

# **Chapter Twenty Advice for Families and Caregivers of Wounded Servicemembers and Veterans**

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## **Introduction**

Being the family member of someone who is serving in the military is daunting, particularly if the servicemember is deployed in a combat zone. You are probably reading this chapter because, by way of a phone call or someone knocking on your door, you have received the unthinkable information no one wants to hear: that your loved one has suffered an injury or debilitating illness.

With that one conversation, you were thrust into a litany of uncertainty and possibly placed in a new role as a family caregiver. Depending on the severity of the injury, this role may last days, months, years or a lifetime. You will be balancing your own emotions and family obligations with trying to ensure the emotional and physical well-being of the wounded servicemember, all while maneuvering through a maze of governmental bureaucracy. The following is to offer you some guidance and provide the tools to make this most difficult situation a little easier. And all this comes to you from someone who has been a caregiver herself (more on that at the end of the chapter).

## ***Travel and Transportation Orders (T&Tos)***

Immediate family members of a wounded servicemember may be invited to travel to the bedside, at the expense of the branch of service, if the attending medical officer determines that it is in the patient's best interest to have family members present. Once the physician files the request, the process of obtaining official government travel orders is set in motion.

Government regulations determine which family members are offered government paid travel. Travel and Transportation Orders (T&TOs) are prepared for the family members and most often flight reservations are made by emergency DoD personnel of the particular branch of service of the servicemember. T&T Orders are also known as Invitational Orders, because as a civilian you would be traveling at the *invitation* of the government. These are temporary orders and last 15 to 30 days and grant you entitlement to reimbursement of some expenses. If it is necessary for you to assist the wounded veteran beyond the time limit, these orders may be extended or a new set of non-medical attendant orders (NMAOs) will be issued. *More on Non-Medical Attendant Orders in this chapter.*

Travel arrangements for family members, who are not at the invitation of the military, may be requested through the Fisher House<sup>TM</sup> Foundation's Hero Miles Program. Airline tickets, provided by many airlines, have been donated to the Fisher Foundation for distribution. These tickets are provided free to wounded servicemembers and their families. Requests are handled on a need basis and approval varies depending on availability. The e-mail address for Fisher House may be found later in this chapter, in a list of many resources for caregivers.

## ***Emergency Numbers***

You should have been given a point of contact including name and phone numbers when you were informed of your servicemember's injury. Over the next weeks you will be given many more, and it is important to start an address book *now*. It's very easy to lose all those slips of paper with names and numbers, so having them readily available, in one place, will be very helpful. Additionally, it's a good idea to attach an envelope for business cards to the inside cover of the address book.

Suggested emergency numbers to put in your book:

- **Military OneSource** (A Department of Defense 24/7 service helping in almost unlimited areas; see the description near the end of this chapter); it is not for veterans but is for active-duty servicemembers, National Guard members, reserve troops, and especially their families: (800) 342-9647.
- **24/7 Family Support All Branches: Military Severely Injured Center** (888) 774-1361
- **Department of the Army Wounded In Action (DA WIA):** (888) 331-9369
- **Wounded Soldier and Family Hotline:** (800) 984-8523
- **Army Wounded Warrior Program (AW2): Information Line:** (800) 237-1336
- **Department of the Navy-Marines: Wounded Warrior Regiment:** (866) 645-8762
- **Marines for Life:** (866) 435-7645
- **Injured Marine Semper Fi Fund:** (760) 725-3680
- **Navy: Navy Safe Harbor:** (877) 746-8563
- **Air Force: Air Force Palace HART (Helping Airmen Recover Together):** (888) 774-1361

It is important for you as a family member to be aware of the servicemember's military and unit information. Write it down in your address book and have it with you at all times. This information should include the servicemember's *full* name, rank and Social Security number, as well as military command information, including the chain of command with phone numbers. The unit can be helpful in supporting you and the servicemember during the time of being hospitalized, in rehab and much later on. Even if the unit is currently deployed, liaisons are normally available. The servicemember's unit will be the one to which he or she was directly attached prior to injury or illness. Most likely, the unit's title is part of the address to which you would have been sending mail.

### **Contacting Family and Friends**

Most likely you have already called your immediately family, yet it is suggested to have *one* person whom *you* contact and who will set up a *communication tree* to inform others. Whether this communication is done via phone, e-mail or

setting up a Web page, arranging this early on will alleviate the need to tell your story over and over again, which takes precious time away from the more important things that are pending and has a tendency to make you more emotional than you currently need to be.

Numerous free web sites like [www.caringbridge.org](http://www.caringbridge.org) and [www.carepages.com](http://www.carepages.com) are available to connect family and friends during injury or illness and are a great way to keep the lines of communication open.

