



**From  
Patrick Welch  
Director**

**R**eflections of Freedom, with the American Veterans Travelling Tribute exhibit was a huge success that started with a motorcycle escort of about 1,000 bikes escorting The Wall to the exhibit site. We will have aerial photos and maybe a video on our web site very soon. [www.erie.gov/veterans](http://www.erie.gov/veterans) Then thousands and thousands of veterans and family members came to East Aurora to pay tribute to those who gave their lives for our country and to honor those who served. See story in this issue.

Another milestone in our fight for veterans' benefits came in June when the US House of Representatives passed HR 1016, Advanced Funding for Veterans Health Care. Now the US Senate will need to act on the companion bill S. 423. Please contact your US Senator and urge them to vote YES on this bill.

The DAV will sponsor their 2<sup>nd</sup> Annual Day at the Ballpark for Veterans with the Buffalo Bisons, Sunday July 19. You can contact the DAV at their office for tickets and more information at **716-857-3354**.

WNY HEROES will hold their annual Golf Outing on Saturday July 25<sup>th</sup> at the Niagara County Golf Course, 314 Davidson Road, Lockport, NY 14094. \$100 per person. Registration starts at 8:00 am. To participate contact Stephanie Thurston **536-3940** or [sthurston@wnyheroes.org](mailto:sthurston@wnyheroes.org)

Please distribute this newsletter to your email distribution list. Anyone who would like to receive this each month can email me at [patrick.welch@erie.gov](mailto:patrick.welch@erie.gov)

**Remember my mantra:** "If you do NOTHING, then someday when you need the VA, then NOTHING is just what you may get." ©

## WOUNDS OF WAR: DRUG PROBLEMS AMONG IRAQ, AFGHAN VETS COULD DWARF VIETNAM

June 15, 2009, News Feature  
By Bob Curley, *Join Together*

The U.S. could face a wave of addiction and mental-health problems among returning veterans of the Iraq and Afghan wars greater than that resulting from the Vietnam War, according to experts at the recent [Wounds of War](#) conference sponsored by the [National Center for Addiction and Substance Abuse](#) (CASA\*) at Columbia University (Join Together is a project of CASA).

Rather than the heroin addictions many Vietnam veterans brought back with them from Southeast Asia, however, today's returning soldiers are more likely to be addicted to prescription medications -- the very opiates prescribed to them by the military to ease stress or pain -- or stimulants used by soldiers to remain alert in combat situations.



"I think there's a lot more [soldiers addicted to] pharmaceutical opiates than the data show," said John A. Renner Jr., M.D., associate professor of psychiatry at the Boston University School of

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Medicine and associate chief of psychiatry at the U.S. Department of Veterans Affairs (VA) Boston Healthcare System. "A lot of them were using opiates before they went, and a lot are reporting that opiates are freely available in combat areas."

Nora Volkow, M.D., director of the [National Institute on Drug Abuse](#) (NIDA), noted that while many soldiers receive prescription opiates for traumatic injuries and pain, the drugs also are effective in relieving stress. "So, even if you don't take it for that, it will work," she said.



Prescription drug abuse may be a top concern among conference participants, but experts noted that excessive drinking remains a huge problem among soldiers, sailors and airmen despite being banned from combat zones in Muslim countries.

Historically, substance abuse has "not only been present but fostered by the military," said keynote speaker Jim McDonough, a retired U.S. Army officer and former strategy director at the White House Office of National Drug Control Policy. "At Agincourt, the Somme and Waterloo, soldiers got liquored up before combat ... There's been almost no break in that [tradition] today."

In the U.S., "drinking heavily was part of military culture until the mid-1980s, when we had a series of reforms that just pushed it underground," said McDonough. "The Officer's Clubs closed, but that moved the drinking into the homes and private parties."

A recent [study](#) found that 43 percent of active-duty military personnel reported binge drinking within the past month, and researchers say that returning veterans of the Iraq and Afghan wars are at [especially high risk](#) of binge drinking and suffering alcohol-related harm.

"There's nothing new under the sun with the current experience except that the nature of the substances is different," McDonough said.

