Another coalition of veterans groups is suing the Veterans Affairs Department over its changes to the informal claims process, saying officials have created "a rigid and veteran-unfriendly system." Disabled American Veterans and Veterans of Foreign Wars filed suit May 7, 2015 in the Federal Circuit Court of Appeals, arguing that VA’s decision to end the informal claims process could prevent thousands from receiving benefits they are owed. "Some veterans may be physically, mentally or financially unable to access the correct forms and VA is not providing a reasonable accommodation," DAV National Service Director Jim Marszalek said in a statement. "This creates an unfair disadvantage for many veterans and places them in a situation where critical compensation will be denied or delayed." Under the new system, benefits will still go back to the date of claim or appeal, but the clock starts when a veteran files standardized VA paperwork. It’s the second major lawsuit against the department on the issue since March, when VA officials announced plans to dump the informal claims process. For years, that process had allowed veterans to use any documentation — including handwritten letters and simple one-line notes — to initiate their benefits claims. The loose nature of the process locked in effective dates for future payouts but also left department officials complaining about the lack of consistent and coherent information to start work on cases. Now, VA requires the claims process to begin with a new standardized form, made available by the department online, by phone or for paper submission. But veterans groups have argued that move places too much of a burden on veterans, noting that individuals filing informal claims are unfamiliar with VA resources and procedures. Just days after the policy shift, a coalition that included the American Legion, AMVETS, the National Veterans Legal Services Program and Vietnam Veterans of America sued to reverse the changes. The new lawsuit follows that same goal. "Congress’ intent for the VA was to create a system that would ‘fully and sympathetically develop the veteran’s claim to its optimum before deciding on its merits,’ " Marszalek said. "And that is clearly not the case with this new policy." VA officials have been vague about how many veterans could be affected by the changes. Veterans groups estimate the figure could top 100,000 claims over the next 12 months. Department officials have dismissed criticism of the changes, arguing the new forms are simply bookkeeping changes that will not significantly harm any veterans. A backlog of disability claims has dogged the VA for years and while the agency has significantly reduced the number of claims pending for more than 125 days, some critics say this has been done partly by denying more claims and sending them to the appeals process. As more claims are closed, the appeals backlog has been growing. VA officials have said the new system will get veterans their benefits more quickly and said insinuating that disabled veterans cannot fill out paperwork is insulting. According to numbers the VA used to get the rule change approved, about half of all veterans filing claims or appeals used the informal system before the change.

