a denial by the system to acknowledge and support their needs," Tonko says. "That's wrong. Creating a health registry is a first step in establishing the link between service at Fort McClellan and serious adverse and deteriorating health."

Time is of the essence.

"To be clear, these veterans have been left to suffer for far too long already," Tonko says. "There's a right way to do this, and we need to get this started now." 🌐

Ken Olsen is a frequent contributor to The American Legion Magazine.



Camp Lejeune's Toxic Legacy

by [Ken Olsen](#)

JAN 18, 2013

[Facebook](#)

[Twitter](#)

[More](#) 910

Jerry Ensminger's 9-year-old daughter died of a rare form of leukemia he believes was caused by solvent-laced drinking water at Camp Lejeune, N.C. Her death could have been prevented, he says, if the Marine Corps had followed its own testing regulations.

"I have never been so disillusioned in my life," says Ensminger, who served 11 of his 25 years in the Marine Corps at the base. "I want the truth. I want accountability. And I fully recognize they will probably pat me in the face with a shovel and blow Taps over me before I get that."

Ensminger can claim partial victory in his 15-year battle over contamination at Camp Lejeune, where drinking water was tainted with five times as much trichloroethylene (TCE) as the Woburn, Mass., drinking water system made famous in the book and movie "A Civil Action." Congress recently mandated that VA provide health care for Marines and family members stationed at Camp Lejeune between 1957 and 1987 who are suffering from certain cancers and neurological diseases.

"This bill is confirmation by the president of the United States and Congress that we were harmed by our leaders," he says.

But the plainspoken former drill instructor and father of four is not standing down. "This is not the end of the issue – this is the end of the first act," Ensminger says. "They are still withholding information from Congress and the public. There has been no accountability for the people who perpetrated this on us and our families."

Record Exposure. The Marine Corps acknowledges that as many as 800,000 Marines, family members and civilians drank, swam and showered in Camp Lejeune's toxin-laden water, the largest exposure of its kind in the nation.

Established as an advanced training base in 1941, the 246-square-mile complex relied on dozens of shallow wells, averaging 40 feet deep, for drinking water. These wells were contaminated by leaking fuel-storage tanks, a chemical dump and discarded industrial solvents. One well was even installed in a corner of a Camp Lejeune landfill where solvents, DDT and other waste was discarded. A civilian dry cleaner near the Camp Lejeune family housing complex where Ensminger lived also polluted the drinking water.

The Marine Corps says the contamination was the unintentional byproduct of an era when federal law didn't limit the amount of toxins – including tetrachloroethylene (PCE), TCE, benzene and vinyl chloride – in drinking water.

"In the early 1980s, standards and regulations for the treatment and disposal of solvents were just starting to be put into place," the Corps said in an email response to questions about Camp Lejeune. "The understanding of health effects of these chemicals has evolved. For example, up until 1977, TCE was allowed for use as a general anesthetic, skin wound and surgical disinfectant."

Health experts call the Marine Corps' response disingenuous.

"Hiding behind the lack of an official regulation doesn't fulfill its moral obligation to the Marines and their families," says Richard Clapp, an epidemiologist at the Boston University School of Public Health, who specializes in causes of cancer in workers, community residents and veterans. Massachusetts voluntarily closed two Woburn wells in 1979 after tests revealed a far lower TCE contamination level than that at Camp Lejeune, even though the Environmental Protection Agency (EPA) hadn't yet set drinking water limits on the carcinogen.

"That was based on guidance from EPA and not a formal regulation, but it was done to protect the public health based on evidence available at the time," Clapp says. "I see no reason why the Department of the Navy could not have done the same thing to protect its people."

The medical community, meanwhile, abandoned TCE as an anesthetic because it was lethal. "It was causing people to go into heart failure on the operating table," Clapp says. "That should have sent up a red flag about TCE exposure in the late 1970s as well."

"I Had to Be Strong." Ensminger first went to Camp Lejeune after he graduated from boot camp in 1970. He and his wife lived in a Marine Corps family housing complex called Tarawa Terrace from 1973 to 1975. One of their daughters, Janey, was conceived and carried through most of her first trimester at Camp Lejeune. That timing is key. A developing fetus is so sensitive to the chemicals that were present in Camp Lejeune's water, Clapp says, that a few hours or days of exposure at the wrong time could cause birth defects, cancers or neurological diseases. There was an eightfold increase in the risk of childhood leukemia among Woburn, Mass., babies whose mothers were exposed to the TCE-contaminated water during pregnancy.

Ensminger and his family returned to Camp Lejeune in 1982, and lived in nearby Jacksonville, N.C. The town had little in the way of community recreation facilities, so his daughters regularly swam in the base swimming pools. Because TCE and the other contaminants can be absorbed through the skin, the pools were just one more source of potential exposure.

Janey Ensminger was diagnosed with childhood leukemia in July 1983. She was 6.

"At first I went into shock," Ensminger says. "Then it was the hustle and bustle of getting her to a treatment facility."

They took Janey to Penn State University Medical Center and Duke Children's Hospital, searching for a cure and answers. No one in his or his wife's family had ever had cancer. Janey's illness didn't make sense.

"After I had a chance to sit down and think about it, the question was why," Ensminger says. "But these doctors couldn't – or wouldn't – answer my nagging question."

Ensminger told Janey they would fight her cancer together. He told himself that he wouldn't cry in front of his daughter. "I had to be strong," he says.

"Every time that child went into a treatment room, she was screaming, 'Daddy, Daddy, don't let them hurt me,'" Ensminger says. He finally broke down in front of his daughter in late September 1985. Janey told him she loved him, lapsed into a coma and died 30 minutes later.

"I didn't just lose my daughter. I feel like I lost my entire life," Ensminger says.

A Secondary Concern. Why didn't the Marine Corps begin testing drinking water for total organic pollutants – a class of chemicals including TCE, PCE, benzene and other toxins – in 1963, as Navy regulations required?

The Corps says such testing wouldn't have made a difference because those early regulations didn't require specific analysis for TCE, PCE and other toxins. Indeed, the appropriate analytical tools weren't readily available or commonly used by water utilities in the early 1960s.

But even if the Marine Corps hadn't identified the specific contaminants, those early tests would have alerted officials to a significant pollution problem and prevented decades of human exposure to solvents and other dangerous chemicals, Ensminger says. At a minimum, the Corps would have discovered that Camp Lejeune's Hadnot Point Fuel Farm was leaking, eventually allowing as much as 1 million gallons of petroleum to seep into the soil and groundwater.

There is other evidence to suggest that camp commanders were slow to act. Congress passed the Safe Drinking Water Act in 1974 after a national outcry over water pollution. Even the magazine *Civil Engineering* – hardly a staple of the environmental movement – published a cover story in September 1977 headlined, "Are U.S. cities doing enough to remove cancer-causing chemicals from drinking water?" By then, Camp Lejeune had the third-largest municipal water system in North Carolina and was obligated to meet federal drinking water standards.

An Army analytical lab was finally tapped to test Camp Lejeune's water in 1980, as required under the Safe Drinking Water Act. It alerted the base several times to high levels of drinking water pollution that were interfering with its analysis, although the lab didn't identify specific contaminants. Two years later, a private lab also found dangerously high levels of toxins while conducting similar water sampling. In fact, the water was so contaminated that Grainger Labs assumed it had gotten bad samples. It repeated the tests several times in May 1982 and discovered dangerously high levels of TCE and other solvents.

"I was alarmed," says Mike Hargett, then co-owner of the lab. "By 1982, the toxicological impact of TCE and PCE exposure was well-established. They should not have been drinking that water."

Hargett took his concerns to Camp Lejeune officials, and even met with the officer in charge of the water utility – an individual whose name he no longer recalls. "I said, 'This is not something you want

to expose the population to,” Hargett says. “He dismissed me, saying, ‘This is something we will turn over to the Navy.’”

Camp Lejeune continued to use the contaminated wells for another two and a half years. As a result, water supplied to parts of the base by the Hadnot Point treatment plant contained as much as 1,400 parts per billion of TCE. That’s the highest level of the solvent recorded in a municipal drinking water system in the United States, and 280 times today’s TCE limit.

But the Marine Corps says the source of the pollution was unknown. It also cites the lack of limits on solvents in drinking water as a reason it didn’t take immediate action. In addition, it’s difficult to second-guess decisions made decades ago.

“Although it is impossible to know why a discretionary action was or was not taken more than 25 years ago, one must view the situation in the context of the relevant time period,” the Marine Corps says.

Camp Lejeune finally began closing its highly contaminated wells in late 1984. Even then, the base newspaper mentioned only “trace contamination” and did not warn of any potential health effects. A letter the Marine Corps sent to Tarawa Terrace residents in April 1985 mentioned “minute (trace) amounts of several organic chemicals in the drinking water,” but most of the letter focused on water conservation required by the well closures.

This lackluster response is puzzling for other reasons. The Navy shuttered contaminated water wells at other bases well before Camp Lejeune finally took action. Naval Air Station Willow Grove and Naval Air Warfare Center Warminster – both in Pennsylvania – closed contaminated wells in 1979, according to records Ensminger unearthed.

Hargett’s firm found lower concentrations of contamination in the drinking water at Marine Corps Air Station Cherry Point in North Carolina in the early 1980s. Hargett notified Cherry Point’s water system manager, who immediately shut down the offending well because the person in charge of the utility “understood the severity of the problem,” he says.

The difference, Hargett believes, is that the problem didn’t come to the attention of the right person at Camp Lejeune until late 1984. “I don’t think they had the right information or understanding of the problem,” he says. A field commander is concerned about having enough water for his troops to bathe, drink and do the work he needs to do. “The details of what was in that water were a secondary concern.” That mentality carried over to the water utility at Camp Lejeune.

Haunted By Questions. In the summer of 1997, almost 12 years after his daughter died, Jerry Ensminger heard a TV news report that said Camp Lejeune’s drinking water had been contaminated with solvents potentially linked to childhood leukemia. “It was like God had opened up the sky and said, ‘Jerry, here is a possible answer to the nagging question that has plagued you,’” he says.

By then, Ensminger had retired from the Marines as a master sergeant and was raising corn and soybeans not far from Camp Lejeune. He started a group called The Few, The Proud, The Forgotten and began digging for answers. Tom Townsend, a former Marine whose son mysteriously died six weeks after his birth at Camp Lejeune, joined Ensminger. Townsend filed more than a thousand requests for Marine Corps and Navy records under the federal Freedom of Information Act.

Townsend’s health later forced him to step aside. But Mike Partain, the son of a Camp Lejeune Marine, heard about Ensminger’s work and stepped up. Partain was born at Camp Lejeune in 1968, had just undergone a radical mastectomy for a rare case of male breast cancer and was likewise searching for answers. He dedicated nine months to sorting the records Townsend and Ensminger had obtained and constructing a detailed timeline of Camp Lejeune’s contamination.

Ensminger and his volunteers pored through hundreds of documents, including copies of emails that showed that the Marine Corps considered postponing the release of information about drinking water

contamination at Camp Lejeune, as well as a health survey, because the movie version of "A Civil Action" was about to hit theaters. Such timing would bring unwanted attention to the problems at the base, one Camp Lejeune official worried.

Ensminger, meanwhile, made countless trips to Capitol Hill. He's testified before the House and Senate five times. In 2008, he successfully lobbied Congress to order the Marine Corps to formally notify former Marines, family members and civilians about the Camp Lejeune water contamination. Ensminger scored another victory last August when President Barack Obama signed legislation mandating VA health care for former Camp Lejeune residents. However, there are concerns about how long it will take VA to begin providing care to families.

Ensminger continues his fight for comprehensive epidemiological studies of the people who lived and worked at Camp Lejeune, and is worried about ongoing delays in the release of the results. The Agency for Toxic Substances and Disease Registry was expected to publish two studies in July: an analysis of birth defects among Camp Lejeune residents and a historical reconstruction of their exposure to contaminated drinking water. The historical reconstruction is particularly important, he says, since it's the foundation for future Camp Lejeune health studies.

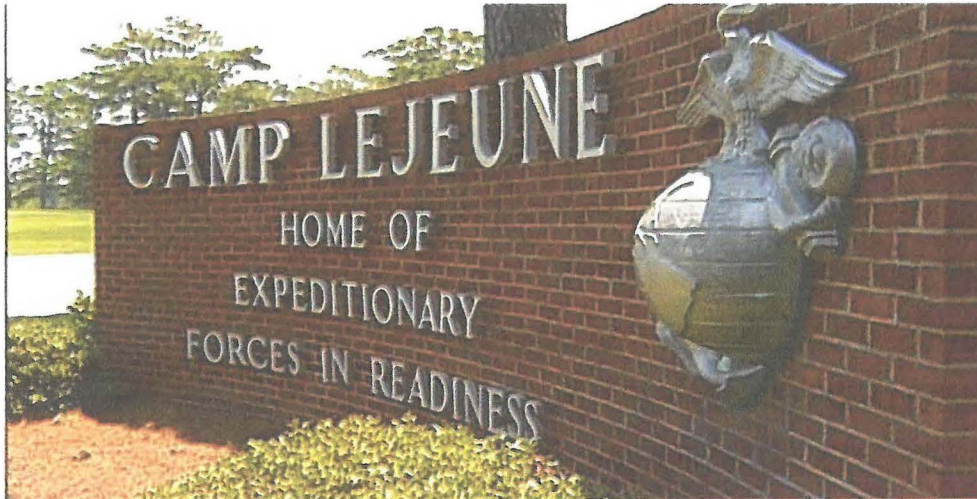
Most of all, Ensminger tries to make sense of the profound betrayal he and others feel from an institution he served and revered – and to answer the questions that still haunt them, such as how and why.

"We still don't have the whole truth about what happened to us and our families," Ensminger says. "Janey's dead. Nothing's going to help her. But there are other people out there who are still suffering."

Ken Olsen is a frequent contributor to The American Legion Magazine.

A's rule establishes a presumption of service connection for diseases associated with exposure to contaminants in the water supply at Camp Lejeune

VA to provide disability benefits for related diseases



Tuesday, March 14, 2017 1:51 pm News Releases, Top Stories OMR 3k views

VA regulations to establish presumptions for the service connection of eight diseases associated with exposure to contaminants in the water supply at Camp Lejeune, N.C. are effective as of today.

"Establishing these presumptions is a demonstration of our commitment to care for those who have served our Nation and have been exposed to harm as a result of that service," said Secretary of Veterans Affairs Dr. David J. Shulkin. "The Camp Lejeune presumptions will make it easier for those Veterans to receive the care and benefits they earned."

The presumption of service connection applies to active duty, Reserve and National Guard members who served at Camp Lejeune for a minimum of 30 days (cumulative) between Aug. 1, 1953 and Dec. 31, 1987, and are diagnosed with any of the following conditions:

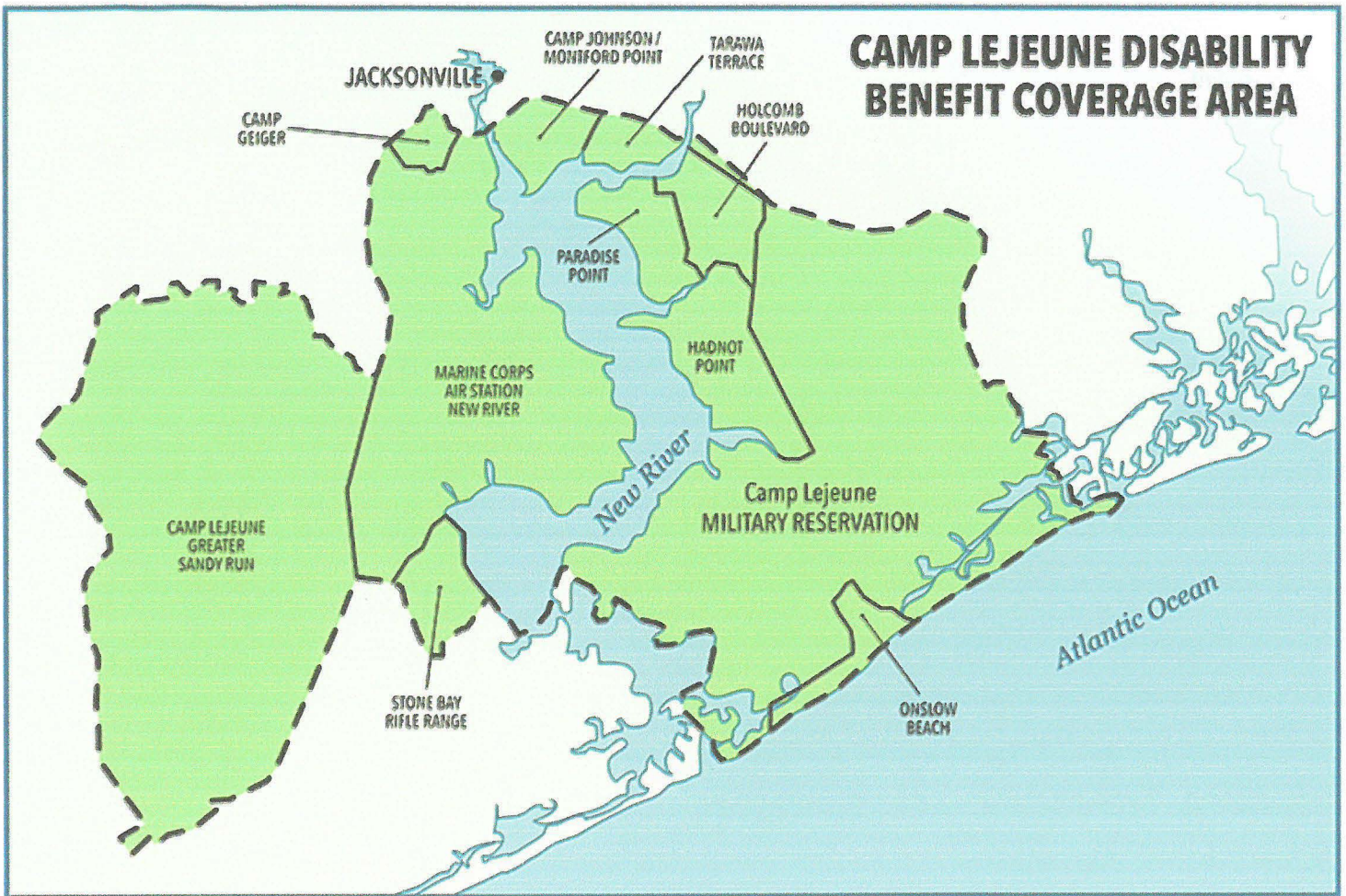
- adult leukemia
- aplastic anemia and other myelodysplastic syndromes
- bladder cancer
- kidney cancer
- liver cancer
- multiple myeloma
- non-Hodgkin's lymphoma
- Parkinson's disease

The area included in this presumption is all of Camp Lejeune and MCAS New River, including satellite camps and housing areas.

This presumption complements the health care already provided for 15 illnesses or conditions as part of the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012. The Camp Lejeune Act requires VA to provide health care to Veterans who served at Camp Lejeune, and to reimburse family members, or pay providers, for medical expenses for those who resided there for not fewer than 30 days between Aug. 1, 1953 and Dec. 31, 1987.

Additional information added 3/23/2017:

Additional information on Camp Lejeune disability compensation information or health care reimbursement for family members can be found [here](#).



Map of the Camp Lejeune disability coverage area.

Tags:

Since their first encounter with nuclear weapons tests in the 1940s, U.S. servicemembers have been exposed to atomic radiation, toxic defoliants and choking burn pits, among other contaminations that, while slower-acting, are often just as lethal as bullets and bombs. In each of these situations, the government response to afflicted veterans' needs for information, acknowledgment and health care has been even slower – decades of denial, followed by begrudging but limited acceptance and bureaucratic skepticism. The American Legion has been at the forefront of advocating on behalf of these veterans, from the Legion service officer in Iowa who helped Orville Kelly win the first atomic veteran's claim, to the continuing fight for Agent Orange benefits and today's work on behalf of post-9/11 veterans.

In this second article of a three-part series, *The American Legion Magazine* examines the long fight to provide health care and benefits for veterans exposed to Agent Orange – a battle that continues for many former servicemembers who are suffering the consequences of the massive toxic herbicide campaign without help from VA.

'A relentless tragedy'

Fifty years after the Vietnam War, VA still dodges Agent Orange claims despite federal court rulings and a mountain of scientific evidence.

BY KEN OLSEN

From the moment Julie Diane Haley was born with a hole in her heart and underdeveloped lungs, her family suspected it was a consequence of her father's service in Vietnam. But they weren't aware of Operation Ranch Hand or the millions of gallons of toxic herbicides the U.S. military sprayed in Southeast Asia. So when Alton and Iralee Haley buried their only daughter four months later, they were left only with questions.

Their suspicions grew as Alton's health problems multiplied: high blood pressure, heart disease, peripheral neuropathy, prostate problems and more. Each new diagnosis brought another frustrating battle for VA health care and benefits.

This is the story for thousands of veterans and their families. On the one hand, more than half a million people are now receiving Agent Orange benefits thanks to the dogged advocacy of The American Legion, the National Veterans Legal Services Program (NVLSP) and other groups. Billions of dollars in claims have been paid as a result of their victory in *Nehmer v. U.S. Department of Veterans Affairs* as well as the Agent Orange Act of

1991. "There's been a lot of progress," says Bart Stichman, executive director of NVLSP.

Yet a significant number of veterans are still fighting VA, even those who had "boots on the ground" in Vietnam and should therefore automatically qualify for Agent Orange benefits for more than a dozen diseases presumed caused by exposure to the U.S. military's arsenal of toxic herbicides. Many give up after the second or third VA denial. Other veterans suffer for decades, without knowing they qualify for help.

Blue Water Navy veterans – who drank and showered in distilled seawater contaminated by Agent Orange-laced runoff from Vietnam – are still trying to regain benefits VA withdrew in the early days of the George W. Bush administration. And former servicemembers who believe they were exposed to toxic herbicides in Thailand, Korea, Guam, Okinawa and military bases in the United States can expect to have their claims denied.

If that's not grim enough, VA has not added benefits for any diseases that science shows are connected to toxic herbicide exposure since 2015,

World War II

Two key components of Agent Orange – 2,4,5-T and 2,4-D – are tested at Fort Detrick, Md.

1962-1972

U.S. military sprays some 20 million gallons of Agent Orange and other toxic herbicides in Vietnam and Laos as part of Operation Ranch Hand.

1964

U.S. military tests Agent Orange in Thailand.

February 1967

More than 5,000 scientists – including 17 Nobel laureates – sign a petition asking President Lyndon Johnson to stop toxic herbicide use in Vietnam.

Nov. 25, 1967

Arthur W. Galston, a Yale botany professor, warns of possible human health consequences of toxic herbicide use in Vietnam.

1968-1971

U.S. military uses Agent Orange at Korean DMZ.

April 15, 1970

The White House bans the use of one of the key components of Agent Orange around homes, schools, food crops and similar uses because of concerns about the consequences of human exposure to the herbicide.

Early 1970s

Vietnam veterans raise concerns about chloracne, birth defects in their children and other inexplicable illnesses. VA requires proof of exposure before granting benefits.

1974

The National Academy of Sciences finds dioxin, a component of Agent Orange, "is extremely toxic to some laboratory animals."

March 23, 1978

WBBM in Chicago airs "Agent Orange, the Deadly Fog" – an Emmy Award-winning documentary about health-care problems among Vietnam veterans that started with a tip from Maude DeVictor, an employee at the Chicago VA's regional office.

Nov. 27, 1979

Orville E. Kelly of American Legion Post 52 in Burlington, Iowa, announces he has won his VA claim for lymphatic cancer related to radiation exposure from 22 atomic tests he witnessed in the Marshall Islands in 1957 and 1958. Veterans exposed to Agent Orange and burn pits continue to cite the Kelly decision in their efforts to gain VA benefits.

1979

A class-action lawsuit representing 2.4 million veterans exposed to Agent Orange is filed in federal court against seven large chemical companies who manufactured the deadly herbicide. The case is settled for \$240 million in 1988.



Alton Haley served as a security dog handler with the 366th Tactical Fighter Wing at Da Nang Air Base. He later learned the base's perimeter, which he patrolled, had been sprayed with Agent Orange.

when Congress allowed provisions of the Agent Orange Act to lapse that required VA to make decisions within 180 days.

"It's a relentless tragedy," says Fred Wilcox, author of "Waiting for an Army to Die," one of the first books to chronicle the carnage wrought by Agent Orange when it was published in 1983. "We pay a lot of lip service to people who serve in the military. But the reality is we expose them to radiation, we expose them to Agent Orange, we expose them to depleted uranium and burn pits, and then go into a fit of denial when they become ill."

The cost to veterans and their families is staggering, adds William Davis, a Blue Water Navy veteran. "The pain, the suffering is deep. And for the survivors, the grief when the veterans die is both welcoming for the end of the suffering and frightening for what the future holds."

PERIMETER PATROL A neighbor introduced Alton and Iralee at a teen recreation hall in Texas shortly before he entered the Air Force in 1969. The couple got to know each other through letters they exchanged during Alton's yearlong deployment to Vietnam. A security dog handler, he knew the U.S. military was spraying something around the perimeter of the air bases in Da Nang and Phan Rang where he patrolled. "I didn't know what it was," Alton says. "I didn't know it was poisonous to people."

Alton and Iralee married in August 1970, soon after he returned from Vietnam. He finished his hitch at Altus Air Force Base in Oklahoma and became a homebuilder in Texas. In 1980, their daughter was born three months premature, and Alton's mother was certain his service in Vietnam was the reason. He began experiencing health problems at odds with his family's history.

"I'd always pondered it," Iralee says of her mother-in-law's belief that something in Vietnam was to blame for the loss of their daughter. "When all of this stuff started happening to him, I began to think about it again." Iralee asked several VA doctors if there was a connection between Alton's service in

Dec. 20, 1979

Congress orders VA to study the long-term health effects of exposure to dioxin, a toxic component of Agent Orange.

1982

VA decides that Vietnam veterans with chloracne are presumed to have been exposed to Agent Orange.



January 1982

The American Legion Magazine publishes the first of a three-part series titled "Agent Orange: Time Bomb or Dud?"

March 12, 1982

Dow Chemical, a major manufacturer of Agent Orange, tries to blame an exotic Asian bacterium for growing health problems among Vietnam veterans.

May 3, 1983

Fred Wilcox's "Waiting for An Army to Die," which explores the devastating health consequences of Agent Orange exposure among Vietnam veterans, is published.

Oct. 24, 1984

The Veterans' Dioxin and Radiation Exposure Compensation Standards Act becomes law. It requires VA to establish benefits for veterans exposed to toxic herbicides as well as former servicemembers exposed to above-ground nuclear weapons tests.

1986

The National Veterans Legal Services Program challenges VA's "chloracne only" rule on behalf of hundreds of thousands of veterans and survivors in a class-action lawsuit known as *Nehmer v. U.S. Department of Veterans Affairs*. A federal court rules in favor of veterans three years later, and orders VA to reconsider all claims it rejected under its illegal regulation. It is one of the most far-reaching legal victories for veterans exposed to toxic herbicides.

March 29, 1990

Vietnam veterans – particularly those who served on ships off the coast of Vietnam – have a far higher rate of non-Hodgkin's lymphoma than veterans who didn't serve in Vietnam, according to a study conducted by the Centers for Disease Control and Prevention. However, CDC also concludes there's no link between Agent Orange exposure and five other cancers, prompting The American Legion to label the CDC's Selected Cancers Study "scientific fraud."

Feb. 6, 1991

The Agent Orange Act of 1991 provides that any veteran who served in Vietnam from Jan. 9, 1962 to May 7, 1975 is presumed to have been exposed to Agent Orange and automatically qualifies for disability rating and medical care for a list of specified diseases.

Vietnam and his ischemic heart disease. The doctors told her to drop her inquiry. "They said, 'It's not going to do you any good because it's not service-connected.'"

Iralee filed Alton's first VA claims in the 1990s – and continued to file and appeal over the next several years. "They denied and denied it was service-connected," Iralee says of Alton's health problems, many of which are now presumed connected to Agent Orange exposure. VA even denied that Alton had heart disease, even though his own VA doctors had made the diagnosis following an angiogram.

More medical issues appeared: type 2 diabetes, prostate problems, and the sudden onset of peripheral neuropathy so severe that Alton had to learn how to walk again. "There's an old saying," says Alton, who had to retire at 55 because of his failing health. "The war killed me, but I'm not dead yet."

VA kept denying his medical claims. Iralee kept appealing, eventually receiving some benefits. She eventually found NVLSP, and the nonprofit legal advocacy group won retroactive compensation for Alton's ischemic heart disease as a result of the federal court ruling in *Nehmer*.

DELAY AND DENY In the years after the war, VA maintained that a painful, blistering skin rash known as chloracne was the only illness caused by Agent Orange exposure. This was the story even as Wilcox and journalists nationwide reported on Vietnam veterans dealing with testicular cancer, bladder cancer, multiple miscarriages, babies with severe and inexplicable birth defects, and other problems.

By the late 1970s, Sen. Alan Cranston, chairman of the Senate Veterans' Affairs Committee, told VA that its denial of nearly all Agent Orange claims suggested the federal government was covering up evidence about the hazards of toxic herbicide exposure in much the same way as information about the adverse health effects from radiation was withheld from nuclear-weapons test participants in the 1950s and 1960s, according to Wilcox's book. Not only were Alton Haley's illnesses excluded under VA's chloracne-only rule, but he couldn't win a simple hearing-loss claim even though he served on the flight line at Altus.

In 1986, NVLSP filed a class-action lawsuit against VA's chloracne-only rule on behalf of hundreds of thousands of Vietnam veterans and their survivors – *Nehmer v. U.S. Department of Veterans Affairs*. A federal court ruled against VA in 1989, ordering the agency to rewrite its Agent Orange regulations and redo claims it denied under its illegal rules.

Next came the Agent Orange Act of 1991, directing VA to revisit scientific research regarding toxic herbicide exposure every two years, then provide Agent Orange benefits for additional diseases on the recommendation of the National Academy of Sciences. That same year, a consent decree in the *Nehmer* case required VA to provide retroactive compensation for all pertinent claims it had previously denied. NVLSP had to repeatedly return to court to enforce that decree, and is the court-appointed watchdog over any new *Nehmer* claims.

February 2002

VA changes strip Agent Orange benefits from Vietnam War Navy and Marine Corps veterans who cannot prove they had "boots on the ground," reversing a key provision of the Agent Orange Act of 1991.

Dec. 12, 2002

Royal Australian Navy publishes study showing distilling water on Navy ships increases the concentration of dioxin – a powerful toxin found in Agent Orange.

2003

The American Legion recognizes chemist Jeanne Mager Stellman and her husband Steven, an epidemiologist, with the Distinguished Service Medal for decades of work on Agent Orange exposure, including an analysis that shows up to four times more toxic herbicides were sprayed during the Vietnam War than were previously estimated.

2006

The Australian government authorizes Agent Orange benefits for its Blue Water Navy veterans from the Vietnam War.

2007

The George W. Bush administration requests introduction of legislation to eliminate all Blue Water veterans from qualifying for presumptive exposure to Agent Orange. The bill dies in Congress.

2008

National Academies of Science confirms the Royal Australian Navy finding that distilling seawater for drinking water increases dioxin concentration. VA calls for more study.

May 5, 2009

Rep. Bob Filner introduces H.R. 2254 to restore Agent Orange benefits for Blue Water Navy Vietnam veterans. Companion legislation is introduced in Senate. The legislation dies. A second attempt two years later fails to even get a vote in Congress.

Sept. 30, 2015

Congress allows two key provisions of the Agent Orange Act of 1991 to expire that compel the VA secretary to make a decision about granting presumptive benefits for additional illnesses related to herbicide exposure within 180 days of receiving the most recent National Academy of Medicine's most review of relevant evidence.

March 10, 2016

National Academy of Science says bladder cancer, hypothyroidism and Parkinson-like symptoms are likely linked to Agent Orange. VA fails to add these conditions to the list of diseases presumed connected to Agent Orange, despite repeated promises to do so.

May 4, 2018

Legislation to restore Agent Orange benefits for Blue Water Navy veterans is reintroduced in the House of Representatives – but proposes to pay for the benefits by increasing fees veterans and active-duty military pay on VA loans.

Many Agent Orange issues remain unresolved, however. Legislation to restore benefits for Blue Water Navy veterans has repeatedly failed to receive a vote in Congress. The latest effort, introduced in the House in May, proposes to pay for benefits by increasing fees veterans and servicemembers pay on VA loans. VA, meanwhile, has denied claims of veterans exposed to Agent Orange at U.S. bases such as Fort Drum, N.Y., though it acknowledges the herbicide was used there.

Barbara Wright's late husband believed he was exposed to Agent Orange in Korea in 1962 and 1963. However, VA only recognizes claims from servicemembers who can establish they were at the DMZ between April 1968 and August 1971. Joe Dunagan was part of a clandestine Army special ops unit whose records remain classified, so he was never able to prove he'd served overseas, Wright says.

Dunagan died in early March, soon after he was diagnosed with liver and lung cancer. Wright is pushing ahead with her survivor's claim, including sending repeated records requests to DoD and the CIA. Struggling to get by on \$600 a month, she is mystified that the government isn't forthcoming more than 50 years after Dunagan came home. "If you served in Korea during the Vietnam War and need documentation for a VA claim and it isn't in your 201 file, you are basically screwed," Wright says. "When will somebody expose the plight of Korean vets?"

After all these years, there are also Vietnam veterans who are unaware they might be eligible for help. They include John Naldrett, a retired Savannah, Ga., firefighter and Navy veteran who is dealing with prostate and colon cancers. He learned about Agent Orange benefits from a former shipmate just a few years ago and filed a claim, which VA promptly rejected. He's appealing, a task made more daunting by the fact that he's in the last eight to 10 years of his life, he says.

There are illnesses that the National Academy of Sciences found sufficient evidence to connect to toxic herbicide exposure in 2016. But VA still has not added bladder cancer, hypothyroidism, high blood pressure or Parkinson's-like symptoms to the list of Agent Orange presumptions.

"We've been fighting since 1978 and not getting any response," says Brian Russ, a member of American Legion Post 266 in Sarasota, Fla., who was a helicopter pilot in Vietnam. His bladder cancer claim has been denied four times. "I can understand why so many veterans get depressed and give up," Russ says. "Congress has to say, 'Let's get this done and quit giving veterans the runaround.'"

And for Alton and Iralee, there's VA's steadfast denials that Julie Diane Haley's premature birth and untimely death were caused by Alton's Agent Orange exposure. "I think their aim is to prove the veteran wrong," Iralee says. "I've finally let it sit – with the hope that maybe someday VA will finally recognize that something happened." 🐼

Ken Olsen is a frequent contributor to The American Legion Magazine.

DoD: At least 126 bases report water contaminants linked to cancer, birth defects

By: **Tara Copp** April 26

225K



U.S. Air Force and New Jersey state fire protection specialists from the New Jersey Air National Guard's 177th Fighter Wing battle a simulated aircraft fire at Military Sealift Command Training Center East in Freehold, N.J., on June 12. The foam used to put out aircraft fires has been tied to cancers and childhood development issues, and the military is working on developing a replacement. (Airman 1st Class Amber Powell/Air Force)

The water at or around at least 126 military installations contains potentially harmful levels of [perfluorinated compounds](#), which have been linked to cancers and developmental delays for fetuses and infants, the Pentagon has found.

In a March report provided to the House Armed Services Committee, the Pentagon for the first time [publicly listed the full scope](#) of the known contamination. The Defense Department identified 401 active and Base Closure and Realignment installations in the United States with at least one area where there was a known or suspected release of perfluorinated compounds.

These included 36 sites with drinking water contamination on-base, and more than 90 sites that reported either on-base or off-base drinking water or groundwater contamination, [in which the water source tested above the Environmental Protection Agency's acceptable levels](#) of perfluorooctane sulfonate or perfluorooctanoic acid, also known as PFOS and PFOAs.

The man-made chemicals, which can be used to make items heat or water resistant, are found in everyday household, food and clothing items, even take-out food wrappers.

At military bases, however, they are concentrated in the foam used to put out aircraft fires.

[[Here's the Pentagon report, list of all contaminated bases](#)]

Maureen Sullivan, deputy assistant secretary of defense for environment, safety and occupational health, said DoD has already made safety changes at affected bases, including installing filters and providing bottled water to families living there. It has also [released the full list of installations](#), reported in a lengthy chart [attached toward the end of the congressional report](#), and will be working with the Centers for Disease Control next year on a study of the potential long-term effects of exposure.

Air Force Secretary Heather Wilson was asked about the exposure this week on Capitol Hill, where she was testifying about the service's fiscal 2019 budget needs.