## LONG TOURS A MAJOR SOURCE OF STRESS

Panelists at the May 20 conference, held at CASA's conference center in New York, said that while combat may have been more intense in Vietnam, tours of duty were limited. Soldiers in Iraq and Afghanistan, by contrast, often have served multiple tours in combat areas, with extended periods of time away from family and home.

"In the history of the Republic, never has so much been placed on the shoulders of so few for so long," said Brigadier General Loree K. Sutton, director of the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#), part of the Defense Department's Military Health Systems. As a result, she said, "We have no reference population" to compare with the addiction and mental-health problems facing today's military personnel.

Unsurprisingly, the strains on the system have led military commanders to "get men back in the fight" rather than confronting addiction and mental-health problems in the ranks, said McDonough. "Between 2004 and 2006, the incidence of substance abuse went up 100 percent, while treatment referrals by commanders went up zero percent," he said.

Renner predicted that the rate of Post Traumatic Stress Disorder (PTSD) "will be much higher than in Vietnam."

"We knew in Vietnam that the limit was one year [in combat] if you wanted to avoid PTSD," he said. "Now, with tours of 18 to 24 months, we should expect a higher level of problems."

Gen. Sutton noted that the military has ended the "stop-loss" policy of involuntarily retaining personnel in the service beyond the end of their enlistment. "In terms of tour length, tour repetition, and dwell time in between we are moving in the right direction, but we know that 12-15 months in combat takes its toll," she said.



## NEWS FROM HOME CAN HELP AND HURT

The Internet and cell phones may help keep soldiers more in touch with the home front than in past wars, but access to instantaneous communication also can be a double-edged sword, experts said. Gulf War veteran and Texas Tech psychology professor M. David Rudd, Ph.D., said that today's soldiers are more exposed to family-related stress over finances, children, and other issues. Robert Bazell, chief medical correspondent for NBC News and a conference panel moderator, said its "definitely not a de-stressor" when soldiers chat online with family members who may be terrified about harm coming to those serving in combat.



Nor does short-term leave do much to alleviate problems like addiction or PTSD, especially among those with underlying drinking problem who come from an essentially alcohol-free zone back to home communities with a bar or liquor store on every corner.

"I'm hearing from returnees that, 'If I'm going to be home for two weeks then I'm going to be drunk for two weeks,'" said Rudd. Added Fred Gusman, executive director of the California Transition Center for Care of Combat Veterans: "Young wives tell us all their husband wants to do is come home, have sex, eat pizza and drink beer."

Many soldiers return to their families with an array of problems that make it very difficult for them to pick up their old lives and reintegrate with civilian society. Addiction and exposure to traumatic incidents literally cause changes in the brain, experts note, so it's not surprising that family members often say that their loved ones are different people when they return from combat. "They've been trained to get the mission done and not to have feelings, because that gets you killed," said Monica Martocci, clinical director of [New Directions](#), a Los Angeles based



program for troubled veterans and their families.

"They've done and witnessed terrible things, and can't talk to anyone about it," said Martocci. "They are supplied with meds while in the military, so they don't know they have a problem ... a lot don't realize they need meds to function until they get home."

Martocci noted that many soldiers are barely out of their teens when they return from combat. "They go from high structure to none -- some can't even write a check," she said. Long separation from spouses and children can cause estrangement, and young veterans face the highest risk of problems because they are the most likely to misuse alcohol and other drugs, least experienced in dealing with the stress of being parents and running a household, and reluctant to reach out to professionals or even fellow veterans for help.

Conference panelists said that the VA and other healthcare providers need to engage the families of service members in getting those who need help into treatment, as well as providing support and counseling for families dealing with a veteran who comes home with addiction and mental-health problems.

## STIGMA, FEAR FOR CAREER ARE BARRIERS

Returning veterans are screened for addiction and mental-health problems like PTSD, but many soldiers are reluctant to admit to problems out of fear that disclosure will affect their careers inside and outside the military, experts said. In many cases, "The reality is that if you come forward and get help ... it will be in your record," said Gen. Sutton.