(Source: MilitaryTimes | Leo Shane | MAY 07, 2015++)
S.681 Still in Committee

U.S. Senator Gary Peters (MI) on May 7 announced he is cosponsoring the Blue Water Navy Vietnam Veterans Act of 2015, bipartisan legislation that would ensure Vietnam veterans who served aboard deepwater naval vessels, known as “Blue Water” veterans, are eligible to receive the disability and health care benefits they earned for diseases linked to exposure to Agent Orange. Under current law, only veterans who served on Vietnamese soil or aboard a craft in its rivers receive presumptive coverage of illnesses linked directly to Agent Orange exposure. “Agent Orange has affected the health of thousands of servicemembers who fought in the Vietnam War, and it is unacceptable that some are being denied health care and disability benefits for diseases resulting from their military service,” said Senator Peters. “My office has heard from Michigan veterans affected by this issue, and I am proud to cosponsor this bipartisan, commonsense bill that will ensure Navy veterans who have fallen victim to Agent Orange-related conditions receive the long overdue care they have earned through their service.” In 1991, Congress passed a law requiring the VA to provide presumptive coverage to Vietnam veterans with illnesses that the Institute of Medicine has directly linked to Agent Orange exposure. However, in 2002 the VA determined that it would only cover veterans who could prove that they had orders for “boots on the ground” during the Vietnam War, excluding thousands of sailors who may have been exposed to Agent Orange while serving aboard Navy ships. The Blue Water Navy Vietnam Veterans Act of 2015 would clarify existing law so that Blue Water veterans would be fully covered by the VA if they served within the “territorial seas,” or approximately 12 miles offshore of Vietnam. The bill would make it easier for VA to process Vietnam War veterans’ claims for service-connected conditions and alleviate a portion of the VA’s backlog by extending presumptive coverage of Agent Orange benefits to these veterans. A May 2011 report by the Institute of Medicine established several “plausible routes” for Agent Orange exposure through the distillation process aboard Navy ships and through the air. In 2010, a study by the Institute of Medicine cited exposure to Agent Orange resulted in an increased chance of developing serious heart problems and Parkinson’s disease. A 1990 study by the Centers for Disease Control and Prevention (CDC) showed Vietnam veterans had a rate of non-Hodgkin's lymphoma 50 percent higher than the general population. Agent Orange is linked to a range of other diseases, including several blood and respiratory cancers, type II diabetes, prostate cancer and more. Congress passed a law requiring the VA to provide presumptive coverage to Vietnam veterans with illnesses that the Institute of Medicine has directly linked to Agent Orange exposure. However, in 2002 the VA determined that it would only cover veterans who could prove that they had orders for “boots on the ground” during the Vietnam War, excluding thousands of sailors who may have been exposed to Agent Orange while serving aboard Navy ships. 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Agent Orange is linked to a range of other diseases, including several blood and respiratory cancers, type II diabetes, prostate cancer and more. In 2005, the VA’s former Director of Environmental Agents Service Dr. Mark Brown publicly acknowledged that there was no scientific basis for the exclusion of Blue Water Vietnam veterans, but the VA has continued to refuse these veterans presumptive benefits Congress initially intended. In his article in the Journal of Law and Policy, Dr. Brown wrote, “Science does not back up the VA’s policy on the Navy.” Peters, a former Lt. Commander in the U.S. Navy Reserve, previously co-sponsored similar legislation in the U.S. House of Representatives, and has been a strong voice for Michigan service members and veterans in Congress. He is the 7th Senator to cosponsor S.681 which was referred to the Committee on Veterans Affairs. A similar bill H.R.969, which was referred to the House Subcommittee on Disability Assistance and Memorial Affairs, currently has 218 cosponsors. [Source: Nexstar Broadcasting, Inc. | Kylie Khan | May 06, 2015 ++]

5/13/2015 Committee on Veterans’ Affairs Hearings held. Type of Action: Committee Consideration Action By: Senate Veteran’s Affairs

If this bill is successful it will change the lives for many blue water Navy veterans denied benefits because the VA did not recognize Agent Orange exposure unless boots were on the ground in Vietnam. Call your Legislators!

IN-HOME DEMENTIA CAREGIVER

The VA has information and support for In-Home Dementia Caregivers at the following site:

http://www.ruralhealth.va.gov/education/dementia-caregivers/

20 training modules can be viewed online with many subjects such as

- Stages of Dementia
- Caring for the Caregiver
- Techniques for coping
- Legal Issues
- Home Safety
- Problem behaviors

And many more. Check out the site at Rural Health VA.Gov site.
Effective April 27, 2015, the Tomah VA Medical Center’s Urgent Care Clinic hours are Monday thru Friday from 7 a.m. to 9 p.m. On weekends and holidays, hours are 7 a.m. to 3:30 p.m.

WHY ISN’T THE URGENT CARE CLINIC OPEN 24 HOURS?

This temporary change in operating hours is being implemented in an effort to best serve our Veterans during a shortage in staff at the Tomah VA Medical Center Urgent Care Clinic. We estimate these reduced hours will be in effect for approximately three months.

WHAT DO I DO IF I NEED CARE AFTER HOURS?

If you are experiencing life-threatening symptoms, you are urged to call 911 or go to the nearest emergency room for care. If you have a condition that cannot wait for a Primary Care appointment, please call the Veterans Integrated Services Network (VISN) 12 nurse triage line at (800) 872-8662.

VA AND EMERGENCY CARE

At some point in your life, you may need emergency care. This article may help you understand some of the things the VA may be able to do for you.

