



**ALL GAVE SOME — SOME GAVE ALL**  
**DEDICATED TO THE MEMORY OF ALL WHO PROUDLY**  
**SERVED AND PROTECTED THEIR COUNTRY**



# Objectives

1. Participants will learn how to assess for military service and how this may have emotional and physical impact for dying veterans.
2. Participants will learn how to how to identify who can benefit from early conversations clarifying wishes regarding life sustaining treatments.
3. Participants will be able to verbalize understanding of current programs within the VA for veterans at end of life.
4. Participants will learn the importance of community involvement and partnership with VA to address unmet needs of the veteran population.



# Veteran Population

- 23.8 million living Veterans
- 7.5% women
- 37 million dependents (spouses and dependent children) of living Veterans and survivors of deceased Veterans
- Together, they represent 20% of the US population

# US Veterans – The Facts

- 25% of all deaths in the US are Veterans
- More than 1,800 Veterans die each day
- The VA cares for a minority of Veterans at the end of life: 96% die in the community.
- Only 33% of Veterans are enrolled in the VA to receive benefits.

# Military History Checklist

## MILITARY BACKGROUND

### 2. In which branch of the military did you serve?

<input type="checkbox"/> Army	<input type="checkbox"/> Marines	<input type="checkbox"/> Merchant Marines during WWII
<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Other _____
<input type="checkbox"/> Air Force	<input type="checkbox"/> Reservist or National Guard member	

### 3. In which war era or period of service did you serve?

<input type="checkbox"/> WWI (4/6/17 to 11/11/18)	<input type="checkbox"/> Vietnam (8/5/64 to 5/7/75 and 2/28/61 for veterans who served "in country" (in Vietnam) before 8/5/64)	<input type="checkbox"/> Peace Time
<input type="checkbox"/> WWII (12/7/41 to 12/31/46)	<input type="checkbox"/> Gulf War (8/2/90 through a date to be set by law or presidential proclamation)	<input type="checkbox"/> Afghanistan/Iraq (OEF/OIF)
<input type="checkbox"/> Korea (6/27/50 to 1/31/55)		<input type="checkbox"/> Other
<input type="checkbox"/> Cold War		Note: after 9/7/80, must have completed 24 months continuous active service, or the full period for which they were called or ordered to active duty.

### 4. Overall, how do you view your experience in the military?

5. If available would you like your hospice staff/volunteer to have military experience? ☐ Yes ☐ No

# “Tell me about your military experience...”

- When and where did you serve?
- What did you do while you were in the service?

## Why ask these questions?

. . . . Because it may influence both health and quality of life...

# World War II

- December 7, 1941 – December 31, 1946
- Total who served in all Armed Forces: 16,112,566
- Battle Deaths: 291,557
- Wounded: 671,846
- Medals of Honor: 433
- In what theatre of operations did the Veteran serve?  
Pacific? Asia? Europe?

# World War II

- Fighting occurred on the continents of Europe, Asia, and Africa and in the Atlantic and Pacific Oceans
- Service was carried out under severe winter conditions, in the harshest of deserts, and in the hottest, most humid, tropical climates
- Joining up, or being drafted, meant that you were in the military for the duration



# World War II

## Unique Health Risks

- Infectious Diseases
- Wounds
- Frostbite / Cold Injury
- Mustard Gas Testing
- Exposure to nuclear weapons
- Nuclear Cleanup



**Flag pole at Hickam AFB, Hawaii**  
on Dec 7th 1941...

...and today in 2007



# Cold War

## “Atomic Veterans”

- Cold War refers to the period of tension between the US and its allies and the Soviet bloc from the end of WW II in 1945 until the collapse of the Soviet Union in the 1990s
- Major fear of the Cold War was nuclear war with associated health concerns about exposure to ionizing radiation

# Cold War

## “Atomic Veterans”

- Approximately 200,000 US Service personnel performed occupation duties in Hiroshima and Nagasaki following the atomic bombing of Japan
- Similar numbers of service members participated in atmospheric nuclear weapons testing from 1945 to 1962





# Cold War

## “Atomic Veterans”

- Exposure to radiation has been associated with a number of disorders including leukemia, various cancers, and cataracts
- Unique Health Risks
  - Nuclear Testing
  - Nuclear Cleanup

# Cold War “Atomic Veterans”

Every VA medical facility has a registry physician for Agent Orange, Gulf War, and Ionizing Radiation - a resource for additional information

# Korean War

- June 25, 1950 – July 27, 1953
- Total who served in all Armed Forces: 5,720,000
- Battle Deaths: 33,741
- Wounded: 103,284
- Medals of Honor: 131
- Unique Health Risks
  - Cold Injury                      -- Exposure to nuclear weapons
  - Lasting Effects      -- Chemical warfare experiments