Most soldiers who get treatment "get better" and return to duty, Gen. Sutton said. On the other hand, "It you have a problem and don't get intervention, I can promise you things won't go well for as well for your career as they could," she added.

However, Defense Secretary Robert Gates recently approved policy reforms that allowed soldiers to answer "no" when asked about past mental-health treatment episodes if they were related to combat stress and certain other circumstances. "That's an impor-

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tant step forward," said Gen. Sutton. "... We're on a journey, but we haven't gotten to the promised land yet."

## FEMALE VETS FACE SPECIAL CHALLENGES

Female soldiers are technically barred from serving in most combat-related positions, but in conflicts like Iraq and Afghanistan there are no real front lines, and women often come under fire and face the existential threat of roadside bombings alongside their male colleagues.

Women also have reported high rates of sexual abuse and rape while in combat areas, but are often reluctant to report incidents to male superiors. "Many prefer to live with the trauma than the address it," said Alexander Neumeister, M.D., associate professor of psychiatry at Yale University and the VA Connecticut Healthcare System.



The combination of combat stress and abuse puts women at particularly high risk of PTSD and drug problems, according to panelists. Yet some are so traumatized by their experiences that they won't even identify themselves as veterans.

Noting that only 1/4 to 1/3 of veterans ever seek help from the [Veterans Administration](#), panelists called on the VA to do more outreach to returning veterans and to increase spending on treatment, noting that only about one-third of soldiers needing addiction or mental-health care actually get help.

"Many veterans feel better about coming to an office in a strip mall or a private-practice office than to a VA hospital," said Martocci. The prospect of going to the VA -- which is "full of men in uniform" -- is particularly difficult for female veterans who have been sexually abused, added Martocci.

"It's a national disgrace how un-barrier-free access to early intervention services is in the VA" and the

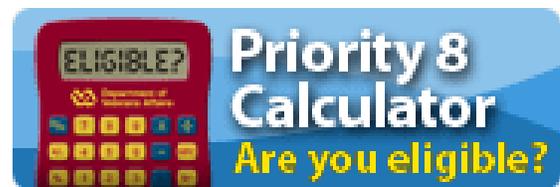
Defense Department's [TriCare](#) program, said McDonough. "There's a perfect storm of bureaucracy that prevents soldiers from getting any services."

Panelists also called on military leaders to break down the stigma surrounding addictions and mental illness among service members. "The top-level brass is saying the right things, but it takes time to filter down," said Gusman.

Tours of duty also need to be limited to limit the stress on soldiers and their families, many panelists agreed. "We need to start there," said Neumeister.

Reprinted from *Join Together* (<http://www.jointogether.org>) *Join Together* is a project of the [National Center on Addiction and Substance Abuse at Columbia University](#).

*\*The National Center on Addiction and Substance Abuse at Columbia University is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations with the name of "CASA."*



### Priority Group 8 Enrollment Relaxation Changes

VA eligibility rules changed on June 15, 2009, making it easier for more Veterans to enroll in VA's health care system. Under this new regulation, VA relaxed income restrictions on enrollment for health benefits. While this new provision does not remove consideration of income, it does increase income thresholds. A [web-based calculator](#) is available for Veterans to enter their income information, dependents, and zip code to assess if their income would fall within the proposed income threshold adjustments. Veterans are encouraged to contact VA's Health Resource Center at 1-877-222 VETS (8387) or visit the [VA health eligibility website](#) for more information.



## The Traveling Wall: *A moving experience*

*By Sergio R. Rodriguez  
Deputy Director, Erie County  
Veterans Service Agency*

When the American Veterans Traveling Wall came to Knox Farm State Park in East Aurora this past week, it was the moment that many of us have been waiting for. The event became the culmination of nearly a year of coordination between the Erie County Veterans Service Agency, the East Aurora Chamber of Commerce, Tops Friendly Markets and numerous local organizations such as the American Legion, The Moose Lodge and the Vietnam Veterans of America - all whom gave much of their valuable time to volunteer for this important event.