"It's an issue [not just in New Hampshire, but at military installations across this country](#)," said Sen. Jeanne Shaheen, D-New Hampshire. "We have 1,500 people who have been tested with elevated levels in the Portsmouth area, who are anxious about their future and their children's future. And I know there are many people throughout the Air Force and our other military installations who share that concern."

In all, [25 Army bases](#); [50 Air Force bases](#), [49 Navy or Marine Corps bases](#) and two Defense Logistics Agency sites have tested at higher than acceptable levels for the compounds in either their drinking water or groundwater sources. Additionally, DoD tested 2,668 groundwater wells both on and in the surrounding off-base community and found that 61 percent of them tested above the EPA's recommended levels.



Air Force won't pay for towns' water contamination costs

The Air Force doesn't plan to reimburse three Colorado communities for the money spent responding to water contamination caused by toxic firefighting foam previously used at a military base, potentially leaving the towns with an \$11 million tab.

By: The Associated Press

In 2016 the EPA established a new, lower guideline for acceptable levels of PFOS or PFOA levels in water supplies: no more 70 parts per trillion. While the EPA did not make the guidelines enforceable, DoD decided to test all of its locations and work toward complying with the new standards.

It won't be a quick fix, Sullivan said.

The first target for the department was to address the 36 direct drinking water sources that are contaminated and "cut off that human exposure as soon as possible," Sullivan said. DoD was only able to do that quickly at the 24 locations where it manages the water supply. At those locations it has installed filters at the water source or inside base housing, relocated water usage to another well, or provided alternate drinking water, such as water bottles, for personnel, Sullivan said.

For the other 12 drinking water sources, provided either by a contracted vendor or through the local utility, it's a harder fix, because the EPA's guidelines are not enforceable. For example, commercial airports and industrial sites also use the foam, which could impact a municipality's drinking water, but it will be up to that municipality to determine if it will test and make fixes to comply with the EPA's guidelines, Sullivan said.

"It's up to the owner of that system to make a decision on what they're going to do," Sullivan "So we're on a fine line of trying to provide drinking water to our folks when we're buying it from somebody else."

In those cases the department is working with the vendors or utilities on a solution, and providing bottled water or filters as needed, Sullivan said.

Each base should have its water information posted, Sullivan said. Families with any concerns should be able to go to the base's restoration program manager — an on-site point person tasked with addressing environmental cleanup issues — with their questions.

DoD has already spent \$200 million studying and testing its water supply, and also providing either filters, alternate wells or bottled water to address contamination.

For the groundwater sources, both on-base and off-base, however, cleanup will take years to address, Sullivan said. Those groundwater sites will be added to the department's long list of environmental cleanup responsibilities it has at each of its more than 2,900 facilities around the world, and will prioritize that cleanup based on risk. Sullivan estimates the groundwater perfluorinate cleanup will add about \$2 billion to the \$27 billion previously identified cleanup projects for which the department is responsible.

The services are also phasing out the firefighting foam they use and working on replacements that do not contain perfluorinated compounds, Sullivan said.

Since their first encounter with nuclear weapons tests in the 1940s, U.S. servicemembers have been exposed to atomic radiation, toxic defoliants and choking burn pits, among other contaminations that, while slower-acting, are often just as lethal as bullets and bombs. In each of these situations, the government response to afflicted veterans' needs for information, acknowledgment and health care has been even slower – decades of denial, followed by begrudging but limited acceptance and bureaucratic skepticism. The American Legion has been at the forefront of advocating on behalf of these veterans, from the Legion service officer in Iowa who helped Orville Kelly win the first atomic veteran's claim, to the continuing fight for Agent Orange benefits and today's work on behalf of post-9/11 veterans.

In this first article of a three-part series, *The American Legion Magazine* examines how servicemembers who endured these exposure wars are treated today, and where Congress and VA need to do more to fulfill the nation's obligation to them.

'Like a giant X-ray'

*They had a front-row seat to secret nuclear weapons tests.
Now they're fighting for recognition and compensation.*

BY KEN OLSEN

Charles Savukas' South Pacific deployment almost sounds like a page from an exotic travel brochure: fishing, swimming and exploring the white sands and turquoise waters of Christmas Island, when he wasn't working as secretary to a naval commander.

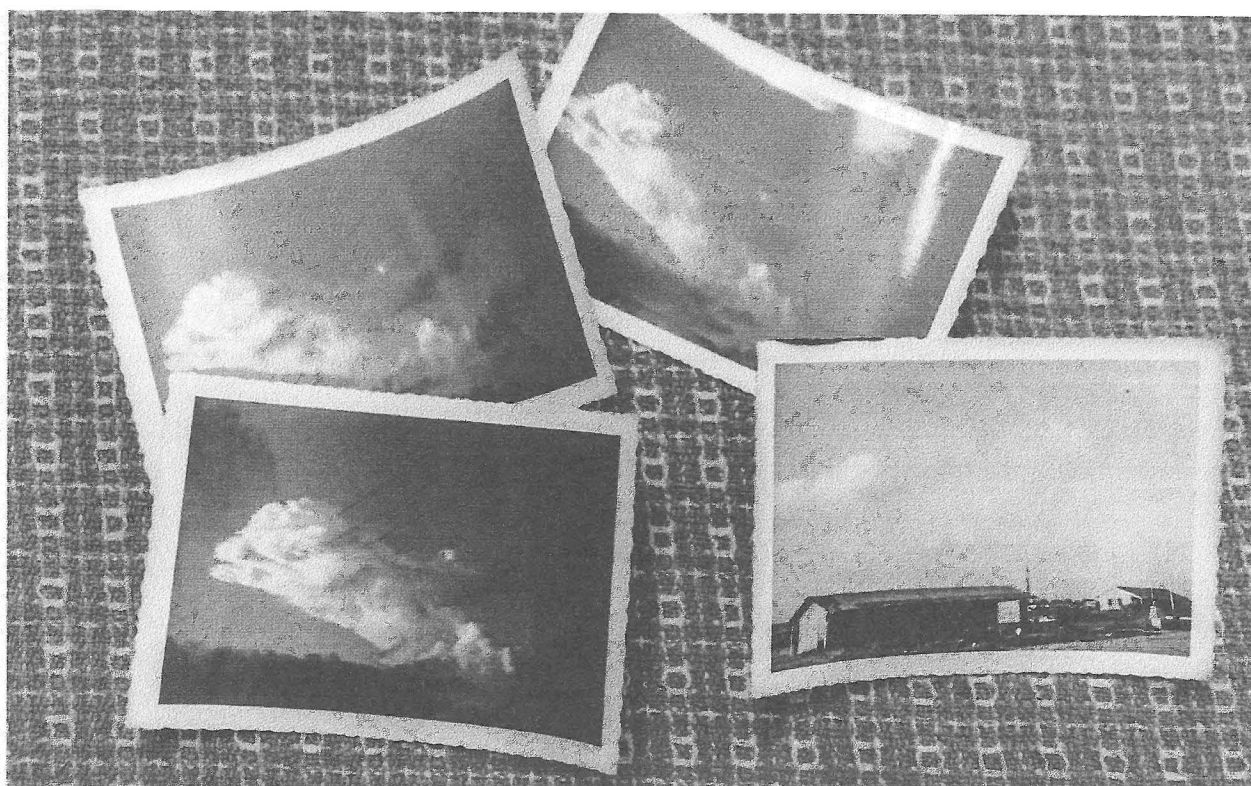
He had no health problems to report when the Navy sent its annual questionnaire in the years that followed. Remarkable, given that Savukas witnessed a series of thermonuclear bomb tests between March and July 1962, standing out in the tropical sunshine, his only protection a pair of special dark glasses. Watching endless fireballs boiling up on the horizon. Feeling the superheated blast waves pulsing over him. Hearing the sonic booms that rocked the buildings on the tiny island.

Then, a decade ago, Savukas was diagnosed with colon cancer – a first in his family history. That was followed by radical surgery that saddled him with a restricted lifestyle and a different perspective on his island time. "We wore badges to record the amount of radiation we received and were told it was safe," says Savukas, a member of American Legion Post 628 in Lilly, Pa. "Until 2007, I thought I was great."

In some ways, Savukas is fortunate compared to other servicemembers dispatched to the South Pacific during decades of U.S. nuclear weapons tests. The government tracked his health for 20 years after he left the Navy, eventually acknowledging his exposure to ionizing radiation and the resulting cancer, then belatedly provided Savukas some compensation. That's far more than thousands of other atomic veterans have received.

"The government really did them wrong," says Michael Blecker, a Vietnam War combat veteran and executive director of Swords to Plowshares, a veterans organization based in San Francisco. "They didn't take any real precautions. They made no effort to conduct any follow-up. Then they deny everybody's (health-care) claims when there's no controversy they were there."

Many veterans never saw a dime, says Fred Schafer, national commander of the National Association of Atomic & Nuclear Veterans (NAAV) and a Legionnaire who served on a Navy oiler during some of the 1962 nuclear tests. "When they could finally talk about it, it was too late," he adds, referring to scores of veterans who were dead by



In 1996, the government lifted an order that prevented Charles Savukas and thousands of other U.S. servicemembers from talking about their participation in nuclear tests, such as those shown in Savukas' photos from his tour on Christmas Island. By that time, they were too late to apply for VA medical care and benefits. Photo by Lucas Carter

1996, when the U.S. government finally lifted an order that had prohibited veterans from revealing their participation in atomic bomb tests. Too late to apply for VA medical care and benefits. Too late to receive the recognition they were promised.

Atomic veterans have only four years – until July 2022 – to file claims with a Justice Department compensation program. That would leave them only with VA, which often treats them with the same doubt and denial it gives veterans dealing with the health effects of Agent Orange, Gulf War Illness, or burn-pit exposure in Iraq and Afghanistan.

“Right here in Oregon, VA has been treating us great,” Schafer says. “In other states, atomic veterans can’t get the time of day.”

‘THE GREAT THERMONUCLEAR SEA’ The U.S. military conducted approximately 200 nuclear weapons tests between 1945 and 1962, most often in the Marshall Islands. The location was ideal because it was under U.S. control, sparsely populated and had reliable weather, author Simon Winchester wrote in his book “Pacific.” Yet the atomic weapons testing was so pernicious that Winchester dubbed the Pacific “the Great Thermonuclear Sea.”

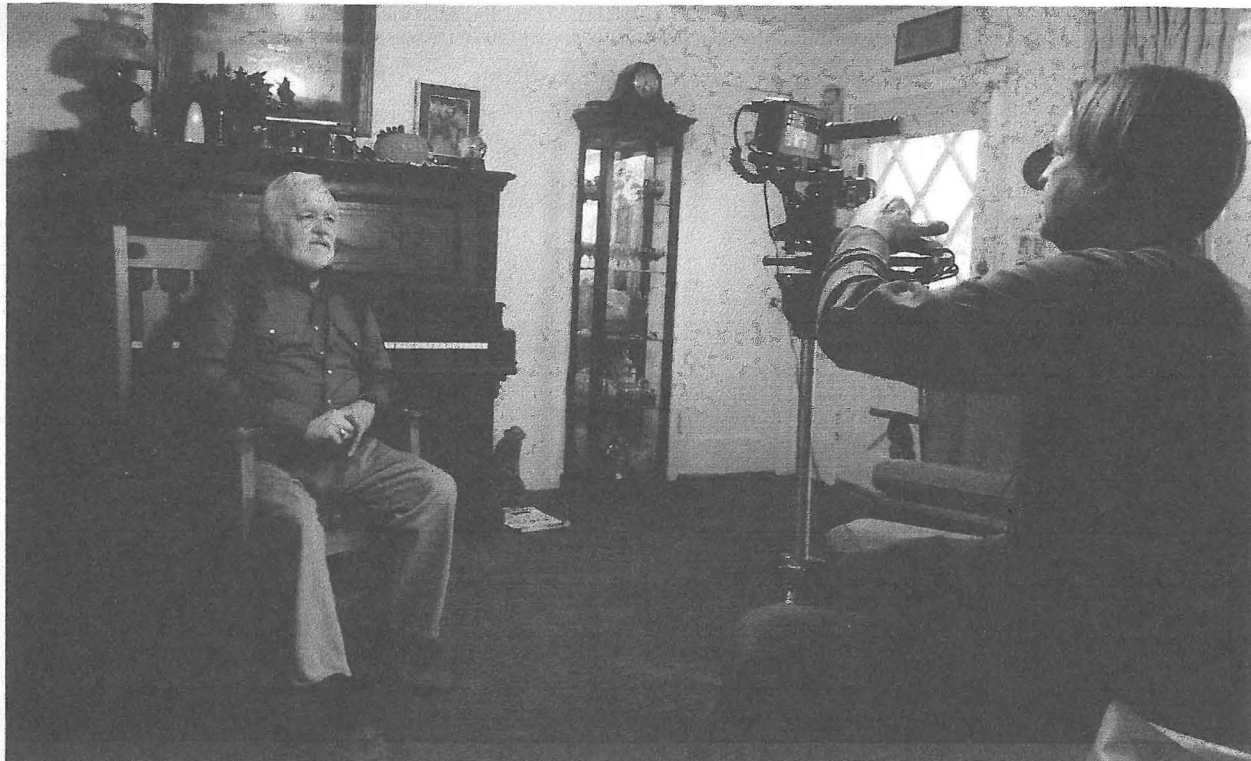
Approximately 200,000 U.S. servicemembers participated, along with British, Australian,

Canadian and French troops as well as civilian scientists, engineers, technicians and support staff. More than a million people were exposed to ionizing radiation during Operation Crossroads, Operation Frigate Bird and dozens of other atomic bomb tests at home and abroad, Schafer says. That includes his aunt, who the U.S. Forest Service sent to Nevada in 1952 to witness two atomic bomb tests. She died of breast cancer at 56.

Participants were threatened with treason if they talked. “We were told we had cleared top security,” Schafer says. “That felt real good to a 19-year-old.” Even today, he encounters atomic veterans who don’t realize they are allowed to talk about their experience or exposure to lethal ionizing radiation.

DENIAL Atomic veteran Orville Kelly and his wife, Wanda, founded the National Association of Atomic Veterans in the late 1970s (“Nuclear Veterans” was added to the name later) and lobbied Congress to help the soldiers, sailors and airmen who were suffering as a result of their radioactive service. Lawmakers insisted the nuclear weapons tests had never taken place, Schafer says.

Meanwhile, a young attorney named Gordon Erspamer filed suit on behalf of the National Association of Radiation Survivors (NARS) and other



Filmmaker Brian Cowden interviews Fred Schafer, national commander of the National Association of Atomic & Nuclear Veterans and a Legionnaire who served on a Navy oiler during 1962 nuclear tests in the South Pacific. Like most atomic veterans, Schafer was prohibited from talking about his experience until the federal government lifted a secrecy order in 1996. Photo courtesy Fred Schafer

veterans groups, including Swords to Plowshares. Erspamer had a personal interest in their cause. He had been fighting VA on behalf of his late father, Ernest, who contracted leukemia as a result of his participation in atomic bomb tests at Bikini Atoll in 1946, and his mother's right to survivor's benefits.

The NARS case reached the Supreme Court in 1985. Erspamer was not only fighting on behalf of radiation survivors, but he was also challenging a Civil War-era law that prevented all veterans from paying an attorney more than \$10 to represent them no matter how complicated the case, Blecker says. He also took issue with the fact that veterans could not appeal VA decisions in court.

Up to then, "(VA's) Board of Veterans' Appeals was the highest level of appeal," Blecker says. "If you couldn't appeal an administrative decision outside of the agency, then VA had the ultimate authority."

In the course of the NARS litigation, Erspamer deposed Ron Abrams, who was part of the quality review team in VA's Central Office. Abrams verified that VA was not meeting its legal obligation to assist veterans filing claims for service-related injury and illness. "My testimony indicated that the quality of regional office adjudication sucked, to put it in layman's terms," Abrams says. "VA was violating the due process rights of veterans."

The agency harassed Abrams until he left the agency five years later, he says. He then joined the

National Veterans Legal Services Program (NVLSP) and went on to help the nonprofit win major precedent-setting cases on behalf of veterans, as its co-executive director.

Although Erspamer eventually lost the NARS case at the Supreme Court, the lawsuit changed the way Congress – and to a certain extent VA – dealt with atomic veterans. Congress repealed the \$10 limit on what veterans could pay attorneys and created the Court of Appeals for Veterans Claims in 1988. Erspamer filed the new court's first case – challenging VA's decision to deny his mother survivor's benefits in the wake of his father's death from an illness related to his military service.

Meanwhile, The American Legion played a part in getting the Court of Appeals for Veterans Claims created, Abrams says. It was accomplished without undermining the service office system so integral to helping veterans. And it's an important part of Erspamer's legacy; he died of a brain tumor in 2014.

VA eventually opened the door to disability and medical care claims from some atomic veterans. Today, former servicemembers with one of two dozen types of cancer who served in the testing areas between 1945 and 1962 are presumed to have been exposed to deadly ionizing radiation and qualify for VA benefits. But many atomic veterans still don't qualify for VA assistance. That includes more than 4,000 Enewetak Atoll cleanup

veterans, dispatched to mitigate the radioactive contamination of a highly toxic portion of the Marshall Islands in the late 1970s.

Keith Kiefer, NAAV national vice commander, wants to change that. He's working to persuade Congress to provide VA benefits to Enewetak cleanup veterans and extend the deadline for all atomic veterans to apply for help from the Justice Department program that expires in 2022.

Kiefer knows the issue firsthand. He came home temporarily sterile from his service as an Air Force communications specialist on Enewetak and has since developed several autoimmune diseases, thyroid problems and a blood-clotting disorder. Once private physicians connected his illnesses to his exposure during the Enewetak cleanup, they recommended he apply for medical care from VA. That proved fruitless.

"VA says none of the veterans involved in the cleanup were exposed to enough radiation to qualify," says Kiefer, who has been so busy helping other atomic veterans file claims that he hasn't taken time to revisit his own case. "It's not right. But I'll do what I can to change it."

BENEFITS AND RECOGNITION In the early 1990s, Congress passed the Radiation Exposure Compensation Act (RECA) after years of lawsuits, including those brought by the workers who mined and processed uranium during the Cold War. RECA has provided lump-sum payments to about 30,000 uranium workers and civilians who lived downwind from U.S. nuclear weapons test sites, as well as approximately 4,000 veterans.

Savukas received a check for \$75,000 after providing proof of service on Christmas Island during the atomic testing and verification of his medical condition, money he would happily trade for never having had cancer. Meanwhile, his VA claim has been denied twice. Even if he prevails, the \$75,000 likely would be deducted from any VA benefits.

Savukas' experience is typical. Veterans have generally had better success getting a straight answer and timely adjudication from the Justice Department program, Kiefer says.

Most veterans, however, probably don't know they even qualify. Savukas got a tip from his son, who came across the program while working for a government subcontractor.

Schafer has yet to apply for any of the programs, even though his exposure stories are harrowing. For example, his ship was ordered to sail through the blast area soon after an atomic bomb was

WHERE TO GO FOR HELP

Learn more about the Department of Justice Radiation Exposure Compensation Act:

☎ 1-800-729-7327 ✉ civil.reca@usdoj.gov

🌐 www.justice.gov/civil/common/reca

Find an American Legion service officer near you:

🌐 www.legion.org/serviceofficers

detonated to test an experimental ship-washing system. Schafer and his shipmates were told they were part of an atomic bomb test.

"We were told it wasn't harmful," he says, "and that it was a safe test."

In retrospect, that didn't make sense. A person could see the bones in his hands or the ribs of the man in front of him after the bombs went off, Schafer says: "It was like a giant X-ray."

He has not developed cancer or any other radiation-related illnesses.

Schafer returned home to Oregon after his Navy service and started a successful career as a salesman. He was at an American Legion post in Lebanon, Ore., in the 1980s when a discussion with a stranger there led him to join NAAV. He's been national commander of the group for four years and Oregon state commander for the past two decades.

Not only has the state NAAV chapter fought on behalf of Oregon veterans, it has taken up the cause of refugees from the Marshall Islands who moved to the state because their homeland is contaminated from the atomic bomb tests. The atomic veterans also have helped the islanders secure Oregon driver's licenses and health insurance.

As the veterans poisoned by the nuclear arms race dwindle – membership in NAAV has dropped from a peak of 100,000 to about 1,500 today – the organization is opening its doors to U.S. servicemembers who were exposed to depleted uranium from armor-piercing tank ammunition and bunker-buster bombs, and is working to help the widows of atomic veterans apply for VA survivor's benefits.

As much as anything, the group wants the federal government to formally acknowledge their service by approving the long-delayed Atomic Veterans Service Medal.

"I'm proud of my service," Schafer says. "This is a form of recognition they promised. It says, 'Yes, we did this to our guys.'" 🌐

Ken Olsen is a frequent contributor to The American Legion Magazine.



Faces of AGENT ORANGE

Florida



Shelia and Henry Snyder

By Jim Belshaw

Shelia Snyder asks a straightforward, troubling question: "Why do I have to worry about my grandkids because their grandfather served our country? There is nothing to justify that."

Her husband, Henry, served in Vietnam with the Army in 1968-69. He is diabetic and the recipient of a VA-approved claim related to Agent Orange. One of her grandchildren, born with multiple and devastating birth defects, died a few months after her first birthday. When the founder of the Agent Orange Quilt of Tears, Jennie LeFevre, died in 2004, Shelia and Henry took over, travelling with the Quilt, and sharing information about the horrific effects of Agent Orange.

It wasn't until the late 1990s that Shelia became aware of the Agent Orange issues veterans and their families had been dealing with for many years. Her husband, Henry, had met a Vietnam veteran, Jack Griffin, in an online chat room and over time forged a close friendship. Because the chat line was voice, not typed, Shelia often picked up bits of the conversation while at home with Henry.

Both men came from Michigan, and there was much talk about hunting and fishing and other things they had in common. One day one of those commonalities caught Shelia's ear.

"Jack told Henry about Agent Orange," she said. "At that time Henry had become

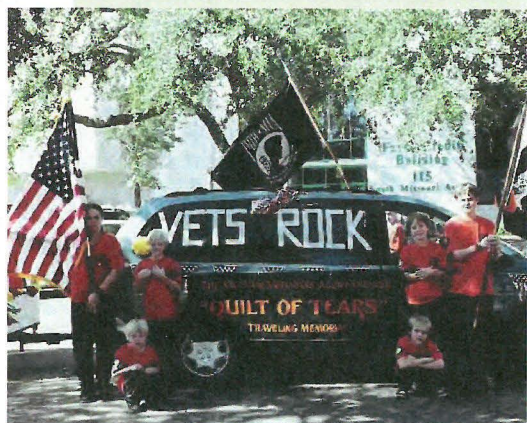
diabetic. He used to drive a truck for a living, but once he became diabetic, he had to stop. Jack told him he needed to make a claim with the VA. He was just on him and on him and on him about having that checked out. Finally, Henry got tired of hearing Jack push, and he went to the VA."

Henry put in a claim for diabetes. Shelia called it a "lifesaver," because it allowed both of them to educate themselves about Agent Orange. Jack advised him on what to do and how to handle the VA. When Henry's claim finally was approved, though, the celebration was bittersweet.

Jack Griffin had serious health issues of his own — non-Hodgkin's lymphoma.

"Jack died of Agent Orange-related cancer almost to the day that Henry got the letter from the VA saying that his claim had been approved," Shelia said. "Henry went into a terrible slump when Jack died. It was like Jack was part of our family. His voice was in our house every day. It was very strange for me. Henry and I had lost parents together, and I never saw the kind of reaction I was getting after Jack passed away."

About the same time, two people came into Shelia Snyder's life that would have great influence over the years to come. One was Fred Wilcox, who had written a book, *Waiting for an Army to Die: the Tragedy of Agent Orange*. The book tells the stories of veterans and their families and the legacy of Agent Orange that





Faces of AGENT ORANGE

Shelia and Henry Snyder's Story Continued...

afflicted them.

The second person was Jennie LeFevre, the widow of a Vietnam veteran and the creator of the Agent Orange Quilt of Tears. (On the Web it is at www.agentorangequiltoftears.com)

After the death of Jack Griffin, Shelia read about the Quilt of Tears traveling to a town not far from the Snyder's Florida home. She thought she might get ideas for making a quilt in remembrance of Jack. It took some doing on her part to talk Henry into going, but he finally acquiesced.

Shelia took the Wilcox book with her. When she finally got a chance to speak with Jennie LeFevre, Jennie was busy with other people. Shelia and Henry waited on the periphery. Then Jennie noticed the book in Shelia's hands.

"She looked at my book and said, 'Oh, my God, you have that book! I have the same book!'" Shelia said.

It was not the only coincidence.

"It was really weird, because she thumbed through it, and she had started to tell me how she had highlighted certain areas of the book," Shelia said. "I opened my copy of it, and I had done exactly the same thing. It was strange."

The beginnings of their friendship "broke the ice" with Henry, and he started coming out of the depression that had come with the death of Jack Griffin. Shelia found herself working with Jennie on the Quilt project, an effort she found to have great importance.

"Now I feel like the Quilt is Henry's PTSD therapy," she said.

In 2004, their granddaughter, Hope Nicole, was born. Before the birth, the family faced a grim prognosis. Tests showed that the infant had no brain, only

a brain stem. Babies such as this are expected to die at or shortly after birth. Hope Nicole would live more than a year.

While speaking with a hospital counselor, Shelia mentioned Agent Orange. In an online retelling of the story, Shelia wrote: "I brought up the subject of dioxin/ Agent Orange ... but she honestly didn't seem to have a clue about dioxin. After I explained some about Agent Orange, the counselor dismissed the subject quite quickly, which I didn't really like, but I was becoming too overwhelmed with the options and decisions that were being explained to my son and pregnant daughter-in-law."

The possible Agent Orange connections to birth defects in the children and grandchildren of Vietnam veterans is something Shelia Snyder does not want to see so easily dismissed.

"I want to prevent these things from happening in the future," she said. "I don't want to see this happening to generation after generation. The VA needs to pay attention to birth defects. There's research and information others have done. Legitimate scientists a whole lot smarter than I am have done a lot of work on these questions. The VA needs to pay attention to these people. All of this information has been there for years, and they just keep shoving it under the carpet. They pay no attention to it."

Significant numbers of veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to mporter@vva.org or call 301-585-4000, Ext. 146.

WS45

Many Thanks To Our Sponsors

VVA Buckeye State Council

*VVA North Dakota
State Council*

*California Veterans
Benefits Fund*

*Missouri Vietnam
Veterans Foundation*

*Vietnam Veterans
of Michigan*

*Vietnam Veterans
Peace Initiative*

*Chapter 176,
Centralia, Illinois*

Nona Bear

Paul Cox

Dan Stenvold

Herb Worthington

*Susan Carson and the
Carson Family Foundation*

*Chapter 635
Oconomowoc, Wisconsin*

John Weiss



Faces of AGENT ORANGE

Pennsylvania



The Morrisises

By Jim Belshaw

Bobbie Morris sells cars in Pennsylvania, car sales being something that runs in the family. Her Vietnam veteran husband, Philip, worked in the car business for 37 years. When Bobbie first sits down with a customer, she likes to “break down the walls,” make the customer comfortable, and create an atmosphere in which conversation is open and easy-going. It helps her to sell a car. It helps some customers in ways she hadn’t dreamed.

“You have no idea what happens when I talk to some of the men,” she said.

They talk to her about things they don’t discuss with men who sell cars. When the sales associate is a man, it’s all business. Everyone in the cubicle is there to discuss buying a car—interest rates, down payments, monthly payments. It’s all business.

When the sales associate is Bobbie, other matters come up.

“There was one guy, he came in to buy a utility vehicle,” she said. “So we got to talking, and all of a sudden, he’s telling me about problems he’s having with his legs and with his diabetes.”

When the conversations turn this way, there is a question she always asks: “Were you in Vietnam?”

The man with diabetes said yes, he had been in Vietnam. She steered the talk to Agent Orange and told the customer where he could find more information on it and how he could get tested to see if he qualified for VA benefits.

He called the next day and said he was coming in to talk about the payment schedule on the vehicle. His wife came with him. She pulled Bobbie aside.

Bobbie recalls what the man’s wife said: “She said, ‘Do you know why he came back? It wasn’t about the payment. It was because you talked to him about Vietnam.’”

He wound up joining VVA Chapter 862, to which Bobbie’s husband belongs.

Bobbie said the “light bulb” on Agent Orange came on a year ago at the AVVA Leadership Conference in Louisville, Kentucky, where speakers at a town hall meeting spoke about Agent Orange and its effects, not only on veterans, but on their children and grandchildren. Veterans spoke, too, telling of health problems suffered by their children.

Bobbie could not help but think of her daughter, Dara Rae, who has been deaf from birth, 37 years ago. She now has three leaks in her heart. Doctors worry that she may not be up to the surgery because of other health problems.

WS46





Faces of AGENT ORANGE

The Morris's Story Continued...

Thinking about her daughter inevitably brought tears. Her AVVA regional director saw her crying and asked if she was all right.

"I told her about Dara, and she said, 'You're not alone,'" Bobbie said. "I always thought I was."

Before the town hall meeting switched on the Agent Orange "light bulb," Philip and Bobbie hadn't given herbicide a thought. Over the years, he had received two letters urging him to be tested, but he threw them away. The letters spoke to "in-country" Vietnam veterans. Philip served with the Air Force in Thailand.

After the convention, Bobbie struck out on a search to gather as much information as she could. She found that Agent Orange, thousands of barrels of it, were stored at Korat Air Base, where Philip was stationed.

Her brother, 100 percent disabled and a Vietnam veteran, told her that when he first arrived in Vietnam, he thought it was raining. He was soaking wet. He was the newbie, and he asked if it was the monsoon.

The Air Force was spraying.

"A year ago, all of this came together for me," Bobbie said. "We need to get information out to as many people as we can. I see myself working on this for a long time. This is something I'm going to continue with. First and foremost is Beaver County, because I live here."

To that end, she and others held a second annual Veterans Day balloon release to generate publicity in the local media and draw attention to the Agent Orange issue. While working on an AVVA project, she called widows in her chapter whose husbands had died from Agent Orange-related diseases.

"I wanted to know if they could tell me one thing they wished they'd had," she said. "They all said they didn't have enough information on Agent Orange. So I guess what drives me now is to get the information out. That's what they need."

Bobbie said her boss, Keith Edwards, at Morrow Ford Lincoln & Mercury, is very supportive of her Agent Orange outreach efforts. He contributes the orange balloons for the Veterans Day balloon release.

"My boss says people tell me everything," she said. "He doesn't know what it is, but they sit at my desk, and they tell me everything. Well, I think people are called to do different things. I am honored when veterans open up to me and talk to me about Vietnam. I have tremendous respect for all they have gone through—their physical, spiritual, and mental suffering, and if I can help just one person, I've done some good."

Significant numbers of veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to mporter@vva.org or call 301-585-4000, Ext. 146.

Many Thanks To Our Sponsors

VVA Buckeye State Council

*VVA North Dakota
State Council*

*California Veterans
Benefits Fund*

*Missouri Vietnam
Veterans Foundation*

*Vietnam Veterans
of Michigan*

*Vietnam Veterans
Peace Initiative*

*Chapter 176,
Centralia, Illinois*

Nona Bear

Paul Cox

Dan Stenvold

Herb Worthington

John Weiss

*Susan Carson and the
Carson Family Foundation*

*Chapter 635
Oconomowoc, Wisconsin*

*Associates of Vietnam
Veterans of America*



Faces of AGENT ORANGE

Pennsylvania



The Petroskys

By Jim Belshaw

The Petrosky's story is brought to you by Chapter 176, Centralia, Illinois.

Pete Petrosky and his wife had planned on having a large family. They talked about it before getting married. At least five kids, they agreed, a house full of kids. They stopped after two daughters.

"I was not going to bring anyone else into this world," Pete said. "We wanted to have a large family. But after those two kids came, I said something's wrong. There's either something wrong with me or something wrong with you [his wife], because we have no history of anything like this in either of our families."

Those "two kids" who came were his daughters, Lisa and Kimberly. Lisa was born with some kind of "soft tissue" growth covering the roof of her mouth. He remembers trying to get more information from doctors, but it never went beyond "a soft tissue growth." Whatever it was, it did not belong there.

Kimberly, his second daughter, was born with a cleft lip that would evolve into even more serious health issues and a long history of surgeries. At one point in her young life, she nearly died and would have done so had not the Petroskys rushed her to an emergency room.

Pete believes he knows what caused the birth defects—Agent Orange, and it has shadowed him since his time in Vietnam.

"I want some kind of explanation or a better understanding from the VA that it accepts that veterans have a connection to something like

my daughter's cleft lip," he said. "They'll recognize women Vietnam veterans as having problems with these kinds of things, but not men, not me. It makes no sense to me. This Agent Orange thing has stuck in my craw for a long time."

He served at Bien Hoa in 67/68 during the TET Offensive in the Air Force. He worked in the motor pool, servicing all of the vehicles on the base and working with the Army as well.

"We had a service that went out on the perimeter at night to bail out the 101st and 173rd when they got stuck," he said, laughing at the memory of pulling the Army out of the mud. "I went out on the perimeter with a wrecker. Real quiet vehicle, right? We worked on all the equipment they used."

He remembers the base being sprayed with Agent Orange. He remembers the aircraft overhead dumping their loads of vegetation killer.

Back home, he no longer gave any thought to Agent Orange. He and his wife began what they thought would be that large family. The first was Lisa.

"We didn't know anything about Agent Orange with the first one," he said.

They went for a regular check-up on the new baby one day, and the doctors found the odd "soft tissue" covering the roof of her mouth. They took her to a specialist to have the tissue surgically removed. **WS48**



Pete Petrosky, Bien Hoa, 1967



Kimberly



Faces of AGENT ORANGE

The Petroskys Story Continued...

In 1973, Kimberly was born with a cleft lip.

"The doctor brought her out to me, and she was wrapped up in a blanket," he said. "It was quite upsetting. The doctor said, 'Don't get too excited. She's a very healthy baby.' Well, it was back to the specialists again."

At the time, he was having trouble holding on to jobs, too. The economy was sour. The nearby Pittsburgh steel mills were anything but solid economically. Meanwhile, surgery to correct the cleft lip beckoned for Kimberly, who was then six months old.

At nine months, she nearly died.

Pete's wife called him at work. She couldn't get Kimberly to wake up. Pete rushed home. He couldn't wake her, either. They put her in the family car and rushed her to the emergency room.

"She was breathing, but very little," he said. "The doctors didn't know what was going on. After all was said and done, it turned out to be a bowel obstruction and gangrene had set in. If we hadn't gotten her in when we did, she probably would have died."

But Kimberly was far from being out of the woods.

"Later on down the road, it got infected and she needed surgery again," he said.

More surgeries for Kimberly came. The cleft lip had flattened her nose and her nostrils needed to be rounded. Years later, as she began attending school, it was discovered that she had a "still eye."

His oldest daughter, Lisa, has never been married. She is 40. His younger daughter, Kimberly, 36, is married and has two healthy children.

"If you don't think we went through pure hell when those two kids [his grandchildren] were born ..." he said, his voice trailing off. "I was scared to death. I had to sit down with my daughter when she got married and explain to her and her husband that they might have consequences down the road."

At a recent Agent Orange meeting, he began talking to a Marine who served at Khe

Sanh. The Marine told him one of his sons was having a serious problem with anxiety. Pete told him he had noticed a change in his youngest daughter since the birth of her children. She seemed to be anxious frequently.

"It was my wife who said it had to be the Agent Orange," he said. "I've watched documentaries on TV about how many Vietnamese children have cleft lip/palate. My thing with the VA is it won't even recognize male veterans as being carriers of anything. I haven't talked to the VA about it. I've gone in for PTSD, and I mentioned that the kids might be connected somehow to my PTSD problems."

The VA has awarded him a disability due to PTSD.

"I sit in on meetings with veterans from all over Pennsylvania, and what are we doing? Nothing," he said. "They say there's nothing we can do. I say, 'Bullshit.' We've hit a stumbling block, and it needs to be opened up and recognized nationally as far as I'm concerned. I've been on a vendetta about this for some time now."

He spoke of a chapter member whose daughter was born with severe birth defects. She is 36 years old and has never been able to walk or talk.

"She's never driven a car, she's deaf, she crawls around on the floor, and those two parents have never abandoned her," he said. "To never hear your child speak, to never hear your child say 'I love you' or anything like that—it has to be a very tough row to hoe. My wife and I have managed to raise a family, and we have a home and two grandchildren, but this Agent Orange thing bugs me. It really bugs me."

Significant numbers of Vietnam veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to mporter@vva.org or call 301-585-4000, Ext. 146.

