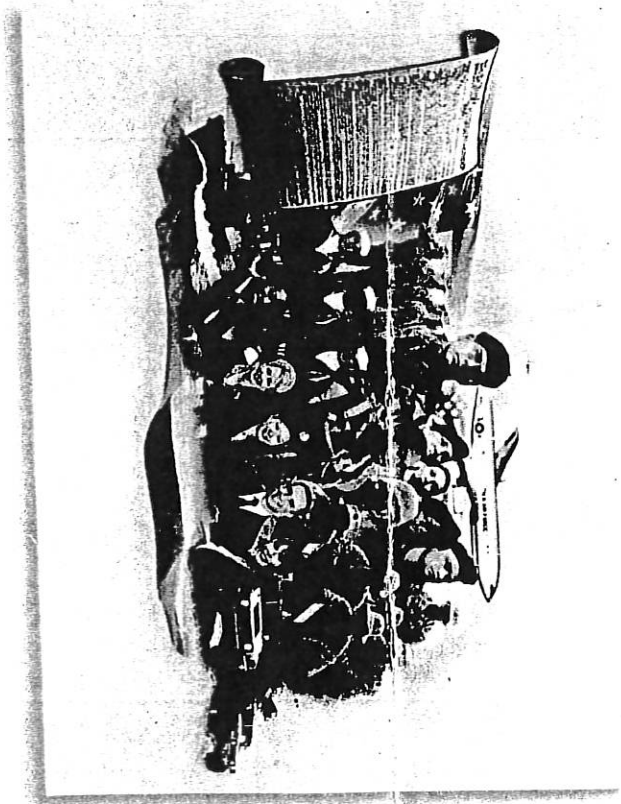


Major Doug Reiter, Ph.D.

Some things you need to know about

# Veterans



A Clinician's Guide to Veteran Specific Issues

## **Purpose**

Many veterans face unique challenges related to their military service. Veterans have a choice concerning where they go to address healthcare and mental health needs. For various reasons, they sometimes choose non-VA providers when they seek medical, mental health, substance abuse, or other services.

As a non-VA clinician, you may be providing treatment to veterans and it will be helpful for you to know about specific conditions that can be related to the veteran's military experience. Many of our returning veterans have been exposed to elements, both physical and psychological, that should be considered in their overall assessment and treatment plan. Knowledge of these service-related conditions will help you, as a clinician, to more skillfully assess and treat veterans.

We have included information in this brochure that we believe will be helpful to you in providing comprehensive care to veterans. The first three problems addressed in this brochure (Posttraumatic Stress Disorder, Homelessness, and Substance Abuse) highlight issues that veterans of any age and experience may deal with and information is included concerning available resources. The subsequent topics contain information about specific issues that may impact veterans from the first Persian Gulf War and those currently returning from Iraq and Afghanistan and where additional information and help is available

The final pages of this brochure provide information concerning VA eligibility in regard to veteran benefits. Last of all is a list of VA Medical Centers in Michigan, Indiana, and Danville, Illinois, contact information for each facility, and the mental health services they offer.

It is our hope that the information provided in this brochure will help to provide enhanced care and assistance for those who have sacrificed so much to preserve the freedoms we are blessed with each and every day.

Sponsored by:

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## Post Traumatic Stress Disorder

Post Traumatic Stress (PTSD) is a disorder which affects an estimated 5.2 million people in the U.S. alone. It is a disorder which is precipitated by the experience of a traumatic event in a person's life. Because war provides a myriad of situations which involve death, imminent threat to human life, and grotesque events, soldiers are at risk of developing PTSD.

A traumatic event is defined as "a stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury or threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. In each case, the person's response to the event must involve intense fear, helplessness, or horror."

Some individuals may experience temporary symptoms (this might be defined as a "stress reaction") while others will have symptoms which do not improve. Experts say that approximately 30% of Vietnam veterans developed PTSD. Also, in light of the increased number of female soldiers involved in the current war in Iraq, it is important to know that women have a much greater risk of developing PTSD than men.

It is very important that veterans receive early diagnosis and intervention. Not only does this help prevent maladaptive behaviors such as social withdrawal, substance abuse, depression, or anxiety disorders from developing but it is estimated that the financial savings is substantial as well. While it is not expected that individuals will be "cured" of PTSD, it is hoped that early intervention will provide needed support and treatment which will limit the long-term effects of the disorder.

