



**From
Patrick Welch
Director**

One of the current crises in the military is suicide and in this issue Deputy Director Sergio Rodriguez has an extensive article on the topic. Suicides in the US Army are at an all time high and we as the support network for our service members need to know the warning signs and take action.

Our agency along with Chapter 77 Vietnam Veterans of America will be conducting an all day program on Suicide Prevention on Saturday March 28, 2009. The last page of this newsletter contains all the details on the event.

One of our partners in the Four Pillars of Empowerment program is Jewish Family Services and we highlight that organization in this issue.

Advance Appropriations for the Department of Veterans Affairs now has legislation that has been introduced in the House and Senate and we need everyone to contact their elected officials and ask them to sign on as co-sponsors. The House Bill is H.R 1016 and the Senate Bill is S. 423.

Semper Fi

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

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

VETERANS SUICIDE PREVENTION

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

"Faith is the bird that sings when the dawn is still dark." - Rabindranath Tagore

At its best, the suicide rate amongst veterans is alarming. In reality, it has become a silent [epidemic](#) that most of us have simply come to ignore. The time to face this sad reality has come and gone. But there is light at the end of the tunnel. The opportunity to make amends for our past inactions appears to knock harder today than it ever has in the past.



With the passage of the Joshua Omvig Veterans Suicide Prevention Act in 2007, the Department of Veterans Affairs has been taking a proactive approach regarding this oft neglected spot in many of our veterans' troubled worlds. Meanwhile, Canandaigua, New York, serves as the central hub for the nation's veterans suicide prevention hotline (1-800-273-TALK) that launched in [January of 2007](#).

Joan Chipps, who is the Suicide Prevention Coordinator for the VA Healthcare Network Upstate New York that serves over 120,000 veterans, sat down with the Erie County Veterans Service Agency for an interview to discuss this very important topic.



Before we discuss the findings of the revealing interview I had with Joan Chipps, I first thought it appropriate to address some of the basic facts and statistics regarding the current state of suicides amongst the veteran population. There is a lot of data that travels around the Internet world and it is important to locate the right sources.

My research efforts focused on those sources that come

(Continued on page 2)

(Continued from page 1)

from reputable and established news organizations. There is a lot to take in, and the figures that paint the bleak picture resulting from these are nothing short of staggering, if not depressing.

“We lost more soldiers to suicide than to al-Qaida”

A DISTURBING TREND

A Department of Defense owned publication named [American Forces Press Service](#) found that an estimated 5,000 *veterans* commit suicide each year. The report, written by Army Staff Sgt. Michael J. Carden, also found that Iraq (OIF) and Afghanistan (OEF) war veterans are 35 percent more likely to commit suicide than the general population. Additionally, 2008 proved to be a banner year of sorts, as 128 activated Army soldiers took their own lives— the most since 1980, the year in which I was born.

According to a [North County Times](#) report based on statistics supplied by the Marine Corps, the suicide rate amongst combat Marines doubled in 2007. The relationship between the time served in combat and the increased rate of suicides have been linked by mental health experts.

A recent analysis of new military data conducted by the [Morning Sentinel](#), a newspaper from the State of Maine, uncovered what they could only term as a “shocking trend: U.S. Army suicides outnumbered all combat deaths in January of this year [2009]”. Paul Reckhoff, who

heads the Iraq and Afghanistan Veterans of America organization, upon learning of this, puts it into perspective: “We lost more soldiers to suicide than to al-Qaida.”

It is easy to see the potential impact that the lack of suicide prevention awareness can have here in the State of New York. The New York State Department of Veterans Affairs has provided the Erie County Veterans Service Agency with a list

that includes 71,000 New Yorkers as having served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Yet, the war is not over, and there are many more on the way. Currently, over 11,000 New Yorkers are deployed in support of OEF and OIF.

“Everyone plays a role in saving people’s life.”

INTERVIEW WITH JOAN CHIPPS

Alyssa Ersing, our Assistant Service Officer, and I, visited

the Buffalo VA Medical Center on a brisk winter morning in February for an interview with Joan Chipps, the region’s Suicide Prevention Coordinator. Joan holds a Master’s Degree in Social Work and is a Licensed Certified Social Worker (LCSW). Her degree and previous experience in dealing with psychiatric patients at the VA Medical Center in New York City have prepared her to deal with these types of cases—which quite literally *are* a matter life and death. Joan appeared delighted about sharing her insights and spreading the word about veterans’ suicide prevention.