WS49

Many Thanks To Our Sponsors

VVA Buckeye State Council

*VVA North Dakota
State Council*

*California Veterans
Benefits Fund*

*Missouri Vietnam
Veterans Foundation*

*Vietnam Veterans
of Michigan*

*Vietnam Veterans
Peace Initiative*

*Chapter 176,
Centralia, Illinois*

Nona Bear

Paul Cox

Dan Stenvold

Herb Worthington



Faces of AGENT ORANGE

Missouri



Jim "Butch" Whitworth

By Jim Belshaw

When Jim "Butch" Whitworth went home to Missouri from the recent Vietnam Veterans of America Leadership Conference in Orlando, he needed to buy an extra suitcase to take back all of the Agent Orange materials pressed upon him by those at the conference who had been involved with the issue for many years.

Butch, too, stresses the importance of communication when it comes to such matters. It is critical that Vietnam veterans know they may be due substantial assistance from the Department of Veterans Affairs (VA) concerning diseases related to Agent Orange exposure.

"When they gave me that material, I copied and copied and copied, until I finally had to buy a \$60 suitcase to bring all the stuff back for my fellow veterans in St. Peters VVA Chapter 458," he said.

He had a special, compelling interest in the Agent Orange material, the most striking being that after years of battling disease himself and having gone through the heartbreak of serious medical difficulties with his daughter, he had been unaware of the VA help available to him. He hadn't even considered contacting the VA about it.

He was, in fact, exactly the kind of veteran to which he now finds himself so dedicated.

"People in VVA gave me the information," he said. "And I read articles in *The VVA Veteran*. I've got a couple of guys in my chapter with problems or their kids or grandchildren have problems. I'm reading all this stuff, and I know something's not right. And people from VVA are telling me I needed to make a claim with the VA. Well, I hadn't done any of that."

Over the years, he had spent \$10,000 of his own money on insurance, and \$5,300 for medicines.

"The people at VVA were flabbergasted," he said. "I didn't figure the government owed me anything, and boy, they jumped all over my butt."

He served in Vietnam in 1968 as a radio operator with the 1st Air Cav. In addition to the workaday exposure to Agent Orange, he remembers reading in later years about chemicals involved with the diesel fuel used to burn human waste.

"I remember wearing gloves but no mask," he said. "I remember that black smoke curling up all over the place. We all had to take a turn at it. It was a detail like KP or guard duty."





Faces of AGENT ORANGE

Jim "Butch" Whitworth's Story Continued...

About eight years ago, his heart problems began. Today, he's on his second pacemaker. A third back operation in 2002 ended his career in construction. Then in December 2007, he had a terrible pain in his groin area. He couldn't shake it for weeks and finally went to see a doctor.

Blood tests were ordered and a CT scan done on his stomach area. There was no hernia. But there was leukemia.

Admitted immediately to a hospital in St. Louis, chemotherapy began. Then a bone marrow transplant when it was found that his sister was a perfect match. He lost 33 pounds.

"It was quite an ordeal for me and my sister," he said. "I got the transplant and spent three weeks and three days in the hospital. I've survived two years this past July."

Long before his own health deteriorated, he and his wife faced a long, difficult battle with a brain tumor diagnosed in their toddler daughter, Emily, in 1978. She was 2 ½ years old. A neurosurgeon told them Emily would not live to see her tenth birthday.

Today, she is 32, married and a marine biologist at the Mayport Naval Base in Jacksonville, Fla. But she must deal with severe handicaps as a result of the brain tumor and the efforts to control it.

"We fought it for 18 years," Butch said. "They'd bore holes in her head and run tests. They put in a shunt that became infected, and finally they went after it with a Gamma Knife. They took out all of the tumor, except for one little piece. She's handicapped now. She has a terrible

limp, her right foot is turned inside, her hip gives out, and she lost the use of her right arm."

Butch's father gives insight to his granddaughter.

"My dad said, 'That daughter of yours has the most incredible drive and determination. She'll work four hours to do a job that would take you or me two minutes.'"

Butch has three claims pending with the VA. In addition to his VVA friends, his own doctor insisted on him making the claims when she found out he was a Vietnam veteran. He's on YouTube, too, doing everything he can to spread the word.

"If nothing else, I'm hoping that sharing my story will help," he said. "I just tell people this is what I had, and I had it bad."

He comes from an extended family with many children. He is unique among them.

"I'm the only one who has these cancers," he said. "I'm the only one who has a pacemaker. And I'm the only one who served in Vietnam."

Significant numbers of veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to mporter@vva.org or call 301-585-4000, Ext. 146.

Many Thanks To Our Sponsors

VVA Buckeye State Council

VVA North Dakota State Council

California Veterans Benefits Fund

Missouri Vietnam Veterans Foundation

Vietnam Veterans of Michigan

Vietnam Veterans Peace Initiative

Chapter 176, Centralia, Illinois

Nona Bear

Paul Cox

Dan Stenvold

Herb Worthington

Susan Carson and the Carson Family Foundation

Chapter 635 Oconomowoc, Wisconsin

John Weiss



Faces of AGENT ORANGE

Louisiana



Dayna Dupuis Theriot

By Jim Belshaw

**Dayna and Keeyan's story is brought to you by
The Missouri Vietnam Veterans Foundation.**

Dayna Dupuis Theriot writes a letter filled with questions, not the least of which is to whom she should send it for answers. She scours the Internet looking for such answers and finds only tantalizing clues, or more to the point, one clue, one connector between her son and the various abnormalities that have been visited upon him. The clue repeatedly shows itself, but never to the degree that she can say it is the answer with any certainty.

"Every time I put in one of Keeyan's abnormalities with that information about my dad, Agent Orange in the first thing that would pop up," she said.

With the exception of a too small body, his physical appearance gives no indication that her young son knows firsthand the medical mysteries that Dayna includes in her letter:

"Esophageal Atresia/stricture
"Dyslexia and learning disabilities
"Speech and hearing problems
"Asthma and allergies so severe that Keeyan is on Xolair injections (normally for people who are 12 years of age or older according to the Xolair Web site)
"Illecolitis (a form of Crohn's disease)
"Premature Ventricular Contractions (heart disease)."

Her father, a Vietnam veteran who served in the Army, is under treatment for

PTSD, but has never been diagnosed with a disease connected to Agent Orange. Nonetheless, pointing to the presence of Agent Orange in her Internet research, Dayna finds yet another clue hard to pin down.

"My father was in an area that was heavily sprayed with Agent Orange," she said. "He's been through a lot. I don't know how he would handle it if we found out this kind of thing was transferred from his body to us. It would have a powerful emotional effect on him. I would hate for him to blame himself. What I'm doing now is just looking for answers. You don't know who else is out there with the same problems."

Dip in anywhere in her letter and "powerful emotional effect" becomes understatement.

"My son, Keeyan, was born August 2, 2000, weighting only 4 lbs., 14 oz.," she writes. "He had problems before coming home with his sugar levels and body temperature. We stayed in NICU (Newborn Intensive Care Unit) for five days before allowing us to go home. He then came home to vomiting, choking, and almost losing him in our home.

"He was checked by his pediatrician to discover his esophagus was strictured. It was narrowed so severely that it only allowed a few drops in at a time and not



*Dayna and her son Keeyan
- Keeyan is 8. He weighs 48
pounds*



Faces of AGENT ORANGE

Dayna Dupuis Theriot's Story Continued...

even his own mucus could be digested. It is similar to Esophageal Atresia. He was admitted, and the surgeon dilated the esophagus. It lasted two weeks before collapsing again. So in September 2000, only 4 weeks old, a thoracotomy was done. They would cut out the narrowed part and resection the damaged esophagus."

As her letter continues, it takes on a peculiar phenomenon of language, one in which mothers become conversant in a medical language usually reserved only for specialists, men and women who have spent the greater part of their lives studying such things. It falls to mothers to understand medical terms and procedures that would leave most people scratching their heads.

This is not the case with the mothers of children like Keeyan Theriot. They understand the complications, because the complications become the stuff of daily life.

"After the procedure was done, he assured us that Keeyan would be fine," she writes. "He then began vomiting, choking, and the esophagus was so irritated that it began to bleed. We began PH probe studies to find out what was going on. The studies showed reflux and it was really bad. So they put him on a drug given to patients with esophageal cancer to be able to tolerate feedings. It didn't help ...

"We went to see a Pediatric Surgeon for Rare Anomalies. He gave us a few options ... He mentioned doing a fundoplication/nissen so he would not be able to vomit. The procedure was done at age 4 1/2 ... only to be discouraged by vomiting and bleeding"

Some of the questions Dayna asks are the same questions asked by the wives of other Vietnam veterans exposed to Agent Orange:

+If the children of women veterans are determined to suffer from such

service-connected disabilities, why are the children and grandchildren of male veterans excluded? (Dayna's son, as well as the children of other women, were born with conditions that are on the presumptive list for children of women veterans.)

+Studies show more defects in women than men. Why?

+There are cases of second and third generations, but no proven studies. Why?

+Are there more studies planned for future generations?

+In the small study of 24 Vietnam veterans, they all had some type of chromosomal changes. Why was the study stopped?

It is a proven fact, Dayna points out, that more children of Vietnam veterans suffer learning disabilities, health issues, asthma/allergies, birth defects, and other health issues. "They all seem familiar to me," she says. Kids are also born with rare disorders that may show up later."

"It's been rough," she said. "You always have in the back of your mind that [answers] would leave you with some closure and you would be done with this. I mean, you have to live with it, but at least you know why and you say, OK, this is the way life is going to be. We're going to have to live with it, like it or not. This has been my life for the last eight years. I have no idea how I get through this. It takes a lot."

Significant numbers of Vietnam veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to mporter@vva.org or call 301-585-4000, Ext. 146.

Many Thanks To Our Sponsors

VVA Buckeye State Council

*VVA North Dakota
State Council*

*California Veterans
Benefits Fund*

*Missouri Vietnam
Veterans Foundation*

*Vietnam Veterans
of Michigan*

*Vietnam Veterans
Peace Initiative*

*Chapter 176,
Centralia, Illinois*

Nona Bear

Paul Cox

Dan Stenvold

Herb Worthington



Faces of AGENT ORANGE

Texas



TOMMY THORNTON

By Jim Belshaw

"I remember being sprayed several times. We didn't have any idea what it was they were spraying. When we were out on the road between Pleiku and Dak To, we were recovering a couple of tanks and a bulldozer, and they sprayed us. A bunch of planes, C-130s, I think, came over. They were spraying along the road."

— Tommy Thornton

Tommy Thornton had four children, all daughters — Tracy, Hope, Angela, and Chelsey.

Tracy was born in 1970. She had numerous problems from birth. She stayed sick for about the first six months of her life. Thornton says he never really got an answer as to why. Eventually, Tracy also was found to suffer from severe dyslexia. But by then, she had been labeled.

"Retarded," he said. "But she wasn't."

She died in 2002.

"She had surgery on her back," he said. "They say she committed suicide, but I don't believe it. She woke up in pain, took some medication, went back to sleep. Woke up in pain again, took more medication, went back to sleep and didn't wake up. I think she overtook her pain medication. It's easy to do, especially

when they give drugs that are dangerous. She was 33 or 34. My memory's crap, man. When I need to remember something, I can't."

Hope was born a year after Tracy. She, too, suffered from numerous problems. He provided a list:

Migraines, seizures, chemical imbalance causing syncopal episodes, Barrett's Esophagus in first stage, gerd (gastroesophageal reflux disease), acid reflux, irritable bowel syndrome, polyps, colitis, mitral valve prolapse, asthma, bronchial spasms, chronic bronchitis, chronic pneumonia, interstitial cystitis, diabetes, neuropathy in legs, cervical cancer, cancerous tumor removed from abdominal wall, cancerous tumor removed from left breast, losing hair and teeth.

"This is the short list so far," he said. "There may be more to come."

Angela, born two years after Hope, is a cancer survivor and unable to have children of her own.

"She's doing OK, but I've kind of lost contact with her," he said.

The youngest, Chelsey, is 15 years old.

"She's losing her hair, clumps of it come out," he said. "And she has bad pain in her legs that hasn't been diagnosed."





Faces of AGENT ORANGE

TOMMY THORNTON's Story Continued...

He served in Vietnam in 1967-68. He said he worked on recovery teams and spent a lot of time out on Vietnam's roads, bringing back helicopters, tanks, trucks, APCs, and even men killed in action.

"I traveled on every road you can name in Vietnam for one reason or another," he said.

When he returned to the states, and after his release from the Army, he had digestive problems for about two years. He suffered from acne as well. He continues to suffer from chronic fungus infections, athlete's foot, and other related problems.

"I'm on the Agent Orange Registry with the VA, but I didn't get nothing out of it," he said. "I had skin problems all the time."

He's 61 years old and lives alone, about fourteen miles outside of Woodville, Texas.

"I didn't connect any of it to Agent Orange until way later, because nobody ever said anything about it," he said. "I didn't know nothing about it until somebody said I was showing signs of stuff connected to Agent Orange."

Those conversations were a long time coming for him. He didn't talk much about Vietnam.

"You have to understand that for a lot of years I didn't talk to people much," he said. "That was a lot of my problem getting my VA benefits. I didn't talk a lot about what I did, and I didn't talk a lot about what I went through. It was eating me from the inside out. And when I did try to tell someone about what was

bothering me, they'd say things like that didn't happen. They'd say I was lying. Those people don't understand. They didn't care. So I was diagnosed as being paranoid schizophrenic and all kinds of weird stuff. But I was just suffering."

He said he's talked to the VA about his children but that nothing comes of it. He is haunted by the guilt he feels for having "caused" the problems for his children, and he now worries about grandchildren and the possible health problems they may face as they grow older.

"I stay pretty much to myself," he said. "I haven't worked since 1986. I've had back problems since I got back from Vietnam, and they tell me the pain in my legs is peripheral neuropathy, and it's directly related to Agent Orange, but I don't know and I don't care. But when it starts showing up in my kids ... man, it sucks. I don't get it. But I guess it's how our government works — denial, denial, denial."

Significant numbers of Vietnam veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to mporter@vva.org or call 301-585-4000, Ext. 146.

Many Thanks To Our Sponsors

VVA Buckeye State Council

*VVA North Dakota
State Council*

*California Veterans
Benefits Fund*

*Missouri Vietnam
Veterans Foundation*

*Vietnam Veterans
of Michigan*

*Vietnam Veterans
Peace Initiative*

*Chapter 176,
Centralia, Illinois*

Nona Bear

Paul Cox

Dan Stenvold

Herb Worthington

*Susan Carson and the
Carson Family Foundation*

*Chapter 635
Oconomowoc, Wisconsin*



Faces of AGENT ORANGE

Alabama



Sherri Wise

By Jim Belshaw

When an Agent Orange diagnosis first confronted Sherri Wise's father in 2002, he denied the fact of it.

"He said this is our country, that our government would not do this," she said.

He went into the hospital two days before 9/11. On that fateful day, Sherri and her mother rode a hospital tram to visit him. They found themselves surrounded by veterans.

"We saw these men who were disfigured, emotionally distraught, physically incapable of fighting," she said. "But the minute that first plane hit, you could see the wheels turning in their heads. When the second plane hit, we were surrounded by men who said they would protect us. We were never in danger, but it was the most touching thing. The whole time we were there, everywhere we walked, there was a man trying to reassure us that everything would be OK."

Soon the fact of her father's condition became too much for him to deny—heart attack, stroke, diabetes, eyesight failing, kidneys failing...

"It was one thing after another," she said. "The VA doctors said they could

relate everything he had to Agent Orange. His main reaction was to worry about the family. His first question was: 'Could I pass any of this on to my kids?' We were all born after his exposure."

He served in Vietnam with the 82nd Airborne in 1966-67.

"He had such faith that our country's government would make it right," she said. "I'm angry. We're all angry. But he kept saying: 'They'll make it right. I did what I had to do in Vietnam. I'd do it all over again.' That amazes me."

Sherri has undergone 13 back surgeries. Diagnosed with degenerative back discs at 20 years old, her doctors expressed disbelief that it could happen to someone so young.

"I have fibromyalgia, neuropathy, Type 2 Diabetes, arthritis, and depression," she said. "I'm 35 years old. The doctors said there is no reason for me to have degenerative discs at this age. I was born with a leg out of socket, as well."

Her older brother has been diagnosed with degenerative discs and severe depression; her younger sister suffers from depression.

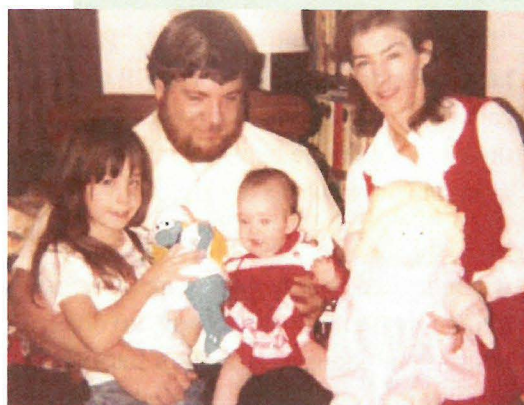
Sherri's youngest child was born with a congenital heart defect; her oldest is



Sherri's mom and dad: Vietnam veteran Ronald Steve Harrison with his wife, Reba Harrison



Sherri, with daughter Andrea, and Grandpa Harrison



The Harrisons: Ronald, Reba, Sherri, and baby Ginger



Faces of AGENT ORANGE

Sherri Wise's Story Continued...

bipolar. There is no family history of such things.

"I look at them, and I wonder if I passed this on," she said. "Deep down, I know I did, and it just breaks my heart. Any time any little thing comes up with them, I'm really hit by the fact that I did this to them. I know logically I didn't, but it makes no difference. The VA won't do anything. They either don't know how or don't care."

She praises one doctor the family has met throughout the years, the first doctor to diagnose her father. She said he was an older man who was straightforward about Agent Orange and the fact that so little research has been done to determine its effects on the children and grandchildren of Vietnam veterans.

"That man sat with us and talked to us about it, and I think he was the most honest man we met."

In May 2008, her father entered the VA hospital for the last time. She said he died as a result of an allergic reaction to a drug and that his last 11 days were spent in confusion, unable to respond to those around him, unable to eat.

"It was very difficult," she said. "But he never stopped saying, 'They'll take care of it. They'll make it right.' Until the day he died, he believed that our government would take care of it."

She said she was consumed with anger when he died and that her anger did not find a release until she became involved with Agent Orange Legacy, an Internet support program for the families of Vietnam veterans. She began meeting

and talking with other family members whose experience tracked with hers.

"It was strange talking to other people who had gone through it, and I started realizing all the things that correlated," she said. "These people were going through the exact same things and experiencing the exact same things with their loved ones."

She stresses the importance now of spreading information about Agent Orange. Like so many others, she is adamant that the VA must research the question of links between the veterans' Agent Orange diseases and health issues arising in their children.

"It needs to be talked about," she said. "Somebody has to talk about it. The biggest thing to tell the government is: You did this. Now help us. Honor these veterans."

Significant numbers of veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to mporter@vva.org or call 301-585-4000, Ext. 146.

Many Thanks To Our Sponsors

VVA Buckeye State Council

*VVA North Dakota
State Council*

*California Veterans
Benefits Fund*

*Missouri Vietnam
Veterans Foundation*

*Vietnam Veterans
of Michigan*

*Vietnam Veterans
Peace Initiative*

*Chapter 176,
Centralia, Illinois*

Nona Bear

Paul Cox

Dan Stenvold

Herb Worthington

John Weiss

*Susan Carson and the
Carson Family Foundation*

*Chapter 635
Oconomowoc, Wisconsin*

*Associates of Vietnam
Veterans of America*



Faces of AGENT ORANGE

Ohio



Gary Jones's Story

By Jim Belshaw

Gary Jones's story is brought to you by the California Veterans Benefit Fund.

For Gary Jones, the puzzle that is Agent Orange can be explained, or more to the point, not explained, by two words — “circumstantial” and “coincidence.” The words are at once the core and the conundrum of his Agent Orange experience.

“The problem with all this Agent Orange discussion is that everything is circumstantial,” Jones said. “We can’t prove anything. But after awhile, the word ‘coincidence’ just doesn’t work anymore. Something is causing all these different problems.”

He pulled two tours of duty in Vietnam, one blue, the other brown. The first for the young Naval officer came in the deep water off the Vietnam coastline; the second came inland, in the brown water of the Cam Lo River, near the DMZ, where he worked delivering supplies with Marines and an ARVN unit.

“My job was kind of like being on the old Red Ball Express, but on water,” he said.

Before Jones returned to Vietnam with Vietnam Veterans of America in recent years, the dominate memory of the country for him always came with a reddish hue, not the deep, rich green that stretches across Vietnam as far as the eye can see.

“Everything was reddish,” he said. “Red mud, red water. Everything in my mind was red because we’d killed off the vegetation.”

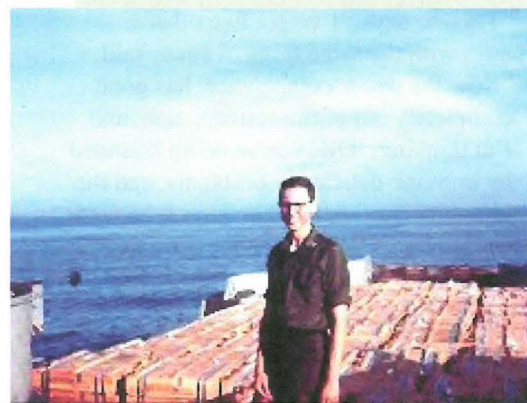
The area in which he operated was heavily saturated with Agent Orange, the chemical defoliant being delivered by air, from the backs of trucks, and by hand. At the time, he said, no one knew much about the defoliant.

“We didn’t have a clue,” he said. “You could smell the stuff. I thought it was mosquito spray or something. No one told us anything.”

Because he was stationed near a large base, certain amenities were enjoyed. The locals washed the Americans’ clothes — in barrels that once held Agent Orange. The Americans, if they could get their hands on one of these barrels, often cut it lengthwise and used it as a barbecue.

For many years, Jones congratulated himself for escaping the lingering effects of the chemical that had brought so much misery to the lives of others. Then several years ago, he noticed a rash near his ankles. It would come and go, and come and go, never rising above the level of irritant.

“Then I had a pretty substantial breakout up and down my legs, and they did a biopsy on it and came back as ‘psoriasis-like,’” he said. “It’s basically an immune-deficiency disease. In the most critical cases, it can become nephrotic. A year or two ago, I started getting pretty sick, and it turned out I was dealing with a nephrotic syndrome that attacked my kidney. Now I have



Gary Jones in Vietnam



Jones and family



Faces of AGENT ORANGE

Gary Jones's Story Continued...

two problems, and both are immune-deficiency related."

At his own local VVA chapter, he spoke with a former Army warrant officer. The Army friend struggled with exactly the same health problem.

"Then he says, 'I've got five other guys with the same thing,'" Jones said. "Now the word 'coincidence' has gone completely out of the conversation, and I'm thinking, 'OK, you're being hounded by immune-deficiency problems, and the group includes only those guys who were in-country in Vietnam. What does that mean?'"

He can prove nothing, continually finding himself circling back to "circumstantial."

Then his oldest son developed the same rash, but on his chest, not on his legs. His youngest son battled a serious attention deficit disorder that still plagues him. Neither Jones nor his wife knows of anyone in their immediate or extended families with either of the medical diagnoses given their sons.

"I don't expect to go to the VA and have a conversation about any of this," Jones said. "I'm already being compensated for PTSD and a hearing loss. At one point I had decided to go in and talk about it, but I decided I needed to get a lot more evidence and a lot more of the story before I submit anything. But I plan to put it on my record."

He said he has no complaints about the VA and, in fact, calls himself "a kind of advocate for the VA." He's heard all the horror stories about VA health care and says he believes them, but he also believes that, in the larger picture, the VA provides good health care for veterans. Still, he sees room for improvement and changes.

He said statistics show that 80 percent of veterans don't use the VA system at all. He would like to see the VA work closer with civilian doctors so the general practitioners

will be more likely to make inquiries of veterans.

"In all the intake interviews I've done with new civilian doctors, I have never been asked: Are you a veteran? Where did you serve? What were you exposed to?" he said.

Jones wants the VA, and the government in general, to recognize that men and women in the armed forces are routinely exposed to toxic situations rarely faced by civilians.

"There should be a general health program where these people are monitored throughout their lives so that problems that are not only proven to be connected to their service, but are probably connected, are watched," he said. "We need to stay on top of these health situations so when something connected to military service arises, they can respond to it quickly."

Jones doesn't think the VA can do this by itself. He sees a need for civilian health professionals to be part of the system.

"If what I'm suggesting is too much for the VA to do, and I'm inclined to think that it is, then the civilian medical community should be supported to take care of veterans who are not in the VA system," he said.

"These Agent Orange guys are dying 30 and 40 years after the fact with no treatment. That should never happen. We owe our veterans the support they need."

Significant numbers of Vietnam veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to mporter@vva.org or call 301-585-4000, Ext. 146.

Many Thanks To Our Sponsors

VVA Buckeye State Council

*VVA North Dakota
State Council*

*California Veterans
Benefits Fund*

*Missouri Vietnam
Veterans Foundation*

*Vietnam Veterans
of Michigan*

*Vietnam Veterans
Peace Initiative*

*Chapter 176,
Centralia, Illinois*

Nona Bear

Paul Cox

Dan Stenvold

Herb Worthington



THE AMERICAN LEGION

WHY YOU SHOULD BELONG



Veterans helping veterans,
families and communities

WHY YOU SHOULD BELONG



America's largest supporter of veterans

The American Legion is the nation's largest and most powerful organization of U.S. wartime veterans and their families. Today, it counts 2 million members who support their communities in more than 13,000 posts across the United States and beyond.

Since its inception by Congress in 1919, The American Legion has delivered substantial improvements for veterans, families and communities. The Legion ushered in the modern VA. The Legion drafted and drove home passage of the GI Bill and the Post-9/11 GI Bill. The Legion has brought into existence dozens of health-care benefits for veterans and programs designed to provide civilian careers after discharge.

The Legion works every day on behalf of U.S. servicemen and women. It is recognized as a leader in transition assistance from military to civilian life, providing resources for careers, education, child care and more.

The American Legion is active every day. Its members work together to support their local communities, focusing on services classified under the organization's four pillars: **Veterans Affairs & Rehabilitation; National Security; Americanism; and Children & Youth.** Examples include:

- **VA volunteers:** Millions of community service hours are logged by VA-trained volunteers, and more than \$1.5 million is raised annually to assist VA hospitals in local communities.
- **American Legion Baseball:** America's pastime is played out on fields each summer, providing healthy, wholesome activity for young people, some of whom go on to play Major League Baseball.
- **Charities:** The American Legion Family organizes fundraisers to secure scholarships for children, provide support and comfort for wounded servicemembers, and distribute emergency aid for victims of natural disasters.

WHY YOU SHOULD BELONG



PILLAR I: VETERANS

The American Legion Veterans Affairs & Rehabilitation pillar is composed of programs, services and advocacy efforts that improve the lives of those who served, along with their families and dependents.

The Legion advocates on Capitol Hill for a well-funded, appropriately staffed VA that can handle benefits claims efficiently, quickly and accurately. Locally, Legion volunteers work individually with veterans to help them navigate the complicated benefits application process.

As the VA backlog continues, The American Legion is leading a national conversation about accountability to veterans and reforms aimed at veterans receiving timely appointments and the benefits they earned through their service.

The Legion conducts System Worth Saving visits to VA centers across the country. These monthly visits include a thorough assessment of the facility, and discussions with patients and staff at VA. This information is then compiled and published in a report.

The Legion works one-on-one with veterans to ensure they receive proper benefits. Accredited American Legion service officers are specially trained to provide free expert assistance to veterans and their families.

The majority of service officer work involves claims for VA disability benefits, but these compassionate professionals also provide information, referrals and resources on education, employment and business, death benefits and other topics.

DID YOU KNOW?

American Legion service officers provide free assistance to any veterans who need help with their VA claims. Find a service officer near you by searching at <http://www.legion.org/serviceofficers>

WHY YOU SHOULD BELONG

EMPLOYMENT AND BUSINESS

The American Legion conducts, promotes and supports hundreds of veterans job fairs and career events nationwide each year. Thousands of veterans land jobs because of these efforts. Meanwhile, the Legion helps place hundreds of other veterans in job-training programs every year. Working veteran-to-veteran with The American Legion Small Business Task Force, along with the Small Business Administration, Department of Labor, VA and corporate associates, the Legion helps veterans understand the federal contracting process and offers personal guidance for career-seeking veterans. www.legion.org/careers

VETERANS EDUCATION AND THE GI BILL

The American Legion was instrumental in the creation of the Harry W. Colmery Veterans Educational Assistance Act of 2017, providing veterans with education benefits that better meet today's needs. The law builds on previous GI Bill revisions and adds improvements to the benefit, making it more helpful to National Guardsmen, reservists and those pursuing online education. www.legion.org/education

WORKING WITH VA

VA and The American Legion are working side by side to reverse the backlog of unresolved benefits claims. Through its System Worth Saving (SWS) and Regional Office Action Review (ROAR) initiative, the Legion travels the nation to pinpoint problems and identify best practices in VA medical centers. www.legion.org/veteransbenefits

BOARD OF VETERANS APPEALS

For veterans and families disputing benefits decisions by VA, The American Legion has staff representatives in Washington, D.C., who can help with the appeals process or strengthen a case, free of charge to veterans.

WOMEN VETERANS

The Legion hosts women veterans focus groups, works to address the unique needs of women veterans such as gender-specific health care, Military Sexual Trauma (MST) and child support. [Email **wmvo@legion.org**](mailto:wmvo@legion.org)

DISCHARGE REVIEW

The American Legion offers free assistance to those applying to their service branches for corrections to military records and discharge statuses. Legion experts help veterans with claims for Combat Related Special Compensation and with the procurement of accurate records. [Email **va&r@legion.org**](mailto:va&r@legion.org)

HELP FOR HOMELESS VETERANS

The American Legion provides support for homeless veterans. Legion posts throughout the country build shelters or provide financial and volunteer support. At the national level, the Legion works with VA to raise awareness and allocate funds to help reverse the problem. [**www.legion.org/homelessveterans**](http://www.legion.org/homelessveterans)

VA VOLUNTEER SERVICES

Legionnaires donate around 1 million hours of service a year at veterans health-care facilities, working through the VA Volunteer Services program. These volunteer hours save the federal government at least \$18.5 million a year and connect Legionnaires with veteran patients and their families. [**www.legion.org/volunteers**](http://www.legion.org/volunteers)

FINAL RESPECTS

The Legion fulfills a sacred duty by honoring the memories of U.S. veterans after their deaths. Legion honor guards salute their fallen comrades at funeral services throughout the country every day. Legion Riders provide motorcycle escorts and security at services for veterans. The Legion also works with the National Cemetery Administration, Arlington National Cemetery and the American Battle Monuments Commission to ensure respect and honor are bestowed upon veterans.

WHY YOU SHOULD BELONG



PILLAR II: NATIONAL SECURITY

The American Legion's positions on national defense, homeland security, border control and military support are all part of the long-held Legion value that the key to peace and world stability is a strong, well-resourced defense.

In order to protect America, troops and their families must have support. The American Legion plays a vital role in supporting the men and women who risk their lives to protect our freedoms.

American Legion posts throughout the nation adopt military units, deliver care packages, provide emotional support for families of deployed servicemembers and welcome the troops home.

Specific examples of their efforts include arranging transportation to reunite soldiers with their families for the holidays and organizing fundraisers to buy phone cards for use in combat zones.

Such assistance doesn't end when servicemembers return home.

At U.S. military installations across the country – including Walter Reed National Military Medical Center in Maryland, Brooke Army Medical Center in Texas, and Madigan Army Medical Center in Tacoma, Wash. – Legion staff members help troops work through the medical discharge process and provide representation before medical examination boards to reconcile disability ratings.

www.legion.org/security

DID YOU KNOW?

In a given year, American Legion posts collect more than 80,000 pints of blood through donation drives.

WHY YOU SHOULD BELONG

OPERATION COMFORT WARRIORS

This program provides wounded servicemembers with rehabilitation equipment for physical therapy and entertainment in the form of special clothing, electronics, sports equipment, music and more. One hundred percent of donations to OCW go toward gifts for injured servicemen and women. www.legion.org/ocw

MILITARY QUALITY OF LIFE

The Legion's support of the U.S. military – from adequate funding for weapons systems to reasonable child-care services for deployed troops – is respected in the Pentagon, at the White House and on Capitol Hill.

SUPPORT FOR TRICARE

The U.S. military's health-care system and medical insurance program frequently face challenges in Washington. The American Legion persistently testifies on the need to keep TRICARE and TRICARE For Life viable and affordable benefits of military service.

DISASTER PREPAREDNESS

Dozens of American Legion posts and more than 3,400 Ham Radio Club volunteers set the tone for preparing for natural disasters. In many communities, American Legion posts serve as civil-defense shelters and havens of relief in the event of catastrophe or attack on U.S. soil. Ham radio operators can relay messages when other communication systems are down. www.legion.org/hamradio

BORDER SECURITY AND IMMIGRATION

The American Legion opposes illegal immigration and amnesty for those who came to the United States illegally. The Legion advocates for strict border and port security as a defense against invasion or attack by foreign enemies, illegal drug trafficking and adverse economic impact. The Legion, however, strongly supports legal naturalization. Brochures on immigration and citizenship are available at www.legion.org/publications.

NATIONAL EMERGENCY FUND

The National Emergency Fund has provided more than \$8 million in direct financial assistance to American Legion Family members and posts affected by natural disasters in recent years. The immediate financial grants have helped American Legion members and Sons of The American Legion members rebuild their lives. www.legion.org/emergency

BLUE STAR BANNERS

The American Legion's Blue Star Banner was resurrected after 9/11 to acknowledge U.S. families with loved ones serving in the Armed Forces during wartime. American Legion Blue Star Salutes and other post-sponsored events to distribute the banners are effective expressions of homefront support for military families. www.legion.org/troops/bluestar

BLOOD DONOR PROGRAM

The American Legion conducts state competitions throughout the country for posts that donate blood or host blood drives. www.legion.org/security/blood

FOREIGN RELATIONS

The American Legion maintains a strong working relationship with the State Department to promote peace, human rights and trade on a global scale. The Legion urges the president and Congress to continue pursuing the "smart power" strategy of using military and economic strength in tandem with foreign aid and human-rights negotiations to fulfill U.S. foreign policy.

FULL ACCOUNTING OF POW/MIAs

The American Legion maintains unwavering support for the full accounting of all U.S. military personnel taken as prisoners of war, missing or killed in action on foreign soil. Official meetings of the Legion start with a prayer to honor our nation's POWs. POW/MIA flags, patches and pins are displayed at Legion events to demonstrate the organization's eternal vigilance. www.legion.org/powmia

WHY YOU SHOULD BELONG



PILLAR III: AMERICANISM

For those looking to make differences in their local communities, The American Legion is a great place to start. From Legion Baseball to Boys State/Boys Nation to the Oratorical Contest, there are plenty of opportunities to make your mark.

Take, for example, the experience of Pat Unger, commander of Tyler Cates American Legion Post 281 in Mount Juliet, Tenn. Unger's vision of creating a Legion Baseball team came true.

Post 281 Legionnaires provided support by supplying uniforms, attending games, serving refreshments and meeting players' transportation needs to and from games.

"The enthusiasm and camaraderie among the Legion members and players has been one of the most rewarding experiences for everyone," Unger says. "The experience of going to a baseball game and knowing that The American Legion is a driving force behind the teams is both gratifying and satisfying.

"American Legion Baseball is truly a rewarding and fun endeavor for any American Legion post to be involved with."

Legion posts and volunteers like Unger coordinate each season, culminating with the Legion World Series in Shelby, N.C., watched by millions on ESPN and ESPN3.

More than 100,000 young athletes compete for nearly 5,000 American Legion Baseball teams each year. Some of these baseball players go on to play professionally, including more than 75 who have been enshrined in the Baseball Hall of Fame in Cooperstown, N.Y.

www.legion.org/baseball

DID YOU KNOW?

Major League stars Madison Bumgarner, Jacob deGrom, Albert Pujols, Corey Seager and Justin Verlander all played American Legion Baseball.