When you require emergency assistance, and it is not possible to get to a VA Medical Center, you should go to your nearest hospital. The VA basically considers a medical emergency as an injury or illness that is so severe, that without immediate treatment may threaten your life or health. If you believe your life is in danger, then your situation may well be an emergency, in which case you should call 911 or go to the nearest emergency room. You do not need to call the VA first.

Eventually the VA must be informed. You, a friend or a family member should call Fee Basis department at the nearest VA Medical Center within 72 hours of the emergency. Provide the VA with information regarding your emergency and the services you are receiving.

Some emergency services may or may not be covered. This is especially true if the doctor wants to admit you to the hospital. If it is an emergency, you do not need advance approval from the VA, but still must inform them promptly. If the admission is not an emergency, then you do need advance approval.

Once you stabilize and can be safely transported, you must move to a VA medical center if a bed is available if you want the VA to continue paying for your care.

If you are admitted to the hospital, the VA may pay some or all of your charges depending on your eligibility. The guidelines are too numerous to list here, but for service connected conditions the bare-bones rules are: care must be provided as a medical emergency, the VA or other government medical facilities were not feasibly available, and the VA was notified within 72 hours of admission. For non-service connected conditions, the veteran must be enrolled in the VA Health Care system, received services from the VA within the previous 24 months, and have no other health insurance coverage.

The VA will pay for emergency care outside the United States and only for service connected and only for service connected conditions. This is called the Foreign Medical Program.

Your VA health care provider or your local County Veterans Service Officer can help you contact them. (920)787-0446

Remember, the above article is only meant to provide introductory information. As always, contact your County Veterans Service Office for more complete guidelines at your CVSO.

REMEMBER

“VA HEALTHCARE” IS NOT INSURANCE, AND SHOULD NOT BE TREATED AS SUCH. If you have no insurance, seen at the VA within two years, they may pay the emergency bill to stabilize you at a local hospital. Once stabilized you’ll need to go to a VA facility, ambulance to VA not covered unless you are eligible for travel pay.
Military/Veterans Family Day-Milwaukee County Zoo

Sunday, July 5, 2015
9am-5pm
Admission and free parking only

Veterans Benefit Expo-US Bank Gathering Place 9am-4pm

Ticket distribution-Tuesday, May 26-Thursday, July 2
To obtain your ticket call Waushara County Veterans Services (920)787-0446 on or after May 26th.

A limited number of free wheelchairs will be provided for the day inside the US Bank Gathering Place-Young Marines table. Additional wheelchairs and motorized carts are available for a charge at the Zoo.

In order to expand eligibility for the Veterans Choice Program, the Department of Veterans Affairs (VA) today announced that it will determine eligibility for the Veterans Choice Program based on the distance between a Veteran’s place of residence and the nearest VA medical facility using driving distance rather than straight-line distance. This change has been published in the Federal Register and is effective immediately. “VA is pleased to announce the distance calculation change from straight-line to driving distance for the Veterans Choice Program,” said Secretary Robert McDonald. “This update to the program will allow more Veterans to access care when and where they want it. We look forward to continued dialogue with Veterans and our partners to help us ensure continued improvements for Veterans’ access care.” The change from straight-line to driving distance roughly doubles the number of eligible Veterans. Letters are being sent to the newly eligible Veterans to let them know they are now eligible for the Veterans Choice Program under this expansion. If a Veteran does not remember receiving a Veterans Choice Card or has other questions about the Choice Program, they can call (866) 606-8198. Effective immediately, VA is also changing the mileage calculation for beneficiary travel. The change will ensure consistency in VA’s mileage calculations across the two programs. The beneficiary travel calculation will now be made using the fastest route instead of the shortest route. For more details about the department’s progress and related information, see http://www.va.gov/opa/choiceact/factsheets_and_details.asp. [Source: VA News Release | April 24, 2015 ++]