Joan discussed with us the Department of Veterans Affairs’ Suicide Prevention National Hotline ([1-800-273-TALK](#)) and other resources available to veterans experiencing a crisis. The hotline is headquartered about 90 miles away from the City of Buffalo, in Canandaigua, NY, and began in early 2007. Joan, along with other VA staff members, assisted with staffing for the hotline by handling crisis calls as they were getting the center up and running. Respondents at the center field calls from all over the nation. Since its inception, the call center has handled nearly [100,000 calls](#) from veterans, their family members or friends. It is just one of the many ways in which the VA is trying to help veterans who suffer from depression or are in distress. Communication is very important amongst the staff. Each worker tries to stick with the same case in order to maintain continuity and build trust from the individuals who seek counseling.

Joan realizes that, when dealing with veterans who exhibit suicidal symptoms, it is important to recognize that, although there are certain ways to respond to specific situations, each require a different approach. A one-size-fits-all method of responding to a potential victim of suicide just simply does not exist. She prefers to hear the facts from the vets rather than rely solely on the medical records. Each case requires the full attention of a trained staff and their ability to adapt to meet the needs of a specific client or emergency caller. Yet, not all suicides preventions require a call to the Suicide Prevention Hotline. There are things that you can do to help also. “Everyone plays a role in saving people’s life” said Joan.

“Most suicides are preventable.”

WHAT WE CAN DO TO HELP

Suicides go heavily underreported. Joan points out that “there are twice as many suicides per year, as there are homicides”. The media, and a public which often craves ‘meatier’ topics, are largely to blame for this. The stigma surrounding suicides also play a major role in the lack of



exposure to this issue. Some cultures view it as a sign of weakness. Sometimes religious belief is a factor or it can be considered by some families as a sign of failure which brings shame to them. Yet, it is difficult to ignore the fact that it takes a lot of courage to commit such an act.

There is a wide range of reasons why some people choose this avenue. They vary from substance abuse to mental illness. It can also be financial hardships or personal relationships. Sometimes social support is a resource that is non-existent with many of these individuals. Not having anyone to turn to, or a safety net, some find it hard to see a clear alternative. How a person grows up and internalizes their experiences is a major contributor, or deterrent, to what drives this very much avoidable rationale and frame of thinking. No segment of society is spared. However, the hardest-hit demographic is comprised of elderly white males.

There is hope, says Joan, who wants the public to know that “most suicides are preventable”. She asks of those who are close to a victim in crisis, to “be alert and don’t be afraid to ask questions or jump in before it’s too late.” The person can be a close friend, a family member or anyone who cares enough about a person to just *ask*.



Being aware and alert requires us to look for certain signs. A person contemplating suicide often expresses feelings of hopelessness. They sometimes give away possessions. Alcohol or an untreated mental illness can lead to depression, triggering the dire state of mind. Loss of social relationships can be a factor. Unusual or constant talks about death, or easily being agitated, can also be telltale signs. If you know someone experiencing some of these symptoms, do not be afraid to ask questions. The [hotline](#) will also provide ways in which you can help. So [call](#) if you have questions.

The suicide prevention hotline has played a big role in preventing suicides. So far, they have “[rescued](#)” more than 2,600 veterans. They are on call 24 hours a day, seven days of the week. Joan and her staff of four, which include two full-time care managers and a program support assistant, are on call for veterans in crisis from 8 a.m. to midnight. Her team, located at the Buffalo VA Medical Center, also welcomes walk-ins. And they want you to know that they care and are here to help if a veteran in crisis should ever need anything.

GET INVOLVED

Joan Chipps reminds us that “outreach is a very important” part of suicide prevention and awareness. It is also why she will join the Erie County Veterans Service Agency, along with the local Vietnam Veterans of America Ch. 77, in our efforts to promote awareness via our agency’s first coordinated event, titled: [Veterans Suicide Prevention and Health Information Day](#). It will take place at the American Legion Post 264 in Tonawanda, New York on March 28, 2009 from 10 a.m. to 3 p.m. Visit the Erie County Veterans Service Agency website at www.erie.gov/veterans for more information.

*“Never give up, for that is just the place
and time that the tide will turn.”*

—Harriet Beecher Stowe

IN OUR NEXT INSTALLMENT.....

We continue our *Abandoned Heroes Series*, which explores the link between homelessness, suicides and PTSD among our nations’ veterans.