WHY YOU SHOULD BELONG

BOYS STATE/BOYS NATION

Young men throughout the country learn firsthand how government works during American Legion Boys State and American Legion Boys Nation. From each Boys State program, two delegates are selected to attend Boys Nation in Washington, D.C., where they form a mock federal Senate and meet with top officials in the nation's capital. www.legion.org/boysnation

JUNIOR SHOOTING SPORTS

American Legion youth air-rifle teams compete throughout the country for a possible berth in the National Junior Shooting Sports championships at the U.S. Olympic Training Center in Colorado Springs, Colo., each year. www.legion.org/shooting

ORATORICAL COMPETITION

The American Legion High School Oratorical Scholarship Program gives thousands of young people the opportunity to hone their speaking skills and learn about the U.S. Constitution. Competitions at the local and state levels lead up to the National American Legion High School Oratorical Contest in Indianapolis, where top finishers are awarded more than \$138,000 in scholarships. www.legion.org/oratorical

YOUTH LAW CADET ENFORCEMENT

American Legion departments conduct a week-long American Legion Youth Cadet Law Enforcement Program for rising high school seniors that educates them about law enforcement and instills a newfound respect for law officials. www.legion.org/juniorlaw

BOY SCOUTS OF AMERICA

American Legion posts nationwide sponsor more than 2,500 Scouting units and provide thousands of dollars in scholarships. The Legion offers a national scholarship for Eagle Scout of the Year, and the Square Knot Award for Legionnaires who work for the Scouting programs in their communities. www.legion.org/scouting

EDUCATION ASSISTANCE

At the national, state and local levels, The American Legion provides access to dozens of scholarships and education programs. For more information about Legion-affiliated scholarships and application materials, visit www.legion.org/scholarships.

LEGACY SCHOLARSHIP

The American Legion Legacy Scholarship provides college scholarships for children of military personnel who were killed on active duty since 9/11, or have a combined VA disability rating of 50 percent or higher. The needs-based scholarship is designed to fulfill a gap after all federal and state grants and scholarships have been used by eligible applicants. <http://www.legion.org/scholarships/legacy>

U.S. FLAG PROTECTION AND EDUCATION

The American Legion is the nation's leading supporter of a constitutional amendment to protect the U.S. flag from desecration. Since a 5-4 Supreme Court decision in 1989 defined flag burning as free speech, The American Legion has advocated alongside members of Congress, the Citizens Flag Alliance and the majority of the American people to return to the states the right to enact flag-protection laws. The Legion is also the nation's foremost authority on the proper disposal of unserviceable U.S. flags. www.legion.org/flag

ROTC

The American Legion is actively involved in the support, organization and coordination of high school Junior ROTC and college ROTC programs throughout the country. www.legion.org/rotc

VOTER PARTICIPATION

American Legion posts serve as polling places, political debate venues and forums during campaigns. The Legion is a nonpartisan organization but takes an active role in the political process. www.legion.org/vote

WHY YOU SHOULD BELONG



PILLAR IV: CHILDREN & YOUTH

The American Legion's Children & Youth pillar is guided by three main objectives: strengthen the family unit, support organizations that help children in need, and provide communities with well-rounded programs to provide hope and opportunity for young people facing difficult challenges.

One program within this pillar is Temporary Financial Assistance (TFA). This program is specifically designed to assist minor children of eligible active-duty servicemembers or eligible American Legion members through cash grants, which contribute to a stable home environment. These grants help families meet the costs of shelter, utilities, food and medical expenses. The Legion provides more than \$500,000 to help these families each year. <http://www.legion.org/tfa>

FAMILY SUPPORT NETWORK

This program connects American Legion members with families struggling at home when loved ones are called to military duty. Legion volunteers provide child-care services, yard work, car repairs or other forms of personal help. A dedicated hotline – **800-504-4098** - is available for families looking for assistance. www.legion.org/familysupport

CHILD WELFARE FOUNDATION

Nonprofit organizations that reach out to help young people in need are supported through American Legion Child Welfare Foundation grants. The foundation provides grants to enhance communications for groups that tackle problems ranging from childhood neglect to substance abuse. www.legion.org/cwf

DID YOU KNOW?

For 2017, the Legion's Child Welfare Foundation awarded \$618,606 to 20 nonprofit groups who care for the well-being of American youth.

WHY YOU SHOULD BELONG

THE AMERICAN LEGION FAMILY



The American Legion Family consists of The American Legion, Sons of The American Legion (SAL), American Legion Auxiliary and American Legion Riders. Members of the Riders must be members of the Legion, Auxiliary or Sons.

More information about the SAL and Auxiliary:



Photo by Clay Lomneth

- **The Sons of The American Legion:** Founded in 1932, the Sons honor the service and sacrifice of Legionnaires. There are more than 355,000 members in the United States. Members include males whose parents or grandparents served in the U.S. military and were eligible for American Legion membership. www.legion.org/sons
- **The American Legion Auxiliary:** As the largest women's patriotic service organization in the world, the Auxiliary's membership is around 800,000. With 9,000 units in the United States, members are fiercely dedicated to serving, helping and meeting the needs of veterans, their families and their communities. www.alaforveterans.org

There are more than 1,500 American Legion Riders chapters across the nation.

American Legion Riders support their communities with local fundraising events as well as being the primary force behind the annual Legacy Scholarship Fund. Riders raise awareness and collect donations during the annual American Legion Legacy Ride, which has helped raise more than \$11 million for the scholarship fund.

Additionally, Riders members perform a number of services for Legion-supported causes and provide support at military funerals.

www.legion.org/riders



Photo by Lucas Carter

WHY YOU SHOULD BELONG

Benefits of Legion Membership



THE AMERICAN LEGION MAGAZINE

Members of The American Legion receive a free subscription to *The American Legion Magazine*, the largest veterans magazine in the nation. Every month, the magazine is filled with interesting feature stories, interviews, graphics, photos and ads of interest to Legionnaires and their families. www.legion.org/magazine

AMERICAN LEGION ONLINE UPDATE

Members are automatically invited to receive the free weekly American Legion Online Update e-newsletter, which delivers a comprehensive round-up of stories, photos, videos and other material straight to their email inboxes. To subscribe, go to <http://www.legion.org/enewsletters>

MYLEGION.ORG SOCIAL NETWORK

A social network just for Legionnaires is available through mylegion.org. The network is built for veterans who want to communicate better with each other and with their posts. It offers a variety of services, including membership administration tools.

MEMBER DISCOUNTS

Membership in The American Legion gives Legionnaires access to discounts on a variety of products and services. Discounts are available through participating providers in the following categories: car rental, home services, financial and insurance, medical, moving and relocation, travel and other industries.

www.legion.org/discounts

FINANCIAL AND INSURANCE SERVICES

The American Legion and USAA have teamed up to connect the nation's largest veterans service organization with the nation's top-ranked insurance and financial services company. Legion members now have access to the full range of financial and insurance services and a separate credit card. For every USAA membership originating through the dedicated Legion-USAA website (www.usaa.com/legion) or by a special toll-free phone line – 877- 699-2654 – Legion programs receive a financial donation from USAA.

AMERICAN LEGION EMBLEM SALES

Members of The American Legion Family are invited to review the Emblem Sales catalog for the latest in patriotic merchandise, American-made flags and apparel. A catalog of products is shipped to members or they can visit Emblem Sales online anytime to safely place their orders. www.emblem.legion.org

LEGISLATIVE ACTION CENTER

Members stay up to date on congressional action related to American Legion resolutions and programs. Frequent legislative alerts, information about how to contact the media and elected officials, and much more including an e-newsletter are available.

www.legion.org/legislative

WHY YOU SHOULD BELONG

Contact information

MEMBERSHIP

(317) 630-1327, membership@legion.org

VETERANS AFFAIRS & REHABILITATION

(202) 263-5759, va&r@legion.org

VETERANS EMPLOYMENT & EDUCATION

(202) 263-5771, ve&e@legion.org

LEGISLATIVE

(202) 263-5752, legislative@legion.org

NATIONAL SECURITY

(202) 263-5765, ns@legion.org

AMERICANISM

(317) 630-1203, americanism@legion.org

MEDIA AND COMMUNICATIONS

(317) 630-1298, magazine@legion.org

THE AMERICAN LEGION MAGAZINE

(317) 630-1298, magazine@legion.org

SONS OF THE AMERICAN LEGION

(317) 630-1205, sal@legion.org

AMERICAN LEGION RIDERS

(317) 630-1327, legionriders@legion.org

How do I ...

... find a post close to me?

Go to www.legion.org/posts to search our database.

... find an American Legion job fair close to me?

Go to www.legion.org/careers/jobfairs.

... find a service officer?

Go to www.legion.org/serviceofficers to search our database.

Prospective members may fill out the membership application below and bring it to a nearby post. To find a post near you, visit **www.legion.org/posts**

Alternatively, those who meet the eligibility requirements, may join online at **www.legion.org/join**

Or call **1-800-433-3318**

The American Legion Membership Application

(Name) _____ (Phone) _____

(Mailing Address) _____ (Date) _____

(City) _____ (State) _____ (Zip) _____ (Post #) _____

(Membership ID# former member) _____ (Email Address) _____ (Dues) _____

Please check appropriate eligibility dates and branch of service below

- | | |
|--|---|
| ☐ Aug 2, 1990 – Present | ☐ U.S. Army |
| ☐ Dec. 20, 1989 – Jan. 31, 1990 | ☐ U.S. Navy |
| ☐ Aug. 24, 1982 – July 31, 1984 | ☐ U.S. Air Force |
| ☐ Feb. 28, 1961 – May 7, 1975 | ☐ U.S. Marines |
| ☐ June 25, 1950 – Jan. 31, 1955 | ☐ U.S. Coast Guard |
| ☐ Dec. 7, 1941 – Dec. 31, 1946 | ☐ Merchant Marines 12/7/41 – 12/31/46 (only eligibility) |
| ☐ April 6, 1917 – Nov 11, 1918 | |



I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

Signature of applicant

Name of recruiter

30-009 (2011)

Receipt of Dues

(Please Print)



From _____

\$ _____ for 20 ____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____



THE AMERICAN LEGION

NATIONAL HEADQUARTERS

P.O. Box 1055
Indianapolis, IN 46206
1-800-433-3318

 www.legion.org

Follow The American Legion at

 www.legion.org/facebook

 twitter.com/AmericanLegion



Scan to join!

Who to contact:



OREGON DEPARTMENT
of VETERANS' AFFAIRS

2015

VETERAN BENEFITS

2015 RESOURCE GUIDE FOR VETERANS, THEIR DEPENDENTS AND SURVIVORS

Inside 

**VETERANS SERVICE OFFICES
FILING A CLAIM
HEALTH CARE
EDUCATION
EMPLOYMENT
MILITARY ID'S
AND MORE**

**STATE AND FEDERAL
2015 veteran benefits
and programs guide
offered by the State
of Oregon and U.S.
Department of
Veterans Affairs.**

OREGON VETERAN HOME LOAN BENEFIT



Since 1946, the Oregon Department of Veterans' Affairs has helped more than 334,000 veterans realize their dreams of owning a home. Call or go online for more information about eligibility and qualifications.

888-673-8387 | www.orvethomeloans.com



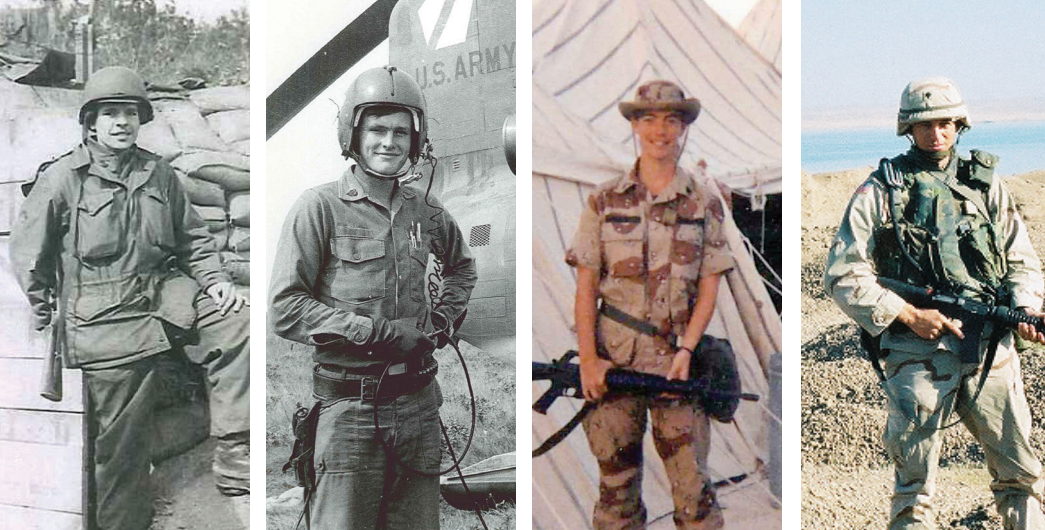


TABLE OF CONTENTS

THANK YOU FOR YOUR SERVICE

It has been seven years since I returned from my third and final deployment to Iraq. When I raised my right hand to serve, I wanted to be tested and part of something larger than myself. Only now do I fully appreciate the depth of history and tradition I joined. Across all generations of veterans, there is a shared bond whether they served stateside or in places like Iwo Jima or Inchon, Khe Sanh or Kandahar, Normandy or Najaf.

Now safely at home with a young family of my own, I am keenly aware that we still have thousands deployed in Afghanistan. As we close out the fight overseas, our veterans begin the fight at home to access healthcare, continue their education, and find work with a mission. The wars will end, but the effort to serve our veterans is just beginning.

A robust state and federal veterans' benefits system exists for all our veterans and their families. I am proud to now be a part of the team at the Oregon Department of Veterans' Affairs – one of the many partners dedicated to delivering these resources.

Regardless of the era you served in, as a veteran, you deserve nothing less than the best in care, resources, and opportunities – not as a charity, but as an investment.

This veteran benefit magazine is an informational guide, complete with a directory for each federal and state benefit available to you and your family. Whether you are planning to go to school or need help filing a disability claim, accessing health care or obtaining a home loan, the Oregon Department of Veterans' Affairs and the county veteran service offices are available to ensure you are taking full advantage of the benefits you have earned.

Thank you again for your service to our country. Welcome home.

C. Smith

Cameron Smith, Director
Oregon Department of Veterans' Affairs

6	CLAIMS
7	VETERAN SERVICE OFFICES
8	DISABILITY AND PENSIONS
10	HEALTH CARE
14	TRAUMA
16	LONG TERM CARE
17	OREGON VETERANS' HOMES
18	DEPENDENTS AND SURVIVORS
20	BURIAL BENEFITS
22	EDUCATION
24	HOME LOANS
25	TAXATION
26	VETERAN OWNED BUSINESSES
28	EMPLOYMENT
30	AUTO/ADAPTIVE/CLOTHING
31	TRANSPORTATION
33	ID'S/DMV PLATES/RECORDS
34	HOMELESSNESS RESOURCES
36	JUSTICE INVOLVED VETERANS
37	RECREATION & MEMORIALS

A directory of benefits and resources contact information can be found in the back of this magazine.

THE OREGON DEPARTMENT OF VETERANS' AFFAIRS IS COMMITTED TO SERVING THE MORE THAN 322,000 VETERANS AND THEIR FAMILIES IN THE STATE OF OREGON TO ENSURE THEY RECEIVE THE BENEFITS, SERVICES AND PROGRAMS TO WHICH THEY ARE ENTITLED.

ODVA Advisory Committee members (left to right): Gerard Lorang, Dennis Guthrie, Chair Al Herrera, Director Cameron Smith, Trisa Kelly, Ryan Howell, Mary J. Mayer, Tony García and Kevin Owens. (Mike Jones not pictured)



Email the advisory committee at vaac@odva.state.or.us or learn more online at www.oregon.gov/odva/Pages/advisory.aspx.

MEET THE ADVISORY COMMITTEE TO ODVA

ALFREDO G. HERRERA, CHAIR

Al graduated from high school in Klamath Falls before being drafted into the U.S. Army in 1955. Highly decorated for his service in Vietnam, Al is the recipient of the Silver Star, Bronze Star (Valor) and Purple Heart and retired from the Army after a full career in 1976. Al is a member of several service organizations, but is proudest to be a life member of the Bandido Charlie Association composed of veterans from his unit in Vietnam and present day soldiers in the 16th Infantry Regiment of the 1st Infantry Division.

DENNIS G. GUTHRIE, VICE CHAIR

Dennis enlisted in the U.S. Army in 1967 and volunteered to serve in Vietnam after completing Airborne and Special Forces Medical Training. He served as Head Company Field Medic with the First Cavalry Division, volunteered for Medevac, and is the recipient of the Silver Star and Bronze Star (Valor) among other awards. Dennis is a Veterans of Foreign Wars Past Department Commander for Oregon and has served in numerous national VFW positions, most recently as Vice-Chair and member of the National Legislative Committee.

MICHAEL A. JONES, SECRETARY

Michael served in the U.S. Army from 1970 to 1973 and is the recipient of two Bronze Stars for his service in Vietnam. He is a local and state leader in the American Legion, as well as a member of the VFW and DAV.

TONY N. GARCÍA

A graduate of Georgetown University and the University of Oregon, School of Law, Tony is an Oregon Army National Guard soldier and attorney. He was a Judge Advocate for the 41st Infantry Brigade and served as Chief Trial Counsel in Iraq to the 41st Brigade in 2009 during the Brigade's largest deployment since WWII.

J. RYAN HOWELL

Ryan served in the Oregon Army National Guard from 1999 to 2005 and deployed in support of Operation Iraqi Freedom with the 2nd Battalion, 162 Infantry. He is the recipient of two Army Commendation Medals and two Purple Hearts.

TRISA E. KELLY

Trisa is a Chaplain and Major in the Oregon Air National Guard with the 142nd Fighter Wing. She began her service in 2002 and continues serving in uniform today.

GERARD F. LORANG

Jerry is Vietnam Era veteran of the U.S. Army and served from 1972 to 1974 at Fort Sill, Oklahoma. After his military service, Jerry worked at the U.S. Department of Veterans' Affairs, Veterans Benefits Administration. For over 32 years, he served his fellow veterans in assignments across the Federal VA system and retired as a senior executive.

MARY J. MAYER

Mary is a retired Colonel from the U.S. Air Force and served on active duty from 1972 to 2002. She has been the recipient of numerous awards throughout her career, including the Legion of Merit and the Bronze Star. After her military service, Mary served as VP and Senior Director at KBR Government Infrastructure. She is also a state and regional leader in several veteran organizations including the Military Officers Association of America and Air Force Association.

KEVIN J. OWENS

Kevin is a veteran of the U.S. Coast Guard and served from 1984 to 1996. He is a past State Commander for the American Legion and a leader in other service organizations such as DAV and 40 et 8.

This magazine is produced and published by the Oregon Department of Veterans' Affairs to assist and educate veterans in learning about state and federal veteran benefits. Veterans can also find this information online at www.oregondva.com

DIRECTOR
Cameron Smith

DEPUTY DIRECTOR
Edward Van Dyke

COMMUNICATIONS AND INFO
SERVICES MANAGER
Nicole Hoeft

PUBLIC INFORMATION STAFF
Marc Huchette
Mike Allegre
Sarah Dressler

OREGON
DEPARTMENT
OF VETERANS' AFFAIRS
700 Summer St NE
Salem, OR 97301

SALEM CLAIMS OFFICE
503 373 2085
800 692 9666

PORTLAND CLAIMS OFFICE
503 412 4777

HOME LOAN DEPARTMENT
888 673 8387
homeloans@odva.state.or.us

DIRECTOR'S OFFICE
503 373 2383

PUBLIC INFORMATION
503 373 2389

COUNTY VETERAN
SERVICE OFFICES
See Page 7



E-subscribe and benefit info
www.oregon.gov/odva



www.facebook.com/odvavet



www.oregondva.com



Order copies of this magazine
www.oregon.gov/odva
503 373 2389

Published February 2015



7 out of 10 veterans
have not accessed their
federal VA benefits.

**ARE YOU
ONE OF
THE
SEVEN?**

TODAY'S VETERAN BENEFITS MAY SURPRISE YOU.

You may think there are other vets more deserving or your symptoms aren't bad enough. Perhaps your claim has been denied in the past or you don't want to go through the stress of filing a new claim. Maybe you didn't know that you and your family may have earned benefits like education, housing and burial benefits.

Because of your service, whether it was peace time or war time, you are a veteran. Now is the time to talk to an expert to walk you through all the state and federal benefits you may qualify for.

To work with a Veteran Service Office in Oregon, see page 7 for listings.



How to file: Disability Claim

2015 VA DISABILITY COMPENSATION RATES FOR VETERANS

DISABILITY RATING	MONTHLY BENEFIT
10%	\$133.17
20%	\$263.23
30%	\$407.75
40%	\$587.36
50%	\$836.13
60%	\$1,059.09
70%	\$1,334.71
80%	\$1,551.48
90%	\$1,743.48
100%	\$2,906.83

BE PREPARED TO FILE YOUR CLAIM

Bring a copy of your DD-214 and evidence that supports your claim. Never assume the VA has the necessary information on file.

Be sure your VA file number is included on every page of your correspondence and documentation.

Respond quickly and completely to the VA's requests for further information.

Keep all scheduled medical appointments.

Notify the VA immediately if your address or phone number changes.

Know your service dates and Social Security number. If you are a spouse of a deceased veteran, you should know this information, along with any previous marital status of your veteran.

Consider using direct deposit to receive VA payments and be prepared to provide a voided check.

STEP 1: FILE A CLAIM

Filing for veterans benefits is a free service provided by the Oregon Department of Veterans' Affairs and local County Veteran Service Officers (CVSO) who are accredited by the Federal VA and certified by the State of Oregon. Claims also can be filed by National Service Offices. The disability claim process begins the moment you file a claim.

To file, veterans must sign a power of attorney (POA) which authorizes VSOs to act on your behalf when preparing presenting and prosecuting your claim for any and all benefits from the VA.

STEP 2: OBTAIN EVIDENCE

You must submit evidence to support your disability claim. Evidence submitted at the time of the filing will help expedite your claim. Your disability evaluation will be based on the evidence so it is essential that the information is accurate and complete. VSOs will assist you in this process.

STEP 3: GET A VA PHYSICAL EXAM

The exams that the VA requests will depend on your claim and treatment history. Your nearest VA Medical Center will schedule the exam and contact you to let you know when and what exams are scheduled. After the exams, a report will be prepared and sent to the VA for review. You can help the process go faster by keeping your appointments and asking your private medical providers to send copies of your records to the VA office.

TIP:

Ask your private doctor to include your VA file number on all records they submit.

STEP 4: VA RATES COMPLETE RECORD

The VA will consider all evidence submitted and make a decision about whether or not the claim supports injuries and disabilities incurred while in service.

If the VA approves the claim, then a rating is decided based on how severe your conditions are. The ratings are defined and set based on federal law.

Check Your VA Disability Claim Online

Sign up for eBenefits at www.ebenefits.va.gov.

Options for denied claims or if you disagree with decision

If the VA denies your claim you may appeal the decision. You may also appeal if your claim was approved, but you disagree with any part of the rating.

An appeal involves many steps, some of which are optional and some that are required, and have strict time limits and include:

1. Notice of Disagreement (NOD)
2. Statement of Case (SOC)
3. Hearings (Optional)
4. Formal Appeal (Form 9)
5. Board of Veterans' Appeals (BVA)
6. U.S. Court of Appeals for Veterans' Claims (CAVC)

A County and Statewide Veteran Service Office can assist with the appeals process.

Veterans Claims Advocacy for veterans, their survivors and dependents

The Federal VA benefit system actually is a legal system. In order to qualify for benefits, veterans must file a claim against the United States proving they are eligible for these benefits through the submission of legal, military and medical evidence.

ODVA employs federally accredited and state certified Veteran Service Officers (VSOs) who are subject matter experts in Federal VA law (Chapter 38 United States Code and Chapter 38 Code of Federal Regulations) and are allowed to practice by taking Power of Attorney for veterans seeking benefits. These VSOs represent veterans, their dependents and survivors before the Federal VA in their claims and appeals.

With its County Veteran Service Officer and National Service Officer partners, ODVA provides claims and counseling advocacy and representation to Oregon's 320,000 veterans, resulting in more than 32,000 claims filed on their behalf during 2011.

Currently, ODVA holds Power of Attorney for nearly 70,000 Oregon veterans.

Besides claims work, VSOs regularly help veterans and their families learn about other benefits that they may be eligible for. VSOs are knowledgeable about the many resources available within the state and can usually assist in finding help and solutions to issues that you may be facing.

To schedule an appointment with your local VSO, refer to the directory on this page.

VETERAN SERVICE OFFICES

To file a disability claim or to learn about other federal and state veteran benefits, contact a local veteran service office.

STATEWIDE VETERAN SERVICES

PORTLAND
503-412-4777

SALEM
503-373-2085

COUNTY VETERAN SERVICE OFFICES

BAKER
541-523-8223

BENTON
541-758-1595

CLACKAMAS
503-650-5631

CLATSOP
503-791-9983

COLUMBIA
503-366-6580

COOS
541-396-7590

CROOK
541-447-5304

CURRY
866-298-0404

DESCHUTES
541-385-3214

DOUGLAS
541-440-4219

GILLIAM
541-384-6712

GRANT
541-575-1631

HARNEY
541-573-1342

HOOD RIVER
541-386-1080

JACKSON
541-774-8214

JEFFERSON
541-475-5228

JOSEPHINE
541-474-5454

KLAMATH
541-883-4274

LAKE
541-947-6043

LANE
541-682-4191

LINCOLN
541-574-6955

LINN
541-967-3882

MALHEUR
541-889-6649

MARION
503-373-2085

MORROW
541-922-6420

MULTNOMAH
503-988-8387

POLK
503-373-2085

SHERMAN
541-565-3408

TILLAMOOK
503-842-4358

UMATILLA
541-278-5482

UNION
541-962-8802

WALLOWA
541-426-3155
EXT 241

WASCO
541-506-2502

WASHINGTON
503-846-3060

WHEELER
800-982-1172

YAMHILL
503-434-7503

NATIONAL VETERAN SERVICE OFFICES

AMERICAN LEGION
541-475-5228

DISABLED AMERICAN
VETERANS
503-412-4750

MILITARY ORDER OF
THE PURPLE HEART
503-412-4770

NATIONAL ASSOCIATION
FOR BLACK VETERANS
OF AMERICA
503-412-4159

VETERANS OF
FOREIGN WARS
503-412-4757

Compensation and Pension

DISABILITY COMPENSATION is a monetary benefit paid to veterans who are disabled by an injury or illness that was incurred or aggravated during active military service. These disabilities are considered to be service-connected.

Disability compensation is paid monthly and varies with the degree of disability, the impairment of a veteran's earning capacity and the number of dependents. Veterans with certain severe disabilities may be eligible for additional special monthly compensation. The benefits are not subject to federal or state income tax.

NATIONAL GUARD / SELECT RESERVE

Reservists who serve on active duty establish veteran status and may be eligible for the full-range of VA benefits, depending on the length of active military service and a discharge or release from active duty under conditions other than dishonorable. In addition, reservists not activated may qualify for some VA benefits.

National Guard members can establish eligibility for VA benefits if activated for federal service during a period of war or domestic emergency. Activation for other than federal service does not qualify guard members for all VA benefits.

Claims for VA benefits based on federal service filed by National Guard members should include a copy of their military orders, presidential proclamation or executive order that clearly demonstrates the nature of their federal service.

MILITARY RETIRED PAY Historically, veterans have not been permitted to receive full military pay and VA compensation for benefits at the same time. Veterans who were entitled to both have had to either waive a portion of their retirement equaling the amount of awarded VA compensation or elect not to receive VA compensation at all. Receiving both benefits and retirement pay is commonly known as "concurrent receipt."

In 2004 Congress passed the Concurrent Retired and Disability Pay Act, allowing many veterans to receive 100 percent of their military retirement and VA compensation.

Because of the complexity of this issue, visit www.dfas.mil for more information.

PRESUMPTIVE HEALTH CONDITIONS

There are three categories in which veterans may qualify for a service connected disability based on a condition to be presumed by military service. These groups are veterans who were diagnosed with a chronic disease such as arthritis, diabetes, or hypertension within one year of being released from active duty; veterans diagnosed with Amyotrophic Lateral Sclerosis (ALS) any time after discharge after service at least 90 days of continuous service or more; and veterans who served in the conflicts/geographic regions associated with those diagnosed conditions identified below. For more information on presumptives, please contact a VSO.

Former POW'S

Imprisoned for any length of time and disability rating of at least 10 percent:

- Psychosis
- Any of the anxiety states
- Dysthymic disorder
- Organic residuals of frostbite
- Post-traumatic osteoarthritis
- Heart disease or hypertensive vascular disease
- Stroke and its residuals
- Osteoporosis, if veteran has PTSD, on or after Oct. 10, 2008

Imprisoned for at least 30 days and disability at least 10 percent disabling:

- Avitaminosis
- Beriberi
- Chronic dysentery
- Helminthiasis
- Malnutrition (including optic atrophy)
- Pellagra
- Any other nutritional deficiency
- Irritable bowel syndrome
- Peptic ulcer disease
- Peripheral neuropathy
- Cirrhosis of the liver
- Osteoporosis, on or after Sept. 28, 2009

Vietnam Veterans

[Exposed to Agent Orange]
Served in the Republic of Vietnam between Jan. 9, 1962 and May 5, 1975:

- AL amyloidosis
- Chloracne or other acneform disease similar to chloracne
- Porphyria cutanea tarda
- Soft-tissue sarcoma (other

than osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma

- Hodgkin's disease
- Multiple myeloma
- Respiratory cancers (lung, bronchus, larynx, trachea)
- Non-Hodgkin's lymphoma
- Prostate cancer
- Acute and subacute peripheral neuropathy
- Type 2 diabetes
- Chronic B-cell leukemia
- Ischemic heart disease
- Parkinson's disease

Atomic Veterans

[Exposed to Ionizing Radiation]
Participated in atmospheric nuclear testing; occupied or was a POW in Hiroshima or Nagasaki; service before Feb. 1, 1992 at diffusion plant in Paducah, KY, Portsmouth, OH, or Oak Ridge, TN; or service before Jan. 1, 1974 at Amchitka Island, AK:

- All cancers
- Non-malignant thyroid nodular disease
- Parathyroid adenoma
- Posterior subcapsular cataracts
- Tumors of the brain and central nervous system

Note: VA also will consider other diseases not listed above that were caused by radiation, if supported by medical or scientific evidence. To be eligible for disability compensation, VA must be able to establish that it is at least as likely as not that a veteran's disease was caused by his/her exposure to radiation during military service.

Gulf War Veterans

Served in the Southwest Asia Theater of Operations during the Gulf Wars with conditions that are medically unexplained, including chronic multi-symptom illnesses defined by a cluster of signs or symptoms that have existed for six months or more, such as:

- Chronic fatigue syndrome
- Fibromyalgia
- Irritable bowel syndrome
- Any diagnosed or undiagnosed illness that the Secretary of VA determines warrants a presumption of service connection.

Signs or symptoms of an undiagnosed illness include: fatigue, skin symptoms, headaches, muscle pain, joint pain, neurological symptoms, respiratory symptoms, sleep disturbances, GI symptoms, cardiovascular symptoms, weight loss, menstrual disorders.

There are nine specific infectious diseases associated with military service during this period that are prevalent in Southwest Asia, and have been diagnosed among U.S. troops serving there, and known to cause long-term adverse health effects:

- Brucellosis
- Campylobacter jejuni
- Coxiella burnetii (Q fever)
- Malaria
- Mycobacterium tuberculosis
- Nontyphoid Salmonella
- Shigella
- Visceral leishmaniasis
- West Nile virus

Contact a VSO (listed on page 7) to file a disability claim if you have been diagnosed or experienced any of the presumptive symptoms described above.



VA DISABILITY PENSION BENEFIT FOR WARTIME VETERANS A non-service connected Disability VA Pension is a benefit paid to wartime veterans who have limited or no income, and who are age 65 or older, or, under 65 and are permanently and totally disabled, or, a patient in a nursing home, or, are receiving Social Security disability payments. The amount that's payable depends upon the type and amount of income the veteran and family members receive from other sources.

Veterans who are more seriously disabled may qualify for Aid and Attendance or Housebound benefits. These benefits are paid in addition to the basic pension rate.

Monthly payments are made to qualified veterans to bring their total income to a congressionally established support level (including other retirement and Social Security income).

AID AND ATTENDANCE (A&A) is a benefit paid in addition to monthly pension and compensation. It may not be paid without eligibility to a pension. A&A is allowed if the veteran: requires the aid of another person in order to perform his or her daily living activities; is bedridden; is a patient in a nursing home due to mental or physical incapacity; or has corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less.

HOUSEBOUND BENEFITS may not be paid without eligibility to pension and compensation. Qualifying veterans must have a single permanent disability (rated 100 percent disabled) and need assistance, or have a single permanent disability (100 percent disabled) and another disability, or disabilities, evaluated as 60 percent or more disabling.

A veteran cannot receive both A&A and Housebound Benefits at the same time.

Basic Eligibility

A person who served in the active military service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits. Reservists and National Guard members also may qualify for VA health care benefits if they were called to active duty (other than for training only) by a federal order and completed the full period for which they were called or ordered to active duty.

Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to veterans discharged for hardship, early out, or a disability incurred or aggravated in the line of duty.

5-YEAR POST DEPLOYMENT BENEFIT

Veterans, including members of the National Guard and activated reservists, are eligible for the enhanced "Combat Veteran" benefits if they served on active duty in a theater of combat operations after Nov. 11, 1998, and have been discharged under honorable conditions.

Enrollment

For most veterans, entry into the VA health care system begins by applying for enrollment.

To apply, complete VA Form 10-10EZ, Application for Health Benefits, which may be obtained from any VA health care facility or regional benefits office, online or by calling VA.

Once enrolled, veterans can receive health care at VA health care facilities anywhere in the country. Veterans enrolled in the VA health care system are afforded privacy rights under federal law.

During enrollment, each veteran is assigned to a priority group based on their service connected disability rating and other factors. VA uses priority groups to balance demand for VA health care enrollment with resources.

STANDARD BENEFITS

VA's medical benefits package provides the following health care services to all enrolled veterans:

- Preventive Care Services
- Ambulatory (Outpatient) Diagnostic and Treatment Services
- Hospital (Inpatient) Diagnostic Treatment
- VA prescribed Medications and Supplies

ACUTE CARE SERVICES, which may have limitations and special eligibility criteria, include:

- Ambulance service
- Dental Care
- Durable Medical equipment
- Eyeglasses
- Hearing Aids
- Home Health Care Homeless programs
- Maternity and Parturition services
- Non-VA Health Care Services
- Orthopedic, Prosthetic, and Rehabilitative Devices

REHABILITATIVE SERVICES

- Readjustment Counseling
- Sexual Trauma Counseling

Women Veterans Healthcare 1-855-VA-WOMEN (1-855-829-6636)

Women veterans are eligible for the same VA benefits as male veterans. Comprehensive health services are available to women veterans including primary care, specialty care, mental health care and reproductive health care services. VA provides management of acute and chronic illnesses, preventive care, contraceptive services, menopause management, and cancer screenings, including pap smear and mammograms, and gynecology.

Maternity care is covered in the Medical Benefits package to include care for newborn children of women veterans for up to 7 days after birth. VA is also mandated to implement pilot programs to provide child care to women veterans receiving medical care, and to provide readjustment services to women veterans. Infertility evaluation and limited treatments also are available.

Expanding healthcare services for women veterans is requiring VA to report to Congress on its comprehensive assessment of the barriers in providing health care to women veterans. VA is required to train its mental health providers in the treatment of military sexual trauma.

Women Veterans Program Managers are available at all VA facilities to help veterans seeking treatment and benefits.



TriCare

TriCare is the Department of Defense's managed health care program for active duty military and their dependents, as well as military retirees and their dependents.

There are four options for your health care: TriCare Prime, TriCare Extra, TriCare Standard and TriCare for Life.

Each of these options has specific benefits, exclusions, co-pay and deductible requirements. Enrollment is not mandatory for TriCare Extra or TriCare Standard.

Enrollment is required for TriCare Prime, and at age 65 you become eligible as long as you have Medicare Parts A and B. TriCare Prime also has fewer out-of-pocket costs than other TriCare options.

TriCare for Life has minimal out of pocket costs, aside from Medicare Part B premiums. Benefits should be coordinated between Medicare and TriCare.

To contact TriCare call 888-TRIWEST (888-874-9378).

Non-VA Medical Center Emergency Care

Veterans are eligible for emergency care at non-VA facilities under certain circumstances. The 2010 Veterans Emergency Care Protective Act enable VA to reimburse veterans enrolled in VA health care for the remaining cost of emergency treatment if the veteran has outside insurance that only covers part of the cost.

If non-VA emergency care is received, notification to the nearest VA health care facility must be made within 72 hours of hospitalization. VA payment is limited up to the point that the veteran's condition is stable for transport to a VA facility.

The VA can also provide retroactive reimbursements for emergency care received on or after July 19, 2001, if considered appropriate under the circumstances.



Online management

Managing your health information - appointments, prescriptions, labs, blood tests and even exchanging messages with your health care team - has never been easier.

My HealthVet, your online Personal Health Record, helps you gain a better understanding of your health status and allows you to explore a variety of ways to monitor and improve your health, 24 hours a day/7days a week.