## Signs and Symptoms

- ✓ Recurring thoughts, mental images, or nightmares about traumatic events
- ✓ Sleep problems or changes in appetite
- Experiencing fear and anxiety when exposed to event/situations that have similar characteristics to the traumatic event
- Being overly alert, startling very easily, and being on edge much of the time
- Depression and sadness with low energy level
- Unable to concentrate and focus on work or daily activities
- Difficulty making decisions
- ✓ Feeling irritable, angry, and becoming easily agitated
- ✓ Feeling emotionally "numb"; becoming withdrawn or disconnected from others
- Crying episodes with feelings of despair and hopelessness
- Demonstrating excessive fear for the safety of others; being very protective
- The inability to talk about or face aspects of the trauma and avoiding activities, places, or people that remind of the event

### Resources:

National Center for Posttraumatic Stress  
Palo Alto Health Care System, Palo Alto, California  
<http://www.ncptsd.va.gov>

Information was taken from:

VA/DOD Clinical Practice Guideline for the Management of Post-Traumatic Stress 2004



## Substance Abuse

Substance abuse and dependence are chronic, relapsing conditions that afflict a significant number of Americans. In fact, research suggests that substance use disorders pose particular problems for veterans. A recent report published by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that veterans are actually more likely than non-veterans to engage in problematic substance use. In their 2003 study, an estimated 56.6% of veterans used alcohol in the previous month, while an estimated 13.2% reported driving while under the influence of alcohol or illicit drugs in the previous year. Generally speaking, in the VA medical system, more than half of the admissions to the inpatient psychiatric units are related to alcohol and drug use. For instance, alcohol use disorders were found to be among the top five diagnostic groups for veterans. Very heavy drinking among VHA enrollees was more than twice the rate in the adult US population. Unfortunately, it was found that although 66% of very heavy drinkers reported a need for services, only 17% reported obtaining those services.

Clinicians should be aware of the following:

- Substance abuse is quite common in those presenting with other mental health concerns, such as PTSD, schizophrenia, bipolar disorder, and especially depression
- Substance usage may contribute to treatment refractoriness, noncompliance with treatment, and increased health services utilization and expenditure
- A strong connection exists between substance abuse and infectious diseases such as Hepatitis C and HIV/AIDS

Consequently, any patient presenting with any of the above concerns should especially be screened for substance use/abuse.

## Recommendations

There are several self-administered questionnaires that can help the patient and healthcare provider identify patterns of drug and/or alcohol use that require further assessment or treatment. These include the Michigan Alcohol Screening Test (MAST), the Drug Abuse Screening Test (DAST), and the Alcohol Use Disorders Identification Test (AUDIT). A dual-strategy approach such as the use of self-administered questionnaire and a provider-screening interview increases the chance for patient disclosures. It is important to keep in mind that many people are willing to talk about their use but are never asked. One of the more common and easily administered screening tools for alcohol abuse specifically, is the CAGE questionnaire, which consists of four simple questions:

- 1) Have you ever felt you should **C**ut down on your drinking?
- 2) Have people **A**nnoyed you by criticizing your drinking?
- 3) Have you ever felt bad or **G**uilty about your drinking?
- 4) Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye-opener)?

An affirmative answer to two or more of the CAGE questions is considered clinically significant, though not necessarily diagnostic. For specific diagnostic criteria, healthcare providers should consult the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR

### Resources:

- Contact your local VA medical center.
- Contact your local Alcohol Anonymous or Narcotics Anonymous chapter.
- SMART Recovery ®

SMART Recovery ® (Self-Management And Recovery Training) is a not-for-profit organization based out of Ohio that offers free face-to-face and online mutual help groups. E-mail address: [www.smartrecovery.org](http://www.smartrecovery.org)



## Homeless Veterans

VA has many benefits and services to assist homeless veterans. Disability benefits, education, health care, rehabilitation services, residential care, and compensated work therapy are among the services we offer to eligible veterans.

Health Care for Homeless Veterans Program (HEALTHCARE FOR HOMELESS VETERANS (HCHV)) operates at 135 sites, where extensive outreach, physical and psychiatric health exams, supported housing programs, Drop-In-Centers, compensated work therapy, treatment, referrals, and ongoing case management are provided to homeless veterans with mental health problems, including substance abuse.

Domiciliary Care for Homeless Veterans Program (DCHV) provides medical care and rehabilitation in a residential setting on VA medical center grounds to eligible ambulatory veterans disabled by medical or psychiatric disorders, injury, or age and who do not need hospitalization or nursing home care.