Preview: ...Wartime-deployment stress remains a primary suspect behind some of these events. The National Center for PTSD, a department within the Veterans Affairs, has conducted [research](#) which indicates that there is a correlation between PTSD and Suicides amongst the nation’s veterans. The research concluded that “there is evidence that traumatic events such as sexual abuse, combat trauma, rape, and domestic violence generally increase a person’s suicide risk.”... Join us next month as we discuss PTSD and the devastating effects it can have on veterans, their families and, yes, even you.

By Sergio R. Rodriguez
Deputy Director
Erie County Veterans Service Agency
95 Franklin Street
Buffalo, NY 14202
PH: 716-858-4834 Fax: 716-858-6191
Email: sergio.rodriquez@erie.gov

Did You Know...

...that both Houses of Congress have had bills introduced to conduct a study of suicides among veterans:

House of Representatives:

*H.R. 4204 Veterans Suicide Study Act
Introduced November 15, 2007*

Senate:

*S.2899 Veterans Suicide Study Act
Introduced April 22, 2008*

Specifically, each bill directs the Secretary of Veterans Affairs to conduct a study to determine the number of veterans who died by suicide between January 1, 1997, and the date of the enactment of this Act.

Neither bill has yet to become law. Both are still "in Committee."

Sessions of Congress last two years, and at the end of each session all proposed bills and resolutions that haven't passed are cleared



from the books. Since the 111th Congress is now underway, these bills have been cleared away.

Hopefully, these bills will be reintroduced. Members often reintroduce bills that did not come up for debate under a new number in the next session. Make your voice heard at:

[US Senate Committee on Veterans' Affairs](#)
[House Committee on Veterans' Affairs](#)

"The fact that the VA has no real data on the suicide rate among veterans shows how much needs to be done to address the mental health needs of veterans."

*—Senator Russ Feingold D-WI
(cosponsor of the Senate bill)*

[Suicide Prevention Action Network](#)

Washington, D.C. (January 26, 2009) – The Suicide Prevention Action Network USA (SPAN USA), the nation's leading grassroots advocacy organization working to advance public policies that prevent suicide, today announces its 2009 public policy priorities, which includes increased prevention efforts for **veterans and active duty military**, youth, and reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA). Later this month, the organization will issue a statement outlining the first-ever series of public policy priorities for state legislatures.

Veterans and military suicide prevention, as male veterans are twice as likely to die by suicide as male non-veterans, and the suicide rate in the Army is at a 26 year high. The Joshua Omvig Veterans Suicide Prevention Act (PL 110-110) and the successful Air Force Suicide Prevention Program are important steps in addressing suicide in the veteran and military communities. SPAN USA supports passage of the Armed Forces Suicide Prevention Act and other legislation addressing the preventable public health problem of suicide among our nation's veterans and active duty military personnel and their families.

OPENING MINDS. CHANGING POLICY. SAVING LIVES.®

1025 Vermont Avenue, NW • Suite 1066 • Washington, DC 20005 • Phone: 202-449-3600 • Fax: 202-449-3601

www.spanusa.org

Suicide is not the answer

Are you, or someone you love, at risk of suicide?
Get help if you notice any of the following:

- Talking about wanting to hurt or kill oneself
- Trying to get pills, guns, or other ways to harm oneself
- Talking or writing about death, dying, or suicide
- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting in a reckless or risky way
- Feeling trapped, like there's no way out
- Saying or feeling there's no reason for living

[US Department of Veterans' Affairs website](#)

The Erie County Veterans Service Agency is now on YouTube!

The Erie County Veterans Service Agency has released its first YouTube video in the new Erie County government YouTube Channel.

The video features our agency's director, Patrick W. Welch, PhD, as he welcomes the veterans community to our new YouTube efforts.

The short recording lasts just over three minutes and introduces our agency's mission, vision and commitment to the veterans of Erie County.

You can watch our videos by visiting our website (www.erie.gov/veterans) or by going directly to our YouTube Channel at:

<http://www.youtube.com/ErieCountyNY>

Jewish Family Services

The smooth transition of veterans to life back home requires some emotional and mental stability, good sense and patience, not only on the part of soldiers but also their loved ones. Those holding things together at home while soldiers are deployed may encounter great difficulties with daily life at various times. Strained situations are not unusual; continued stress might be reduced faster with professional help. A good place to call is Jewish Family Service of Buffalo and Erie County.