To get the most out of My HealthVet, Veterans are urged to visit their local VA health care facility to get an upgraded account, known as In-Person Authentication (IPA). This simple process allows you to use My HealthVet to:

- View your VA appointments
- Access VA wellness reminders
- Communicate online through secure messaging
- View laboratory results and more

To begin using My HealthVet, register today at www.myhealth.va.gov.

Veterans Affairs Medical Centers

PORTLAND VA MEDICAL CENTER

3710 SW. US Veterans Hospital Rd.
Portland, OR 97239
503 220 8262 or 800 949 1004
www.portland.va.gov

ROSEBURG VA MEDICAL CENTER

913 NW Garden Valley Blvd.
Roseburg, OR 97471
541 440 1000 or 800 549 8387
www.roseburg.va.gov

WHITE CITY (SORCC)

8495 Crater Lake Hwy.
White City, OR 97503
541 826 2111 or 800 809 8725
www.southernoregon.va.gov

Community-Based Outpatient Clinics

BEND

2650 NE Courtney Dr.
541 647 5200

BROOKINGS

555 Fifth St.
541 412 1152

BURNS

271 N Egan Ave
541 573 3339

EUGENE

100 River Ave.
541 607 0897

GRANTS PASS

1877 Williams Hwy 238
541 955 5551

HILLSBORO

1925 Amberglen Pkwy.
503 906 5000

KLAMATH FALLS

2225 N El Dorado Blvd.
541 273 6206

LA GRANDE

202 12th St.
541 963 0627

NEWPORT

1010 SW Coast Hwy.
541 265 4182

NORTH BEND

2191 Marion St.
541 756 8002

PORTLAND (EAST)

10535 NE Glisan St., 2nd Fl.
503 273 5142

SALEM

1750 McGilchrist St. SE, Ste. 130
971 304 2200

THE DALLES

704 Veterans Dr.
800 949 1004

WARRENTON

Camp Rilea, Bldg. 7315
503 861 1452

WEST LINN

1750 SW Blankenship Rd.
503 210 4900



The Vet Center Combat Call Center is an around the clock confidential call center where combat veterans and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life. The staff is comprised of combat veterans from several eras as well as families members of combat veterans.

Vet Centers

Services provided at Vet Centers include bereavement and readjustment counseling to individuals, groups, couples, and families.

If you served in a combat zone and received a campaign ribbon, you and your family are eligible for Vet Center services. In addition, parents, siblings, spouses and children of any active duty service member who dies while on active duty are eligible for bereavement counseling services. Services are also provided to any veteran who experienced military related sexual trauma while on active duty.

BEND

1645 NE Forbes Rd. Ste. 105
541 749 2112

EUGENE

190 East 11th Ave.
541 465 6918

GRANTS PASS

211 SE 10th St.
541 479 6912

PORTLAND

1505 NE 122nd Ave. Ste. 110
503 688 5361

SALEM

2645 Portland Rd. NE Ste. 250
503 362 9911



U.S. Department
of Veterans Affairs

Connect. It matters.

Family. It matters.

Ask the question. It matters.

Friendship.

Compassion. It matters.

Support. It matters.

Listen. It matters.



It Matters.

© 11/13 VHA

We're in this together.

Confidential help for Veterans and their families



**Veterans
Crisis Line**
1-800-273-8255 PRESS 1

Confidential chat at **VeteransCrisisLine.net** or text to **838255**

2015 FEDERAL AND STATE BENEFITS | 13

Trauma and PTSD

Posttraumatic Stress Disorder (PTSD) is a mental health issue that can occur after someone goes through a traumatic event such as war, assault, or disaster. Most people have some stress reactions after a trauma.

Each service member will have their own experiences. However, understand that almost all service members will need time to readjust after being in a war zone. This can be especially intense during the first months at home. Common stress reactions are a normal part of readjustment.

Below are common physical, mental/emotional, and behavioral reactions that service members may experience:

COMMON PHYSICAL REACTIONS

- Trouble sleeping, overly tired
- Upset stomach, trouble eating
- Headaches and sweating when thinking of the war
- Rapid heartbeat or breathing
- Existing health problems become worse

COMMON MENTAL/EMOTIONAL REACTIONS

- Bad dreams, nightmares
- Flashbacks or frequent unwanted memories
- Anger
- Feeling nervous, helpless, or fearful
- Feeling guilty, self-blame, shame
- Feeling sad, rejected, or abandoned
- Agitated, easily upset, irritated, or annoyed
- Feeling hopeless about the future
- Experiencing shock, being numb, unable to feel happy

COMMON BEHAVIORAL REACTIONS

- Trouble concentrating
- Being jumpy and easily startled
- Being on guard, always alert, concerned about safety and security
- Avoiding people or places related to the trauma
- Excessive drinking, smoking, or drug use
- Lack of exercise, poor diet, or health care
- Problems doing regular tasks at work or school
- Aggressive driving habits

Service members may have unwanted memories of the war zone. If something happens that reminds them of a war experience, they may have a range of reactions, from intrusive images and thoughts, all the way to a feeling of reliving their experiences ("flashbacks") that are so realistic they feel like they are back in the war.

Irritations or reacting more strongly to common family issues, anger and aggression are common war zone stress reactions. Even minor incidents can lead to significant reactions.

Reactions like these that last for months can affect relationships, work, and overall well-being if not treated. Emotional or psychological problems are not a sign of weakness. Injuries, including psychological injuries, affect the strong and the brave just like physical injuries. But stigma of mental health issues can be a huge barrier for people who need help, but knowing when and how to get help is actually part of military training.

Visit your local Vet Center (complete list of locations are on the previous page) if you would like to talk to someone about what you are experiencing. You can also learn more about PTSD at

www.ptsd.va.gov



PTSD Mobile App

PTSD Coach has now been downloaded over 100,000 times in 74 countries around the world. The PTSD Coach app can help you learn about and manage symptoms that commonly occur after trauma. Features include: Reliable information on PTSD and treatments that work; Tools for screening and tracking your symptoms; Convenient, easy-to-use skills to help you handle stress symptoms; Direct links to support and help; Always with you when you need it.

Together with professional medical treatment, PTSD Coach provides you dependable resources you can trust. If you have, or think you might have PTSD, this app is for you. Family and friends can also learn from this app.

DOWNLOAD THE MOBILE APP

Free PTSD Coach download from: iTunes (iOS) and Google Play (Android). Also see PTSD Coach ONLINE: 17 tools to choose from available for desktop. PTSD Coach was created by the VA's National Center for PTSD and the DoD's National Center for Telehealth and Technology.

NOTE: PTSD is a serious mental health condition that often requires professional evaluation and treatment. PTSD Coach is not intended to replace needed professional care.

Free PTSD Coach download from:
iTunes (iOS) and Google Play
(Android)

Traumatic Brain Injury (TBI)

Major advances in protective and medical technology have vastly increased survivability rates among wounded U.S. service members. They have also introduced new challenges to care for increasing numbers of veterans and service members with extremely complex injuries, particularly polytrauma and traumatic brain injury.

A Traumatic Brain Injury (TBI) happens when something outside the body hits the head with significant force. This could happen when a head hits a windshield during a car accident, when a piece of shrapnel enters the brain, or during an explosion of an improvised explosive device (IED.)

Individuals who sustain a TBI may experience a variety of effects, such as an inability to concentrate, an alteration of the senses (hearing, vision, smell, taste, and touch), difficulty speaking, and emotional and behavioral changes.

If you experienced head trauma during your service, please contact the VA to schedule an examination. To learn more about TBI, visit www.polytrauma.va.gov

Military Sexual Trauma

Military sexual trauma (MST) is the term that the Department of Veterans Affairs uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military. It includes any sexual activity where someone is involved against his or her will – he or she may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied faster promotions or better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities. Other experiences that fall into



ABOUT FACE

PTSD TREATMENT CAN TURN YOUR LIFE AROUND

For more information visit
www.ptsd.va.gov/AboutFace



the category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person's body or sexual activities; and/or threatening or unwelcome sexual advances.

Both women and men can experience MST during their service. All veterans seen at Veterans Health Administration facilities are asked about experiences of sexual trauma because they know that any type of trauma can affect a person's physical and mental health, even many years later. People can recover from trauma and the VA has free services to help veterans do this. You do not need to

have a VA disability rating (be "service connected") to receive these services and may be able to receive services even if you are not eligible for other VA care. You do not need to have reported the incident(s) when they happened or have other documentation that they occurred.

For more information, veterans can speak with a VA healthcare provider, contact the MST Coordinator at their nearest VA Medical Center, or contact their local Vet Center. More MST information can be found at www.mentalhealth.va.gov/msthome.asp

Long Term Care Standard Benefits

GERIATRIC EVALUATION A geriatric evaluation is the comprehensive assessment of a veteran's ability to care for him/herself, his/her physical health, and social environment, which leads to a plan of care. The plan could include treatment, rehabilitation, health promotion, and social services. These evaluations are performed by inpatient Geriatric Evaluation and Management (GEM) Units, GEM clinics, geriatric primary care clinics, and other outpatient settings.

ADULT DAY HEALTH CARE The Adult Day Health Care (ADHC) Program is a therapeutic day care program, providing medical and rehabilitation services to disabled veterans in a combined setting.

RESPIRE CARE Respite Care provides supportive care to veterans on a short-term basis to give the caregiver a planned period of relief from the physical and emotional demands associated with providing care. Respite Care can be provided in the home or other non-institutional settings.

HOME CARE Skilled home care is provided by VA and contract agencies to veterans that are homebound with chronic diseases and includes nursing, physical/occupational therapy, and social services.

HOSPICE/PALLIATIVE CARE Hospice and palliative care programs offer pain management, symptom control, and other medical services to terminally ill veterans or veterans in the late stages of the chronic disease process. Services also include respite care as well as bereavement counseling to family members.

Limited Benefits

NURSING HOME CARE While some veterans qualify for indefinite nursing home care services, other veterans may qualify for a limited period of time. Among those that automatically qualify for indefinite nursing home care are veterans whose service-connected condition is clinically determined to require nursing home care and veterans with a service-connected rating of 70% percent or more. Other veterans may be provided short-term nursing home care if space and resources are available.

DOMICILIARY CARE Domiciliary care provides rehabilitative and long-term, health maintenance care for veterans who require some medical care, but who do not require all the services provided in nursing homes. Domiciliary care emphasizes rehabilitation and return to the community. VA may provide domiciliary care to veterans whose annual income does not exceed the maximum annual rate of a VA pension or to veterans that have no adequate means of support.

Oregon Veterans' Homes

Oregon Veterans' Homes provide skilled nursing, Alzheimer's and memory-related, and rehabilitative care in an environment that understands the unique needs of the men and women who served our country in uniform. Care at an Oregon Veterans' Homes is an earned benefit available to veterans, their spouses and parents who had a child die while serving in the U.S. Armed Forces. To be eligible for this benefit, qualifying veterans must have served as defined by the U.S. Department of Veterans Affairs (Federal VA) and received an honorable discharge from their branch of service.

Conservatorship Program

The Oregon Department of Veterans' Affairs Conservatorship Program serves veterans, their surviving spouses, minor children or helpless adult children of veterans, and dependent parents.

Professional Trust Officers assist Oregon veterans manage their financial affairs and property while helping ease the burdens often associated with paying bills, collecting funds on debts owed to the veteran, corresponding with creditors, buying or selling real-estate, or other investments.

Trust officers are experts in Oregon law, administrative rules and veterans law and regulation. Whenever possible they work closely with interested family members in planning for the welfare and best interest of the veteran, their spouse or dependent.

A conservator gains possession of all income and assets and establishes a personal budget and pays for care, personal needs, dependent support, property maintenance, etc., according to that budget. A conservator applies for all benefits for which the protected person may be eligible and invests or otherwise conserves unused funds.

An accounting of financial activities is submitted to the court, U.S. Department of Veterans Affairs, protected persons and others as required by law.

For a person with a substantial amount of income, assets or property, who is unable to manage his or her finances well enough to provide adequate care themselves, a conservator may be needed. Causes may include mental illness or deficiency, physical illness or disability, chronic use of drugs or controlled substances, disappearance or confinement, chronic intoxication, and helpless or minor children.

A petition asking for the appointment of a conservator may be submitted to a court by anyone interested in the estate, affairs or welfare of the person. This includes parents, guardian, custodians or any person who would be adversely affected by lack of effective management of the property or affairs.

The court appoints a conservator and the order remains in effect until the person's condition improves, majority is reached or until death.

THE PLACE WHERE HONOR LIVES.



Award Winning.

The Oregon Veterans' Home (The Dalles) is proud to have received the Gold Award for Quality Achievement (2014) and has been named one of the top rated nursing homes in Oregon by U.S. News and World Reports.



Types of Care.

Residents receive 24-hour, long term skilled nursing, Alzheimer's, other memory related and rehabilitative care by staff who understand and honor the service of veterans and their families.



Earned Benefit.

Care at an Oregon Veterans' Home is an earned benefit available to honorably discharged veterans, their spouses and parents who had a child die while serving in the U.S. Armed Forces.

THE DALLES



541-296-7190

700 Veterans' Drive
The Dalles, OR 97058

LEBANON



541-497-7265

600 North 5th Street
Lebanon, Oregon 97355

Every Oregon veteran has their story. Eileen Roach (pictured), a former Oregon Veterans' Home resident, was one of only 30 Oregon Women Airforce Service Pilots (WASPs).

Learn more about Oregon's rich living veteran history and the incredible care offered at each of our Oregon Veterans' Homes.



ODVA | OREGON VETERANS'
HOME PROGRAM

www.oregonveteranshomes.com



Dependency and Indemnity Compensation (DIC)

Dependency and Indemnity Compensation (DIC) is the primary monthly monetary benefit payable to surviving dependents of a deceased veteran, and is the equivalent benefit to disability compensation for veterans.

This benefit is payable if the veteran died while on active duty, in the line of duty and not due to willful misconduct or, if death was after service, the death was caused or attributed to a service-connected disability.

The current basic monthly rate of DIC is \$1,215 for an eligible surviving spouse. The rate is increased for each dependent child, and also if the surviving spouse is housebound or in need of aid and attendance. VA also adds a transitional benefit of \$301 to the surviving spouse's monthly DIC if there are children under age 18. The amount is based on a family unit, not individual children.

Death Pensions

Survivors' (Death) Pension is a needs-based benefit paid to an unremarried surviving spouse, or an unmarried child, who meets certain age or disability requirements, of a deceased wartime veteran.

In order to qualify for a VA Death Pension, the VA calculates income received from most sources by the surviving spouse and any eligible children. It includes earnings, disability and retirement payments, unemployment insurance payments, interest and dividends payments, and net income from farming, business or rental property.

If the income is below a certain level, the dependent or surviving spouse may be eligible for this pension.

Burial Benefits

Dependents and surviving spouses of an eligible veteran are eligible to be buried in national cemeteries.

When a death occurs and eligibility for interment in a national cemetery is determined, grave space is assigned by the cemetery director in the name of the veteran or family member. One gravesite is permitted for the interment of all eligible family members, unless soil conditions or the number of family decedents necessitate more than one grave. There is no charge for burial in a national cemetery.

Headstones and Markers

Spouses and dependents are not eligible for a Government-furnished headstone or marker unless they are buried in a national cemetery, state veteran's cemetery, or military post/base cemetery.

Survivor Benefit Plan

When a military retiree dies their retirement pay stops. This means that the surviving no longer receives income source. If a veteran is a military retiree, thought needs to be given as to how to protect the spouse from the hardships caused by the loss of the retirement pay.

One option available is the Survivor Benefit Plan (SBP). The SBP is an insurance plan that will pay the veteran's surviving spouse a monthly payment (annuity) to help make up for the loss of retirement income. The plan is designed to protect survivors against the risks of the veteran's early death, a survivor outliving the benefits, and inflation.

Survivors should report retiree deaths to the Defense Finance and Accounting Service (DFAS) casualty office at 800-321-1080.

CHAMPVA and Tricare

The Civilian Health and Medical Program of the U.S. Department of Veterans Affairs (CHAMPVA) is a comprehensive health care program in which the VA shares the cost of covered health care services and supplies with eligible beneficiaries. The program is administered by Health Administration Center.

Due to the similarity between CHAMPVA and the Department of Defense (DoD) TRICARE program (sometimes referred to by its old name, CHAMPUS) the two are often mistaken for each other. CHAMPVA is a U.S. Department of Veterans Affairs (VA) program whereas TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. In some cases a veterans may look to be eligible for both/either program on paper. However, if you are a military retiree, or the spouse of a veteran who was killed in action, you are and will always be a TRICARE beneficiary.

Incarcerated Veterans

When a veteran receiving VA disability compensation is incarcerated, payments to the veteran are reduced to 10 percent after the 61st day of incarceration after conviction of a felony. If a veteran is in receipt of a non-service connected pension, all pension payments will stop.

However, benefit payments may be apportioned to the veteran's spouse, child or children, and dependent parents on the basis of individual need. In determining individual need, consideration shall be given to such factors as the claimant's income and living expenses, the amount of compensation available to be apportioned, and any special needs. More information on incarcerated veterans can be found on Page 36.

Post-9/11 GI Bill Transfer of Entitlement

The Post-9/11 GI Bill also offers some service members the opportunity to transfer their GI Bill to dependents. An individual approved to transfer an entitlement to educational assistance under this section may transfer the individual's entitlement to the individual's spouse, or one or more of the individual's children any combination of spouse and child. A family member must be enrolled in the Defense Eligibility Enrollment Reporting System (DEERS) and be eligible for benefits at the time of transfer to receive transferred educational benefits.

Visit www.gibill.va.gov/benefits/other_programs/dea.html.

OREGON'S VETERANS' DEPENDENT TUITION WAIVER

Offered by the State of Oregon University System (OUS) and local community colleges, this state benefit provides a full tuition waiver (excluding fees) for a bachelor's, master's or associates degree at an OUS institution or community college for children and spouses (who have not remarried) of a member of the U.S. Armed Forces who either died in active duty, became 100 percent disabled in connection with military service (universities only), or died as a result of a disability sustained in active duty. Dependents of recipients who earned a Purple Heart after Sept. 11, 2001 are also eligible to receive a tuition waiver from Oregon universities.

Eligibility differs slightly for community colleges and universities. Call the college admissions department for detailed information on this benefit.

(DEA) DEPENDENTS' EDUCATIONAL ASSISTANCE

DEA is a federal VA benefit that provides education and training opportunities to eligible dependents, spouses and survivors of certain veterans. The program offers up to 45 months of education benefits.

To be eligible, you must be the dependent or spouse of a veteran who died or is permanently and totally disabled as the result of a service-connected disability, a veteran who died from any service-connected disability, a service member missing in action or captured in line of duty, a service member forcibly detained or interned in line of duty, or a service member who is hospitalized or receiving outpatient treatment for a service connected permanent and total disability.

FRY SCHOLARSHIP

Children of an active duty member of the Armed Forces who has died in the line of duty on or after September 11, 2001, are eligible for the the Marine Gunnery Sergeant John David Fry Scholarship. Eligible children attending school may receive up to their full tuition & fees for a public school or a statutory annual maximum amount for a public school, plus a monthly living stipend and book allowance under this program.



Burial and Cemetery Benefits

The U.S. Department of Veterans Affairs (VA) Benefits Administration oversees a burial benefits program designed to assist claimants in meeting the funeral and burial costs of a deceased veteran. The VA does not make funeral arrangements or perform cremations. Families should make these arrangements with a funeral provider or cremation office. You should advise your family of your wishes and where your discharge papers are kept. These papers are very important in establishing your eligibility. You may wish to make pre-need arrangements with a funeral home.

SERVICE-CONNECTED DEATH If a veteran's death is service-connected, the VA will pay a burial allowance of up to \$2,000 for deaths on or after Sept. 11, 2011. If the veteran is buried in a VA national cemetery, some or all of the cost of moving the veteran's body to the national cemetery nearest the veteran's home may also be reimbursed. There is no time limit for applying for a service-connected burial allowance. The person who bore the veteran's burial expense may claim reimbursement from any VA regional office.

NON-SERVICE-CONNECTED DEATH If a veteran's death is not service-connected, there are two types of payments the VA may make: Burial and Funeral Expense Allowances. The

VA will pay a burial and funeral allowance if the veteran was discharged under conditions other than dishonorable and the veteran was in receipt of VA pension or compensation at the time of death. If a veteran died while in a VA facility or as a patient at an approved state nursing home the VA may also pay this allowance.

BURIAL PLOT ALLOWANCE When a veteran is buried in a cemetery that is not under the U.S. government jurisdiction, the VA may also pay a plot allowance, provided that the veteran was discharged under a condition other than dishonorable; and meet other qualifications similar to that of a non-service connected death.

FILING A CLAIM FOR REIMBURSEMENT OF EXPENSES To file for reimbursement of burial expenses an Application of Burial Allowance form must be submitted to the VA. The person filing the claim must also provide a certified copy of the veteran's death certificate and proof of the veteran's military service (Form DD-214), and itemized bills of the funeral and burial expenses.

BURIAL FLAG A United States flag is provided, at no cost, to drape the casket or accompany the urn of a deceased veteran

who served honorably in the U. S. Armed Forces. It is furnished to honor the memory of a veteran's military service to his or her country.

When burial is in a national, state or post cemetery, a burial flag will automatically be provided. When burial is in a private cemetery, the funeral director will generally help the next of kin with this process.

HEADSTONES AND MARKERS The Department of Veterans Affairs (VA) furnishes upon request, at no charge to the applicant, a Government headstone or marker for the unmarked grave of any deceased eligible veteran in any cemetery around the world, regardless of their date of death.

For eligible veterans that died on or after Nov. 1, 1990 and whose grave is marked with a privately purchased headstone, VA may also furnish a headstone or marker to supplement the graves or a Medallion to be affixed to the privately purchased headstone.

Eligible veterans are entitled to either a Government-furnished headstone or marker, or the new medallion, but not both.

BRONZE MEDALLIONS FOR HEADSTONES AND MARKERS The Department of Veterans Affairs (VA) provides a medallion, by request, to be affixed to an existing privately purchased headstone or marker to signify the deceased's status as a veteran.

If requested, the medallion is furnished in lieu of a traditional Government headstone or marker for veterans that died on or after Nov. 1, 1990, and whose grave is marked with a privately purchased headstone or marker.

BURIAL AT SEA The VA National Cemetery Administration cannot provide burial at sea. For information, contact the U.S. Navy Mortuary Affairs office toll free at 866-787-0081.

MILITARY FUNERAL HONORS The Department of Defense (DoD) is responsible for providing military funeral honors. "Honoring Those Who Served" is the title of the DoD program for providing dignified military funeral honors to veterans who have defended our nation.

Upon the family's request, Public Law 106-65 requires that every eligible veteran receive a military funeral honors ceremony, to include folding and presenting the United States burial flag and the playing of Taps.

Visit the Oregon Military Funeral Honors website for local information and instructions about this service at

www.mil.state.or.us/omfh

PRESIDENTIAL MEMORIAL CERTIFICATES A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed by the current president, to honor the memory of honorably discharged deceased veterans.



<i>Eagle Point</i>	<i>Roseburg</i>	<i>Willamette</i>	OREGON NATIONAL CEMETERIES
			EAGLE POINT NATIONAL CEMETERY 2763 Riley Rd. Eagle Point, OR 97524 541-826-2511
			ROSEBURG NATIONAL CEMETERY 1770 Harvard Blvd. Roseburg, OR 97470 541-826-2511
			WILLAMETTE NATIONAL CEMETERY 11800 SE Mt. Scott Blvd. Portland, OR 97086-6937 503-273-5250
			<i>You should advise your family of your wishes and where your discharge papers are kept. These papers are very important in establishing your eligibility for burial and cemetery benefits.</i>

Education Tuition Assistance

POST 9/11 GI BILL

The Post-9/11 GI Bill provides financial support for education and housing to honorably discharged veterans with at least 90 days of aggregate service on Title 10 Active Duty or Title 32 Active Guard Reserve Duty after Sept. 10, 2001, or individuals discharged with a service-connected disability after 30 days. The Post 9-11 GI Bill will pay eligible individuals full tuition and fees directly to the school for all public school in-state students, attending classes at a greater than half-time rate. A monthly housing allowance (MHA) based on the Basic Allowance for Housing for an E-5 with dependents is also provided. Distance Learning enrollee's housing allowance is equal to half the national average BAH for an E-5 with dependents. An annual books and supplies stipend of \$1,000 is paid proportionately based on enrollment.

This benefit provides up to 36 months of education benefits; generally benefits are payable for 15 years following release from active duty. This benefit may be transferred to dependents and spouses based on six years of active duty service.

TILLMAN MILITARY SCHOLARSHIP

The Pat Tillman Foundation's Tillman Military Scholars program supports our nation's active and veteran service members and their families by removing financial barriers to completing a degree or certification program of choice. The scholarships cover not only direct study-related expenses such as tuition and fees, but also other needs, including housing and child care.

COLLEGE CREDIT FOR YOUR MILITARY TRAINING

All universities and local community colleges in Oregon use the recommendations made by the American Council on Education (ACE) to award academic credit toward a degree for education and training received in the military.

To claim college credit for military training, request a transcript from your military service branch. At no charge, each service will provide official copies to schools.

MONTGOMERY GI BILL

Montgomery GI Bill (MGIB) benefits are available for service members and veterans to help with education and training costs by providing up to \$51,000 in cash and numerous support programs.

MGIB can be used to pay for many different programs including the following degrees, business technical or vocational courses, distance learning including correspondence courses, apprenticeship/job training, flight training, licensing and certification exams.

VA educational benefits may be used while the service member is on active duty or after the service member's separation from active duty with a fully honorable military discharge. Discharges "under honorable conditions" and "general" discharges do not establish eligibility.

Eligibility generally expires 10 years after the service member's discharge. However, there are exceptions for disability, re-entering active duty, and upgraded discharges.

TUITION ASSISTANCE – TOP-UP

Top-up allows the VA to reimburse an individual for all or a portion of the charges for courses that are not reimbursed under certain military education programs. The amount of this benefit can be equal to the difference between the total cost of a college course and the amount of Tuition Assistance that is paid by the military for the course.

To be eligible for the Top-up benefit, the person must be approved for federal Tuition Assistance by a military department and be eligible for Montgomery GI Bill (MGIB)-Active Duty benefits or the Post-9/11 GI Bill.

YELLOW RIBBON GI EDUCATION ENHANCEMENT PROGRAM

The program was enacted to assist eligible individuals with payment of their tuition and fees in instances where costs exceed the most expensive in-state undergraduate tuition at a public institution of higher education.

To be eligible, the student must be a veteran receiving benefits at the 100 percent benefit rate payable, a transfer-of-entitlement-eligible dependent child or spouse of a veteran.

VA will match the school's percentage (up to 50 percent) to reduce or eliminate out-of-pocket costs for eligible participants.

To receive this benefit your school must agree to participate in the Yellow Ribbon Program. Six of seven OUS institutions participate in the Yellow Ribbon Program.

RESERVE EDUCATIONAL ASSISTANCE (REAP)

REAP is a Department of Defense (DoD) education benefit program designed to provide educational assistance to members of the Reserve components called or ordered to active duty in response to a war or national emergency (contingency operation) as declared by the president or Congress.

Eligible veterans must be a member of a Ready Reserve component (Selected Reserve, Individual Ready Reserve, or Inactive National Guard) to pay into the "buy-up" program. Guard members are eligible if they were serving under Title 32 orders for 90 consecutive days as authorized by the president or secretary of defense for a national emergency and is supported by federal funds.

The DoD and Department of Homeland Security (Coast Guard) will determine eligibility.

STATEWIDE APPRENTICESHIPS (BOLI)

Oregon Apprenticeship Opportunities Statewide is offered through the Oregon Bureau of Labor and Industries (BOLI).

If eligible, an apprentice may use veterans' educational benefits while registered in an apprenticeship program. If an existing apprenticeship program does not have an approved veteran's program in place, veterans can coordinate the establishment of a new training program by communicating with an employer and the Apprenticeship and Training Division.

Typically, an apprenticeship lasts two to five years, depending on industry requirements.

VETERANS' EDUCATIONAL ASSISTANCE PROGRAM (VEAP)

The Post-Vietnam Era Veterans' Education Assistance Program (VEAP) is available if you elected to make contributions from your military pay to participate in this education benefit program. You can use this benefit for degree, certification, correspondence, apprenticeship/job training programs, and vocational flight training programs.

VOCATIONAL REHABILITATION AND EMPLOYMENT (VR&E)

The Vocational Rehabilitation and Employment (VR&E) VetSuccess Program assists veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. For veterans with service-connected disabilities so severe that they cannot immediately consider work, VetSuccess offers services to improve their ability to live as independently as possible.

Eligibility and entitlement for VR&E are two different things. You may meet eligibility criteria, yet not be entitled to services. The first step in the VR&E process is to be evaluated to determine if you qualify for services.

TUITION ASSISTANCE WHILE ON ACTIVE DUTY

This DoD program is administered by the individual branches of the armed forces. Tuition Assistance (TA) can be used to pay up to 100 percent of a service member's tuition while taking eligible courses during off-duty hours.

Tuition Assistance benefits are capped at \$250 per semester credit hour, with a \$4,500 yearly cap.



OREGON VETERAN EDUCATIONAL AID PROGRAM

The Oregon Veteran Educational Aid Program provides educational benefits to veterans pursuing approved training or coursework equal to the months of active duty service up to 36 months. Benefits are paid while pursuing classroom instruction, home study courses, vocational training, licensing and certificates from accredited Oregon educational institutions.

Full-time students may receive up to \$150 per month and up to \$100 per month for part-time students. This benefit is not available if you are receiving educational aid under any federal act based on service in the Armed Forces.

NONRESIDENT VETERAN IN-STATE TUITION

Nonresident veterans who are pursuing undergraduate studies pay tuition rates and fees no greater than the Oregon resident rate. Veterans must establish Oregon residency within one year of enrollment at one of the seven OUS campuses.

To qualify, the nonresident veteran must have served in the Armed Forces of the United States and relieved or discharged from that service under honorable conditions.

Eligible nonresident veteran students should contact the financial aid office at the OUS institution to request this benefit. Benefit is extended to veterans who enroll and begin after September 2013.

VOYAGER TUITION ASSISTANCE PROGRAM

Voyager is a tuition benefit that is available to honor and support Oregon residents who served the nation as members of the National Guard or Reserves in an active duty capacity in a combat zone since Sept. 11, 2001.

Voyager is a "last dollar award." Qualifying students will be awarded a fee remission for no more than the difference between campus tuition and mandatory fees and expected military tuition benefits. The student is responsible for obtaining federal military tuition benefits. If a student is not eligible for federal tuition benefits they must demonstrate proof of ineligibility.

Application forms or process information is available at campus financial aid offices. Contact your university financial assistance department for more information.



VETERAN HOME LOANS: What's the difference?

Oregon Veteran Home Loans by ODVA

VS.

Federal VA Home Loan Guaranty

The Oregon Department of Veterans' Affairs (ODVA) offers a state veterans' home loan that is an additional and distinctively separate benefit from the Federal VA Home Loan Guaranty Program.

ODVA is actually the lender and servicer of loans made to veterans through this program.

The current lifetime maximum loan amount for a single family, owner occupied residence is \$417,000. The program is designed specifically to provide veterans the lowest interest rate possible and is secured through special federal bonding only available to state home loan programs.

ODVA takes pride in achieving consistent high levels of customer satisfaction, makes every attempt to be flexible and provide an easy application process.



www.orvethomeloans.com

ODVA Home Loan Department

888 ORE-VETS

The VA does not actually lend the money to veterans. VA guaranteed loans are made by private lenders, such as banks, savings and loans, or mortgage companies. The VA guaranty means the lender is protected against loss if the veteran fails to repay the loan.

You can apply for a VA loan with any mortgage lender that participates in the VA home loan program. You will need to get a Certificate of Eligibility from the VA to prove to the lender that you are eligible for a VA loan.



www.benefits.va.gov/homeloans

Home Loan Eligibility Center

888-768-2132



SPECIAL HOUSING ADAPTATIONS GRANT

VA may approve a grant for the actual cost, up to a maximum of \$12,992, for adaptations to a veteran's residence that are determined by the VA to be reasonably necessary.

The grant also may be used to assist veterans in acquiring a residence that already has been adapted with special features for the veteran's disability.

To qualify for this grant, veterans must be entitled to compensation for permanent and total service-connected disability due to certain specifications.

SPECIALLY ADAPTIVE HOUSING GRANTS

The VA may approve a grant of not more than half of the cost of building, buying, or remodeling adapted homes, or paying indebtedness on homes previously acquired, up to a maximum of \$64,960.

Veterans must be entitled to compensation for permanent and total service-connected disability to qualify.

SUPPLEMENTAL FINANCING LOAN GUARANTY

Veterans who have available loan guaranty entitlement may also obtain a guaranteed loan or possibly a direct loan from VA to supplement the grants to acquire a specially adapted home.

HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS

The HISA program provides funding for disabled veterans to make home improvements necessary for the continuation of treatment or for disability access to the home, essential lavatory and sanitary facilities.

Disabled veterans may be eligible for HISA when it is determined medically necessary or appropriate for the effective and economical treatment of the service-connected disability.

TAXATION

Oregon Property Tax Deferrals

Disabled veterans may qualify to "borrow" from the state of Oregon to pay property taxes to the county.

To qualify, veterans must be determined eligible to receive or be receiving federal Social Security disability benefits due to disability or blindness. If you qualify, the Oregon Department of Revenue (DOR) will pay property taxes to the county. Six percent on the taxes are deferred and a lien will be placed on the property. All taxes plus interest and fees must be repaid.

Applicants must file their requests with their local county assessor's office. For more details contact the DOR or your county assessor.

Oregon Property Tax Exemption

If you are a disabled veteran, you may be entitled to exempt some of your homestead property's assessed value from your property taxes.

To qualify, veterans must be certified by the VA or any branch of the Armed Forces as having disabilities of 40 percent or more or be a veteran who served and is certified each year by a licensed physician as being 40 percent or more disabled.

Active duty service members, including National Guard and Military reserve forces, also may qualify for a residential property tax exemption. For more details contact the Oregon Department of Revenue or your county assessor.

If you are a veteran and interested in starting your own business, establishing stability, or growing your current veteran owned business, there are many resources across the state to assist in applying for state and federal business certifications financing, understanding the state and federal procurement process, and to support and connect veterans to business opportunities in Oregon.

Business Development Resources

SECRETARY OF STATE CORPORATION DIVISION

255 Capitol St. NE, Suite 151
Salem, OR 97310
503-986-2200
www.FilingInOregon.com

The Corporation Division is where you go to start a business, become a notary or file a lien on personal property. The division provides information to support business, and ensures that registration processes are fast, simple and easy as possible.

GCAP

www.gcap.org

The Government Contract Assistance Program (GCAP) is part of a nationwide network of Procurement Technical Assistance Centers (PTAC) working to help small businesses compete successfully in the federal, state and local government marketplace.

SCORE

www.portlandor.score.org
503-326-5211

Score provides free business counseling and mentoring to anyone who wants to start a business or is operating a small business. Members have professional experience and training and come from a variety of business backgrounds. Score will match your interests or questions with a volunteer who can work with you. Score also offers low cost workshops on basic business, bookkeeping, marketing and similar topics.

OFFICE OF SMALL BUSINESS ASSISTANCE

255 Capitol St. NE, Suite 151
Salem, OR 97310
503-986-2200 or 844-469-5512
Business.SOS@state.or.us
<http://sos.oregon.gov/business/Pages/office-small-business-assistance.aspx>

Oregon's Office of Small Business Assistance: an independent voice for small businesses within state government. Your time is money; and when you get stuck in red tape with a state agency, it can be costly for your business. The Small Business Advocate can help you solve those problems, cut the red tape, and prevent the whole thing from happening again.

BUSINESS OREGON

775 Summer St. NE, Suite 200
Salem, OR 97301-1280
503-986-0123 or 866-467-3466
www.oregon4biz.com

Business Oregon works to create, retain, expand and attract businesses that provide sustainable, living-wage jobs for Oregonians through public-private partnerships, leveraged funding and support of economic opportunities for Oregon companies and entrepreneurs.

SMALL BUSINESS MANAGEMENT PROGRAM ODOT SPONSORED EDUCATIONAL RESOURCES

www.bizcenter.org Search Keyword: ODOT

Small Business Management Program ODOT sponsored educational resources for any M/W/ESB certified firms able to perform work for ODOT. Low cost and high quality education! Online and Classroom programs available.

ODOT'S PROJECT SPECIFIC MENTOR-PROTÉGÉ PROGRAM

www.oregon.gov/ODOT/CS/CIVILRIGHTS/Pages/sb_mntr_prtg.aspx

The project-specific mentor-protégé program is designed to assist firms in expanding their capacity to perform on larger and more challenging ODOT contracts.