The Traveling Wall, or the "Moving Wall" as many often refer to it as, was kicked off with an incredible bike rally which escorted the wall to its destination at Knox Farm State Park. The spectacle was breathtaking. A fleet of bike-riding supporters of our troops' efforts assembled their motorcycles to form a parade that followed the Wall from the Tops Friendly Markets Store in Depew to its fateful sunny landscape in East Aurora. Harley Davidson bikes, for as far as the eye could see, adorned the green fields of the Knox Farm State Park while an announcement commemorating the wall's arrival roared from the loudspeakers. Yet a mix of excitement with a contrasting somberness could be felt as the wind delivered our fallen soldiers' spirit to every biker in attendance. There was a mission to pay their respect to those who gave us the freedom that exists in America with their lives. For, as it is often said, freedom is not free. It is earned with the blood, sweat and tears that our troops shed in foreign lands to protect the liberties we enjoy right here at home.

This stark reminder of the sacrifices our troops



make was reinforced with the display of an 80% replica of the Vietnam Veterans Memorial Wall in Washington, D.C. The wall is inscribed with 58,261 casualties of the Vietnam War. Yet, the wall was only the beginning of numerous tributes which honor fallen soldiers, ranging from as far back as World War II and all the way forward to our present day war in Iraq and Afghanistan. *The Cost of Freedom Memorial* portrayed displays of gold dog tags honoring those who died in the wars following the Vietnam War. A 9/11 memorial serves to remind us that it was only some time ago that terrorists resorted to cowardly methods and attacked our way of life by targeting the World Trade Center and the Pentagon. Other tributes included *The Walk of Heroes*, WW II exhibits, art displays and tribute panels. Relatives and friends of those whose names are on the wall came to pay their respect by leaving pictures, letters, medals and other keepsakes near the foot of the wall. Some, who were no strangers at all, would leave behind tears that were formed from the still-held precious memories of these heroes. It was at this moment when I could envision the ground beneath the wall absorbing and retaining in comfort the tears shed by those came to visit.

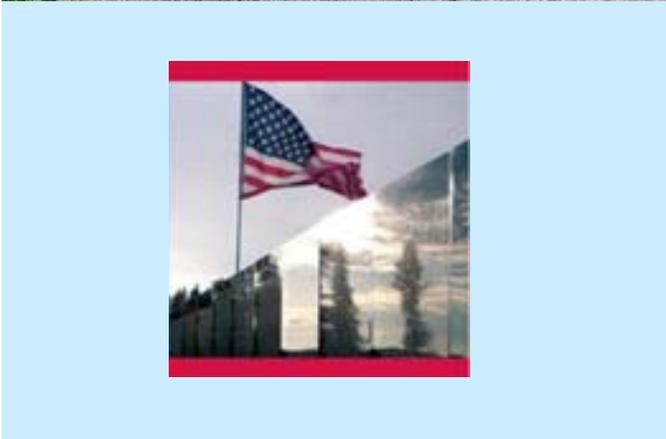
These tears, like the ground beneath the wall, form a pillar of support for many of our heroes,

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as they cry into eternity for that one thing they always longed for: a sense of dignity in the hearts of those whom they fought to protect. *Lest we forget.*

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## The Western New York Connection...

### *William Beaumont* *Army surgeon in War of 1812*

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Dr. William Beaumont  
1785-1853  
(Picture circa 1821)

Beaumont was a U.S. Army surgeon during the War of 1812, treating wounds on the Niagara Frontier. After the war and private practice, he re-enlisted and was assigned to Fort Niagara, where he continued experiments on Alexis St. Martin, a gunshot victim left with an open stomach wound (fistula).

In August, 1825, Beaumont studied the digestive system of St. Martin, becoming the first to observe human digestion as it occurs through the fistula. He detailed his findings in 1833 with "Experiments and Observations on the Gastric Juice and the Physiology of Digestion" and is considered the "Father of Gastric Physiology."