# Korean War

- Cold injuries, including frostbite and immersion (trench) foot, constituted a major medical problem for US Service personnel
- Cold accounted for 16% of Army non-battle injuries requiring admission
- Over 5000 US casualties of cold injury required evacuation from Korea during the winter of 1950-1951

# Korean War



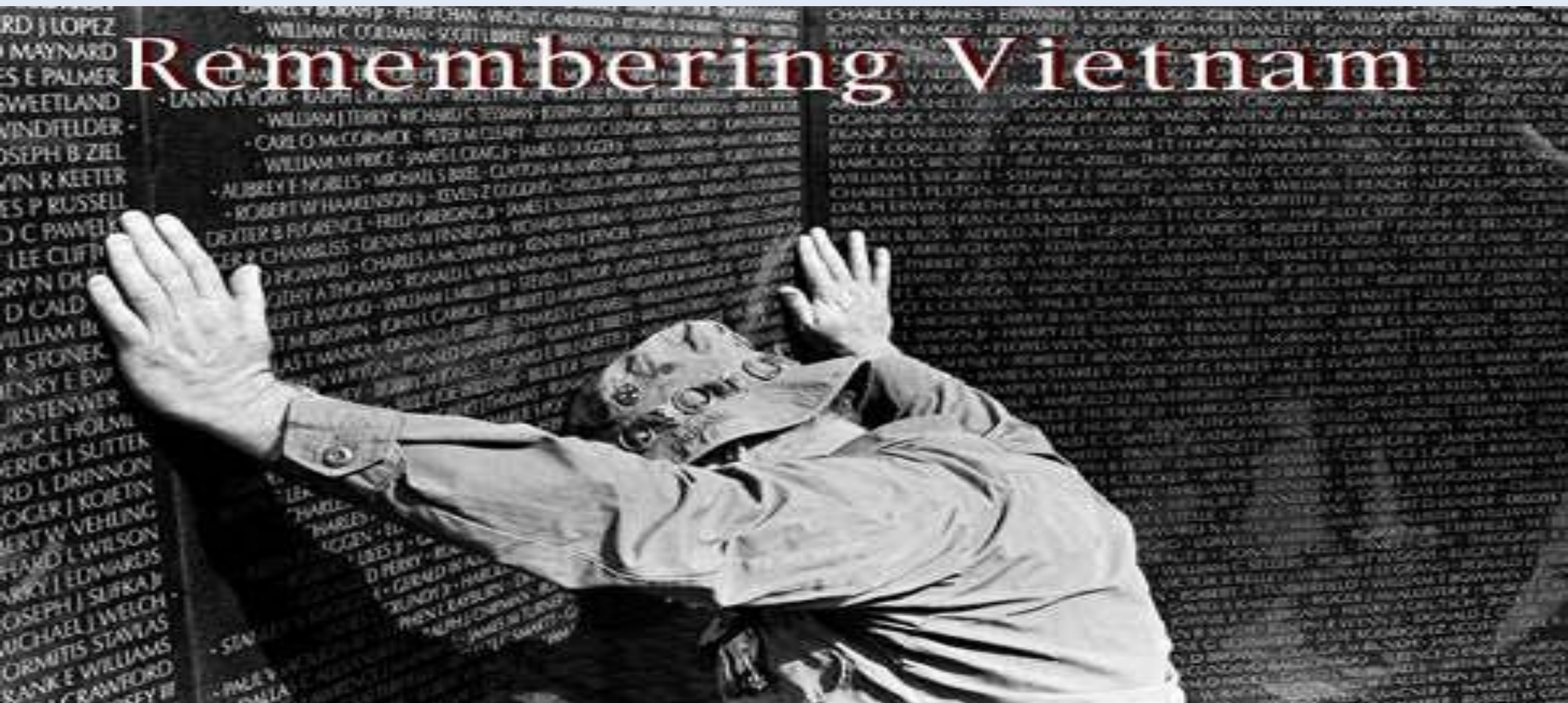
These cold-related problems may worsen as Veterans grow older and develop complicating conditions such as diabetes and peripheral vascular disease, which place them at higher risk for late amputations



# Korean War

- Many Veterans who have experienced cold injuries will be living with long-term and delayed issues which include:
  - peripheral neuropathy
  - skin cancer in frostbite scars (heels, earlobes)
  - arthritis in involved areas
  - chronic tinea pedis
  - fallen arches and stiff toes
  - nocturnal pain
  - cold sensation

Those who have fought for freedom, and have lost it, know  
a sadness and sense a loss beyond bearing.



# Vietnam War

“No event in American history is more misunderstood than the Vietnam War. It was misreported then, and it is misremembered now.”