### **Family Dynamics: Who is in charge?**

First and foremost, the person in charge of decisions regarding the servicemember is the servicemember himself or herself. Yet when servicemembers are incapable of speaking for themselves, difficulty may arise among family members. Everyone wants what is in the best interest of the servicemember, but there can be conflicts in regard to what that is. If the servicemember has signed an Advanced Medical Directive or Power of Attorney assigning powers to a particular individual, the answer to this dilemma has already largely been decided. Yet if that is not the case, most often the *next of kin* listed in military records will be consulted. For a servicemember who is married, *next of kin* is the spouse. For unmarried servicemembers, commonly this will be one or both parents or a sibling. It sounds rather cut-and-dried but it's not, and consulting a legal adviser may be necessary. Overall, the doctors and military personnel will want a person in charge who will act in the best interest of the veteran, but they do not have the authority to assign someone. Numerous medical and governmental decisions will need to be made, and legal documents may need to be signed. Therefore it is important that someone be legally appointed to act in the best interest of the servicemember who cannot speak for himself or herself. Keep in mind that family members know the person; the government knows the regulations. Also keep in mind as an *active duty servicemember*, the patient is still under the command of the military. See "Medical Holding Companies," below. Regarding decisions and documents, it is important to know the following:

*Durable Power of Attorney (POA) & Advanced Medical Directive (AMD):* To act in another's behalf, legally you will need a Durable Power of Attorney or, in the case of medical issues, an Advanced Medical Directive. If the veteran agrees, it is important for family members to participate in treatment and in some cases a family member *must* make decisions in regards to treatments.

Whenever possible, the servicemember should make his or her wishes known in writing—ideally before any injury has occurred. If the servicemember is capable it is important that this be taken care of, as complex injuries are very unpredictable. If the servicemember has appointed you in a POA or AMD, and you have such a document, be sure to have a copy (not the original) with you. Advanced Medical Directives and further information are available through the social worker or case manager (every injured servicemember is assigned one of each), and additional assistance can be provided in most Military Treatment Facilities (MTF) through the local office of the Judge Advocate General (JAG).

*Capability and Competency:* Simply put, being “incapable” means you do not have the physical ability, and “incompetent” means you do not have mental ability. Being declared incompetent is a legal term and has long-term consequences; it should not be considered in the case of a temporary condition for a person who is incapable. Too often, servicemembers and veterans are declared incompetent and placed under the care of a permanent guardian. No one should be declared incompetent because of an injury that leaves the person *temporarily* incapable.

If needed, additional information can be obtained by consulting with the office of the Judge Advocate General (JAG), an attorney or a Veterans Service Officer (VSO). VSOs are associated with veterans service organizations, such as the American Legion, AMVETS, the DAV, the VFW, and Vietnam Veterans of America, if needed.

### ***Dealing with Hospitals, Doctors and Medical Staff***

Doctors in a Military Treatment Facility (MTF) are busy people and can be intimidating, especially when their uniforms are adorned with oak leaves, eagles or stars. They often travel in packs and this adds to that intimidation, as it’s difficult to talk to one person when there are five or ten sets of eyes staring at you.

Understand you have the *right* and *responsibility* to get answers about your servicemember’s condition. You are an equal member of your servicemember’s medical team and should be treated that way by the doctors and staff, but when you seek answers there is a fine line between being assertive and being bothersome.

Like the members of any other profession, doctors have their own vocabulary, which can be confusing, or even unintelligible, to the layperson. This is particularly true when you're trying to cope intellectually and emotionally with the complexity of a loved one's injury. All too often, doctors respond to your questions with medical terminology. Unfortunately, for many families, they may as well be speaking a foreign language.

The following are some suggestions and recommendations that should make your relationship with medical staff more congenial and productive.

- Be persistent, but polite. Going off the deep end won't get results and it may get you an escort to the door or home. Although the doctors and staff are aware that you are under stress and possibly distraught, you are allowed to stay only if you are helping the situation, not worsening it. Remember that you are there at the invitation of the doctor (the doctor has the overall responsibility for the patient and signs the official invitation, but the military or the VA enforces his or her authority). Even if a family member visits a facility without an invitation, he or she is considered to be there under an open invitation from the military or the VA. Also, he or she is on government property.
- Don't always wait for your doctor to come to you, but make every attempt to be there during daily rounds. You should expect and demand (nicely) a comprehensive briefing from the doctor at least every two days. The briefings may last only a few minutes, but they should include diagnosis, prognosis, and currently administered medications and/or treatments. Briefings may also include upcoming treatment options, if any are included in the doctor's current treatment plan. If the condition of the servicemember is not yet stable, you should expect a full briefing from someone on the medical team every day (see the next paragraph for more on medical teams). Still, do not telephone or page the doctor unless there has been a drastic change in the servicemember's condition.
- If someone other than the doctor (for instance, a nurse or other medical staff member) can handle your concern, don't call your doctor. The servicemember's medical team commonly includes a social worker and/or case manager, nurses, therapists and possibly many different doctors, each with his or her own specialty. There will also be the ward staff with a head nurse or senior officer in charge; the senior officer is the *go-to* person when you have questions or if you encounter problems. Any concerns, questions and complaints that cannot be resolved

should be directed to the Patient Representative Office. That office will handle most patient-care-related complaints. Although its staff work for the hospital, they are the liaison between patient and the medical staff and the hospital's chain of command.