Read more about him at: [http://www.james.com/beaumont/dr\\_life.htm](http://www.james.com/beaumont/dr_life.htm)

Source:

*200 Years 200 Faces, A Special Bicentennial Edition*; Published by the Lockport Union-Sun & Journal, The Niagara Gazette and the Tonawanda News

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### *Veterans Advocate of the Month—Carrie Sweeney*

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The Erie County Veterans Service Agency would like to recognize Carrie Sweeney as the **July 2009 Veterans Advocate of the Month**. Carrie volunteered her time at our agency for several months, displaying hard work and dedication to our community's veterans.

Carrie played an instrumental role in organizing our agency's files, helping us to save time and money in the future. Carrie has good business sense and knows how to get the job done. Thank you Carrie — for you have helped our agency tremendously!

*Left to right: Mary Cameron, Alyssa Gingerich, Carrie Sweeney, Sergio Rodriquez*



## VA WOMEN VET PROGRAMS

Momentum is gathering to expand health care services for female veterans, with one of the few remaining disputes (i.e. over the number of days of neonatal care for those receiving maternity care at Veterans Affairs Department facilities) now resolved. Two similar bills, one passed by the Senate Veterans' Affairs Committee on May 21, 2009, and the other by the House Veterans' Affairs Committee's health panel June 4, 2009, try to make VA more accessible and relevant to women, the fastest-growing segment of the veteran population. Lawmakers agree on the key details, including:

- More access to mental health counseling.
- Three-region pilot programs in which women who are primary caregivers could use VA employee child care centers while receiving outpatient treatment.
- Internal and external reviews of VA programs to determine whether women face any barriers to care.

The Senate committee included women's initiatives in a larger veterans health bill, S.252, while the House is working on a freestanding women's health bill. The original House bill, H.R.1211, included the promise of up to 14 days of neonatal health care from VA, either di-

rectly or by contract, for female veterans receiving VA maternity care. The number of days was scaled back to seven under an amendment sponsored by Rep. Steve Buyer of Indiana, ranking Republican on the full House Veterans' Affairs Committee, based on input from VA showing that 95 percent of women are released from the hospital within seven days after birth and that most private health insurance plans cover only 48 hours of post-maternity hospitalization. The Senate bill also provides seven days of care. Rep. Michael Michaud, D-Maine, chairman of the House health panel, said he believes studies of health care for female veterans called for in the legislation are among the most important provisions because they will look at whether the stigma of seeking mental health services, clinic operating hours, the distance of care and low gender sensitivity are factors discouraging women from getting the treatment they have earned. Michaud said their needs should not "fall by the wayside as we explore ways to improve health care for our veterans."

*[Source: NavyTimes Rick Maze article 15 Jun 09 ++]*

Check for VetCentral Job Alerts and other Job Opportunities at our Erie County Veterans [Employment Opportunities](#) page



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## HOUSE VETERANS AFFAIRS COMMITTEE PASSES ADVANCED FUNDING BILL FOR VA

Washington, D.C. - On Wednesday, June 10, 2009, the House Committee on Veterans' Affairs led by Chairman Bob Filner (D-CA) announced the passage of H.R. 1016, landmark legislation to secure timely funding for veterans' health care through the 'advance appropriations' process.

H.R. 1016 would authorize Congress to approve Department of Veterans Affairs (VA) medical care appropriations one year in advance of the start of each fiscal year. An advance appropriation would provide VA with up to one year in which to plan how to deliver the most efficient and effective care to an increasing number of veterans with increasingly complex medical conditions. Unlike proposals to convert VA health care to a mandatory funding program, an advance appropriation does not create PAYGO concerns since VA health care funding would remain discretionary. Congress employs a PAYGO rule which demands that new proposals must either be budget neutral or offset with savings derived from existing funds.

Reform of the method in which the VA health care system is funded continues to be a top legislative priority for many veteran service organizations. In a letter sent by eleven veteran service organizations, a vote for H.R. 1016 "will be among the most important for veterans and their families that the Committee will take this year." Representatives of these groups offered testimony in support of advance appropriations at a recent Committee hearing which focused on funding the VA of the future.