Located just off Delaware Avenue in Buffalo, at 70 Barker Street, JFS is a *non-sectarian* (without cultural, ethnic, or religious requirements), not-for-profit agency, with mental health services for individuals, couples, parents and families. It provides therapy, counseling, support groups and special programs according to the needs and requirements of the individuals who seek help. Veterans, their spouses, children, parents and other loved ones have faced gambling compulsion, loss of a child and traumatic brain injury as well as depression, anxiety, and career re-starting with JFS. A *free* support group is open to those who have lost a child. There is a wide range of help available in this small, personal-feeling agency, and effective help is different for each individual. Director of Clinical Services Donna Possenti emphasizes a person may meet with a counselor or attend a group a few times or often.

President and CEO Marlene Schillinger says the agency is ever mindful of the particular needs and concerns of veterans, including confidentiality, as it is for all people who seek mental health services.

JFS accepts most insurances; however, there is a sliding-fee scale available for those with diminished ability to pay for services. The agency may be reached at 883-1914. <http://www.jfsbuffalo.org/>



Judge Robert T. Russell named the “2008 Veterans Advocate of the Year”



On February 24, 2009, the Erie County Veterans Service Agency presented the first annual Veterans Advocate of the Year Award to Hon. Judge Robert T. Russell.

He has made a remarkable impact on veterans throughout the country. Judge Russell established the first Veterans' Treatment Court in the United States in 2008, designed to keep veterans who are non-violent offenders out of jail. Other communities around the country are following Judge Russell's model to establish similar programs to assist veterans. He has already trained more than 20 courts in the Veterans Court Process.

Veterans Advocate of the Month—Jack O'Connor

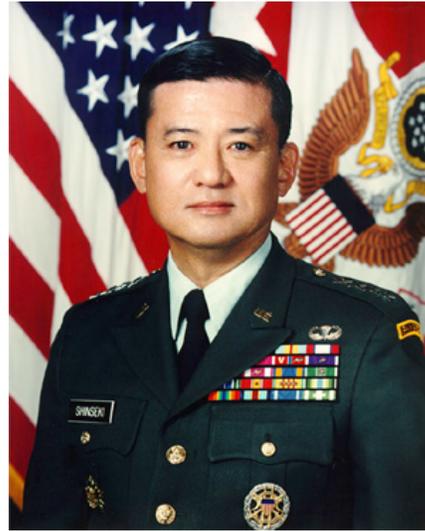


Jack O'Connor in receipt of his March 2009 Veterans Advocate of the Month award with Sergio Rodriguez, Alyssa Ersing, Patrick Welch, and Judge Robert T. Russell.

The Erie County Veterans Service Agency is pleased to announce Vietnam Veteran Jack O'Connor as the **March 2009 Veterans Advocate of the Month**. Jack has played an instrumental role in implementing the Buffalo Veterans Treatment Court since its inception. Having worked in the field of mental health for the Erie County Mental Health Department, Jack brings a desirable expertise to the Buffalo Veterans Treatment Court. Jack has played a crucial role in expanding the Buffalo Veterans Treatment Court model throughout the rest of the nation. Jack is a member of the local VVA Ch 77. Jack has proved to be a reliable source for our agency, helping to make a difference to veterans throughout the community.

Veterans who have served in Iraq and Afghanistan in particular are confronting serious, severe wounds — some seen, some unseen — making it difficult for them to get on with their lives in this struggling economy," he said, referring in part to veterans with hidden mental health ills. "They deserve a smooth, error-free, no-fail, benefits-assured transition into our ranks as veterans.

*—new Secretary of Veterans' Affairs,
retired General Eric Shinseki*



The Western New York Connection...

George Armistead

Army Major in War of 1812

Armistead was a U.S. Army major who helped capture Fort George, opposite Fort Niagara, from the British during the War of 1812.

After the victory on the Niagara River he took command of Fort McHenry in 1813, which guards Baltimore Harbor. There he ordered a 30-foot-by-42-foot American flag be constructed by Mary Pickersgill to fly over the fort.

This flag was flown the morning after Fort McHenry survived the Battle of Baltimore in September 1814.

The huge 15-star flag served as inspiration for Francis Scott Key's "[The Star Spangled Banner](#)." He died in 1818 and is buried in Old St. Paul's Cemetery in Baltimore.



Source:

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

VA Budget 2010

President Obama's first proposed budget for the Department of Veterans Affairs (VA) expands eligibility for health care to an additional 500,000 deserving Veterans over the next five years, meets the need for continued growth in programs for the combat Veterans of Iraq and Afghanistan, and provides the resources to deliver quality health care for the Nation's 5.5 million Veteran patients.