- RICHARD M. NIXON, 1985

# Vietnam War

August 4, 1964 – January 27, 1975

- Statistics
  - Total who served in all Armed Forces: 8,744,000
  - Deployed to Southeast Asia: 3,403,000
  - Battle Deaths: 47,424
  - Other deaths (In Theatre): 10,785
  - Wounded: 153,303
  - Medals of Honor: 238
- Unique Health Risks:
  - Length and Time of Service
  - Exposure to Agent Orange
  - Infectious Diseases

# Vietnam War

- Lack of unit cohesiveness
  - Many Veterans were sent to Vietnam as individuals
  - Left when their year's tour was completed
- Often traveled alone to and from Vietnam by air
  - An active combatant one day
  - A Veteran returning to a hostile civilian environment the next



# Vietnam War

## Environmental Hazards

- Pesticide herbicide spraying
- Tropical country
  - High temperatures
  - High humidity
  - Monsoon climate (unable to get dry for days)
  - Few opportunities for bathing
  - Poor skin hygiene
- Bacterial and fungal infections
- Skin disease



# Agent Orange

- Herbicide used to kill unwanted plants and to remove leaves from trees that otherwise provided cover for the enemy
- Used to protect US troops
- No special Agent Orange (AO) tests are available – no way to show that AO or other herbicides caused individual medical problems
- VA makes a presumption of AO exposure for Vietnam Veterans

# Agent Orange



Under Section 102, Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996, VA shall furnish hospital care, medical services and may furnish nursing home care to Veterans exposed to herbicides in Vietnam

# Veterans' Diseases Associated with Agent Orange Exposure: A partial list . . .

- Malignant Diseases
  - Lung cancer
  - Prostate cancer
  - Hodgkin's and Non-Hodgkin's Lymphoma
  - Sarcomas
  - Multiple Myeloma
  - Chronic Lymphocytic Leukemia
- Non-malignant Diseases
  - Birth Defects: Spina Bifida
  - Diabetes
  - Peripheral Neuropathy

[www.publichealth.va.gov/exposures/agentorange/diseases.asp#veterans](http://www.publichealth.va.gov/exposures/agentorange/diseases.asp#veterans)

# Hepatitis C Virus (HCV)

- HCV is the most common infection carried by blood in the United States.
- 63% of enrolled Veterans testing positive for HCV are Vietnam Era Veterans
  - 96% male
  - 4% female



# Gulf War August 1990-June 1991



# Gulf War



Studies of returning Gulf War Veterans with at least one commonly reported symptom (fatigue, memory loss, confusion, inability to concentrate, mood swings, somnolence, gastrointestinal distress, muscle and joint pain or skin or mucous-membrane complaints) demonstrated poorer performance on cognitive tests than by returning Gulf War Veterans who did not report such symptoms.

# Gulf War

- Outcomes Based Primarily on Symptoms or Self-Reports
- No unique syndrome, unique illness, or unique symptom complex in deployed Gulf War Veterans
- Multi-symptom-based medical conditions reported to occur more frequently among deployed Gulf War Veterans include fibromyalgia, chronic fatigue syndrome, and multiple chemical sensitivity
- Deployment places Veterans at increased risk for symptoms of psychiatric illnesses, particularly post traumatic stress disorder (PTSD), anxiety, depression and substance abuse

# Gulf War

Among studies that examined pulmonary outcomes in associations with specific exposures in the Gulf War Theater, exacerbation of asthma associated with oil-well fire smoke has been indicated.





# Gulf War



On September 23, 2008, Veterans' Affairs Secretary, Dr. James B. Peake, announced that ALS will become a presumptively compensable illness for all Veterans with 90 days or more of continuously active service in the military.

# Gulf War

## Unique Health Risks:

- Exposure to smoke
- Chemical or Biological Agents
- Immunizations
- Infections
- Depleted Uranium





# Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF)



# OEF/OIF

- Unique Health Risks:
  - Infectious disease
  - Cold injury
  - High altitude illnesses
- Environmental Hazards:
  - Exposure to sewage
  - Exposure to agricultural and industrial contamination of water and food
  - Air pollution
  - Severe sand and dust storms

## OEF/OIF Additional Risks

- Combined penetrating, blunt trauma, and burn injuries (blast injuries)
- Traumatic brain or spinal cord injury
- Vision loss
- Traumatic amputation
- Multi-drug resistant acinetobacter
- Leishmaniasis (sandfly-transmitted infection of the skin)
- Depleted uranium (DU)
- Mental health issues

# FAQ about Benefits

- 1. Disability Compensation is a benefit paid to a Veteran because of injuries or disease that happened while on active duty or made worse by active military service.
- Service Connected ratings vary from 0 to 100%
- Will receive monthly tax free compensation from VA
- Survivors may be entitled to subsequent Dependency and Indemnity Compensation
- VA Pension is a needs-based benefit paid to a wartime veteran who meets certain age or non-service connected disability requirements.
- Income is below 12,907 for individual without dependents and 16,902 with a dependent.
- If veteran's income would increase this benefit would be reduced.
- Survivors may be eligible for pension if they meet requirements.