Inpatient & Outpatient Health Care: VA medical centers provide inpatient treatment to thousands of homeless veterans each year. Hospitals and outpatient clinics provide eligible veterans with comprehensive physical and mental health care, alcohol and substance abuse treatment, rehabilitation treatment, and other specialized services.

Readjustment Counseling Centers also called Vet Centers, help veterans through community outreach. They offer specialized services, such as group, individual, and family counseling, to help eligible veterans overcome psychological difficulties or to resolve conflicts that may be contributing to their homelessness. They also provide referral services, connecting veterans to VA programs and community services.

## Outreach

The staff from VA regional offices, medical centers, vet centers, and special homeless programs regularly visit community shelters, agencies, and the streets to help thousands of homeless veterans each year.

Benefits and Entitlements: VA annually awards more than \$17 billion in disability benefits to millions of veterans. In many instances, these payments are the major source of income to veterans and serve to prevent homelessness. VA's Fiduciary Program provides specialized case management to over 67,000 veterans, many of whom might be homeless without the services it provides.

Acquired Property Sales for Homeless Providers Program makes available properties VA obtains through foreclosures on VA-insured mortgages for sale to homeless provider organizations at a discount of 20 to 50 percent. Some of these properties are available for lease.

### Resources:

Contact any VA medical center or regional office and a VA representative can provide information about VA benefits and services that are available to assist homeless veterans. Every VA Medical Center has a Homeless Veterans Coordinator on site.

For more information, call toll-free 1-800-827-1000 or visit our Web Site at <http://www.va.gov/homeless>



## Traumatic Brain Injury - (TBI)

At Walter Reed Medical Center doctors found that 62% of injured soldiers returning from Iraq were found to have sustained a head injury. This is compared to the approximate 20% of injured soldiers of past wars. It is believed that two things are responsible for the tremendous difference: 1) Improved medical technology reducing the number of battlefield fatalities. 2) The type of warfare in Iraq and Afghanistan is unique due to the use of Improvised Explosive Devices (IED's) that present a constant danger to U.S. troops and civilians.

IED injuries can occur in several forms: Primary Injury (concussion, contra coup (shearing), aneurysm, diffuse axonal injury); Secondary Injury (penetrating wounds from fragments); Tertiary Injury (blunt injuries and complex fractures); and Quaternary Injury (burns, asphyxia, & soft tissue damage). Often brain injury resulting from an IED explosion is not visible to the eye. It is also now believed that a "loss of consciousness" is not necessary to produce cognitive changes. Some brain injury is thought to be due to rotational force at the junction of the upper midbrain and thalamus, which causes damage to the neurons (diffuse axonal injury).

Brain injured people may lose the ability to know that something is wrong and may continue in combat situations and be exposed to other subsequent blasts. Troops who are not struck directly may also sustain brain injuries by over-pressurization or by shock waves that result from explosion. As insurgents continue to attack our troops in Iraq and Afghanistan, most injuries are caused by IED's. TBI, the "signature wound" of this war, tends to occur in two categories:

## Signs and Symptoms

1. Mild TBI - Recovery usually is complete within one year's time. Symptoms vary and are not always obvious but may include dizziness, nausea, insomnia, behavioral or concentration problems, irritability, depression, and anxiety. Other symptoms include poor vision or tired eyes, ringing in the ears, a bad taste in the mouth, fatigue, and mood changes. The injury may or may not result in a brief period of unconsciousness.

These symptoms may be easily overlooked and may be dismissed as personality quirks or adjustment problems that seem natural after experiencing combat. It is often, only in retrospect, that veterans realize they are having a lot of difficulty dealing with daily functioning. Often, it is family members who detect problems for the first time.

2. Moderate to Severe TBI - Symptoms of moderate to severe TBI may be somewhat similar to those listed for mild TBI, but also include a headache that becomes increasingly painful and does not go away. They may also have convulsions or seizures, an inability to awake, from sleep, dilation of eye pupils, slurred speech, weakness, numbness in the arms or legs or loss of coordination, increased confusion, restlessness, or confusion. With moderate to severe TBI, most dramatic healing and recovery occurs in the first 3-6 months. Slower healing may continue for years, but there is nearly always permanent neurological damage.

### Resources:

A referral process can be initiated for one of several TBI sites by contacting the Defense and Veterans Brain Injury Center at [www.dvibc.org](http://www.dvibc.org) or by phone at 1-800-870-9244.