- Have another person with you when you speak to your doctor. This person can take notes, provide another perspective on the issues addressed, and help you digest the information later. If this is not possible, get permission from your doctor to tape-record your conversations. One way to get authorization to record is to tell the doctor that you have a hard time digesting all the information he or she is providing and that you would like to be able to review it later. Still, doctors have the right to refuse to have a conversation recorded. You will then be able to review the recordings. If you can listen to a recording later and without distractions, you will probably hear more than you would without recording the conversation.
- Always be well prepared to speak with your doctors. Continually maintain a written list of questions or comments of your observations. Arrange your questions in a logical order and try to anticipate some of the answers, so you're ready with a follow-up question. Your doctors will appreciate your preparation and will, generally, take the time to speak with you until all of your questions are answered. If you feel rushed or do not get complete answers to all your questions, submit your written questions to the head nurse and request that someone provide you with answers.
- Your observations of the servicemember's level of comfort and behaviors are an important factor in enhancing the care received. You may notice side effects from medication, signs of discomfort before pain medication is due, restlessness while sleeping or other issues that concern you. Write down your observations and be specific about the when, what and how. The healing process involves both the physical and emotional, so speak up about changes you notice of both types. You will spend more time with your loved one than the health care team can, and your insight is valuable in obtaining proper treatment.
- Try not to ask leading questions that can result in incomplete answers. For example, rather than asking, "Is my son going to be OK?," ask, "What is my son's prognosis?" Also, keep in mind that injuries, particularly combat injuries, can be multi-faceted and very complex. Doctors give a prognosis based on experience and science, but some-

times there just isn't a definitive answer and the best answer you'll get is "We just have to wait and see."

- If you don't understand your doctor's answers, ask him or her to try explaining it again. You might say something simple like "I'm having a hard time understanding what you just said. Can you explain it using an example, or can you use simpler language?"

Always look for opportunities to speak with the other doctors treating your loved one. Talking with these doctors will give you the benefit of hearing more than one perspective. Also, some of these doctors, such as an orthopedist or a neurologist, are more knowledgeable than the primary doctor about certain areas of treatment.

Ask if there are alternatives to the treatments your doctor has chosen. Playing out alternative treatment scenarios is an appropriate topic of discussion with all other members of a medical team. If you have concerns about the treatment plan for the servicemember, ask for a second opinion. Some doctors may not like it but *YES*, you can ask for another opinion, even in a Military Treatment Facility. Approach the primary physician with your request for an "advice only" or "evaluation" consultation. This approach normally will not insult the primary doctor, as you are not assigning the patient to another doctor—you're just asking for an opportunity to get another opinion.

Know your rights and what level of care should be expected. Every hospital, including Military Treatment Facilities (MTF) and hospitals operated by the Veterans Health Administration (VHA), has a *Patients Bill of Rights*. When you arrived, you were most likely given a pamphlet about rights. If not, request one from the social worker or case manager. Not only should you be familiar with the rights and responsibilities noted in that publication, but you should also know what level of care can be expected for your loved one, on a day-to-day basis.

Do not expect more than what the standards are for the hospital, but do make sure the patient gets what he or she is supposed to. Asking the senior officer or head nurse what the daily routine of care is will alleviate many problems. Ask the department heads of physical therapy, occupational therapy, speech, etc., how many times the patient will be seen per day or per week. This information is sometimes posted by the nursing station, but it is better to get it from the person in charge, rather than wonder if something has been wiped from a board. This gives you a point of contact and grounds to complain if something isn't being done properly.

Ask what you can do to help in the servicemember's recovery. As a caregiver you may need to fill in areas not covered, and it's going to be up to you to ensure that the care is what it's supposed to be. Ask questions to make sure you understand what you can do to help. Staff is required to do only so much; you on the other hand have a vested interest in this person; learn now what *you* can do to help your loved one recover. This *on-the-job training* may be very helpful in the months to come.

As you follow these recommendations, some doctors and medical personnel may be miffed that you're taking too much of their valuable time; however, most will appreciate the fact that you're trying hard to understand the servicemember's status and doing what you can to aid in his or her recovery.