# Military Experience and End-of-Life

# War's Consequences

The outcome of any armed conflict holds not just the promise of peace but also dark, terrible revelations, questions of justice over the vanquished, and, for far too many, the confronting of personal loss.”

Veterans History Project:

Forever a Soldier: Unforgettable Stories of Wartime Service



# WWII and Korea Homecoming



# Vietnam Homecoming





# Erikson's Theory: Ego Integrity vs. Despair

- The final psychological conflict of Erikson's theory is **ego integrity vs. despair**
  - > Involves coming to terms with one's life
- Ego integrity
  - > Adults who arrive at a sense of integrity feel whole and satisfied with their achievements, they have **adapted to life's triumphs and disappointments**
  - > The capacity to **view one's life in the larger context of all humanity** contributes to the contentment that accompanies integrity
- Despair
  - > Despair occurs when elders feel they have made **many wrong decisions, yet time is too short to find an alternative**
  - > The despairing person finds it hard to accept that death is near and is overwhelmed with bitterness, defeat, and hopelessness
  - > According to Erikson, these attitudes are often expressed as anger and contempt for others, which disguise **contempt for oneself**



# Post Traumatic Growth Symptoms

- Relating to others
- Open to new possibilities
- Personal strength
- Spiritual changes
- Appreciation of life

## Possible Outcomes from Combat Experience

*Some are able to integrate experience into their lives, especially if they...*

- are naturally resilient
- have good family and social support
- had a positive war outcome
- talked about their war experiences



# Post Traumatic Stress Disorder (PTSD)

- Exposure to a traumatic event
- Persistently re-experienced through:
  - Recollections/flashbacks
  - Nightmares
  - Sensory distress cues
- Individual persistently avoids associated traumatic stimuli
  - Thoughts, feelings, conversations about trauma
  - Situations that trigger sensory distress cues
- Other persistent symptoms

# Post Traumatic Stress Disorder (PTSD)

- The onset of PTSD can be acute, chronic, or delayed
- How it will manifest, who it will affect is unpredictable
- Immediate treatment and ongoing support helps

# Traumatic Combat Memories Can Cause:

- Alcohol/drug abuse
- Social isolation
- Anxieties
- Anger outbursts
- Difficulty concentrating
- Post-Traumatic Stress Disorder (PTSD)

# Guilt and Shame

Combat veterans nearing the end of life often have feelings of guilt. It could be the guilt of having taken a life, of not having been able to save a buddy, or the survivor's guilt of questioning why he or she made it home and others did not.

For veterans who did not face combat, there is sometimes shame, feelings of failure and the belief that they are not truly veterans at all.

# Spiritual Distress of Military Veterans at the End of Life

- Assess the unique spiritual needs for veterans, including the need to receive forgiveness for war crimes or sins and the need to alleviate guilt.
  - Offer to link Veteran to the spiritual community of their choice.
  - Practice active listening, not accolades.
- 
- Palliative and Supportive Care, page 1 of 5, 2014.
  - #Cambridge University Press, 2014 1478-9515/14 \$20.00
  - doi:10.1017/S147895151400027

# Veteran Suicide Statistics for 2014

**65%**

of Veteran suicides are among  
people age 50 or older







**67%**

of Veteran suicides are a  
result of firearm injury





# **Veteran suicide rates were much smaller among those who used VA services**

		USED VA Services	DID NOT USE VA Services
 <b>U.S. VETERANS</b>		<b>8.8%</b>	<b>38.6%</b>
 <b>VETERAN MALES</b>		<b>11%</b>	<b>35%</b>
 <b>VETERAN FEMALES</b>		<b>4.6%</b>	<b>98%</b>