## Gulf War Syndrome

In the VA's "A Guide to Gulf War Veteran's Health" there is listed over 15 different elements to which Gulf War veterans may have been exposed. Veterans currently serving in Iraq and Afghanistan are continuing to be exposed to many of the same elements. Due to the many agents that veterans have encountered, it is very difficult to definitely link symptoms to a single cause.

### Signs and Symptoms:

The ten most frequent complaints from veterans currently listed on the Persian Gulf Registry are:

- ✓ • Fatigue
- ✓ • Skin rash
- ✓ • Headache
- ✓ • Muscle & joint pain
- ✓ • Memory loss
- ✓ • Shortness of breath
- ✓ • Sleep disturbances
- ✓ • Diarrhea and other GI symptoms
- ✓ • Problems involving skin and integumentary tissue
- ✓ • Chest pain

### Recommendations:

- Get copies of all records
- Keep a diary of all vaccines received, all possible exposures to hazardous materials, and list the names of physicians who have provided treatment.
- Keep notes on other personnel stationed near you who developed similar symptoms
- Keep a copy of this information in another location, such as with another family member or partner.
- If facing a deployment, ask about vaccines, what you are being given and who is giving it.
- Get a complete physical and have regular exams (for women, breast exams, pap smears, and gynecological exams)
- Watch closely for similar symptoms in children and family members

## Resources

Toll-free Hotline: 1-800-749-8387 Veterans can be assisted with referrals or have questions answered.

Gulf War Registry - This is an outreach program for Gulf War veterans to share information. Veterans are asked about their medical history, their experiences during the war such as possible exposures to hazardous elements, and health problems they have experienced since returning from the Gulf region. Once a veteran is registered they are given priority health care at VA facilities and are also notified of Gulf War related medical developments, and benefit changes.

To access this resource, veterans should contact their local VA to be seen by a primary care physician at that facility. Physicians at every VA may refer veterans to the assigned Registry coordinator and Registry physician for an appointment for the standard Registry Examination.

Gulf War Veterans Hotline: 1-800-PGW-VETS

Veterans of Foreign Wars Tactical Assessment Center - 1-800-VFW-1899. This service agency will provide assistance in resolving treatment or compensation concerns involving undiagnosed Gulf War illness.

VACO, Gulf War Review  
Environmental Agents Service (131)  
810 Vermont Avenue, NW  
Washington, DC 20420

VA Toll-free Hotline: 1-800-749-8387

Sources of information:  
Action Guide: Depleted Uranium/Gulf War Syndrome Support Network for an Armed Forces Union

A Guide to Gulf War Veteran's Health -  
1998 Continuing Medical Education Program  
Department of Veteran's Affairs





## Depleted Uranium Exposure - (DU)

Depleted Uranium (DU) is a dense radio-active, poisonous metal which is used as a coating in order to improve the performance of shells and armor. Intense friction caused by penetration of a bullet or missile into a tank or armored vehicle can cause the uranium to ignite which results in the formation of a concentrated aerosol capable of killing personnel in the vehicle. It is reported that at least 320 tons of DU was "lost" in the Gulf War (and others estimate that an additional 1,700 tons in this latest war) and that much of that was converted at high temperature into an aerosol, or minute insoluble particles of DU in a mist or fog. This aerosol resists gravity and is able to travel many kilometers in air. Once it resettles on the ground it can be re-suspended when the sand is disturbed by some motion or by wind. Once breathed in, the very small particles can reside in the lungs for years, passing slowly through lung tissue into the blood. It can also be stored in bone, lymph, liver, kidney, or other tissues. Eventually the uranium is excreted through urine.

Soil, air, and water samples from Iraq studied in 2003 show "hundreds to thousands of times" the normal levels of radiation. Uranium is a chemical toxic and a radioactive hazard. Because of its slow absorption through the lungs and long retention in body tissues, its primary damage will be due to its radiological damage to internal organs rather than chemical damage to the renal system. Both types of damage occur simultaneously, but with the length of time the contaminant resides in the body etc. the risk of cancer death becomes greater than the risk of significant damage to the renal system.

The National Gulf War Resource Center reported that as of May 2002, 221,000 Gulf War I veterans were on medical disability and 56,000 more were in the process of applying for disability. Because veterans serving in the Middle East have often been exposed to several different toxins, it is often difficult to sort out exactly which exposure is responsible for the physical problems soldiers have developed.