The 2010 budget request is a significant step toward realizing a vision shared by the President and Secretary of Veterans Affairs Eric K. Shinseki to transform VA into an organization that is people-centric, results-driven and forward-looking. If accepted by Congress, the President's budget proposal would increase VA's budget from \$97.7 billion this fiscal year to \$112.8 billion for the fiscal year beginning 1 OCT 09. This is in addition to the \$1.4 billion provided for VA projects in the American Recovery and Reinvestment Act of 2009. The 2010 budget:

- Represents the first step toward increasing discretionary funding for VA efforts by \$25 billion over the next five years. The gradual expansion in health care enrollment that this would support will open hospital and clinic doors to more than 500,000 Veterans by 2013 who have been regrettably excluded from VA medical care benefits since 2003.
- Provides the resources to achieve this level of service while maintaining high quality and timely care for lower-income and service-disabled Veterans who currently rely on VA medical care.
- Provides greater benefits for Veterans who are medically retired from active duty, allowing for the first time all military retirees to keep their full VA disability compensation along with their retired pay.
- Provides the resources for effective implementation of the post-9/11 GI Bill – providing unprecedented levels of educational support to the men and women who have served our country through active military duty.
- Supports additional specialty care in such areas as prosthetics, vision and spinal cord injury, aging, and women's health. New VA Centers of Excellence will focus on improving these critical services.
- Addresses the tragic fact of homelessness among Veterans. It expands VA's current services through a collaborative pilot program with non-profit organizations that is aimed at maintaining stable housing for vulnerable Veterans at risk of homelessness, while providing them with supportive services to help them get back on their feet through job training, preventive care, and other critical services.
- Provides the necessary investments to carry VA services to rural communities that are too often unable to access VA care.
- Expands VA mental health screening and treatment with a focus on reaching Veterans in rural areas in part through an increase in Vet Centers and mobile health clinics. New outreach funding will help rural Veterans and their families stay informed of these resources and encourage them to pursue needed care.

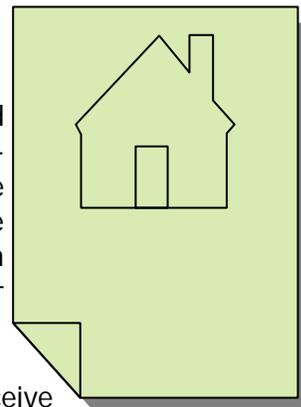
[Source: VA News Release 26 Feb 09 ++]

“...to care for him who shall have borne the battle, and for his widow and his orphan...”

- Abraham Lincoln -

VA Medical Foster Home

VA's new medical foster home (MFH) program is helping veterans with home care and assistive devices when they are too old or infirm to live alone. It has been implemented at a number VA facilities and VHA plans to expand their program to 31 more sites. MFH is a unique partnership of adult foster home and Home Based Primary Care (HBPC), or Spinal Cord Injury Home Care (SCI-HC) serving those veterans that are in need of greater care. The program is designed to help veterans when they no longer can live alone.



The veteran can choose to live in a home-like environment while they continue to receive their primary healthcare through the VA. In the past, many veterans living alone with no family support would have had to be placed into a nursing home. MFH offers a safe, favorable, and less costly alternative. MFH finds a caregiver in the community who is willing to take a veteran into their home and provide 24-hour supervision as well as needed personal assistance. The expectation is that this is a long-term commitment, where the veteran may live for the remainder of his/her life. Veterans who enter MFH are enrolled for VA healthcare and all meet one or more criteria for nursing home as well as HBPC criteria and must be enrolled in that program.

The cost of the MFH is the responsibility of the veteran who pays for his care using his own personal funds that may include a monthly benefit check from the VA; the veteran may receive concurrent home hospice care. All homes will be required to meet VA guidelines and any applicable state requirements. The benefits of this program are that sponsors are able to give back to our Nation's veterans, augment their income, and gain companionship while veterans are able to live in a compassionate and home-like environment, with needed supervision and support. The caregivers are paid on average \$1200 to \$2400 per month to provide this care. This includes room and board, 24-hour supervision, assistance with medications, and whatever personal care is needed. MFH is a very cost-effective alternative to nursing home placement and an opportunity for the caregiver to work from home. More than 400 veterans have been placed in MFH homes thus far. This program has been very successful at VA Medical Centers across the country and is currently implemented in:

- Augusta, GA 706-733-0188 x 7579
- Bay Pines, FL 727-398-6661 x 2609
- Boston, MA 857-203-5681
- Fayetteville, AR 479-587-5805
- Little Rock, AR 501-257-2048
- Memphis, TN 901-523-8990 x 7748
- Miami, FL 305-575-7000 x 3674
- Salem, VA 540-982-2463 x 2147
- Salt Lake City, UT 801-582-1565 x 2180
- San Juan, PR 787-641-7582 x 19800
- Sioux Falls, SD 605-333-6861
- St Louis, MO 314-652-4100 x 66387
- Tampa, FL 813-903-3611



If you have questions, know of community members who might be interesting in serving as a caregiver, or of a veteran in need of MFH assistance contact the MFH Coordinator at your local VA Medical Center. For veterans in need of any other services, contact the nearest VA Medical Center and ask for the Social Work Service: <http://vaww1.va.gov/directory/guide/home.asp?isFlash=1>. To determine availability of MFH in your area, contact (813) 610-0859 (east of the Mississippi) or (612) 396-8666 (west of the Mississippi).

[Source: VA Public Relations Office 26 Feb 09 + +]

***IDENTIFYING THE NEEDS OF RETURNING VETERANS AND THEIR FAMILIES
—IMPLICATIONS FOR THE WESTERN NEW YORK COMMUNITY—***

MARCH 25, 2009

As part of its observance of National Social Work Month, the Daemen College Social Work Department will present this program Wednesday, March 25, 2009, from 6-8 p.m., in Wick Center Social Room on the Daemen campus, 4380 Main Street, in Amherst. It will be free and open to the public.

Presenters will include:

Colonel James Germain

Commander of the Airman & Family Readiness (Family Support Services) for the 914th Air Wing Niagara Falls – U.S. Air Force

First Sergeant Jeanie Heintz

Member of OEF/OIF Outreach Program Niagara Falls Air Force

Robert Young, MSW, POW Coordinator

Department of Veterans Affairs, VA Western NY Healthcare System, Day Treatment Center, Buffalo, NY

Patrick Welch

Director – Erie County Veterans Service Agency

“In the time since September 11, 2001, it is commonly known that a portion of American citizens – our nation’s soldiers and their families – have borne a disproportionate burden in fighting the wars in Iraq and Afghanistan. What is less well known is the toll that repeated deployments are taking on these members of the Army, the National Guard and their families,” said Daemen Associate Professor and Chairperson for the Department of Social Work and Sociology, Renee Daniel.

A recent report, compiled by Veterans For America, has revealed that roughly half of the soldiers from the National Guard who have served repeated combat tours in Iraq and Afghanistan returned home suffering from severe psychological trauma. The report also found that the toll on front line Army troops, having served multiple combat tours with insufficient time at home between the tours, includes mental and emotional difficulties, PTSD, alcoholism, and other serious consequences for the soldiers and their families.



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



THE DISABLED AMERICAN VETERANS (DAV)
DONATED TWO VANS FOR USE IN TRANSPORTING VETERANS
TO HOSPITAL APPOINTMENTS.

Contact us at:

Erie County Veterans Services

Rath Building - Room 1254

95 Franklin St.

Buffalo, NY 14202

PH: 716.858.6349

Fax: 716.858.6191

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

Erie County Veterans Services

- Patrick Welch
Director
- Sergio Rodriguez
Deputy Director
- Alyssa Ersing
Assistant Service Officer
- Judy Ehman, RSVP Volunteer
and Newsletter Editor

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.



The Vietnam Veterans of America
in association with



The Erie County Veterans Service Agency
“Leave No Veteran Behind”

PLEASE JOIN US FOR

VETERANS SUICIDE PREVENTION AND HEALTH INFORMATION DAY

03 – 28 – 09

**THE AMERICAN LEGION POST 264
60 MAIN STREET, TONAWANDA, NEW YORK 14150**

10 AM – 3PM
(Free to the Public)

FEATURED TOPICS INCLUDE:

Suicide Prevention Awareness
Post Traumatic Stress Disorder (PTSD)
Mental Health Counseling
Crisis Services
Buffalo Veterans Treatment Court
Veterans Health Care
Veterans Disability Claims
Education Benefits
Employment & VA Home Loan Information
Veterans Property Tax Exemption
Erie County Senior Services

For more information, please visit
www.erie.gov/veterans
or call 716-693-4479