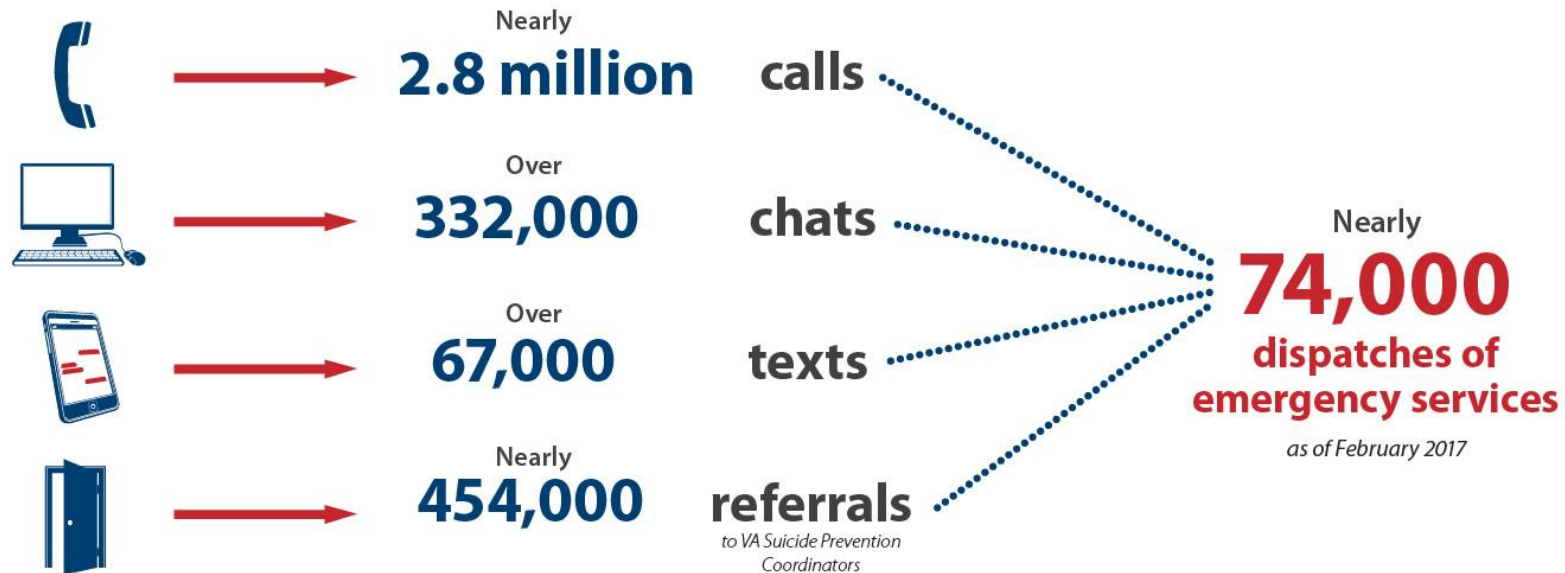
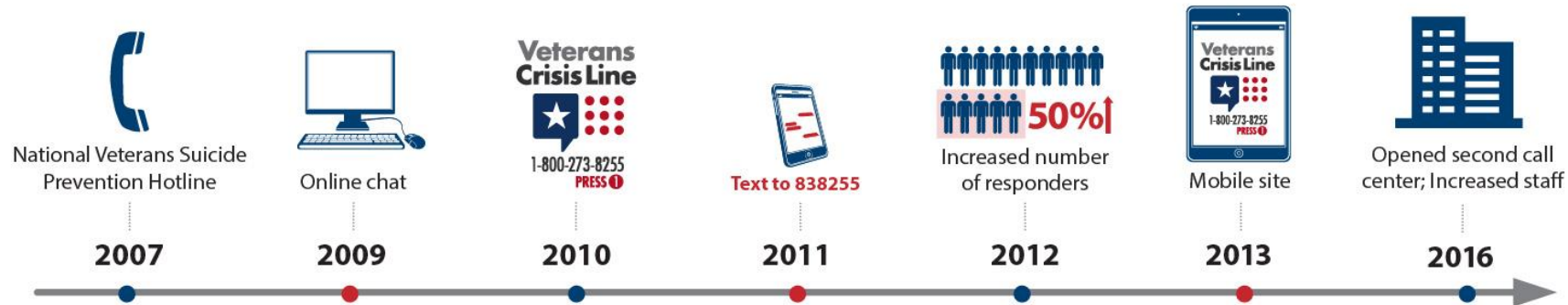
# Free, confidential support 24/7/365

- Veterans
- Family members
- Friends
- Service members



• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

# Veterans Crisis Line: 9 years of saving lives



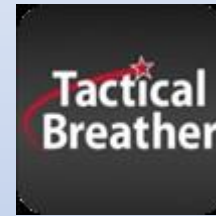
# Coping and Symptom Management Apps

<https://mobile.va.gov/appstore>

[www.t2health.dcoe.mil/products/mobile-apps](http://www.t2health.dcoe.mil/products/mobile-apps)