## Signs and Symptoms

Some of the physical symptoms which may occur as result of exposure to depleted uranium are:

- ✓ Sleep problems
- ✓ Mood swings
- ✓ Symptoms in upper or lower respiratory system
- ✓ Neuropsychological symptoms (including memory loss)
- ✓ Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS)
- ✓ Skin rashes and unusual hair loss
- ✓ Aching joints
- ✓ Headaches
- ✓ Abdominal pain
- ✓ Sensitivity to light
- ✓ Blurred vision
- Menstrual disorders
- ✓ Gastrointestinal symptoms (recurrent diarrhea and constipation)
- ✓ Nervous system disorders (such as numbness in a limb)
- ✓ Multiple chemical sensitivity
- Birth defects in children whose parents were exposed

### Resources:

National Gulf War Resource Center  
[www.gulfwar.org/Resource\\_Center](http://www.gulfwar.org/Resource_Center)  
VA Hotline: 1-800-PGW-VETS

UMIRC – Uranium Medical Research Center  
3430 Connecticut Ave., 11854  
Washington, DC 20008  
Phone: 1-416-465-1341 Fax: 1-416-465-5961

Information was taken from the following sources:

1. Action Guide: Depleted Uranium / Gulf War Syndrome
2. Gulf War Veterans and Depleted Uranium  
By Dr. Rosalie Bertell, Ph.D., G.N.S.H.  
Prepared for The Hague Peace Conference May 1999



## Anti-Malarial Medication

During the Vietnam War Walter Reed Army Institute of Research began to look for a new anti-malarial drug and found mefloquine to be one of the more successful drugs in combating this illness. Malaria is caused by a parasite in tropical and semi-tropical areas of the world. (Mefloquine works by killing the parasite that causes malaria.) Mosquitoes become infected with malaria and then transmit this to humans by biting them. (Malaria is not spread from person to person through casual contact, but can be transmitted through blood transfusions, organ transplant, or by sharing contaminated needles or syringes.)

The military has chosen to use mefloquine, or Lariam (brand name) to prevent malarial outbreaks among soldiers because the medication is given only once a week as compared to other medications which require daily doses. The medication remains in the body for up to four months after it is taken. The military believes that the benefits far outweigh the risks of using this medication since it is very effective in preventing malaria.

## Signs and Symptoms

The most common side effect of Lariam is vomiting, diarrhea, and abdominal pain. Individuals may also experience headache, somnolence (sleepiness), insomnia, or abnormal dreams.

### Serious Side Effects:

Side effects which have caused concern are emotional instability, panic attacks, hallucinations, anxiety, confusion, aggression, depression, psychotic or paranoid reactions, convulsions, visual impairment, manic behavior, aggressive mood swings, and numbness. The FDA requires a warning on the label that patients with a history of psychiatric problems may be vulnerable to developing psychiatric symptoms and recommends against prescribing it for individuals with this potential.

As stated earlier, Lariam may stay in the body for up to four months after the individual has stopped taking it. Once use is discontinued, the occurrence of physical side effects is rare, but individuals with psychiatric conditions who have taken the drug may experience worse side effects and symptoms when they discontinue taking the drug.

### Recommendations:

Veterans with continuing symptoms should see a medical doctor and discuss with them current problems and effects seen during the time period when Lariam was taken. It is also important to discuss what amounts were taken since this will vary according to the time they have spent in a high-risk area.

Information was obtained from:

Fact Sheet compiled by the War-Related Illness and Injury Study Center, New Jersey Healthcare System in East Orange, NJ



## Anthrax Vaccination Program

In December of 1997 Secretary of Defense announced the Anthrax Vaccination Immunization Program. The program was initiated because of the threat of inhalation anthrax being used as a biological weapon. Initially all military personnel were to begin receiving the 6-shot series. The immunizations began in March 1998. Current Department of Defense policy is that military personnel assigned to serve in high-threat areas for 15 days or more must receive the vaccination series.

Most controversial of all has been the occasional anecdotal reports of individuals whose health seriously deteriorated after receiving the shot series. One research study has been conducted with Gulf War 1 veterans who received the anthrax vaccine. Steele (2000) found that "34% of Gulf War veterans and 11.5% of non-Gulf War veterans who had vaccinations reported a complex of symptoms she defined as Gulf War illness compared to only 3.7% of veterans who received no vaccines and did not deploy to the Gulf". (Schumm et al., 2002, p. 639)\* A definite link between veteran's health problems to the vaccine has been difficult to make, given the fact that veterans serving in the Gulf War may have been exposed to many different toxins. Over 26 studies including the Institute of Medicine study have all shown that the anthrax vaccine is as safe as all other vaccines given to our troops. We now have over 1.5 million troops vaccinated with over 6 million doses of BioThrax and to date there have not been any long term adverse side effects. However, some veterans have had a negative reaction to the shots, and as with any medication, it is possible that subsequent health problems may be found that are related to the vaccine. DOD continues to do studies to ensure that this and all vaccines given to our military personnel are safe and effective.