H.R. 1016 was amended before the Committee voted to approve the measure. Key changes include requiring the President to submit a request for VA medical care accounts

for the "fiscal year following the fiscal year for which the budget is submitted," as part of the annual budget submission. Additionally, VA will be required to detail estimates in the budget documents it submits annually to Congress. Each July, the VA will be required to report to Congress if it has the resources it needs for the upcoming fiscal year in order for Congress to address any funding imbalances. This will help to safeguard against the VA facing budget shortfalls such as it faced just a few years ago.

Chairman Filner offered the following statement: "Today, this Committee approved a historic new approach to providing adequate and timely funding for veterans' health care. For too many years, the Department of Veterans Affairs has had to make do with insufficient budgets resulting in restricted access for many veterans. Members of the Committee have worked closely with veteran service organizations to respond to years of chronic underfunding and tardy appropriations with this landmark bill to guarantee that our veterans have access to comprehensive, quality health care."

H.R. 1016, as amended - Veterans Health Care Budget Reform and Transparency Act of 2009 (Filner)

H.R. 1016 would authorize Congress to approve VA medical care appropriations one year in advance of the start of each fiscal year. The bill provides Congress greater ability and incentive to develop appropriation bills that provide sufficient funding to meet the best estimate of anticipated demand for VA health care services in future years.

The bill will next be considered by the U.S. House of Representatives.

Chairman Bob Filner  
House Committee on  
Veterans' Affairs  
**FOR IMMEDIATE RELEASE**  
June 10, 2009  
Contact Kristal DeKleer  
at (202) 225-9756  
<http://veterans.house.gov>



***2nd Annual  
Disabled American Veterans  
Day at the Ballpark***

- DATE:** Sunday, July 19, 2009
- WHERE:** Coca-Cola Field, home of the Bisons in downtown Buffalo (directions on [www.BuffaloBisons.com](http://www.BuffaloBisons.com))
- GAME TIME:** 1:05 PM
- OPPONENT:** The Detroit Tigers AAA team, The Toledo Mud Hens
- PRICE:** \$8.00 a ticket. Lap children are free.
- FOOD:** If you wish, you can purchase a coupon good for one hot dog and a regular soda for an additional \$5.25 (must be ordered with ticket).
- PARKING:** Private vehicles will be the responsibility of the owner.
- TICKETS:** Tickets are on hand and and ready for delivery!!!

*The Buffalo Bisons will be having their "Team photo & Autograph session". This means, the first 4000 people who come to the game will get a team photo and the opportunity to have it autographed by the Bison players, Also this day is "Family Fun Day" this is just what it is "A Family Fun Day" centered around the family. Finally we cannot forget the ever popular "Kids run the bases" at the end of the game!!!*

*For tickets contact:*  
**Disabled American Veterans  
National Service Office at  
716-857-3354**

*Please Join Us For The*  
**WNY Heroes Golf Outing**

*WNY is "Keeping Our Promise" to Our Hometown Heroes*

**Niagara County Golf Course**

**314 Davidson Road  
Lockport, NY 14094**



★ [WNYHeroes.org](http://WNYHeroes.org)

**July 25th, 2009**

\$100 per person

Registration starts 8:00am • Shotgun start 9:00am

Trophies for 1st, 2nd & 3rd place winners

Includes: Cart, Golf, Lunch @ Turn,  
Dinner & Prizes, Draft Beer

All proceeds go to WNYHeroes to assist Veterans  
& Current Military Personnel & Their Families



To Participate, Please Contact:  
Stephanie Thurston 536-3940  
WNY Heroes Fundraising Manager

## ***Mission Statement of Erie County Veterans Services***

To insure that every veteran in the county is registered in the VA System and is fully aware of all the benefits that they have earned.

To make veterans an economic force in education, employment and business development.

### **Contact us at:**

#### **Erie County Veterans Service Agency**

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Buffalo, NY 14202

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<http://www.erie.gov/veterans/>

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- Judy Ehman, RSVP Volunteer and  
Newsletter Editor



veterans  
mental  
health

IT TAKES THE COURAGE AND  
STRENGTH OF A WARRIOR TO  
ASK FOR HELP...

If you're in an emotional crisis,  
call 1-800-273-TALK (Press "1" for Veterans)  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)