Problem solving  
skills for stress



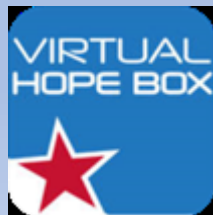
Manage physical &  
emotional stress



Safety plan &  
support during crisis



Monitor & manage  
PTSD symptoms



Tools for coping,  
relaxation, distraction  
& positive thinking



Enhance sleep  
quality & duration

# Impact on the Family

- Mental health of partners
- PTSD can affect the mental health and life satisfaction of a Veteran's partner. The same research studies on Vietnam Veterans compared partners of Veterans with and without PTSD. The partners of the Vietnam Veterans with PTSD reported:
  - Lower levels of happiness
  - Less satisfaction in their lives
  - More demoralization (discouragement)
  - About half have felt "on the verge of a nervous breakdown"
- <https://www.ptsd.va.gov/public/family/partners-of-vets.asp>

# Military Cultural Norms

*Influences on end-of-life experience...*

- Promotion of stoicism
- Fear and admitting pain seen as a sign of weakness
  - “Big boys don’t cry”
  - “No pain no gain”
  - “Few good men”
  - “Once a Marine always a Marine”



# Recommended Interventions with All Veterans

- Recognize women Veterans:
  - Military nurses saw trauma/mutilation
  - Thank older women Veterans for paving the way
  - Look for PTSD in women
  - May have been sexually assaulted in military

# Things to Know....

Know that care experiences – even seemingly mundane treatment procedures – can sometimes trigger PTSD.

- Anticipate a possible stoic under-reporting of pain and other symptoms.
- Be aware that Veterans in addiction recovery may be reluctant to take pain medications or require higher doses of pain medications;
- Be attentive to non-physical (mental, emotional, social, spiritual, and moral) injuries.
- Be aware that Veterans can experience a higher degree of social isolation, and realize that non-combat Veterans may be reluctant to identify as Veterans.
- **Offer a Healing Presence** - One that avoids surprises that can jar and agitate, expresses gratitude for their service.

# Things to Know Continued...

- Be mindful of space, does the veteran need to be positioned to see the door.
- Prepare the veteran for sudden noise and movement.
- Create a calm and quiet environment.
- Establish care routines. Prepare veteran in advance if there is a change to the care routine.
- May need to avoid shower rooms in facilities.
- Avoid the veteran's known triggers for PTSD.
- Assess to determine if certain behaviors may be PTSD instead of delirium, terminal restlessness or dementia.
- Consider possibility of military sexual trauma in both males and females.
- Allow the veteran to have control of care situation, including touch and communication as much as possible.

## | Responding to Guilt

---

Combat veterans may feel guilty about acts committed during war.

---

Statements to avoid?

---

---

Creating safe emotional space through listening

## Reminiscing/ Life Story Telling

---

Visit and listen as  
patient reminisces

---

---

Record or videotape  
patient's life story

---

---

Produce a Memory  
Book

# Ira Byock: The 4 Things That Matter Most

- Please forgive me
- I forgive you
- Thank you
- I love you
- (Goodbye)

(Byock, 2004)



# Caring for Elderly Veterans

VA's geriatric and palliative services help alleviate patient and family suffering and allow elderly Veterans to live as fully as possible.

- **Nursing Home & Residential Settings:**

- VA Community Living Centers
- Community Nursing Homes
- State Veterans Homes
- Community Residential Care
- Medical Foster Homes

- **Home & Community Based Services**

- Adult Day Care
- Home Based Primary Care
- Homemaker & Home Health Aide Care
- Hospice & Palliative Care
- Respite Care
- Skilled Home Health Care

# Supporting Caregivers

**VA offers Caregivers all this and more:**



- Caregiver Support Line
- Education and Training
- Family Support Services
- In-Home Care
- Respite Care
- Aid and Attendance Compensation
- Home Adaptation
- Automobile Modification
- Transportation Assistance
- Stipend, CHAMPVA and other special services for Caregivers of eligible post 9/11 Veterans.

# VA Programs and Initiatives That Support Veteran's at End of Life:

- Outpatient Palliative Care
- Inpatient Palliative Care
- Telehealth Palliative Care
- Palliative Care Home Visits
- Community Hospice Partnerships and Education
- Concurrent Care
- Life sustaining Treatment Decision Initiative
- We Honor Veterans Program
- No Veteran Dies Alone Program
- Bereaved Family Survey Quality Management

# Life Sustaining Treatment Decision Initiative

- The Life-Sustaining Treatment Decisions Initiative (LSTDI) is a national VHA quality improvement project led by the National Center for Ethics in Health Care (NCEHC). The aim of the initiative is to promote personalized, proactive, patient-driven care for Veterans with serious illness by eliciting, documenting, and honoring their values, goals, and preferences.

## Hospice Care



- *Hospice Care* is comfort care provided to the veteran who has a terminal condition, with less than 6 months to live, and is no longer seeking treatment other than palliative care. Hospice Care can be provided at home, in a nursing facility or in an inpatient setting.
- Since Hospice Care is part of the VHA Standard Medical Benefits Package, **all *enrolled Veterans*** are eligible IF they meet the clinical need for the service.