If you are uncertain whether or not you qualify, call the number on the choice card and find out!
Senate Homeland Security and Governmental Affairs Chairman Ron Johnson (R-WI) issued his first subpoena April 29, demanding the Veterans Affairs inspector general turn over records related to an investigation of treatment at the VA medical center in Tomah, Wis. The committee's top Democrat, Sen. Tom Carper of Delaware, signed off on the subpoena demanding the records by May 13. The inspector general conducted a 2-1/2 year probe of opiate prescription rates and a culture of fear and retaliation at the Tomah facility but did not publicly release the findings last year. Five months later, Marine Corps veteran Jason Simcakoski, 35, died from mixed drug toxicity as an inpatient at Tomah, days after doctors agreed to add another opiate to the 14 other drugs he was prescribed. Sen. Ron Johnson speaks during a joint hearing of the Homeland Security and Governmental Affairs Committee and the Veterans' Affairs Committee on March 31, 2015, in Tomah, Wis. Interim VA Inspector General Richard Griffin has refused for months to give the investigative documents to Johnson's committee, saying they contain information that cannot be turned over under federal privacy laws, including the identities of witnesses and veteran medical records. Johnson accused Griffin of stonewalling. "My staff has bent over backwards, being supportive in just really giving the IG every opportunity — to redact names, I mean we're not looking for personal information here," he said. "We just need enough information so we can draw conclusions so we know what we're looking at, and they just haven't done it." A spokeswoman for Griffin did not say April 30 if he would comply with the subpoena but forwarded a letter he sent to Johnson last week indicating that he would allow Johnson's committee or staff members to privately review some of the documents. "We have been working with the Committee since February 2015 to provide them with responsive documents, while balancing our obligation to protect sensitive information," spokeswoman Joanne Moffet said. Johnson's office has been reviewing what happened in Tomah since news reports in January revealed publicly for the first time the existence of the inspector general's probe, its findings, and Simcakoski's death. The probe found "unusually high" opiate prescription rates at Tomah and that pharmacists had left the facility citing concerns about it, but the inspector still concluded there was no evidence of wrongdoing. Johnson wants to determine how he reached that conclusion and hopes the investigative file the committee is seeking with the subpoena will help. It may also include other issues that need to be addressed. The committee held a field hearing in Tomah in March, where whistle-blowers and family members of veterans who died after treatment at the Tomah VA testified the facility has for years been a hotbed of dysfunction and mismanagement to the detriment and possibly death of veteran patients. Johnson said in the past three months, his office has been inundated with at least 50 whistle-blowers from Wisconsin alone who have helped substantiate those claims and others. "My guess is when all is said and done, we'll probably have all the facts and we'll probably issue some kind of report," he said. Multiple investigations are pending in Tomah, including by the VA, the inspector general and the Drug Enforcement Administration. Johnson's committee, saying they contain information that cannot be turned over under federal privacy laws, including the identities of witnesses and veteran medical records. Johnson accused Griffin of stonewalling. 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"My guess is when all is said and done, we'll probably have all the facts and we'll probably issue some kind of report," he said. Multiple investigations are pending in Tomah, including by the VA, the inspector general and the Drug Enforcement Administration. [Source: USA TODAY | Donovan Slack | April 30, 2015 ++]
**FUN FACTS**

Here are some Statistics from 1910

- Average Life Expectancy for men... 47 years
- Gasoline Only sold at Drug Stores
- 14% Homes had bath tubs
- 8% Homes had a phone
- 8000 Cars and 144 miles of paved roads
- Max Speed Limit was 10 MPH
- Eiffel Tower... Tallest structure in the world
- US Wage in 1910? 22 cents per hour
- US Average worker made $200 -$300 per year Accountants $2000, Dentists $2500
- 95% people were born at home
- 90% of all Doctors had no college degree
- Sugar 4 cents a lb, Eggs .14 cent a dz
- Coffee .15 cents a lb.
- Most women washed their hair 1 x a month
- Cause of death Pneumonia, influenza, Tuberculosis Diarrhea, Heart Disease, Stroke
- American Flag had 45 stars
- Population of Las Vegas 30!
- Crossword puzzles, canned beer, iced tea not invented yet.
- No Mothers/Fathers Day
- 2 of 10 people couldn’t read, 6% of all Americans had graduated from High School
- 18% Households had at least 1 servant.
- 230 Murders in All of the USA