VETERAN BUSINESS OUTREACH CENTER (VBOC)

Community Capital Development | Region covering Washington, Oregon, Alaska, and Idaho
1437 S Jackson St.
Seattle, WA 98144
206-324-4330
info@seattleccd.com

The Veterans Business Outreach Center delivers free business counseling and training, and equips entrepreneurs with resources, so entrepreneurs can: Create a business plan and financial projections; Understand funding options in starting, growing, or buying a business; Prepare loan request packages and make presentations to lenders and investors; Expand a business; Manage a business profitably.

OREGON SMALL BUSINESS DEVELOPMENT CENTERS

www.bizcenter.org

The Oregon Small Business Development Center Network (OSBDCN) provides advising, training, online courses and resources for businesses throughout our state. We work with businesses in every industry and at every stage of growth from start-ups to well-established companies, from one employee to 500. In addition to no-cost confidential advising, we offer training and online courses that cover a wide range of business topics.

US SMALL BUSINESS ADMINISTRATION PORTLAND DISTRICT OFFICE

601 SW Second Ave., Suite 950
Portland, OR 97204
503-326-2682
www.sba.gov/OR
Office Email: pdxhelp@sba.gov
Hours of Operation: Monday - Friday, 8:00 am to 4:30 pm

The U.S. Small Business Administration (SBA) was created in 1953 as an independent agency of the federal government to aid, counsel, assist and protect the interests of small business concerns, to preserve free competitive enterprise and to maintain and strengthen the overall economy of our nation. We recognize that small business is critical to our economic recovery and strength, to building America's future, and to helping the United States compete in today's global marketplace.

OREGON EMPLOYMENT DEPARTMENT SELF EMPLOYMENT ASSISTANCE PROGRAM (SEAP)

503-451-2400

877-345-3484

Weekly Claims: 503-375-7900

www.oregon.gov/employ

SEAP is an option for unemployment insurance claimants who have been identified as likely to run out of unemployment benefits before they return to work (exhaust their claim). Claimants are identified as being likely to exhaust using a computerized mathematical formula called worker profiling (wprs). Enrolled SEAP claimants may attend self-employment assistance counseling/training and engage in self-employment activities on a fulltime basis. Participants must complete both a written business plan and a market feasibility study.

Certifications

OFFICE OF MINORITY, WOMEN, AND EMERGING SMALL BUSINESS (STATE AND FEDERAL CERTIFICATION DIVISION)

www.Oregon4biz.com

The certifying agency for Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Emerging Small Business (ESB), and Disadvantaged Business Enterprise (DBE) certifications.

VETS FIRST VERIFICATION PROGRAM

Help Desk: 866 584-2344

Monday—Friday, 8:00am - 8:00pm (Eastern)

Status Update: verificationfollowup@va.gov

Profile Questions: vip@va.gov

The Department of Veterans Affairs (VA) Has Special Authority for Service-Disabled Veteran-Owned Small Business/Veteran-Owned Small Business (SDVOSB/VOSB) Set-aside and Sole Source Contracts. VA has developed a Verification Assistance Program to help Veterans understand the Verification policy and process. The goal of the program is to reduce the risk of denial due to lack of understanding and misinterpretation of the regulation.

Procurement

OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES, PROCUREMENT SERVICES

1225 Ferry St. SE, Salem, OR 97301

503-378-3976 or 503-373-2106

www.oregon.gov/DAS/EGS/ps/Pages/index.aspx

Oregon Department of Administrative Services Procurement Services & Policy (DAS PS). We are the enterprise-wide purchasing authority for the state of Oregon.

ORPIN

<http://orpin.oregon.gov/open.dll/>

All State Agencies post most projects on ORPIN but not all projects are on ORPIN. This is a perfect site to explore both prime contracting and sub-contracting opportunities. Be sure to update your profile regularly. NOTE: All ODOT Emerging Small Business projects are advertised on ORPIN. Most will have mandatory pre-bid conferences. Search 'ESB' to find these projects.

EBIDS (ELECTRONIC BIDDING INFORMATION DISTRIBUTION SYSTEM)

<http://www.oregon.gov/ODOT/CS/CONSTRUCTION/Pages/eBIDS.aspx>

eBids is an online tool that enables contractors, suppliers and other interested parties to locate, view and download bid-related documents for design-bid-build highway and bridge construction projects that ODOT currently has advertised to bid. This is a perfect site to explore sub-contracting opportunities.

Upcoming construction projects: www.oregon.gov/ODOT/CS/CONSTRUCTION/Pages/Letting_Schedules.aspx

SMALL CONTRACTING PROGRAM (SCP)

www.oregon.gov/ODOT/CS/CIVILRIGHTS/Pages/scp_program.aspx

The primary goal of the SCP is to provide a contracting mechanism for outreach to business entities. Opportunities are identified by estimated contract value rather than the status or size of participating firms. Currently, opportunities are sent by email to firms that have identified work categories that match the contract needs.

ODOT EMERGENCY CONTRACTOR/SUPPLIER REGISTRATION SYSTEM

<http://highway.odot.state.or.us/cf/cerse>

Register as an emergency contractor/ supplier along with details on equipment, resources and materials available for an emergency.

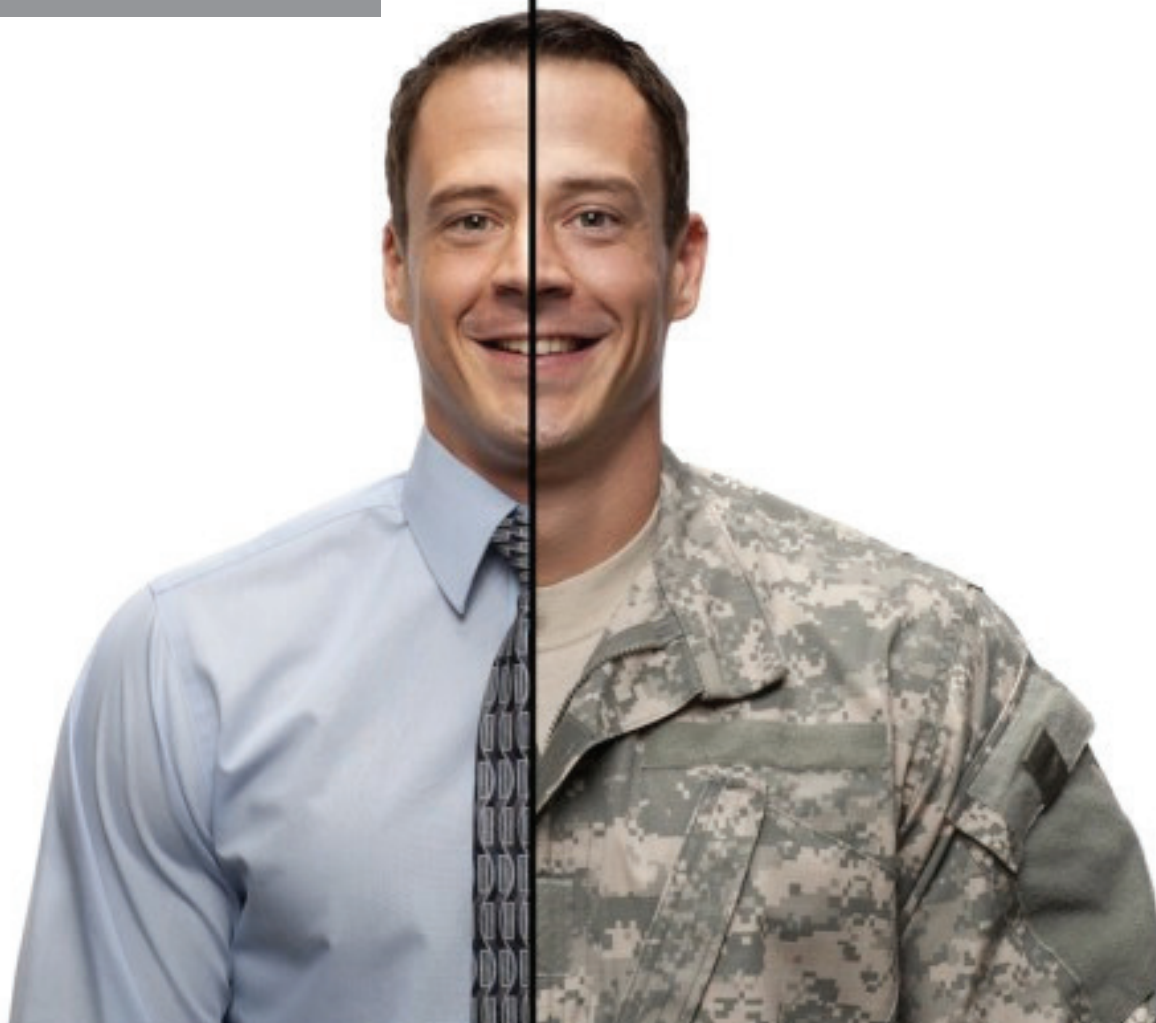
A&E FULL SERVICE PRICE AGREEMENT

www.oregon.gov/ODOT/CS/OPO/Pages/lap_select.aspx#Price_Agreement_Data

This series of Price Agreements (awarded under RFP 25134) is available for Work Order Contract (WOC) assignments for a 2-year period beginning July 1, 2013. The WOC assignment period in the PAs may be extended for up to 2 additional years at ODOT's sole discretion. Sub-contracting opportunities MAY be available with the firms listed.

OREGON STANDARD SPECIFICATIONS FOR CONSTRUCTION BOOK

www.oregon.gov/ODOT/HWY/SPECS/standard_specifications.shtml



5-Point Veterans' Preference

Veterans who provide proof of their veteran status when applying for public employment will receive a 5-point preference. This preference is added to the total possible points based on your qualifications for the job. This preference is also applicable when being considered for promotions.

10-Point Disabled Veterans' Preference

Disabled veterans who provide proof of their service-connected disability when applying for a government job will receive a 10-point preference.

VETERANS PREFERENCE

Veterans and disabled veterans receive preference when applying for state, county and local government jobs in Oregon.

Public Employment Interviews

In 2011 the Legislature passed HB 3207, which mandates public employers to interview veterans for positions if the veteran can prove their military education and skills meet the minimum qualifications and desired attributes of the position. The intention of this statute is to get veterans into interviews with hiring managers so veterans can prove they are qualified.

It is the responsibility of the veteran to plainly demonstrate through the application process that their experience in the military qualifies them for the position they are seeking.

Veterans Day Off

Senate Bill 1, passed during the Oregon Legislature's 2013 Regular Session, requires employers to offer paid or unpaid time off on Veterans Day to employees who are veterans of the Armed Forces. Notice must be given by a veteran 21 days in advance of Veterans Day.

Oregon Disabled Veterans and Veteran Employment Representatives

Veterans can find employment information, education and training opportunities, job counseling, job search workshops, and resume preparation assistance at state Workforce Career or One-Stop Centers through the Employment Department.

These offices have specialists who work directly with veterans and disabled veterans to find employment.

Disabled Veterans' Outreach Program Specialists (DVOP) and Local Veterans Employment Representatives (LVER) assist veterans in applying for federal, state, local government and private sector employment.

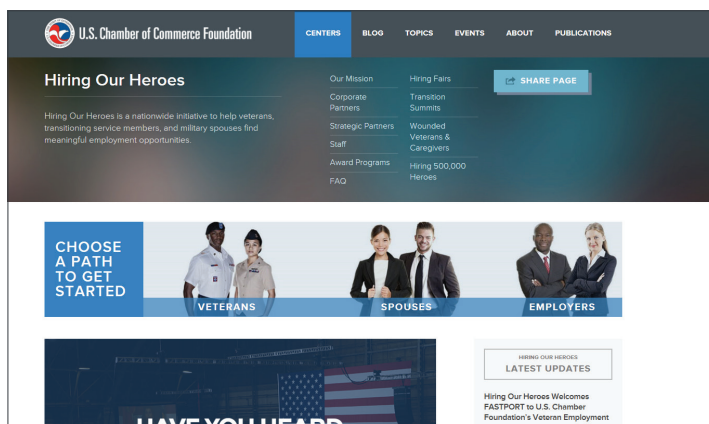
DVOPs and LVERs have offices to serve all veterans in more than 20 Oregon cities.

Direct Professional Licensing for Military Experience

This law was designed to quickly get service members back to work after serving in the military and requires certain professional licensing agencies and boards in Oregon to accept military training or experience as an acceptable substitution for education or experience required for licensure, certification or registration. Professions include: private security professional, teacher, engineer, land surveyor, psychologist, occupational therapist, occupational therapy assistant, physician assistant, nursing assistant, denture technology, chiropractor, physical therapist, radiologist, hemodialysis technician, athletic trainer, respiratory care, polysomnographic technologist, pharmacist, pharmacy technician, cosmetologist, mortician, embalmer, polygraph examiner, private investigator, and commercial driver.

Find Employers

Employers from around the country are looking for skilled and dedicated employees to join their ranks and they have noticed that veterans fit that bill. Below are some of the more useful and popular websites that feature employers who are specifically looking to hiring veterans, like you.



uschamber.com/hiringourheroes

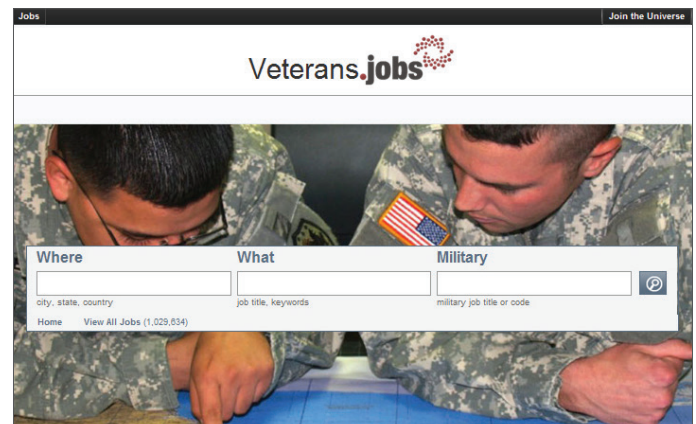
EMPLOYMENT AND TRAINING SERVICES

Veterans, service members and spouses may qualify for priority

Let the Oregon Employment Department help you connect with employers who are waiting to hire veterans and military personnel. The iMatch system can help match your skills to job opportunities.

There are also have representatives that work exclusively with veterans and military service members. Visit us online to learn more!

WorkSource Oregon | Employment Department
www.WorkinginOregon.org



veterans.jobs



Guide Dogs and Service Dogs

VA may provide guide dogs to blind veterans including the expense of training the veteran on how to use them, and the cost of the dog's medical care.

Additionally, VA may also provide service dogs trained for the aid of hearing impaired veterans and veterans with spinal cord injuries, dysfunction and other chronic impairment that substantially limits mobility. Currently there are pilot programs being conducted by the VA to provide service dogs to veterans who have conditions such as PTSD.

There are also many private non-profit organizations that provide service dogs to disabled veterans.

Clothing Allowance

The VA pays a clothing allowance to veterans who, because of a service-connected disability, wears or uses a prosthetic or orthopedic appliance (including a wheelchair) in which the VA determines tends to wear out or tear the clothing. The VA will also pay a clothing allowance to veterans who use medication prescribed by VA physicians for skin conditions caused by a service-connected disability which the VA determines causes irreparable damage to the veteran's outer garment.

Automobile Assistance Program

The VA offers qualified veterans and active duty service members a one-time payment of up to \$18,900 to be used toward the purchase of an automobile or other forms of conveyance. To qualify, a veteran or service member must have one of the following disabilities including loss, or permanent loss of use, of one or both feet, loss, or permanent loss of use, of one or both hands, or permanent impairment of vision in both eyes to a certain degree.

Adaptive Equipment

VA will pay for installation of adaptive equipment for automobiles deemed necessary to ensure that eligible veterans will be able to safely operate vehicles, and to satisfy the applicable state standards of licensure. This equipment includes power steering, power breaks, power window lifts, power seats and other special equipment necessary to assist the person into and out of the vehicle or other conveyance.

VA will also repair, replace, or reinstall adaptive equipment determined necessary for the operation of a vehicle acquired under this program, or for the operation of a vehicle an eligible veteran may previously or subsequently have acquired.

Travel Reimbursement

VA has the authority to provide eligible beneficiaries reimbursement for mileage, special mode of transportation, and in certain circumstances, a taxi or hired car.

If you meet the criteria below, you may be eligible for mileage reimbursement or special mode transport. You qualify if:

- You have a service-connected (SC) rating of 30 percent or more, or
- You are traveling for treatment of a SC condition, or
- You receive a VA pension, or
- Your income does not exceed the maximum annual VA pension rate, or
- You are traveling for a scheduled compensation or pension examination

You qualify for Special Mode Transportation if:

- Your medical condition requires an ambulance or a specially equipped van as determined by a VA clinician, and
- You meet one of the eligibility criteria listed above, and
- The travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health)

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

In order to be eligible for travel benefits when transporting to VA care or treatment, a veteran must actually be incurring an expense. Should one or more veterans travel together in a private vehicle, only the owner of the vehicle is actually incurring expenses and therefore is the only person entitled to travel reimbursement. However, should multiple veterans share a vehicle where passengers must pay for their transport such as a taxi or where one veteran pays another veteran for transport, then all are entitled to travel reimbursement either at the mileage reimbursement rate or actual expense, whichever is less. Such persons must provide a receipt to indicate an incurred expense and to receive reimbursement. Find your local medical center for reimbursement.



VA Hospital Transportation Service Program

The Veterans Healthcare Administration has a transportation program for non-ambulatory and remote VA patients. The Veterans Transportation Service (VTS) provides transport for veterans to VA Medical Centers (VAMCs). These services include vehicle routing and scheduling software for VA Medical Facilities.

While all veterans with VA funded medical appointments are eligible to ride VTS, a first priority is given to wheelchair-bound patients who have no other transportation alternatives. VTS is establishing a network of community and volunteer transportation service providers to improve access to VA health care, including the Portland VAMC.

RESERVATIONS ARE REQUIRED

Reservations are needed for transportation at least four full business days before the date transport is needed. Specific information about the veteran also is required. To make a reservation, call 503-721-7804 or 800-949-1004, ext. 55044 for Portland VAMC, 541-440-1293 (Roseburg), 541-826-2111, ext. 3619 (White City).

DAV Transportation Network

Because many veterans lack transportation to and from VA medical facilities for needed treatment, the Disabled American Veterans (DAV) operates a nationwide Transportation Network to meet this need. Through the Transportation Network, DAV volunteers drive veterans to and from VA medical facilities for treatment.

The Transportation Network is a clear example of veterans helping veterans. The DAV has 189 Hospital Service Coordinators around the country who coordinate the transportation needs for disabled veterans. Contact your local medical center for more information.

VOLUNTEER DRIVERS NEEDED: The DAV is always looking for volunteer drivers. If you are interested in volunteering in the DAV Transportation Network please visit www.dav.org/help-dav/volunteer/drive-a-van.



Veteran Designation on ODL

The DMV now offers a veteran designation that can be voluntarily placed on Oregon driver licenses. In order to receive the designation, veterans must be a United States veteran, provide proof of veteran status (DD-214 or DD-215), and meet all other Oregon requirements for a driving privilege or identification card including payment of the original, renewal or replacement fee.

There is no additional fee for the veteran designation. Call your local DMV for more details.

Military Records and Medals

Veterans or their next of kin who need assistance in obtaining service records, a DD-214, or replacement awards and medals must formally request them through the National Personnel Records Center (NPRC). The NPRC is the records custodian for most discharged and retired members of all branches of service. The fastest way to obtain a copy is through their website.

If you do not have access to the internet, you can order a copy by mailing or faxing a Standard Form 180. The forms are available in any CVSO office or online at www.archives.gov/veterans.

Correction of Errors or Injustices on Military Records

Requests to have military records corrected are handled through each branch of service's Board for the Correction of Military Records.

All requests to correct an error to military records must be filed within three years of discovery of the error and contain evidence, such as signed statements from you and other witnesses or copies of records that support your case. It is not enough to provide the names of the witnesses.

Applying for a correction is a simple process, however, it is recommended you use the services of a VSO.

Applying for Review of Discharge

You must make your application for discharge upgrade within 15 years of discharge. If your discharge is older than 15 years, you must apply for a change to your military records using the process detailed above.

Form DD Form 293 (Application for the Review of Discharge or Dismissal from the Armed Forces) can be obtained from ODVA or a local VSO.

Military and Veteran ID Cards

If you are an active duty, reserve or national guard service member, dependent or retiree, you can get a Military ID at any DEERS location within Oregon. Appointments may be required. Call in advance for more information.

Veterans receiving VA benefits may be able to get an ID card at medical centers or Community Based Outpatient Clinics (CBOC). If you are not receiving benefits, you can choose to place your veteran status on your Oregon Drivers License (see opposite page). Please see VA location listings on page 12 to inquire about ID services available.

DEERS Locations

Please note that not all locations allow walk-in appointments and are not open regular hours. Call ahead to your local DEERS location for details.

BEND - Bend Armory
875 SW Simpson Ave.
Bend, OR 97702
541 383 0954

SPRINGFIELD - Armed Forces Reserve Center
3106 Pierce Pkwy Suite A
Springfield, OR 97477
541 463 7271, 221 6473

KLAMATH FALLS - Kingsley Field
211 Arnold Ave. Rm 306
Klamath Falls, OR 97603
541 885 6133

NORTH BEND - U.S. Coast Guard
2000 Connecticut Ave.
North Bend, OR 97459
541 756 9622

PORTLAND - Oregon Air National Guard Base
6801 NE Cornfoot Rd. Bldg 170
Portland, OR 97218
503 335 4046

Naval & Marine Corps Reserve Center
6735 N Basin Ave.
Portland, OR 97217
503 285 4566, Ext 525

SALEM - Oregon National Guard
Anderson Readiness Center
3225 State St. NE, Rm 231
Salem, OR 97301
503 584 2387 / 2380

WARRENTON - US Coast Guard
2185 SE 12th Pl.
Warrenton, OR 97146
503 861 6300

Veterans Recognition License Plate

The Oregon DMV offers specialty license plates to veterans and disabled veterans who want to display their military service.

You can choose from plates that indicate branch of service, campaign or service medals and some specialty military plates such as the Gold Star Family plate (see samples below).

A portion of the fees from the veteran plates helps support Oregon Veterans' Homes, skilled-nursing care facilities for veterans in Oregon.

To obtain a veteran plate, proof of military service (DD-214) and/or proof of award of a military related medal must be presented upon application at DMV.





EMERGENCY SUPPORT AND RESOURCES

1-877-4AID-VET (1-877-424-3838)

OREGON VETERANS' EMERGENCY ASSISTANCE

The Oregon Veterans' Emergency Assistance Program is for veterans and their immediate family (spouse, unremarried surviving spouse, child, or stepchild) who are in need of emergency financial assistance. Assistance is granted one time only and average award amounts vary.

Emergency financial assistance includes, but is not limited to, emergency or temporary housing and related housing expenses, such as expenses for utilities, insurance, house repairs, mortgage or rent assistance, emergency medical or dental expenses and emergency transportation expenses.

National Call Center for Homeless Veterans

If you are a homeless veteran, you can receive support to get back on your feet.

Contact VA's National Call Center for Homeless Veterans at 877-4AID-VET (877-424-3838) to speak to a trained VA responder. The hotline and online chat are free and neither VA registration nor enrollment in VA healthcare is required to use these services.

Expert responders staff the hotline for homeless veterans 24 hours a day, seven days a week. The responders can provide emergency support and resources to homeless veterans, family members, as well as community agencies and non-VA providers.

When you call or join the online chat you will be connected to a trained VA responder. The responder will ask a few questions to assess your needs. If you're a veteran, you may be connected with the Homeless Program point of contact at the nearest VA facility.

According to the National Coalition for Homeless Veterans (NCHV), about 23 percent of America's homeless population are veterans. That equates to between 529,000 and 840,000 veterans who are homeless at some time each year. Because of this, the Department of Veterans Affairs and other non-profit organizations have devised a number of initiatives to help our homeless veterans. Here are some of the initiatives provided by VA for our veterans.

VA's Compensated Work Therapy

VA's Compensated Work Therapy (CWT) is comprised of three unique programs which assist homeless veterans in returning to competitive employment: Sheltered Workshop, Transitional Work, and Supported Employment. Veterans in CWT are paid at least the federal or state minimum wage, whichever is the higher.

The Homeless Veteran Supported Employment Program (HVSEP) provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes among homeless veterans and veterans at-risk of homelessness. Formerly homeless veterans who have been trained as Vocational Rehabilitation Specialists (VRs) provide these services.

CWT veterans have been successfully employed over the years in various competitive positions including, but not limited to, health care, information technology, manufacturing, warehousing, construction trades, clerical and office support, retail and the services delivery. CWT programs develop an individual rehabilitation plan for each veteran and provide a wide range of support services to the veteran at the CWT locations. VA benefits including service-connected compensation, and non-service connected pensions cannot be reduced, denied, or discontinued based on participation in CWT.

The CWT program mission is to provide realistic and meaningful vocational opportunities to veterans, encouraging successful reintegration into the community at the veterans' highest functional level.

Find an Oregon location: www.cwt.va.gov/locations.asp

Transitional Residence Program

The Transitional Residence (TR) program is a work-based Psychosocial Residential Rehabilitation Treatment Program offering a therapeutic residential setting for veterans involved in CWT. The TR program provides a rehabilitation-focused residential setting for veterans recovering from chronic mental illness, chemical dependency and homelessness. TR provides a bridge between hospitalization or intensive outpatient treatment and successful community reintegration. It utilizes a residential therapeutic community of peer and professional support, with a strong emphasis on increasing personal responsibility and achievement of individualized rehabilitation goals.

This program differs from other VA-operated residential bed programs in that participants contribute (using their CWT earnings) to the cost of operating and maintaining their residences and are responsible for planning, purchasing and preparing their own meals.

Find an Oregon location: www.cwt.va.gov/locations.asp

HUD-VASH

This joint Supported Housing Program with the US Department of Housing and Urban Development (HUD) provides permanent housing and ongoing case management treatment services for homeless Veterans who would not be able to live independently without the support of case management. HUD's Section 8 Voucher Program has designated more than 10,000 Vouchers to Public Housing Authorities (PHAs) throughout the country for veterans who are homeless. This program allows veterans to live in veteran selected apartment units with a Housing Choice voucher. These vouchers are portable so that veterans can live in communities served by their VA medical facility where case management services can be provided.

Contact HUD-VASH Regional Coordinator at Teresa.Pittman@va.gov

Drop-in Centers

These programs provide a daytime sanctuary where homeless veterans can clean up, wash their clothing, and participate in a variety of therapeutic and rehabilitative activities. Linkages with longer-term assistance are also available. *Locations vary. Contact your local Vet Center or VA Community Based Outpatient Clinic (see page 12) for locations and services in your area. Some services that are offered can vary.*

Stand Downs

Stand Downs are one-to three-day events that provide homeless veterans a variety of services and allow VA and community-based service providers to reach more homeless veterans. Stand downs give homeless veterans a temporary refuge where they can obtain food, shelter, clothing and a range of community and VA assistance. In many locations, stand downs provide health screenings, referral and access to long-term treatment, benefits counseling, ID cards and access to other programs to meet their immediate needs.

For information on Stand Down dates and locations, please contact the Homeless Veterans Programs Office at 202-461-1857 or visit www.va.gov/HOMELESS.

Veterans Emergency Relief Programs

Many military and service organizations have emergency relief programs specifically designated to help veterans and military members and their families. Inquire within local organizations about programs such as the Air Force Aid Society, American Legion Temporary Financial Assistance, Army Emergency Relief, Disabled American Veterans Disaster Relief Grants, Navy-Marine Corps Relief Society, Oregon National Guard Emergency Relief, Salvation Army Home Front War Relief Program, and VFW Unmet Needs.



Veteran Courts

There is a growing effort nationally, and in Oregon, to institute veterans' courts or dockets to allow district attorneys to send military members and veterans into treatment, rather than jail, when they commit a non-violent offense.

These courts are staffed by people who take into consideration the charges and challenges facing veterans who return home from war. They may allow some military members to enter into mental health diversion programs as treatment for non-violent infractions as opposed to automatically jailing the offender.

The law relies on the judgment of a prosecutor, who will determine, on a case-by-case basis, which defendants may be eligible for diversion. These prosecutors must consider, for example, whether a veteran who spent four years at a military base should be offered the same diversion opportunity as one who deployed twice to combat situations in Afghanistan or Iraq.

Prosecutors must decide how serious the crime must be before diversion is taken off the table and must consider the victim of the offense.

The Veterans Justice Outreach Program

VJO offers outreach and case management to veterans involved in law enforcement encounters, overseen by treatment courts, and incarcerated in local jails. Call Oregon's VJO Coordinator, 503-220-8262, ext. 32716.

Incarcerated Veterans Benefits

VA benefits are affected if a beneficiary is convicted of a felony and imprisoned for more than 60 days. Disability compensation paid to an incarcerated veteran rated 20 percent or more disabled is limited to the 10 percent rate.

Payments are not reduced for participants in work-release programs, residing in halfway houses or under community control.

Failure to notify VA of a veteran's incarceration can result in overpayment of benefits and the subsequent loss of all VA financial benefits until the overpayment is recovered. VA benefits will not be provided to any veteran or dependent wanted for an outstanding felony warrant.

VA may be able to take a portion of the amount that an incarcerated veteran is not receiving and pay it to his or her dependents, if they can show need.

When a veteran is released from prison, his or her compensation or pension benefits may be restored. Depending upon the type of disability, the VA may schedule a medical examination to see if the veteran's disability has improved or worsened.

The Healthcare for Reentry Veterans Program

This program offers outreach to veterans incarcerated in state and federal prisons, and referrals and short-term case management assistance upon release from prison.



Oregon Hunting and Fishing Licenses

A free hunting and angling license for disabled war veterans rated at 25 percent service-connected disabled or more with the VA is offered through the Oregon Department of Fish and Wildlife. Veterans must be Oregon residents for at least six months. Also, non-resident uniformed service members are able to hunt or fish in Oregon for the same cost as an Oregon resident.

Special Access Pass for Disabled Veterans

Service-connected disabled veterans can apply for this pass from the Oregon Parks and Recreation Department. Passes are valid for four years and allows free year-round camping and day-use privileges at RV and tent sites at 26 Oregon State Parks.

Active Duty Leave Reimbursement

Active Duty Military on official leave are eligible to be reimbursed for state park visits. After your visit, send the camping receipt for the dates of your stay, and a letter from your CO on official letterhead stating you were on leave for the dates you camped.

The refund request must arrive no later than 30 days after departure date of your stay. *Send a receipt to Oregon Parks and Recreation Dept., Reservations Northwest, 2501 SW 1st Ave., Suite 100, Portland, OR 97201-4751.*

America the Beautiful - The National Parks and Federal Recreational Lands Pass Series

The National Parks and Federal Recreational Lands Pass Series is your ticket to more than 2,000 federal recreation sites. Each pass covers entrance fees at national parks and national wildlife refuges, standard amenity fees at national forests and grasslands and at lands managed by the Bureau of Land Management and Bureau of Reclamation. You can obtain an Access Pass in person, with proper documentation, from a participating Federal recreation site or office.



Veteran Memorials Across Oregon

The Oregon Department of Veterans' Affairs in Salem is home to memorials honoring Oregon veterans and current service members dating as far back as the Spanish American War. A walking tour leads you through winding paths and lush landscaping starting at Afghan-Iraqi Freedom Memorial to the Korean War Memorial and finishing at the WWI Doughboy. These memorials are visited year round by veterans, their families and civilians alike to honor, remember and pay tribute to the amazing men and women who have, and continue to fight for our freedoms and liberties.

The Department has also compiled a list of the veteran memorials across the state. You can find the complete list at: www.oregon.gov/odva/Pages/veteranmemorials.aspx

AUTO/ADAPTIVE/CLOTHING

PAGE 30

ADAPTIVE EQUIPMENT

Contact ODVA or a CVSO for assistance.

AUTOMOBILE ASSISTANCE PROGRAM

Contact ODVA or a CVSO for assistance.

CLOTHING ALLOWANCE

Contact ODVA or a CVSO for assistance.

GUIDE AND SERVICE DOGS

Contact VA Primary Care Provider.

BURIAL BENEFITS

PAGE 20

BRONZE MEDALLIONS

www.cem.va.gov

BURIAL AT SEA

U.S. Navy Mortuary Affairs at 866 787 0081

BURIAL FLAGS

www.cem.va.gov

BURIAL PLOT ALLOWANCES

www.cem.va.gov

FILING A CLAIM FOR REIMBURSEMENT

www.cem.va.gov

HEADSTONES AND MARKERS

www.cem.va.gov

MILITARY FUNERAL HONORS

www.cem.va.gov or www.mil.state.or.us/omfh

OREGON NATIONAL CEMETERIES

See page 21

PRESIDENTIAL MEMORIAL CERTIFICATES

www.cem.va.gov

CLAIMS

PAGE 6

2013 VA DISABILITY COMPENSATION RATES
APPOINTMENTS

Contact ODVA or a CVSO for assistance.

EBENEFITS

www.ebenefits.va.gov

HOW TO FILE A CLAIM

PREPARE TO FILE YOUR CLAIM

VETERAN SERVICE OFFICERS IN YOUR AREA

See page 7 for a complete list.

DEPENDENTS & SURVIVORS

PAGE 18

APPORTIONMENT

Contact ODVA or a CVSO for assistance.

CHAMPVA

www.va.gov/hac/forbeneficiaries/
champva/champva.asp

DEPENDENTS' EDUCATIONAL ASSISTANCE

www.gibill.va.gov/benefits/
other_programs/dea.html

FRY SCHOLARSHIP

www.gibill.va.gov/benefits/other_programs/dea.html

HEADSTONES and MARKERS

www.cem.va.gov

POST 9/11 GI BILL TRANSFER ENTITLEMENT

www.gibill.va.gov

SURVIVOR BENEFIT PLAN

800 321 1080

TRICARE

888 TRIWEST (888 847 9378)

VETERANS' DEPENDENT TUITION WAIVER

Contact college admissions office.

DISABILITY & PENSIONS

PAGE 8

AID & ATTENDANCE

Contact ODVA or a CVSO for assistance.

DISABILITY COMPENSATION

800 692 9666 or 503 373 2085

HOUSEBOUND BENEFITS

Contact ODVA or a CVSO for assistance.

NATIONAL GUARD/SELECT RESERVE

Call Oregon Military Department.

MILITARY RETIRED PAY

www.dfas.mil

PENSIONS

Contact ODVA or a CVSO for assistance.

EDUCATION

PAGE 22

COLLEGE CREDIT FOR MILITARY TRAINING

Contact college registrar's office.

MONTGOMERY GI BILL

www.gibill.va.gov

NON-RESIDENT VETERAN FEE REMISSION

Contact the financial aid department at
any Oregon university.

OREGON EDUCATIONAL AID

Contact ODVA or a CVSO for assistance.

POST 9/11 GI BILL

www.gibill.va.gov

RESERVE EDUCATIONAL ASSISTANCE (REAP)

www.gibill.va.gov/benefits/other_programs

STATEWIDE APPRENTICESHIPS (BOLI)

Contact the Oregon Bureau of Labor and Industry
971 673 0761 or www.oregon.gov/boli

TILLMAN SCHOLARSHIP

www.gibill.va.gov/resources/education_resources/
Tillman_Scholarship.html

TUITION ASSISTANCE/TOP-UP

www.gibill.va.gov

TUITION ASSISTANCE WHILE ON ACTIVE DUTY

www.gibill.va.gov

VETERANS' EDUCATIONAL ASSISTANCE (VEAP)

www.gibill.va.gov/benefits/other_programs

VOC REHAB AND EMPLOYMENT (VR&E)

www.gibill.va.gov

VOYAGER TUITION ASSISTANCE PROGRAM

Contact college financial aid offices.

EMPLOYMENT

PAGE 28

CAREER FAIRS AND EMPLOYMENT SITES

Contact the Oregon Employment Department.

DIRECT LICENSING FOR MILITARY TRAINING

Contact ODVA for details.

PUBLIC EMPLOYMENT INTERVIEWS

Contact ODVA for details.

VETERANS EMPLOYMENT REPS

www.oregon.gov/EMPLOY/VETS

VETERANS PREFERENCE

Contact ODVA for details.

DVOP / LVER LOCATOR

www.oregon.gov/EMPLOY/VETS/pages/contact_us.aspx

HEALTH CARE

PAGE 10

5-YEAR POST-DEPLOYMENT BENEFITS

Contact the OIF/OEF Coordinator at local Medical Center. Complete list of centers in Oregon on page 12.

COMMUNITY BASED OUT-PATIENT CLINICS (CBOC'S)

Complete list on page 12.

ENROLLMENT

Contact your local Medical Center, ODVA or a CVSO for assistance.

MEDICAL CENTERS IN OREGON

Complete list on page 12.