# We Honor Veterans Program

Of 2.4 million deaths in the United States each year, approximately 680,000 are Veterans. A vast majority of Veterans are not enrolled in VA and may not be aware of end-of-life services and benefits available to them, including the Medicare Hospice Benefit and VA-paid hospice care. Community hospices can join other hospice providers across the country in honoring our Nation's Veterans and be listed on the ***We Honor Veterans*** website

[www.wehonorveterans.org](http://www.wehonorveterans.org)

## **The goals of WHV are to:**

1. Promote Veteran-centric educational activities
2. Increase organizational capacity to serve Veterans
3. Support development of strategic partnerships, and
4. Increase access to hospice and palliative care for Veterans.





# Burial Benefits

- Burial benefits available include a gravesite in any of our [135 national cemeteries](#) with available space, opening and closing of the grave, perpetual care, a [Government headstone or marker](#), a [burial flag](#), and a [Presidential Memorial Certificate](#), at no cost to the family. Some Veterans may also be eligible for [Burial Allowances](#). Cremated remains are buried or inurned in national cemeteries in the same manner and with the same honors as casketed remains.
- Burial benefits available for spouses and dependents buried in a national cemetery include burial with the Veteran, perpetual care, and the spouse or dependents name and date of birth and death will be inscribed on the Veteran's headstone, at no cost to the family. Eligible spouses and dependents may be buried, even if they predecease the Veteran.

# SURVIVOR ASSISTANCE OFFICE

- **202-461-1077**



# Huntington VAMC

Since 1932, VAMC Huntington has been improving the health of the men and women who have so proudly served our nation. We consider it our privilege to serve your health care needs in any way we can. Services are available to veterans living in southwestern West Virginia, southern Ohio, and eastern Kentucky.

## **Community-Based Outpatient Clinics**

In addition to our main facility in Huntington, we offer services in two community-based outpatient clinics and two rural health outreach clinics. These clinics are located in:

[Charleston, West Virginia](#)

[Gallipolis, Ohio](#)

[Lenore, West Virginia](#)

[Prestonsburg, Kentucky](#)



# Basic Eligibility Requirements

- DD214
- A person who served in the Active Military
- Received an Honorable Discharge
- Reservists/National Guard qualify if called to Active Duty by the President
- Enlisted after Sept 7, 1980/or entered active duty after Oct. 16, 1981 must have served a minimum of 24 months of consecutive service
- Non-service connected disability is based off of income
- Service connection eligibility
- Priority groups
- Recently discharged OEF/OIF Veterans receive first 5 years of health care for free

# How to Enroll

- Veteran can apply using VA FORM 10-10EZ
  - Go to ANY VA Health Care facility
- On-line at [WWW.1010EZ.MED.VA.GOV](http://WWW.1010EZ.MED.VA.GOV)
- 1-877-222-VETS
  - MONDAY – FRIDAY 8AM -8PM EST





GLENVILLE, N.Y. — On Veterans Day, Justus Belfield donned his Army uniform one more time, even though he was too weak to leave his bed at an upstate New York nursing home.[marinecorpstimes.com](http://marinecorpstimes.com)



# How you can connect with VA



VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics.

[www.mentalhealth.va.gov](http://www.mentalhealth.va.gov)



Crisis support for Veterans, their friends & families.

Phone: **1-800-273-8255, Press 1**

Text: **838255**

Live Chat: [www.veteranscrisisline.net](http://www.veteranscrisisline.net)



VA community based centers that provide a range of counseling, outreach and referral services.

Phone: **1-877-WAR-VETS (927-8387)**

[www.vetcenter.va.gov](http://www.vetcenter.va.gov)