(Source: http://allfairfield.com/nostalgia | David Osterberg | April 22, 2013 ++)

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**NEW DISINTERMENT POLICY**

The destruction of the USS Oklahoma came quickly. On Dec. 7, 1941, it was hit with numerous torpedoes and bombs during Japan’s fierce and shocking bombardment of Pearl Harbor, capsizing within minutes with hundreds of Marines and sailors inside. Some 429 service members were killed, and others survived to fight back from the nearby USS Maryland, which also was under attack. More than 70 years later, the USS Oklahoma remained at the center of a battle. On one side was the Navy, which last year told the families of some of those killed that it was flatly against DNA testing on the commingled remains of 330 unidentified service members. On the other side were families that wanted to know when the military would return the remains of their loved ones.

The Pentagon has now decided to exhume unidentified remains held at the National Memorial Cemetery of the Pacific in Honolulu, Hawaii, do DNA testing, and return any identified remains to families that want them. Some families could decide to keep their loved ones at the national cemetery in Hawaii, but in individual plots with their own marker. Deputy Defense Secretary Robert O. Work said in a new memorandum issued April 14 that the Pentagon has been “considering the complexities of a decision to disinter unknowns buried as groups where the remains are commingled. The decision is sensitive, but Work made the case that recent advances in forensic science and technology and the help of families providing genealogical information has tipped the scales in favor of exhuming the commingled remains of those who died on the Oklahoma. “Analysis of all available evidence indicates that most Oklahoma crew members could be identified individually if the caskets associated with the ship were disinterred,” Work wrote. “I thereby direct [the Defense Department] to coordinate with the Department of Veterans Affairs for the disinterment and individual identification, to the extent practical, of all unknown associated with the Oklahoma in the next five years.” Work’s decision extends beyond the Oklahoma. He is establishing a broader directive that applies to all unknown military remains buried in national cemeteries from which exhumations are done to identify fallen service members. When remains are commingled, evidence must suggest that at least 60 percent of those disinterred may be identified, Work said.

Gravestones at the National Cemetery Pacific Punch-bowl, Hawaii on Memorial Day 2012

The Department of Defense POW/MIA Accounting Agency (DPAA) announced May 5, 2015 that a U.S. servicemen, missing from World War II, has been identified and is being returned to his family for burial with full military honors. The Service Man identified is David R. Kittredge, 22, of Oneida, Wis.

For unknown individuals exhumed, there must be at least a 50 percent chance that an identity can be found. The Pentagon must do the research and collect DNA samples from family members to determine whether those possibilities exist. The new policy does not apply to those whose remains are entombed in Navy vessels like the USS Arizona, which exploded and sank during the attack on Pearl Harbor, killing 1,177 officers and crewmen. The ship is the final resting place for 1,102 of them. [Source: The Washington Post | Dan Lamothe | April 15, 2015 ++]
PTSD- NAME CHANGE LESSENS STIGMA?