## Possible Signs and Symptoms

- Muscle & joint pain ✓
- Paralysis
- Chronic fatigue / exhaustion ✓
- Severe headaches
- Weight loss
- Chronic illness
- Memory problems ✓
- Numbness in legs or hands / Spasms or ✓ tremors in limbs
- Diarrhea ✓
- Heart problems (2)

### Resources:

War Related Illness and Injury Study Center – DC  
Office of the Chief of Staff  
VA Medical Center, MS 11  
50 Irving Street HW, Washington DC 20422  
Toll Free: 1-800-722-8340  
Local: 1-202-745-8249  
FAX: 202-518-4666

War Related Illness and Injury Study Center  
Department of Veterans Affairs  
New Jersey Health Care System  
385 Tremont Avenue, # 129  
East Orange, New Jersey 07018-1095  
Toll Free: 1-800-248-8005  
Local: 1-973-676-1000 Ext. 1-2500

United States Army Center for Health Promotion and  
Preventive Medicine  
5158 Blackhawk Road,  
Aberdeen Proving Ground, MD 21010-5403  
Toll Free: 1-800-222-9698

Information for this fact sheet was taken from:

Schumm, W.R. et al., (2002). Self-reported changes in subjective health and anthrax vaccination as reported by over 900 Persian Gulf War era veterans [Electronic version]. Psychological Reports, 90, 639-653.



## Veterans of Iraq and Afghanistan

### Operation Iraqi Freedom / Operation Enduring Freedom

The Department of Veterans Affairs (VA) has established a web site for returning Active Duty, National Guard and Reserve service members of Operations Enduring Freedom and Iraqi Freedom. We honor the opportunity to provide benefits information and assistance to eligible veterans who honorably fought and served in our Nation's armed forces. You will find that VA offers a wide range of benefits for returning veterans.

It is our sincere hope that you will find our web site of great value. [http:// www.seamlesstransition.va.gov](http://www.seamlesstransition.va.gov)

## VA Toll-Free Numbers

### VA Eligibility

VA Health Care Overview information including enrollment, priority groups, co-payment requirements, covered services, acute care benefits, and long term care benefits can be found at [www.va.gov/eilig](http://www.va.gov/eilig)

### VA Benefits 1-800-827-1000

- Burial
- Civilian Health and Medical Program of the Department of Veterans Affairs
- Death Pension
- Dependency Indemnity Compensation
- Direct Deposit
- Directions to VA Benefits Regional Offices
- Disability Compensation
- Disability Pension
- Education
- Home Loan Guaranty
- Life Insurance
- Medical Care
- Vocational Rehabilitation and Employment

**Education (GI Bill):** 1-888-442-4551

**Health Care Benefits:** 1-877-222-8387

**Income Verification and Means Testing:** 1-800-929-8387

**Life Insurance:** 1-800-669-8477

**Mammography Helpline:** 1-888-492-7844

**Special Issues:** Gulf War / Agent Orange / Project Shad / Mustard Agents & Lewisite / Ionizing Radiation: 1-800-749-8387

**Status of Headstones and Markers:** 1-800-697-6947

**Telecommunications Device for the Deaf (TDD):**

1-800-829-4833

**National Suicide toll-free hot-line number:**

1-800-273-TALK (8255)



### Area VA Medical Centers - Michigan

In addition to the overall medical care, the VA Medical Centers also provide these specialty mental health services:

VA Medical Center  
2215 Fuller Road, Ann Arbor, MI 48105  
1-800-361-8387

Mental Health Services Offered:

- Clozapine Clinic
- Mental Health Intensive Case Management
- Outpatient substance abuse treatment
- Inpatient Psychiatry Unit
- Post-Traumatic Stress Disorder Program
- Health Care for Homeless Veterans
- Compensated Work Therapy Program
- Operation Iraqi Freedom and Operation Enduring Freedom Outreach
- Grant & Per Diem Program (Homeless)
- Electroconvulsive Therapy

John D. Dingell VA Medical Center  
4646 John R, Detroit, MI 48201  
1-800-511-8056

Mental Health Services Offered:

- Clozapine Clinic
- Mental Health Intensive Case Management
- Outpatient substance abuse treatment program
- Opioid treatment program
- Inpatient psychiatric unit
- Healthcare for Homeless Veterans
- Grant & Per Diem Program (Homeless)
- Domiciliary Residential Rehabilitation and Treatment Program

### Area VA Medical Centers - Michigan

VA Medical Center  
5500 Armstrong Road, Battle Creek, MI 49016  
1-888-214-1247

Mental Health Services Offered:

- Clozapine Clinic
- Mental Health Intensive Case Management
- Outpatient substance abuse treatment
- Inpatient: Acute and Chronic psychiatry
- Psychosocial Rehabilitation and Recovery Center
- Substance Abuse Residential Rehabilitation and Treatment Program
- Post-Traumatic Stress Disorder Program
- Post-Traumatic Stress Disorder Residential Rehabilitation and Treatment Program
- Compensated Work Therapy Program
- Health Care for Homeless Veterans
- Domiciliary Residential Rehabilitation and Treatment Program
- Vocational Rehabilitation
- Compensated Work Therapy Program
- Transitional Work Experience
- Supported Employment Program
- Incentive Therapy Program
- Transitional Residence House

Aleda E. Lutz VA Medical Center  
1500 Weiss Street, Saginaw, MI 48602  
1-800-406-5143

Mental Health Services Offered:

- Clozapine Clinic
- Outpatient substance abuse treatment program
- Mental Health Intensive Case Management
- Post-Traumatic Stress Disorder Program
- Health Care for Homeless Veterans
- Vocational Rehabilitation
- Compensated Work Therapy Program
- Supported Employment Program



## Area VA Medical Centers - Michigan

VA Medical Center  
325 East H. Street, Iron Mountain, MI 49801.  
1-800-215-8262

### Mental Health Services Offered:

General Psychiatry and Psychotherapy

Specialty Outpatient:

- Substance Use Disorders
- Military Sexual Trauma
- Post Traumatic Stress Disorder Program
- Health Care for Homeless Veterans
- Operation Iraqi Freedom and Operation Enduring Freedom Outreach

## Area VA Medical Centers - Indiana

VA Medical Center  
Northern Indiana Health Care System  
2121 Lake Avenue, Ft. Wayne, IN 46805  
1-800-360-8387

VA Medical Center

Northern Indiana Health Care System  
1700 E. 38th Street, Marion, IN 46593  
1-800-360-8387

### Mental Health Services Offered:

- Psychosocial Family Education and Peer Support
- Operation Iraqi Freedom and Operation Enduring Freedom Outreach
- Substance Abuse Program
- Inpatient: Acute and Chronic psychiatry
- Mental Health Clinic
- Post Traumatic Stress Disorder Program
- Substance Abuse Treatment Program
  - Short Term / Extended
- Day Treatment Center
- Mental Health Intensive Case Management
- Mental Health Case Management
- Neuropsychology
- Vocational Rehabilitation
  - Compensated Work Therapy Program
  - Transitional Work Experience
  - Supported Employment Program
  - Incentive Therapy Program



### Area VA Medical Centers - Indiana

VA Medical Center  
1481 W. Tenth Street, Indianapolis, IN 46202  
1-888-878-6889

#### Mental Health Services Offered:

- Domiciliary Residential Rehabilitation and Treatment Program (DRRTP) – Pending
- Operation Iraqi Freedom and Operation Enduring Freedom Outreach
- Post Traumatic Stress Disorder Program
- Homeless Program
  - Grant & Per Diem
  - Special Needs Critical Time Intervention
- Tele mental Health Program
- Inpatient Psychiatry
- Mental Health Intensive Case Management Program (MHICM)
- Community Based Psychosocial Rehabilitation
- Substance Abuse Treatment Services
  - Outpatient Detoxification
  - Opioid Substitution Programs
- Day Treatment program
- Psychiatry Ambulatory Care Clinic – Outpatient
- Vocational Rehabilitation
  - Information Technology
  - Compensated Work Therapy / Supported Employment
  - Compensated Work Therapy / Transitional Work Experience
- Polytrauma Unit Support