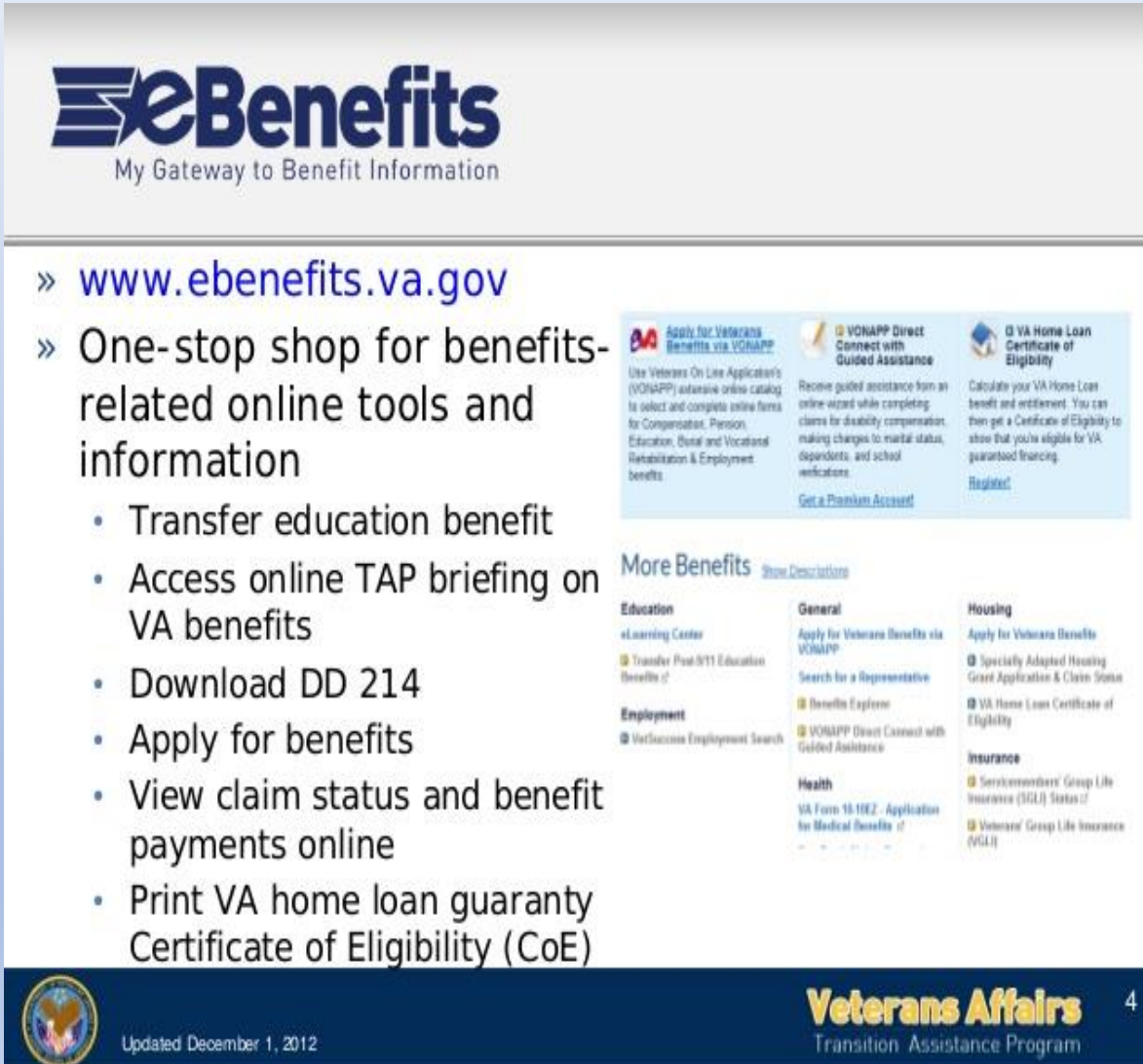


A free, confidential “coaching” service provided by VA that helps Veterans’ family and friends to recognize when their Veteran needs support and connect them with local resources.

Phone: **1-888-823-7458**

<https://www.mirecc.va.gov/coaching/>

# How to Apply?



**eBenefits**  
My Gateway to Benefit Information

» [www.ebenefits.va.gov](http://www.ebenefits.va.gov)

» One-stop shop for benefits-related online tools and information

- Transfer education benefit
- Access online TAP briefing on VA benefits
- Download DD 214
- Apply for benefits
- View claim status and benefit payments online
- Print VA home loan guaranty Certificate of Eligibility (CoE)

**More Benefits** [Show Descriptions](#)

Education	General	Housing
<a href="#">eLearning Center</a>	<a href="#">Apply for Veterans Benefits via VONAPP</a>	<a href="#">Apply for Veterans Benefits</a>
<a href="#">Transfer Post-9/11 Education Benefits</a>	<a href="#">Search for a Representative</a>	<a href="#">Specialty Adapted Housing Grant Application &amp; Claim Status</a>
<a href="#">Benefits Explorer</a>	<a href="#">VONAPP Direct Connect with Guided Assistance</a>	<a href="#">VA Home Loan Certificate of Eligibility</a>
<a href="#">VA Form 10-10EZ - Application for Medical Benefits</a>		<a href="#">Insurance</a>
		<a href="#">Service members' Group Life Insurance (SGLI) Status</a>
		<a href="#">Veterans' Group Life Insurance (VGLI)</a>

**Veterans Affairs**  
Transition Assistance Program

Updated December 1, 2012

4

- Apply online
- Go to Regional Office
- Local Veteran Service Organization
- Call 1-800-827-1000

- [https://www.youtube.com/watch?v=94esltbu\\_yA](https://www.youtube.com/watch?v=94esltbu_yA)