For the 2.7 million Americans who fought in the Vietnam War, the painful memories of the conflict still linger on 40 years later. Some of them have also suffered mental health problems. As American soldiers returned from the war in Vietnam doctors in the US started to notice a pattern to their ailments. "It took a while for many of us in my field to recognize that so many of the returning combatants had problems," said Dr. Frank Ochberg, PTSD researcher. Nightmares, flashbacks, increased use of drugs and alcohol --symptoms similar to those seen in survivors of disasters, rape and other violent crimes. In previous wars this array of conditions might have been called "Shell Shock" or the "Thousand Yard Stare." In 1980 it was officially recognized by U.S. doctors and given a name: Post Traumatic Stress Disorder-PTSD. That legacy of Vietnam has helped soldiers like Sergeant Major Kenneth Agueda. After three combat tours in Iraq he was struggling. "I was having a hard time falling asleep and staying asleep and the nightmares were waking me up at night," he said. While deployed in Iraq he knew others were struggling, too. "We hardly spoke about it, especially the ones that were most affected by these issues were the ones that spoke about it the least because it's mainly alpha males that are hard and they've done training and overcame so much to prove that they can do it. To express something like that it was taken usually as a sign of weakness," said Kenneth Agueda, Sgt. Major of US Army. But Agueda knew it was time to break this wall of silence. He spoke to his troops and shared what he was dealing with. Others then came forward. Together they sought help. Those men weren't alone. According to the US Department of Veteran Affairs, about 30 percent of Vietnam Vets have suffered from PTSD at some point since their service ended 40 years ago. For veterans of the wars in Iraq and Afghanistan-- 11 to 20 percent deal with PTSD during any given year. Now some doctors are pushing to change the name to Post Traumatic Stress Injury, saying that adding the word "injury" will further reduce the stigma associated with the condition. "When you come back from war with an injury there is honor for you, there is comfort, there is actually a medal of recognition," said Dr. Frank Ochberg. Doctors have been refining treatments and the military has slowly taken the issue more seriously. Sergeant Major Agueda says the military has a long way to go in treating PTSD, but treatment has helped him -- especially with the nightmares. "Some of it is medication but I also learned to do imaging of different thoughts that were more peaceful and in the middle of the night I train my brain to switch those moments and forget about the nightmares," Agueda said. [Source: CCTV | Jim Spellman | May 02, 2015 ++]

Marijuana & PTSD

An Illinois advisory board has voted to recommend that post-traumatic stress disorder among military veterans be added to the list of qualifying conditions in the state's medical marijuana program. Board member Jim Champion, who's a military veteran, announced the unanimous decision of the board Monday, saying he was "very, very proud." The recommendation now goes to the Illinois Department of Public Health. The decision at a public hearing in Chicago was among several votes May 4, on various conditions submitted by public petition. Board members earlier voted against adding diabetes and anxiety to the list. They said anxiety was too broad, but left open the possibility of adding severe anxiety in the future. The board also voted to approve osteoarthritis. The board includes patients, nurses, doctors and a pharmacist. [Source: The Associated Press | Carla K. Johnson | May 04, 2015]

IWO JIMA FACE LIFT

The famous bronze U.S. Marine Corps War Memorial overlooking Washington that depicts Marines raising the American flag at Iwo Jima during World War II has begun turning green with age but now will be restored with a $5.37 million gift. Philanthropist David Rubenstein announced April 29, that he will give the National Park Foundation the funds. [Source: The Associated Press | Carla K. Johnson | May 04, 2015]
Jennifer Grubba 608-264-5342 of the Madison Vet Center will be filling in the counseling position that comes to Waushara County Courthouse by previously arranged appointments, 2nd Wednesday of the month. Call for appointment. Free Counseling to combat veterans and sexual trauma veterans.

5 sessions to non-combat veterans. Marriage counseling, also offered. Please call and arrange an appointment with Jennifer.

### COUNSELING, FREE

<table>
<thead>
<tr>
<th>Waushara County Veteran Services</th>
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<tbody>
<tr>
<td>PO BOX 159</td>
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<tr>
<td>230 W. Park St</td>
</tr>
<tr>
<td>Wautoma, WI 54982</td>
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<tr>
<td><a href="mailto:veterans.parkstreet@co.waushara.wi.us">veterans.parkstreet@co.waushara.wi.us</a></td>
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### FINANCIAL HELP

Jamie Kolpien from Supportive Service for Veterans Families (SSVF) will meet with veterans facing eviction from rentals or post foreclosures, every 4th Wednesday at the North Annex 230 W. Park St. Wautoma, WI between 10 am to 3 pm. For an appointment call 866-823-8387

There is a financial limit to this help. You may call her to find out more details.

### PTSD GROUP?

Interested in forming a PTSD support group? Jennifer Grubba of the Madison Vet Center (608)264-5342 would like to help form a group for Veterans with PTSD in Waushara County. The group would most likely meet in Waushara County. Please call her if you are interested in being part of a support group. And willing to join with other veterans in support of each other. No cost!!!