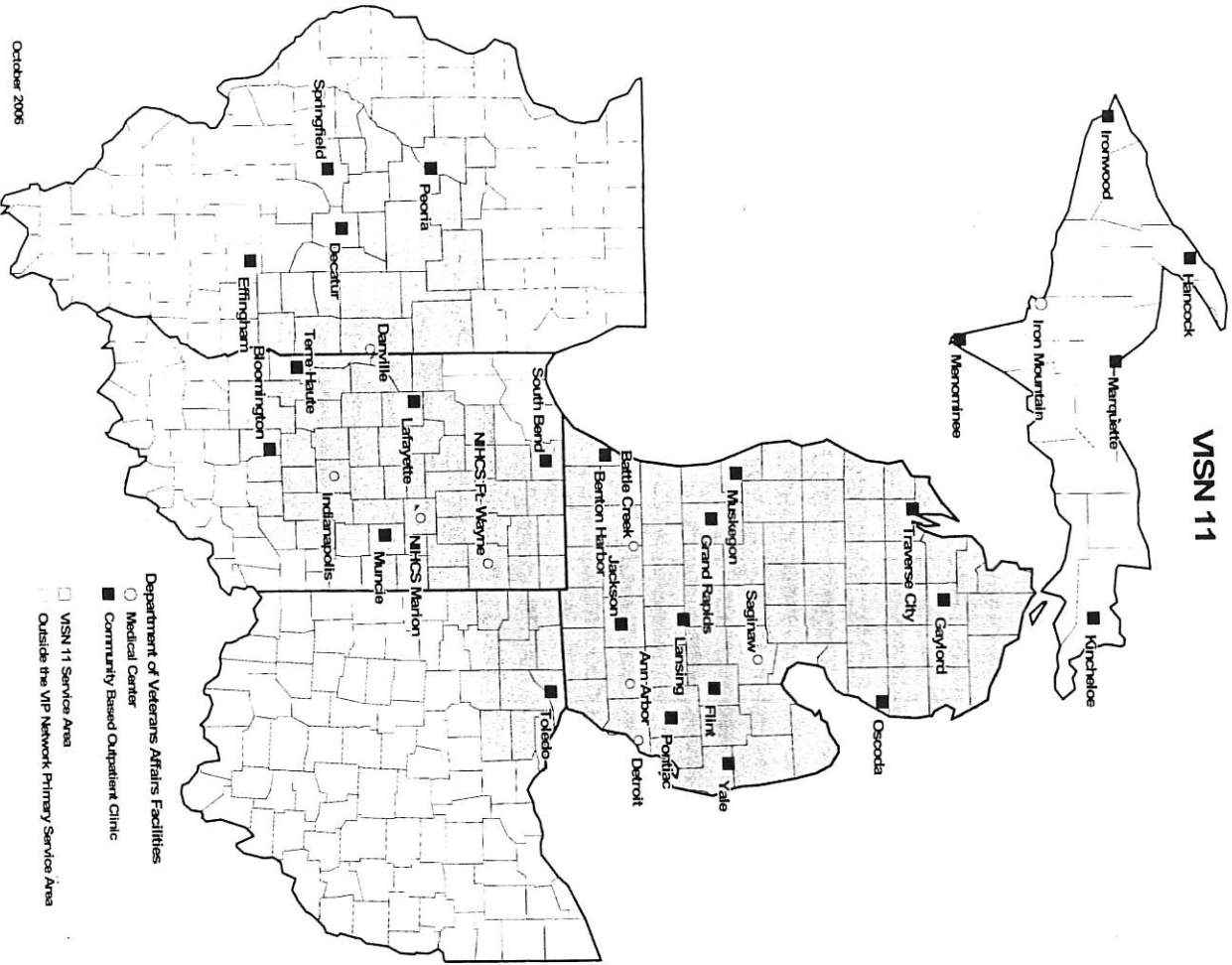
### Area VA Medical Centers - Illinois

VA Medical Center  
1900 East Main, Danville, IL 61832  
1-800-320-8387

#### Mental Health Services Offered:

- Outpatient Substance Abuse Treatment Program
- Grant & Per Diem Program (Homeless)
- Operation Iraqi Freedom and Operation Enduring Freedom Outreach
- Post Traumatic Stress Disorder Program
- Healthcare for Homeless Veterans
- Mental Health Intensive Case Management
- Mental Health Case Management Program (Peoria)
- Mental Health Clinic
- Inpatient Psychiatry Unit
- Vocational Rehabilitation
  - Compensated Work Therapy Program
  - Transitional Work Experience
  - Supported Employment Program
  - Incentive Therapy Program
  - Transitional Residence House

# MSN 11



October 2006

- Department of Veterans Affairs Facilities
- Medical Center
- Community Based Outpatient Clinic
- ▨ MSN 11 Service Area
- Outside the VIP Network Primary Service Area