MY HEALTH eVET

www.myhealth.va.gov.com

NON-VA MEDICAL EMERGENCY CARE

Contact your local Medical Center.

STANDARD HEALTH CARE BENEFITS TRICARE

888 TRIWEST (888 847 9378)

VETS CENTERS

Complete list on page 12.

WOMEN VETERANS HEALTH CARE

Women Veterans Program Managers are available at each VA Medical Center. See the Medical Center listing on page 12.

HOME LOANS/TAXATION

PAGE 25

FEDERAL VA HOME LOAN GUARANTEE

www.benefits.va.gov/homeloans

HOME IMPROVEMENTS

Contact ODVA or a CVSO for assistance.

HUD/FHA LOANS

www.fha.com

OREGON PROPERTY TAX EXEMPTION

Contact County Tax Assessors or Revenue office.

OREGON PROPERTY TAX DEFERRALS

Contact County Tax Assessors or Revenue office.

ORVET HOME LOAN

888 673 8387

www.orvethomeloans.com

SPECIALTY ADAPTIVE HOUSING GRANTS

Contact ODVA or a CVSO for assistance.

SPECIALTY HOUSING ADAPTATIONS GRANT

Contact ODVA or a CVSO for assistance.

SUPPLEMENTAL FINANCING

Contact ODVA or a CVSO for assistance.

HOMELESS RESOURCES

PAGE 34

DROP-IN CENTERS

877 424 3838 (877 4AID VET) or your local Vet Center or CBOC.

EMERGENCY SUPPORT AND RESOURCES

877 424 3838 (877 4AID VET)

HUD/VASH

HUD-VASH Regional Coordinator
www.va.gov/homeless/hud-vash_eligibility.asp

OREGON VETERANS EMERGENCY GRANT

503 373 2186

STAND DOWNS

Contact ODVA, a CVSO for planned events in your area or www.va.gov/homeless.

TRANSITIONAL RESIDENCE PROGRAM

www.cwt.va.gov/locations.asp

VETERANS EMERGENCY RELIEF

Contact local Service Organizations.

ID'S/DMV PLATES/RECORDS

PAGE 33

MILITARY RECORDS AND MEDALS

www.archives.gov/veterans
Or contact ODVA or a CVSO for assistance.

MILITARY VETERANS LICENSE PLATES

Contact your local DMV.

NATURALIZATION PREFERENCE

USCIS has established a toll-free military help line, 877 247 4645.

RECORDS CORRECTIONS, REVIEW OF DISCHARGE

Each branch of service's Board for the Correction of Military Records, ODVA or local CVSO.

VETERAN DESIGNATION ON ODL

Contact your local DMV.

LONG TERM CARE

PAGE 16

CONSERVATORSHIP SERVICES

800 692 9666 or 503 373 2085

LONG TERM CARE BENEFITS

Contact your local Medical Center.

VETERANS' HOME

800 846 8460 or 541 296 7190

RECREATION & MEMORIALS

PAGE 37

ACTIVE DUTY LEAVE REIMBURSEMENT

www.oregon.gov/OPRD/PARKS/fee_waivers

AMERICA THE BEAUTIFUL PASS

www.store.usgs.gov/pass/military.html

HUNTING AND FISHING LICENSES

www.dfw.state.or.us/resources/licenses_regs/lifetime.asp

SPECIAL ACCESS PASS FOR DISABLED VETERANS

www.oregon.gov/OPRD/PARKS/fee_waivers

VETERAN MEMORIALS ACROSS OREGON

www.oregon.gov/odva/veteransmemorials

TRANSPORTATION

PAGE 31

DAV TRANSPORTATION NETWORK

www.dav.org/volunteers/Transportation.aspx

TRAVEL REIMBURSEMENT

Contact your local Medical Center.
Complete list on page 12.

VA VET TRANSPORTATION PROGRAM

Contact your local Medical Center appointment line. Complete list on page 12.

TRAUMA

PAGE 14

VETERANS CRISIS LINE

800 273 8255 Press 1
www.VeteransCrisiSLine.net

JUSTICE INVOLVED

PAGE 36

HEALTH CARE RE-ENTRY

Contact ODVA or a CVSO for assistance.

INCARCERATED VETERAN BENEFITS

Contact ODVA or a CVSO for assistance.

VETERAN COURT DIVERSION

Contact your local District Attorney's office.

VETERANS JUSTICE OUTREACH (VJO)

Contact ODVA, a CVSO or VJO for assistance.

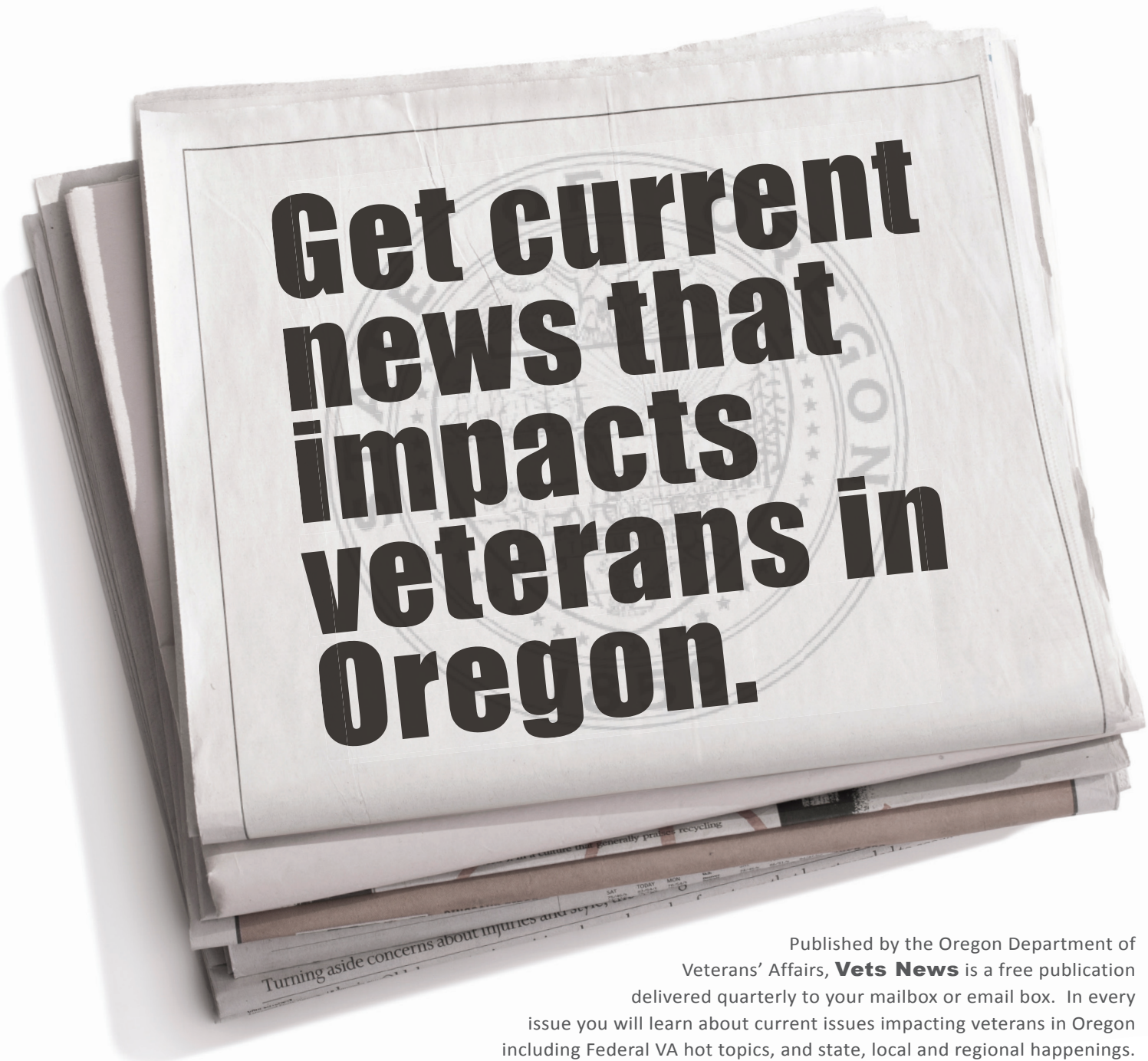


OREGON DEPARTMENT
of VETERANS' AFFAIRS

VETERAN BENEFITS

700 SUMMER STREET NE
SALEM, OR 97301-1285

PRSRT STD
US Postage
PAID
Permit No. 22
Salem, OR



**Get current
news that
impacts
veterans in
Oregon.**

Published by the Oregon Department of Veterans' Affairs, **Vets News** is a free publication delivered quarterly to your mailbox or email box. In every issue you will learn about current issues impacting veterans in Oregon including Federal VA hot topics, and state, local and regional happenings.

Sign-up online at
oregon.gov/odva/info/VetsNews.shtml

BLOG
OREGONDVA.COM

WEB
OREGON.GOV/ODVA

FACEBOOK
FACEBOOK.COM/ODVAVET

ESUBSCRIBE
FROM ANY ODVA SITE

THE VVA SELF-HELP GUIDE TO

Service-Connected Disability Compensation For Exposure To Agent Orange

FOR VETERANS AND THEIR FAMILIES



MAY 2016

TABLE OF CONTENTS

Foreword	1
Introduction	2
What Is Agent Orange?.....	3
What Is “Presumptive” Service-connected Agent Orange Disability Compensation?	6
How Do I Know If I Qualify for Presumptive Service-connected Agent Orange Disability Compensation?	7
What Is the Agent Orange Registry?	8
How Do I File a Claim with the VA for Presumptive Agent Orange Disability Compensation?	10
Is Presumptive Service-connected Agent Orange Disability Compensation Available to Surviving Family Members of a Deceased Vietnam Veteran?	13
Is Presumptive Service-connected Agent Orange Disability Compensation Available to Biological Children of Vietnam Veterans Born with Certain Birth Defects? ...	15
Is Presumptive Service-connected Agent Orange Disability Compensation Available to Incarcerated Vietnam Veterans?	16
What Other Benefits Are Available to a Vietnam Veteran with an Agent Orange-Related Illness?	17
How to File a Claim and What is Intent to File	18
Veterans Service Organizations	19
References and Resources	19

FOREWORD



Agent Orange is a highly toxic herbicide used by the U.S. military during the Vietnam War to defoliate hiding places used by the Viet Cong, rice paddies and fields that provided them with food, and to clear the perimeters of military bases to give service members a clear line of fire. Although colorless, it is known as “Agent Orange” because of an orange band painted on the drums used to store and transport it.

After years of advocacy led by VVA, Congress enacted into law the Agent Orange Act of 1991. This legislation empowered the Secretary of Veterans Affairs to declare certain maladies “presumptive” to exposure to Agent Orange/dioxin and enable Vietnam veterans, as well as some veterans who served along the demilitarized zone in Korea in the late 1960s, to receive treatment and compensation for these health conditions. Service-connected benefits, however, also may be granted for other maladies not recognized as presumptive health conditions.

A handwritten signature in black ink, appearing to read 'John Rowan', with a long, sweeping horizontal line extending to the right.

John Rowan
National President
Vietnam Veterans of America



INTRODUCTION

The purpose of this Vietnam Veterans of America (VVA) guide is simple: to present information and describe the process in a user-friendly fashion for a Vietnam veteran or (surviving) family member to file a claim for service-connected disability compensation or death benefits with the Department of Veterans Affairs (VA) for illnesses/diseases associated with exposure to Agent Orange and other related herbicides during military service. At the outset, please understand that the VA claims process is complicated, frustrating, and can be time-consuming. Please understand also that these guidelines are not legal advice.

VVA hopes this guide will be helpful:

- If you have never filed a VA claim for disability or death compensation because of exposure to Agent Orange; or
- If you have filed a VA claim for disability or death compensation because of Agent Orange exposure and it was denied (after all appeals, if any) by the VA *before* September 25, 1985 (this includes claims or death benefits for Adult Onset Type II Diabetes and ancillary conditions, Parkinson's disease, ischemic heart disease, and B-cell leukemias); or
- If you have filed a VA claim for disability or death compensation due to Agent Orange exposure and it was denied (after all appeals, if any) by the VA *on or after* September 25, 1985, or if it is still pending. In this situation, do not file a new claim. Contact the appropriate VA Regional Office in writing to confirm and ask the following: 1) whether you filed a claim; 2) what disability was claimed; 3) whether the claim was based on Agent Orange exposure; 4) whether the claim is in the VA's "Special Issue Rating System" (e.g., Nehmer) Agent Orange claim; 5) does the VA have your current mailing address; and 6) request a copy of your entire claims file, your "C-file"; or
- If you do not remember 1) whether you've ever filed a VA claim; or 2) when you filed a VA claim; 3) whether you stated that the disability or death in your VA claim was due to Agent Orange exposure; or 4) you believe you have a medical condition (or the veteran's death was) due to Agent Orange exposure. In this situation, file a claim as soon as possible, and request a complete copy of your C-file from the nearest VA Regional Office. You can find your nearest VA Regional Office here: http://www2.va.gov/directory/guide/division_flash.asp?dnum=3

WHAT IS AGENT ORANGE?

A host of herbicides were used by the U.S. military in Vietnam and other Southeast Asian countries to protect American and allied troops by defoliating the dense jungle vegetation hiding enemy positions. The herbicides were named for the color-coded bands on the 55-gallon drums in which they were shipped; examples included Agent Blue, Agent White, and the most extensively used herbicide, Agent Orange. In Vietnam, herbicides were sprayed from fixed wing and rotary aircraft, trucks, and backpack sprayers to clear vegetation around fire bases, landing zones, and along river banks. It is estimated that between 1962 and 1971, almost 11 million gallons of Agent Orange were sprayed in Vietnam, primarily through an aerial spray program code-named “Operation Ranch Hand.” Agent Orange was also used at military installations and other facilities on and outside of the U.S. mainland, including Hawaii and Puerto Rico, as well as Cambodia, Canada, Korea, and Thailand.

Agent Orange is a combination of two compounds, 2,4-D and 2,4,5-T, technically known as chlorinated phenoxy acids in ester form. The most dangerous element of Agent Orange is a contaminant present in the manufacture of 2,4,5-T; this impurity is known chemically as 2,3,7,8-tetrachlorodibenzo-paradoxin, or more commonly, dioxin. Levels of dioxin in Agent Orange ranged from less than 0.05 parts per million to almost 50 parts per million.

■ In Vietnam, herbicides were sprayed from fixed wing and rotary aircraft, trucks, and backpack sprayers to clear vegetation around fire bases, landing zones, and along river banks.

Some three million veterans served in Southeast Asia, and no one knows for sure how many of these veterans were exposed to Agent Orange. Some of these personnel were deployed in areas during and immediately after spraying operations, while others actually handled Agent Orange and did the spraying. Veterans exposed to Agent Orange and its dioxin contaminants have reported a variety of serious health problems and symptoms; these include chloracne, skin lesions, liver damage, loss of sex drive, changes in skin pigmentation and sensitivity to light, numbing or tingling in the extremities, sore joints, cancers, and birth defects in their children.

For an incomplete list of locations and dates where dioxin (Agent Orange and other agents) was used, consult the links on the VA web page online at <http://www.publichealth.va.gov/exposures/agentorange/militaryexposure.asp>

Acute Peripheral Neuropathy: a temporary dysfunction of the nervous system characterized by involuntary “tingling” or numbness in the extremities

Adult Onset Type II Diabetes Mellitus
(and subsequent complications caused by): non-insulin dependent and characterized by high blood sugars

AL Amyloidosis: a rare group of diseases that results from the abnormal deposition of a particular protein called amyloid in various tissues of the body

***Chloracne:** an acne-like eruption on the skin due to prolonged exposure to certain chlorinated compounds

Hodgkins Disease: a tumor found in the lymph nodes characterized by increasing enlargement of the lymph nodes, liver, and spleen, and accompanied by progressive anemia

Ischemic (or ischaemic) Heart Disease: a heart condition resulting when the arteries that bring blood and oxygen to the heart are blocked. There may be a buildup of cholesterol and other substances, called plaque, in the arteries that bring oxygen to heart muscle tissue. Over time, the heart muscle does not work well, and it is more difficult for the heart to fill and release blood. It is the most common cause of congestive heart failure.

Non-Hodgkins Lymphoma: Non-Hodgkins lymphoma, including chronic lymphocytic leukemia and small-cell lymphocytic lymphoma: a rare type of cancer which causes malignant tumors of the lymph nodes, distinguished from Hodgkins disease by the absence of giant Reed-Sternberg cells.

Parkinson’s Disease: a neurological disease limiting the ability to control some muscles. Caused by a gradual loss of dopamine-manufacturing cells

in the brain, Parkinson’s disease often causes movement and muscle problems and may be accompanied by slight, uncontrolled shaking of the arms and legs.

***Peripheral Neuropathy:** a dysfunction of the nervous system involving either the somatic nerves or the autonomic nervous system (see Acute Peripheral Neuropathy); can cause sensory loss, atrophy, and muscle weakness

***Porphyria Cutanea Tarda:** characterized by skin lesions on exposed portions of the body and pigment changes in the skin; liver disease occurs in some patients

Spina Bifida in children conceived after the veteran first arrived in Vietnam: characterized by a defective closure of the spinal cord in which the cord may be exposed and/or protrude

Sub-acute Peripheral Neuropathy: a nervous system disorder either acute (temporary) or chronic (long-term) – see acute peripheral neuropathy and peripheral neuropathy

CANCERS

Cancer of the Bronchus: a malignant tumor found in the bronchus, an extension of the windpipe (trachea) connecting to the lungs

Cancer of the Larynx: a malignant tumor found in the voice box (larynx)

Cancer of the Lung: a malignant tumor found in the lungs

Cancer of the Prostate: a malignant tumor found in the prostate gland

Cancer of the Trachea: a malignant tumor found in the windpipe (trachea)

Adult Fibrosarcoma: a tumor formed from connective tissue

Alveolar Soft Part Sarcoma: a sarcoma found in the aveoli, the sac-like ducts in the lungs

Angiosarcoma: a tumor occurring on the breast and skin and believed to originate from blood vessels

Chronic Lymphocytic Leukemia: characterized by a progressive increase in production of white blood cells

Clear Cell Sarcoma of Aponeuroses: a sarcoma found at the end of a muscle where it becomes a tendon

Clear Cell Sarcoma of Tendons: a sarcoma found in the tendons

Congenital Fibrosarcoma: a malignant tumor formed before birth and derived from connective tissue

Dermatofibrosarcoma: a relatively slow-growing skin tumor consisting of one or more firm nodules

Ectomesenchymoma: a tumor found in certain parts of the skin

Epithelioid Malignant Leiomyosarcoma: a malignant tumor derived from smooth muscle found in the layer covering the muscle

Epithelioid Malignant Schwannoma: a moderately firm, benign tumor found in the layers of membrane covering surfaces inside the body cavity caused by too many Schwann cells growing in a disorderly manner

Epithelioid Sarcoma: a tumor found in the membrane covering surfaces inside the body cavity

Extraskeletal Ewing’s Sarcoma: a tumor outside the bone consisting of small rounded cells

Hairy Cell Leukemia: a rare slow-growing chronic cancer of the blood called such because the leukemic lymphocytes have short, thin projections on their surfaces that look like hairs when examined under a microscope. Hairy cell leukemia is caused by an abnormal change in B lymphocytes (a type of white cell).

Hemangiosarcoma: a tumor derived from blood vessels and lining blood-filled spaces

Infantile Fibrosarcoma: a tumor formed as a child derived from fibrous connective tissue

Leiomyosarcoma: a tumor derived from smooth muscle

Liposarcoma: a tumor that may occur anywhere in the body consisting of irregular fat cells

Lymphangiosarcoma: a tumor derived from blood vessels

Lymphoma: a malignant tumor of the lymph nodes

Malignant Fibrous Histiocytoma: a type of tumor found in connective tissue

Malignant Giant Cell Tumor of the Tendon Sheath: a tumor found in the membrane of tendons

Malignant Glandular Schwannoma: a moderately firm malignant tumor in the glands caused by too many Schwann cells growing in a disorderly pattern

Malignant Glomus Tumor: a tumor found in the tiny nodes (glomuli) in the the nailbed, pads of fingers, toes, ears, hands, feet, and other body organs

Malignant Hemangiopericytoma: a tumor characterized by rapidly growing fat cells formed in blood vessels and lining blood-filled spaces

Malignant Mesenchymoma: a malignant tumor in the embryonic tissue or fluid

Malignant Schwannoma with Rhabdomyoblastic: a moderately firm malignant tumor found in skeletal muscle resulting from the rapid disorderly growth pattern of Schwann cells

Multiple Myeloma: cancer of specific bone marrow cells characterized by bone marrow tumors in the skeletal system

Proliferating Angioendotheliomatosis: increasing numbers of benign tumors in blood cells often causing skin discoloration

Rhabdomyosarcoma: tumors derived from skeletal muscle

Sarcoma: tumors arising in connective tissue, bone, cartilage, or muscle

Soft Tissue Sarcoma: a group of soft tissue cancers characterized by malignant tumors which develop on muscles and connective tissue, or in body fat

Synovial Sarcoma: a tumor found in the lubricating fluid surrounding joints and tendons

* Diseases with various time requirements

A current version of this guide can be viewed online at www.vva.org.

NOTE: This list may change over time. For official updates, see Title 38 Code of Federal Regulations Section 3.309(e) "Diseases associated with exposure to certain herbicide agents."

BIRTH DEFECTS RECOGNIZED BY THE VA AS CONNECTED TO AGENT ORANGE EXPOSURE

Spina Bifida: children born to either male or female Vietnam veterans; Spina Bifida Occulta not included

CHILDREN BORN TO FEMALE VIETNAM VETERANS

Achondroplasia: produces a type of dwarfism

Cleft Lip and Cleft Palate

Congenital Heart Disease

Congenital Talipes Equinovarus: clubfoot

Esophageal and Intestinal Atresia

Hallerman-Streiff Syndrome: premature small growth and other related defects

Hip Dysplasia

Hirschprung's Disease: congenital megacolon

Hydrocephalus Due to Aqueductal Stenosis

Hypospadias: abnormal opening in the urethra

Imperforate Anus

Neural Tube Defects

Poland Syndrome: webbed fingers

Pyloric Stenosis

Syndactyly: fused digits

Tracheoesophageal Fistula

Undescended Testicles

Williams Syndrome: thyroid defects

Not covered are conditions that are congenital malignant neoplasms, chromosomal disorders, or developmental disorders. In addition, conditions that do not result in permanent physical or mental disability are not covered.

NOTE: This list may change over time. Veterans may obtain more information on birth defects and should register all children and grandchildren with birth defects, including cancers and learning disabilities, online at www.birthdefects.org, maintained by the National Birth Defect Registry.

WHAT IS PRESUMPTIVE SERVICE-CONNECTED AGENT ORANGE DISABILITY COMPENSATION?

VA pays service-connected disability compensation to veterans who show an event or injury in service, a current disability, and a link between the two. Scientific evidence has demonstrated that there is an association between development of certain disabling medical conditions and exposure to Agent Orange and other related herbicides.

If the veteran served:

- In the Republic of Vietnam, regardless of the length of that service, during the period January 9, 1962, to May 7, 1975;
- On a ship or boat that operated in Vietnam's inland waterways or which docked in Vietnam and the veteran went ashore. For a list of naval and Coast Guard vessels currently recognized go to: <http://www.publichealth.va.gov/exposures/agentorange/shiplist/list.asp>
- In Korea between April 1, 1968, and August 31, 1971; in a unit recognized by the VA and DoD to have operated in an area in or near the Korean DMZ in which herbicides were applied. For a list of recognized units, go to: <http://www.publichealth.va.gov/exposures/agentorange/korea.asp>
- Or in certain occupations at certain air bases in Thailand. For a list of recognized bases and occupations, go to: <http://www.publichealth.va.gov/exposures/agentorange/thailand.asp>

The amount of the compensation payment depends upon the severity of a veteran's service-connected disability and, in some cases, the number of qualifying family members the veteran has. The VA uses a percentage basis ranging from zero percent to 100 percent for measuring the severity of the veteran's service-connected disability; the higher percent the disability and the more qualifying family members the veteran has, the higher the monthly compensation payment. However, a percentage rating of 0 – 20 percent does not pay extra for dependents.

Generally, the VA will only grant service-connected disability compensation based on exposure to Agent Orange through what the VA calls its “presumptive service-connected rules.” The VA presumes (or holds true) that veterans have been exposed to Agent Orange and are eligible for service-connected disability compensation and health care if they develop one or more of the medical conditions listed on pages 4 and 5 of this guide and served in any of the areas noted above during the periods noted therein.



Because Agent Orange was also used at military installations and other facilities on and outside of the U.S. mainland — including Hawaii and Puerto Rico, as well as localities in Cambodia, Canada, Korea, Guam, Okinawa, the Philippines, and Thailand — veterans who served in these localities may also be eligible for Agent Orange disability compensation. For an incomplete list of locations and dates where dioxin (Agent Orange and other herbicide agents) was used, consult the VA information available online at <http://www.publichealth.va.gov/exposures/agentorange/militaryexposure.asp>. If you served in any of these places, came into contact with Agent Orange, and are suffering illnesses/diseases related to Agent Orange exposure, VVA urges you to file a claim.

HOW DO I KNOW IF I QUALIFY FOR PRESUMPTIVE SERVICE-CONNECTED AGENT ORANGE DISABILITY COMPENSATION?

To qualify, you generally need to show only two things:

- You served on active duty in the military, naval, Coast Guard, or air service in the Republic of Vietnam, regardless of the length of that service during the period January 9, 1962, to May 7, 1975; in Korea between April 1, 1968, and August 31, 1971, in a unit recognized by the VA and DoD to have operated in an area in or near the Korean DMZ in which herbicides were applied (for a list of units currently recognized, go to <http://www.publichealth.va.gov/exposures/agentorange/korea.asp>); in certain occupations at certain air bases in Thailand (for a list of recognized bases and occupations, go to <http://www.publichealth.va.gov/exposures/agentorange/thailand.asp>); or if you served with the U.S. Navy or U.S. Coast Guard in Vietnam between January 9, 1962, and May 7, 1975, and your ship/boat operated in Vietnam's inland waterways, ventured into Vietnam's inland waterways on occasion, or if you embarked ashore, you are eligible for compensation for a disability related to herbicide exposure (for a list of naval and Coast Guard vessels currently recognized go to <http://www.publichealth.va.gov/exposures/agentorange/shiplist/list.asp>).
- You currently have been diagnosed with one of the diseases found on the VA's list of conditions linked to herbicide exposure, or you currently have residual or secondary conditions from one of these illnesses (see pages 4–5).



Veterans who served in the waters offshore and who received the Vietnam Service Medal, but who did not set foot in the Republic of Vietnam are only eligible for presumptive service connection due to exposure to Agent Orange for Non-Hodgkin's Lymphoma 38 C.F.R § 3.313. This topic is the subject of both litigation and proposed litigation. Please consult a veterans service officer for the current status of this situation.

WHAT IS THE AGENT ORANGE REGISTRY?

In 1978, the VA began a program to examine and to record the names of veterans concerned about health problems related to their exposure to Agent Orange and other herbicides during their military service in Southeast Asia. Eligible veterans qualify for an Agent Orange Registry examination at the VA. Almost 500,00 veterans — or one out of every six who served there — are in the registry.

Who Is Eligible for the AO Registry Exam?

Under Public Laws 102-585 and 100-687, any U.S. male or female veteran who served on active duty in the military, naval, Coast Guard, or air service in the Republic of Vietnam, regardless of the length of that service during the period January 9, 1962, to May 7, 1975; in Korea between April 1, 1968, and August 31, 1971, in a unit recognized by the VA and DoD to have operated in an area in or near the Korean DMZ in which herbicides were applied (for a list of units currently recognized, go to <http://www.publichealth.va.gov/exposures/agentorange/korea.asp>) is *presumed* to have been exposed to phenoxy herbicides and is therefore eligible to enroll and obtain an AO Registry exam. Verifiable evidence of such in-country service constitutes eligibility.

Under these same laws, however, any other U.S. veteran who may have been exposed to dioxin or other toxic substance in an herbicide or defoliant during their military service must provide proof of exposure to enroll and obtain an AO Registry exam. For an incomplete list of locations and dates where dioxin (Agent Orange and other agents) was used, consult the VA information available online at <http://www.publichealth.va.gov/exposures/agentorange/militaryexposure.asp>

*Veterans eligible for inclusion in the AO Registry **do not** need to be enrolled in the VA healthcare system.*

Does Participation in the AO Registry Constitute a Compensation Claim for VA Compensation?

No, although the results of an AO Registry exam may be used to support a subsequently filed claim, the exam in and of itself does not constitute the filing of a claim.

GET AN EXAM. Even if you feel healthy, there are several exam options available to you, including the VA or a private healthcare facility or physician. If you use the VA system for your examination, consider getting added to the Agent Orange Registry.

What Does an AO Registry Exam Entail?

The exam consists of four basic parts:

- An exposure history to determine where, when, and how the veteran was exposed to AO or other toxic chemicals before, during, and after service in Vietnam;
- A medical history to document health problems experienced by the veteran since the time of exposure;
- Laboratory tests such as blood chemistries, urinalysis, and a chest x-ray; and

- A physical examination of 21 body parts, focusing on those systems commonly affected by toxic chemicals, such as the liver, kidneys, skin, and reproductive, endocrine, immunological, and nervous systems.

You should try to arrange for the lab tests to be done at the same time as the scheduled physical exam. You may also be eligible for reimbursement from the VA for the cost of travel to the VA exam.

VVA encourages all veterans with Vietnam service to have an Agent Orange Registry exam, regardless of their current health status, as it is always possible that the exam may detect health problems that are caused by something else for which the VA may provide treatment and/or compensation.

What If the AO Registry Exam Uncovers a Medical Condition That Requires Further Treatment?

If the AO Registry exam uncovers a condition in a veteran who is enrolled or otherwise eligible for VA healthcare, and that condition requires further treatment, the veteran is to be referred to a VA primary care clinician to obtain the necessary medical assessment and appropriate treatment. If you are not enrolled or otherwise eligible for VA health care, the VA may suggest that you enroll in the VA or seek non-VA care.

Private Healthcare Examination for Claim Purposes

If you use a private healthcare facility for your examination, you will need to submit a detailed medical report to the VA Regional Office which includes documentation of your diagnosis and whether it is as likely as not due to herbicide exposure and to explain its impact on your life.

In addition, *always request copies* of the lab results and copies of the medical history and examination reports whether you use the VA or private healthcare provider.

WHAT IF I HAVE A DISABILITY THAT IS NOT ON THE LIST?

If you have a disability that is not on the list of conditions recognized as caused by Agent Orange exposure, VVA recommends that you speak with a veterans service officer about filing a claim, as long as your disability is not obviously caused by events after military service.

You may want to speak with your physician or specialist about potential causes of your disability. For instance, if you have hypertension, it may be caused by diabetes mellitus, which is caused by Agent Orange exposure. This would be a disability “secondary” to Agent Orange exposure, and you would qualify for disability compensation.

Also, VA recognizes other presumptions for disabilities caused by other exposures and service in other areas of the world, which can be found at 38 C.F.R. § 3.309. Go to: http://ecfr.gpoaccess.gov/cgi/t/text/textidx?c=ecfr&tpl=/ecfrbrowse/Title38/38tab_02.tpl

Veterans may receive benefits if they can prove service where herbicides were used and a medical expert’s opinion based on scientific evidence shows that the veteran’s disability is due to herbicide exposure.

HOW DO I FILE A CLAIM WITH THE VA FOR PRESUMPTIVE AGENT ORANGE DISABILITY COMPENSATION?

Step 1: GET HELP You will probably find the VA laws, regulations, and procedures surrounding Agent Orange-related claims to be complicated and frustrating. Many Veterans Service Organizations (VSOs), including VVA, offer free assistance to help you present your claim to the VA (see page 19 of this guide for VSO information). *Choose a representative carefully*; ask questions about his or her claims' experience; get a feel for the representative by talking with him or her. For example, ask if there are any limits on their service *before* you sign a power of attorney appointing him or her as your representative. Stay personally involved in your case to make certain everything that should be done is done. Communicate regularly with your representative. *Make copies of ALL documents used in your claim, and keep them in a safe place* in the event any of your paperwork is lost, misplaced, or destroyed during the claims process. Missing paperwork is one of the main reasons for delay in processing a claim.

Step 2: APPLY If you believe that you are entitled to compensation benefits under the VA's Agent Orange rules and have never previously filed a VA disability claim for an Agent Orange-related illness, or have previously filed a VA disability or death claim for such an illness, but that claim was denied before September 25, 1985, and that claim is not being currently considered, then either file or establish an intent to file a claim as soon as possible. Make sure that the claim or intent to file a claim includes the date, your full legal name, Social Security number, and your VA C-file number, if known. Also make sure to sign the claim or intent to file a claim. Suggestions about how to establish an intent to file a claim can be found on page 18.

The intent to file a claim can be considered as an initial claims application, and you will eventually be required to complete additional official VA forms. Do not delay sending the intent to file until you and your representative have gathered the evidence to support your claim. The earlier you file the claim, the better, because if your claim is granted, the monthly compensation usually starts from the date you first filed your claim.



Ask your representative to take a look at the claim and then make a copy for your records. Send the original claim to the VA Regional Office nearest your home address (do NOT send it to the nearest VA hospital) via "Certified Mail, Return Receipt Requested" and keep the receipt in your records after it is returned. If you have not heard back from the VA Regional Office within 30 days, your representative should call 1-800-827-1000 to verify receipt.

Step 3: FINISH THE CLAIM APPLICATION PROCESS Once the VA receives your informal claim, you will eventually be sent VA Form 21-526, the official “Application for Compensation and Pension.” Generally speaking, you have one year (365 days) from the date the VA mailed you Form 21-526 to fill out and return it to the nearest VA Regional Office. Follow the advice of your representative in completing the form. You have the right to review your military service records and any other records in your VA file before completing the form. Make sure to make a copy for your records.

NOTE: From this point on during your claims process, all communication and submission of documents with the VA should be coordinated through your representative. If you are approaching a deadline and are unable to contact your representative, call their national office or contact VA. Do not miss a deadline.

Step 4: GATHER EVIDENCE Collecting evidence to support your claim can be time-consuming and very frustrating — but absolutely essential to winning your claim. Once the VA Regional Office receives your VA Form 21-526, it should determine whether or not your claim is plausible. If so, then the VA is legally required to help you gather the evidence — but don’t count on the VA to assist you. You and your representative should attempt to obtain all of your private post-military service and VA medical records, along with all of your military personnel and medical records. These records should be provided directly to your representative so that your representative can determine which documents should be submitted to the VA Regional Office in support of your claim. Make a copy for your records. To obtain one free copy of your military personnel and medical records, send a letter requesting such to:

National Personnel Records Center
1 Archives Drive
St. Louis, Missouri 63138

<http://www.archives.gov/veterans/>

Your representative should have access to the SF-180 form at: <http://www.archives.gov/research/order/standard-form-180.pdf> — or you can download it from the VVA website, www.vva.org — that makes this request easier. If the NPRC tells you that your records are missing, your representative can help you file a National Archives and Records Administration Form 13075, “Questionnaire About Military Service.” The information you supply on the Form 13075 will be used by the NPRC to reconstruct lost, destroyed, or difficult-to-find military personnel records.

If you have used VA medical services in the past, if your claim was filed some time ago, or if this is a claim for compensation increase or a reopened claim, you have the right under the Privacy Act to find out what information is contained in your VA claims file. To obtain a free copy of your VA C-file, simply send a letter to the Regional Office that holds your C-file (usually the one where your claim has been filed) and request a copy. Always make a copy for your records. You and your representative should carefully review the C-file to determine if any information is missing.

Step 5: ORGANIZE EVIDENCE With the assistance of your representative, organize your evidence and arguments in written form for presentation to the VA Regional Office.

What if my claim is denied?

If the VA Regional Office determines that your disability is not service-connected, or if the evaluation of your disability is lower than you think is fair, you have the right to appeal to the Board of Veterans' Appeals in Washington, D.C.

Appeals Step 1: With the assistance of your representative, you should file a written "Notice of Disagreement" with the VA Regional Office within one year (365 days) of being notified of the denial and request a written copy of the rating decision. In your Notice of Disagreement letter, be sure to include the date of the VA's letter of denial, the claim number, and the list of benefits you are still seeking. Make a copy for your records. If you miss the one-year deadline for sending your Notice of Disagreement letter and have not requested an extension, the decision of the VA Regional Office may become final. You can re-open your claim at the VA Regional Office if you provide *new* and material evidence supporting your claim; however, the effective date of your claim will change.

Once you've filed your Notice of Disagreement at the VA Regional Office, you can request a hearing that will determine the status of any new evidence affecting the review of your claim. If the claim is denied, your appeal to the Board of Veterans' Appeals will go forward.

Appeals Step 2: If you and your representative have followed Appeals Step 1, and the VA continues to deny your claim, the VA Regional Office will respond to your notice of disagreement with a "Statement of the Case" letter to you and a copy to your representative, which details the laws that apply to your claim and the reasons why the claim was denied. Along with the Statement of the Case letter, the VA Regional Office will provide you with "the substantive appeal" form, VA Form 9. You and your representative must complete this form and return it to the VA Regional Office *within 60 days* of the date on the Statement of the Case letter for the Board of Veterans' Appeals to further consider your appeal. Again, make copies for your records. Return the completed VA Form 9 to the VA Regional Office within 60 days, regardless of whether or not you've requested a hearing under Appeals Step 1.

After your representative has submitted your VA Form 9, the VA Regional Office will send you and your representative a dated letter telling you that your appeal has been assigned a number and been put on the Board of Veterans' Appeals docket. You will also be notified when your file has been sent to the Board of Veterans' Appeals in Washington, D.C. You will then have 90 days from the date of this second notification to submit new evidence, request a hearing, or change your representative.

What if my appeal is denied, or I am not satisfied by the decision of the Board of Veterans' Appeals?

You have several options, but you should consult an experienced veterans' service officer or attorney before you choose any of these: a) request reconsideration by the Board of Veterans' Appeals; b) formally appeal to the U.S. Court of Appeals for Veterans' Claims; and/or c) re-open your claim at the Regional Office with new and material evidence.

Can I hire a lawyer?

Yes, you may hire a lawyer or agent to represent you, but only after you have filed a "Notice of Disagreement" with a VA Regional Office.

IS PRESUMPTIVE SERVICE-CONNECTED AGENT ORANGE DISABILITY COMPENSATION AVAILABLE TO SURVIVING FAMILY MEMBERS OF DECEASED VIETNAM VETERANS?

Yes. If a Vietnam veteran dies of a medical condition considered to have resulted from exposure to Agent Orange during his/her military service, certain surviving family members may be eligible for monthly VA compensation payments through the VA's dependency and indemnity compensation (DIC) program.

Who Is Eligible?

To be eligible for DIC benefits, a surviving family member must show two things:

1) The family member meets one of the following criteria:

- You were married to the veteran at the time of death, and you had lived with the veteran from the date you were married until the veteran's death, unless separation occurred because of the veteran's misconduct without fault on your part; you are not currently married, remarried after age 57; or you are not currently living with another person and claiming to be the spouse of that person. There may be different rules that apply if you either were married to the veteran for less than one year or were in a common-law relationship with the veteran;
- You are a son or daughter of the veteran under the age of 18, are unmarried, and there is no eligible surviving spouse;
- You are a son or daughter of the veteran, 18 years old or older, and before you reached the age of 18, you became disabled and permanently unable to support yourself;
- You are a son or daughter of the veteran, unmarried, between the ages of 18 and 23, and are currently attending a VA-approved school; and
- You are the surviving parent or parents of the deceased veteran. The term "parent" includes a biological, adoptive, or foster parent. A foster parent is a person who legally stood in the relationship of a parent to the veteran for at least one year before the veteran's last entry into active duty.

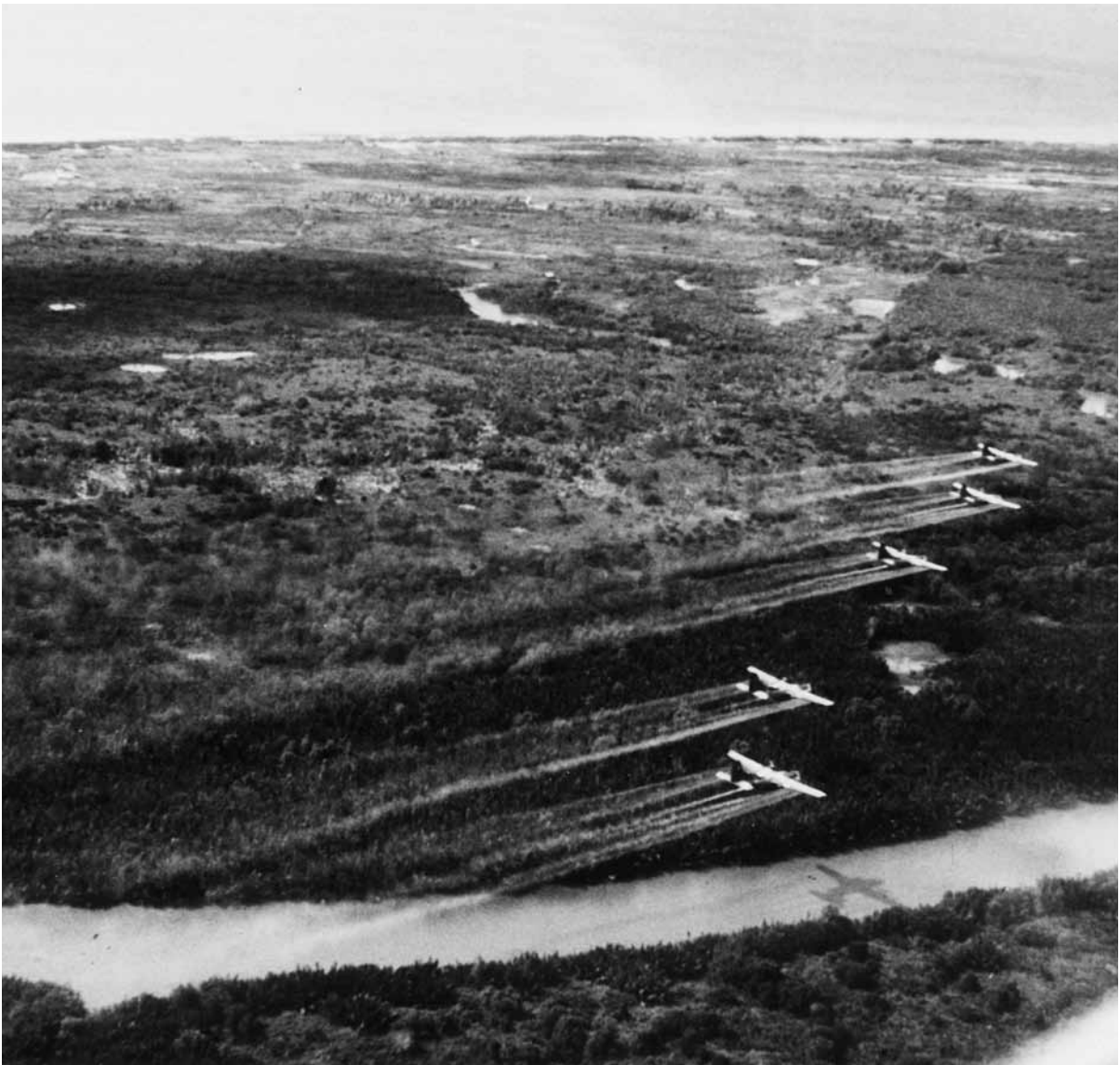
Eligibility for dependent parents' DIC is need-based. When countable income exceeds the limit set by law, no benefit is payable. Income limits are adjusted annually.

2) You must show that the veteran was exposed to Agent Orange in one of the places where VA presumes herbicides were used (see page 6 of the guide), and the veteran developed one of the illnesses/diseases considered by the VA to be presumptively related to exposure to Agent Orange, and that the illness/disease was the principal or a contributory cause of the veteran's death.

NOTE: These eligibility requirements can be met, even if the deceased veteran never applied to the VA for disability compensation before death; or if the veteran had applied for compensation before death, but the claim was denied; or if the claim/appeal was pending at the time of death.

How Do I File a DIC Claim?

The procedures used by the VA for this type of claim are generally the same as those used to handle any veteran's claim; VA Form 21-535 is used. Information to be included in an informal claim letter can be found on page 18 of this guide.



IS PRESUMPTIVE SERVICE-CONNECTED AGENT ORANGE DISABILITY COMPENSATION AVAILABLE TO BIOLOGICAL CHILDREN OF VIETNAM VETERANS BORN WITH CERTAIN BIRTH DEFECTS?

Yes. The children of Vietnam veterans who are born with a birth defect may be eligible for compensation, free medical care, and vocational rehabilitation services.

Who Is Eligible?

To be eligible for these benefits, you must show three things:

- 1) You are the natural, biological child of a Vietnam veteran – one of your biological parents served in the active military, naval, or air service in the Republic of Vietnam for at least one day during the period January 9, 1962, to May 7, 1975;
- 2) You were conceived after the veteran parent first began service in Vietnam; and
- 3) You were born with a birth defect listed on page 5 of this guide.

Proof of the parent's exposure is not necessary. These children are entitled to three types of benefits:

a) monthly compensation payments based upon the degree of the child's disability; b) VA medical care or reimbursement from the VA for private medical care for medical problems related to the birth defect; and c) vocational rehabilitation services.

What if I am the child or grandchild of a Vietnam veteran and have a medical condition NOT listed on page 5?

File a claim and attach a medical opinion, if possible. Though your condition is currently not recognized, it may be at a future date.

How Do I File a Claim?

The procedures used by the VA for this type of claim are generally the same as those used to handle a veteran's claim, but a special application, VA Form 21-0304, is used. Information needed for an informal claim letter can be found on page 18 of this guide. Such children are generally not required to undergo a VA medical exam.

NOTE: In addition to the Service-connected Agent Orange Disability Compensation award noted above, the VA also offers "dependents' allowance" to children of veterans who have been rated with at least a 30 percent service-connected disability. Children of veterans who are rated with a 100 percent permanent disability also are eligible for education assistance and health care under a separate VA program, CHAMPVA (the Civilian Health and Medical Program of the VA). This program covers dependents and survivors of certain veterans who are ineligible to receive health benefits under the Department of Defense TRICARE program.

IS PRESUMPTIVE SERVICE-CONNECTED AO DISABILITY COMPENSATION AVAILABLE TO INCARCERATED VIETNAM VETERANS?

Yes, but even if you are awarded Agent Orange disability compensation, you will likely not receive the entire monthly amount while you remain incarcerated, especially if you were convicted of a felony. However, any monetary benefits withheld from you may be “apportioned” (divided between you and an assigned family member).

How Do I File a Claim?

The procedures used by the VA for this type of claim are generally the same as those used to handle any veteran’s claim, but VVA recognizes that incarcerated veterans face many challenges, especially when seeking the required Agent Orange medical exam. A few Departments of Corrections will arrange transport to VA medical facilities, but most do not. Try to obtain a detailed medical report or exam conducted by the facility’s doctor. To assist the doctor, obtain a copy of the “VA Physician’s Guide to Disability Evaluation Examinations” and rating schedule by writing to the nearest VA Regional Office and invoking the federal Freedom of Information Act. Another alternative is to submit a petition to your facility administrator asking that he or she request a VA doctor visit your facility.

WHAT OTHER BENEFITS ARE AVAILABLE TO A VIETNAM VETERAN WITH AN AGENT ORANGE-RELATED ILLNESS?

Social Security Benefits

The Social Security Administration administers certain kinds of insurance and Supplemental Security Income (SSI) benefits for eligible adults and some eligible children of Vietnam veterans under the age of 18. In some cases, veterans can receive both Social Security Disability Insurance and VA disability compensation. You should check with your nearest Social Security Administration office for details about these programs.

Information for Military Retirees

As of June 1, 2003, some disabled military retirees no longer have their military pay offset by VA compensation. More information on Combat-related Special Compensation and Concurrent Retirement Disability Pay (DFAS CRSC/CRDP) can be found online at <http://www.dfas.mil/retiredmilitary/disability/comparison.html> or you can call 1-800-321-1080.

State Veterans Benefits

Many states offer benefits to veterans with a service-connected disability. You may qualify for reduced property tax, driver's license fees, and more. For more information on your state's veterans benefits, please see: <http://www.nasdva.us/links.htm>

HOW TO FILE A CLAIM AND WHAT IS INTENT TO FILE

As of March 25, 2015, VA now requires veterans seeking disability benefits to use standardized claims and appeals forms. VA will no longer accept informal claims. Veterans may choose to submit an application for compensation online through the eBenefits (www.ebenefits.va.gov) portal; however, veterans should strongly consider filing claims with the assistance of a representative of a Veterans Service Organization (VSO). Also, notifying the VA of your “**intent to file**” may entitle you to an earlier effective date.

There are two claims actions that now require **standardized forms**:

- (1) Veterans’ or Survivors’ **applications for disability compensation or pension**
 - a. Veterans filing for disability benefits must use VA Form 21-526EZ (*Application for Disability Compensation and Related Compensation Benefits*)
 - b. Wartime veterans filing for need-based pension must use VA Form 21-257EZ (*Application for Pension*)
 - c. Survivors filing a claim for dependency and indemnity compensation (DIC), survivor’s pension, and accrued benefits must complete VA Form 21-534EZ (*Application for DIC, Death Pension, and/or Accrued Benefits*)
- (2) **Notices of Disagreement** with any aspect of VA’s decision on a disability claim – the standardized Notice of Disagreement form is used when a claimant wishes to initiate an appeal
 - a. Veterans disagreeing with a VA compensation decision should use VA Form 21-0958 (*Notice of Disagreement*)
 - b. Currently, veterans and survivors are not required to use a standardized notice of disagreement form to initiate appeals of pension or survivors benefit decisions

VA has replaced informal claims with something called INTENT TO FILE. Veterans can notify VA of their *intent to file* a claim in order to establish the earliest possible effective date for benefits if they are determined eligible. An *intent to file* a claim may be submitted in one of three ways:

- (1) Electronically via eBenefits or with the support of a Veterans Service Organization (VSO) through the Stakeholder Enterprise Portal
- (2) Completing and mailing a paper VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC*
- (3) Over the phone with a VA call center or in person with a public contact representative.

Veterans may appoint a duly authorized representative, such as a VSO, who can notify VA of a claimant’s intent to file using any of the methods listed above. VA will provide an individual up to one year from the date they submit their *intent to file* a claim to complete the required application form. Veterans may wish to use this one-year period to gather evidence necessary to support the claim so that evidence can be submitted along with the application form.

VETERANS SERVICE ORGANIZATIONS

Many Veterans Service Organizations offer free assistance to help you present your claim to the VA. This includes representation at hearings before the VA Regional Office, the Board of Veterans' Appeals, and the U.S. Court of Appeals for Veterans Claims. Some of these VSOs have a representative at your nearest VA Regional Office. You can also locate a VSO representative by contacting the organization's national office online or by phone. These are just a few of the many VSOs able to assist.

Vietnam Veterans of America:

www.vva.org
1-800-VVA-1316

Military Order of the Purple Heart:

www.purpleheart.org
1-703-354-2140

American Legion:

www.legion.org
1-202-861-2700

Paralyzed Veterans of America:

www.pva.org
1-800-424-8200

AMVETS:

www.amvets.org
1-877-726-8387

Veterans of Foreign Wars:

www.vfw.org
1-816-756-3390

Disabled American Veterans:

www.dav.org
1-877-426-2838

You may also contact the National Veterans Legal Services Project, NVLSP, at (855) 333-0677, agentorange@nvlsp.org or P.O. Box 65762, Wash. D.C. 20035. NVLSP can represent you at no cost to make sure VA gives you the earliest possible effective date for compensation and health benefits related to Agent Orange exposure.

In addition, almost every state has a commission, division, or department of veterans affairs that provides representation to veterans and their families. In some states VSO representatives' offices are located in county, state, or federal government facilities. These may be found in the government pages of your local telephone directory.

REFERENCES and RESOURCES

Vietnam Veterans of America Agent Orange/Dioxin and Other Toxic Substances Committee

www.vva.org/Committees/AgentOrange

VA's Agent Orange Webpage:

www.publichealth.va.gov/exposures/agentorange

The Veterans Health Council, a program of Vietnam Veterans of America

www.veteranshealth.org

Title 38, Code of Federal Regulations.

Available from the Government Printing Office; to order, call 202-512-1800

© May 2016

Vietnam Veterans of America

8719 Colesville Road, Suite 100

Silver Spring, Maryland 20910

www.vva.org

The **Milwaukie Post** operates a facility in downtown Milwaukie and serves not only the city but the surrounding area.

Our Post facility on Monroe Street has the capability to host parties, special events, dinners, banquets, receptions, meetings, and other similar type events. With prior arrangements, the Post facilities can be rented for a nominal fee and we welcome your interest in this opportunity to serve the citizens of our community.

The Post has a commercial grade kitchen and serves dinners on most weekends and at other times during the week. Our Sunday breakfasts (9 AM — 12 Noon) are a particular treat and are **open to the public**. We invite you, your family and friends to attend and partake in our hospitality. **Sunday Bingo is at 3 PM and open to public as well.**

For those of legal age, Post 180 operates a well stocked lounge in a safe and friendly atmosphere with wide screen televisions for viewing sporting events. The lounge also offers gaming with access to Keno, Lottery, and Video gaming machines.

The Post facility is generally open from 12 Noon on most days with closing times varying based on activity.

Post membership provides unrestricted access to the Post facilities during our hours of operation. Guests however need to be accompanied by a member of the Post and need to sign in on our guest log. Membership has its privileges and we hope that, if you are eligible, you will join one or more of our Legion family offerings.

The **American Legion** was formed in 1919 after World War I, the war to end all wars and sadly that was not the case. The American Legion was chartered by Congress in 1919 as a patriotic veteran's organization. Focusing on service to veterans, service members and communities, the Legion evolved from a group of war-weary veterans of World War I into one of the most influential nonprofit groups in the United States. Membership swiftly grew to over 1 million, and local posts sprang up across the country. Today, membership stands at over 2.4 million in 14,000 posts worldwide.

The Legion is the nation's largest veteran's service organization, committed to mentoring youth and sponsorship of wholesome programs in our communities, advocating patriotism and honor, promoting strong national security, and continued devotion to our fellow service members and veterans.

The American Legion's success depends entirely on active committed membership, participation and volunteerism. The Legion organization belongs to the people it serves and the communities in which it thrives and functions.

If you have served federal active duty in the United States Armed Forces and have been honorably discharged or are still serving, you could be eligible for membership in

[The American Legion!](#)

OUR POST



WE INVITE YOU TO CHECK US OUT!



**2146 SE Monroe St.
Milwaukie, OR 97222**

503-659-1300

<http://alpost180.org>

**[https://www.facebook.com/
ALPost180MilwaukieOR](https://www.facebook.com/ALPost180MilwaukieOR)**

★ THE MILWAUKIE AMERICAN LEGION POST 180 FAMILY ★

The Milwaukie American Legion Post 180 family is composed of four organizations:

1. **Post Legionnaires,**
2. **American Legion Auxiliary (AUX),**
3. **Sons of the American Legion (SAL),**
4. **American Legion Riders (ALR).**

These four organizations offer a wealth of opportunities for just about anyone to join and participate in the activities and functions of the American Legion.

The central organization in Post 180 is the almost 500 **Legionnaires** that form the core Post organization. These Legionnaires are former or current members of the United States Armed Forces. They have joined together to maintain and enjoy the



camaraderie that they experienced while serving our country. They also feel strongly about making our communities and neighborhoods safer and a better place to work and raise families.

To be eligible for Legionnaire status, an individual needs to have served or be currently serving in a branch of the United States Armed Forces (*Army, Marine Corps, Navy, Air Force, Coast Guard*). If the individual is no longer on active duty, their discharge from the service should have been under honorable conditions.

Founded in 1919, The **American Legion Auxiliary** has nearly 1 million members from all walks of life. The American Legion Auxiliary is the world's largest women's patriotic service organization with some 10,500 units located in every state and some foreign countries.

In the spirit of service, not self, the mission of the Auxiliary is to support the Legion and to honor the sacrifice of those who serve by enhancing the lives of our veterans, military, and their families, both at home and abroad.

Eligibility for Auxiliary membership is extended to grandmothers, mothers, sisters, wives, and direct and adopted female descendants of all men and women who were or are in the Armed Forces of the United States or who, having received an Honorable Discharge, died after service.

The **Sons of the American Legion** was founded in 1932 and is made up of boys and men of all ages whose parents or grandparents served in the United States military and became eligible for membership in The American Legion. The Post 180 S.A.L is small but active and we encourage you to join if eligible.

Post 180 also hosts a chapter of the **American Legion Riders**. If you are a motorcycle enthusiasts, you will probably enjoy participating with our ALR chapter. The ALR performs a number of services for Legion supported causes and provides support for military funerals when called upon. ALR participation is restricted to members of the Legion, Auxiliary or S.A.L.



Annual membership dues in Milwaukie Post 180 are as follows (*subject to change*):

- ★ **Post = \$50**
- ★ **Auxiliary = \$35**
- ★ **SAL = \$40**
- ★ **ALR = \$20**



BREAKFAST MENU

SERVED EVERY **SUNDAY**

9 AM TO NOON

COMMUNITY IS WELCOME!



**2146 SE Monroe St.
Milwaukie, OR 97222**

503-659-1300



Prices and Selections Subject to Change

#1 ~ No Meat **\$5.00**

- 2 Eggs (Cooked Your Way)
- Hash Browns
- Toast
- Pancakes or French Toast

#2 ~ Standard **\$6.00**

- 2 Eggs (Cooked Your Way)
- Hash Browns
- Toast
- Pancakes or French Toast
- Choice of Bacon, Sausage, or Ham



#3 ~ Biscuits & Gravy **\$8.00**

- 2 Eggs (Cooked Your Way)
- Hash Browns
- Biscuits and gravy
- Choice of Bacon, Sausage, or Ham

#4 ~ Grand Slam **\$8.00**

- 2 Eggs (Cooked Your Way)
- Hash Browns
- French Toast, Pancakes, or Toast
- Portions of Bacon, Sausage, and Ham

#5 ~ Chicken Fried Steak **\$8.00**

- 2 Eggs (Cooked Your Way)
- Hash Browns
- Toast
- Biscuits & Gravy, Pancakes, or French Toast

#6 ~ Child's Plate (under 10 years old) **\$3.00**

- 1/2 Portions of Breakfast # 2

Side Orders:

- Meat (Bacon, Sausage, or Ham) **\$1.50**
- (1) Egg **\$0.75**
- French Toast / Pancakes / Waffle **\$1.00**
- Sausage Gravy on Hash Browns **\$0.75**

**ALL orders include: Orange or Tomato Juice,
and Tea / Coffee or Milk**

TACO TUESDAYS



American Legion
2146 SE Monroe
Milwaukie, OR
503-659-1300



TACO TUESDAYS

*Community is welcome to join us
every Tuesday for*

TACO TUESDAY!

Bring your family

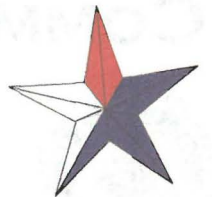


Bring this ad to the Post on a
Tuesday evening between now
and September 25th for **1 FREE Taco**.
Limit: one per person per visit.

Menu	Price
Hard or Soft Shell Taco	\$1.00
Nachos (Small / Large)	\$1.50 / \$3.00
Taco Salad or Nacho Supreme	\$4.00



American Legion
2146 SE Monroe
Milwaukie, OR
503-659-1300



Preferences and Requests

Disposition: ☐ Burial ☐ Cremation ☐ Entombment

Cemetery:

Property Owned: ☐ Yes or ☐ No

Services to be held at ☐ Church ☐ Funeral Home ☐ Cemetery

Location:

Location of Important Personal Papers

Birth Certificate:

Marriage Certificate:

Will and/or Trusts:

Life Insurance Policies:

Cemetery Property Deed:

Safe Deposit Box:

Military Records:

Mortgage:



Planning ahead can save money and unnecessary grief. When you prearrange, you freeze costs and inflation; you ensure that your wishes are known and protect your loved ones from having to make difficult decisions during the most trying times in life. Our Funeral Home offers a FREE, no obligation funeral cost estimate and options for prepaid funeral contracts. Our prepaid funeral contracts also meet Oregon's requirements for Medicaid spend downs.

STEHN MILWAUKIE
FAMILY *Tribute*
CENTER
CHAPELS 2906 SE Harrison Street
Milwaukie, Oregon 97222

503-654-7717

~ Family owned and operated since 1977 ~



Personal Arrangement Guide

Below is information that will be asked for during any funeral arrangement. This information will assist in completing the necessary information for filing of the death certificate and completing an obituary.

Full Name:

Usual Residence:

Date of Birth:

Place of Birth:

Social Security #:

Father's Name:

Mother's Name
(prior to first marriage):

Marital Status: ☐ Married ☐ Widowed ☐ Never Married
☐ Legally Separated ☐ Divorced ☐ Unknown

Spouse's
Maiden Name:

Occupation:

Business/Industry:

Education: ☐ 8th grade or less ☐ Associate's degree
☐ 9th-12th grade, no diploma ☐ Bachelor's degree
☐ High School Graduate or GED ☐ Master's degree
☐ Some college, no degree ☐ Doctorate degree

Veteran: ☐ Yes ☐ No

If yes, a copy of your discharge Papers (DD214) will be needed.

Combat Zone: ☐ Yes ☐ No ☐ Unknown

Combat Zone Location:

Surviving Relatives

Children:

Parents:

Siblings:

Grandchildren:

Great-Grandchildren:

Other Info:

Where to get help

Behavioral Health Division
Health, Housing
& Human Services 
CLACKAMAS COUNTY

- Clackamas County Crisis Line **503-655-8585**
- Mental Health (*formerly Riverstone*) Urgent Walk in Center – 11211 SE 82nd Ste O (open 7 days a week) **503-655-8585** Ross Center
- National Suicide Prevention Lifeline (Local Lines for Life) **1-800-273-TALK**
- Youth Line: **1-877-968-8491** (text teen2teen at 839863)
- National Alliance for Mental Illness **503-344-5050**
- www.GetTrainedtoHelp.com – free mental health & suicide prevention first aid trainings



Mental health matters for all

Resources for older adults

Clackamas County Crisis Line & Clinic
503-655-8585

**Clackamas County Aging & Disability
Resource Connection (ADRC)**
Information and referral
503-650-5622

Senior Loneliness Line
503-200-1633
www.SeniorLonelinessLine.org

For adults 55 and older and their families and caregivers living in Clackamas County who may be isolated or lonely. Our team of volunteers and staff are specially trained in working with older adults, and can provide ongoing support, connect you with resources or just listen.



**Health, Housing
& Human Services**
CLACKAMAS COUNTY



Be the Connection
The Older Adult Loneliness Project



Peer Services for Young People

Youth ERA Clackamas

Martin Rafferty, Executive Director - martin@youthmoveoregon.com
Maria Hermsen, Program Manager - Hermsen@youthmoveoregon.com



Clackamas Drop

11097 SE 21st Ave, Milwaukie

541-606-1514

503-314-9307

www.youthmoveoregon.com

www.facebook.com/youthmoveoregon

Provides a drop-in center for youth/young adults in transition, ages 14 – 25 years. People can participate in a number of activities at the Drop and access Young Adult Peer Support Specialists and Young Adult Navigators for one-to-one peer support. The Drop offers group support: Leadership Group, Employment Group, Recovery Group, and opportunities to participate in other activities in the community. There are two Youth Peer Support Specialists to take referrals from system partners and accept self-referrals from young people.

What To Do If Someone You Know Shows Warning Signs Of Suicide



The more signs a person shows, the greater the risk of suicide.

- Ask the Question. Be Direct.
- Listen.....
- Support.....
- Stay.....
- Safety.....
- Call.....

“Are you thinking about suicide?”

Let them know you hear them.

Let them know you care.

Do not leave them alone (in person/phone).

Remove harmful or lethal objects.

Clackamas County Crisis Line

503 655-8585

- OR the U.S. National Suicide Prevention Lifeline at **800–273–TALK/8255**
- OR Seek help from a medical or mental health professional or get the person to an emergency room

Call 911 if danger is imminent

WHAT IS THE AMERICAN LEGION IN BRIEF?

American Legion: (Non-Profit organization)-Briefly!

4 Pillars of Service:

Fostering a Strong National Security

Taking Care of Veterans

Mentoring the Youth of Our nation

Promoting Patriotism and Honor

Committees, internal organizations, and activity for the Legion and Community:

Americanism

Ceremonials-Memorials-Graves registration

Children and Youth

Economics

Foreign relations

Legislative

Public Relations

Veterans Affairs and Rehabilitation--working with Veterans everywhere in the community

Security

Post Members-Male and female who have worn the uniform in all services of their country, home and in foreign lands.

Sons of the American Legion (sons of Post members)

Auxiliary (daughter's and spouses of Post members)

Junior Girls (daughters under 18 who belong to Post and Auxiliary members)

Added community involvement:

Liaison and cooperation with City of Milwaukie (City Council, Downtown Milwaukie Business Association, Rotary, NW Chamber of Commerce, Milwaukie High School) and Gladstone (City Council, Business Association(?), Rotary, Kiwanis, and Gladstone High)

Partnering with the City of Milwaukie in the 50th Vietnam War Commemorative Program 2015-2017.

Working with Clackamas County, Milwaukie, and Gladstone Police and Fire Departments.

Providing Accredited Full Military Honor Guard and Color Guard for Funerals, Memorials, and National Flag honors as requested in many venues to include Willamette National Cemetery.

Providing community services in multiple ways such as Thanksgiving dinners to the community, Christmas toys and baskets to those in need.

Supporting five Families each year, who are stationed or attached to the Camp Withycomb ORANG.

Liaison with local Churches in Gladstone and Milwaukie in spiritual matters and support of Veteran's.

Organization and coordination of Legion Posts in Family support of local units.

We raise and provide donations to Veterans no matter where they are, VA Hospitals and clinics, and other such groups from Portland to Medford

Provide support to 12 different veteran groups in the NW Oregon sector (IE: Vets 4, 1st Cav Assoc., 25th Infantry, 1 Infantry ID, National Naval Aviation Association, Rivershores Vets, Town Center Veterans) presentations to 12 Assisted Livings and National Quilts of Valor.

List goes on, we have approximately 100 programs that we try to complete each year with our member's help.

Jerry Craig- Basic Bio-

Jerry Craig- Basic Bio-

1). **Married** to Judy A. Craig 50 years (son Jeff VP and Director of IT and Communication for Atlanta HUD /daughter Jaime- Tillamook County Health Inspector) Lived Milwaukie 25 years, Gladstone 27.

2). **US Army 68-2007**--(Active, National Guard, US Army Reserve, Army Development and Evaluation Agency, and Special Operations Branch) Started as a private to Sergeant First Class, became an officer, 2Lt (OCS) to Flag Staff, Operations, and Command slots platoon to Division to I Corp. **Completed Military training:** Ranger, Airborne, Air Assault, Pathfinder, Jungle Warfare, Chemical Biological warfare, and Logistics, plus Operations schools. **Completed** Command and Staff School, Ft. Leavenworth, Kansas. **Instructor** at United States Army Military Academy – ORARNG/USAR 1 Year

3). **BS/MBA Business and Law, Personnel Management**, (Linfield College/Oregon State University/ Portland State.). A member of Alpha Kappa Psi Fraternity.(attended through Military support program)

4). **Retired International Brotherhood of Electrical Workers**, retiring as a Builder Design Construction Superintendent for Electrical Construction Company (in between Active, National Guard, Reserve service and Special Services deployments)

5). **Ordained Minister in 2010**-Episcopal Church of Seattle.

6). **Current member** since 2011, of the Clackamas County **Veterans Advisory Board**. Designated a **Veterans Advocate** 2011. In 2010 became a **Military Service Chaplain** for Veterans Programs, and Military family support organizations within Clackamas County. Coordination with VA Chaplains in Portland, Social Services in Clackamas County, and Oregon City. **Member** of Oregon City and Milwaukie Elks – 32 years

7). **Member of the Milwaukie American Legion Post 180**, 2009-held Judge Advocate, Designated Senior Adviser, Services Chaplain, First Vice Commander, and Special Projects Officer.

8). **Lead** on establishing A.L. CERT (Community Emergency Response Teams, and Red Cross Sheltering at the Post in Milwaukie. Current member of Gladstone CERT Program.

9). **Legion Liaison** with the City of Milwaukie City Council, City Manager, plus associated Business organizations (Rotary, Downtown Business Association, Milwaukie Historical Museum) in Milwaukie, Oregon. This includes the NW Chamber of Commerce and Clackamas Rotary. Currently Liaison with City of Gladstone City Council, Rotary, Business Association, Kiwanis, and Celebrate Gladstone group.

10). **American Legion Honor Guard Commander** for last eight years (Color Guard, Funerals, and Memorials, plus many Department of Defense, State of Oregon, North Clackamas County Chamber of Commerce, and local ceremonies on request.).

11) **Coordinated, Chairman, and completed the “Moving Vietnam Wall”** project in Milwaukie in June 2015 with the City of Milwaukie and Milwaukie High School cooperation and assistance. Chairman of the **Milwaukie Vietnam War Monument** for Clackamas County residents who passed during the conflict November 11, 2017. Many in Gladstone helped support that project. (all Part of the National Vietnam War Commemorative Program).

How we can help:

We can help you get the benefits you have earned. Veterans Affairs benefits can be complicated and confusing. We are here to help you navigate through the VA process and to make sure you receive the information and benefits you have earned.



Clackamas County Veterans Memorial,
Oregon City

*Call today to find out how
Clackamas County Veterans
Services can help you.*

503-650-5631

Other resources:

For help finding a job:

- Clackamas County Veterans Workforce Program operated by Community Solutions
503-502-3411

For help with housing:

- Veterans Community Resource & Referral Center
308 SW 1st Ave.
Portland, OR 97204
503-808-1256
- Supportive Services for Veteran Families
1-855-425-5544

**Clackamas County
Veterans Service Office
PSB, 2nd Floor
2051 Kaen Road
Oregon City, OR 97045
503-650-5631**

www.clackamas.us/socialservices/veterans.html

www.clackamascvso.com

veterans@clackamas.us

Health, Housing
& Human Services 
CLACKAMAS COUNTY

Clackamas County Veterans Services

**You served your country.
Get the benefits you
have earned.**



Find out about free services for veterans,
including help getting your benefits.

503-650-5631

Health, Housing
& Human Services 
CLACKAMAS COUNTY



"We the People..."

Who we are:

Your County Veterans Service Officers are trained and committed to helping veterans navigate the complex benefits application process. We do not work for the U.S. Department of Veterans Affairs. We work for *you*! We are your advocate and expert resource. This service is free to county residents and open to anyone who has served in the military.

What We Do:

Your County Veterans Service Officer can interpret federal and state regulations, help you gather required documentation, and assist you in filing VA claims for a variety of benefits, including service-connected disabilities, non-service connected pension, and health care. We provide free claims preparation assistance and present your claim to the federal VA. Our expert staff will vigorously advocate for you and make sure you get what you have earned.

Clackamas County Veterans Services Office (CVSO)

What can your CVSO do for you?

We can help you with:

Compensation
for service-connected disability

Non-Service Connected Pension
a needs based monthly income for wartime veterans

VA Health Care Enrollment
for eligible veterans

Dependency & Indemnity Compensation (DIC)
for surviving spouses and dependent children

Aid & Attendance
an added benefit based on medical need for a veteran receiving compensation or a pension eligible veteran or survivor

Requests for replacement military records, medals, awards, and certificates

Corrections to military records

Survivor's Pension
needs based for survivors of wartime veterans

Burial & Memorial Benefits

Other federal and state benefits you may have earned:

Education Assistance

VA Vocational Rehabilitation

Re-employment Rights

Dependent Medical Benefits

Property Tax Exemption

Home Loans

Veterans License Plates

Fishing & Hunting License

Golden Access Passport

State Parks Pass

Adaptations for Home or Automobile

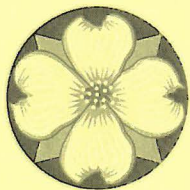
Prosthetic Services

Alcohol & Drug Treatment

State Veterans Home

State Emergency Assistance Grant





CITY OF MILWAUKIE
CITY COUNCIL

10722 SE Main Street
P) 503-786-7502
F) 503-653-2444
ocr@milwaukieoregon.gov

Speaker Registration

The City of Milwaukie encourages all citizens to express their views to their city leaders in a **respectful** and **appropriate** manner. If you wish to speak before the City Council, fill out this card and hand it to the City Recorder. Note that this Speakers Registration card, once submitted to the City Recorder, becomes part of the public record.

Name: BERNIE STOUT

Address: 4647 SE ADA LN.

Organization:

TUOS.

Phone:

Email:

Meeting Date: NOV. 19,

Topic:

PUBLIC EDUCATION

Agenda Item You Wish to Speak to:

You are Speaking... PROJECTS

☒ #4 Audience Participation

☒ in Support

☐ #5 Public Hearing, Topic:

☐ in Opposition

☐ #6 Other Business, Topic:

☐ from a Neutral Position

☐ to ask a Question

Comments:

Mr. Stout spoke at the 11/20/18 Work Session and Regular Session - he submitted just 1 card.