### ***Understanding the ABCs of Military Acronyms***

For those family members who have not had experience dealing with the military or VA systems, the use of series of initials, which sometimes look like words, can make a caregiver feel like he or she is dealing with a foreign language. Many of the medical terms are ones you may be familiar with, like CAT scan or MRI. But being told you need to go to what sounds like "*peblo*" may mean absolutely nothing to you, when in fact where you are being told to go is the Physical Evaluation Board Liaison Office (PEBLO). Quite honestly it can be one of the most frustrating things to deal with when you have no idea what someone is talking about. Throughout this book, explanations include the complete name and then the appropriate acronym. If at any time you don't understand what someone is talking about, then ask him or her to give a full explanation.

### ***Military Medical Holding Companies***

An active-duty member of the U.S. Armed Forces who has been injured will have a *profile* filled out by the attending physician stating medical limits or inability to perform military duties. Along with this profile and dependent on the expected length of recovery, the servicemember may receive Temporary Duty (TDY), Temporary Change of Station (TCS) or Permanent Change of Station (PCS) orders attaching him or her to a Medical Holding Company also known as Med Hold.

These Medical Holding Companies or Units have a variety of different names, depending on the branch of service, i.e. Marines: Wounded Warrior Regiment and Army: Wounded Warrior Battalion, but no matter the title, they function in the same capacity as temporary means of upholding military order. The holding companies act as a normal military unit in terms of administrative oversight for issues such as leave, finance, accountability and other normal military functions. Under the Wounded Warrior Assistance Act (H.R.1538), these companies are responsible for assisting in the overall recovery efforts of the servicemember, and this includes assigning care coordinators or case managers to oversee medical matters. You need to fully understand that as long as the servicemember remains on active duty, he or she is accountable to a Military Unit and its chain of command and therefore is subject to the regulations of the Uniform Code of Military Justice (UCMJ). Still, the physical and emotional well-being of the servicemember must remain the top priority. Assuming everything might *not* go as expected or as it should, stay reasonably involved as your loved one's advocate, *especially* if medications and emotional or cognitive difficulties (as in the case of traumatic brain injury) impair the servicemember's ability to fully understand necessary medical information or what the military unit requires of them.

### ***Bombarded by the Media and Organizations***

You may have found that you are constantly approached by the media and numerous personnel from veterans organizations or agencies. There is a balance between learning how to use them effectively and at the same not wanting to become a commodity (some organizations sometimes use stories of the wounded to raise money), but first and foremost you are under NO obligation to talk to any of them.

The following are some tips you may find helpful.

- **Public Information:** When you put information out to the public, there is no calling it back. No matter if it is in print, on the news or on the Internet, whatever you say can be repeated and pictures can be reprinted. So consider carefully what details you may want to reveal.
- **Media:** Always be aware that the media are looking for the story they think America wants to see or read and it is your choice if you want to be part of that story. This includes news reporters who may be accompanying officials. You also have the right to refuse photographs

being taken. If you are on government property, and, under rules posted at entry points, photography is not allowed at all, unless approved by the Public Affairs Office (PAO) of a facility on government property. If you try to take pictures anyway, you run a real risk of having photographs or photography equipment confiscated. Caregivers and others might prefer to show photos and provide information privately rather than to provide such at a military facility. Some families need to use the media to get facts out to the public. But even if the caregiver doesn't get in trouble, the servicemember might. Military Treatment Facilities (MTF) and the VA Hospitals and Clinics are government property

- **Organizations:** You may be visited by many different veterans agencies and nonprofit organizations. The information they have to share can be very valuable, and you may need their help at some point. See "Where to Get Help" under "Build a Support Network," later in this chapter. But too often they may come at the wrong time or you're only hearing half of what they are saying. Ask them for a business card and have them write on the back of the card where they met you and a date. (Some caregivers find that if they don't do it this way, they end up with dozens of cards and have no idea where or when they got them.). File the card in your Emergency Address book. Again, remember that you have no obligation to tell your story or have photographs taken, even if the organization or person requesting that you do so has provided you or your loved one with gifts.

### ***Your new title: Caregiver***

At some point during the past days or weeks you may have realized that you are constantly tending to the needs of your loved one and that the recovery process is going to take a lot longer than you may have originally expected. Possibly you've realized that your role as a family member has just taken on a new dimension and you are now considered a "*caregiver*." The title caregiver is rather ambiguous and may mean you help with changing bandages or that you must assist in all aspects of the servicemember's well-being. Meeting the daily needs of another person is an enormous job and yet it has no job description. You may be a spouse, parent, sibling or friend who now has had to assume the

position of case manager, benefits coordinator, advocate, claims adjuster and health care provider, all of which you probably have no experience with.

### ***Focus on what you can control***

After spending days or weeks at someone's bedside, it's easy to feel you have no control of your life or the situation. Each day you may be in a routine and going through the motions but in reality everything may feel somewhat out of your control. Helping your servicemember recover from an injury will be a long, challenging and exhausting trial of your patience, flexibility, creativity, stamina, selflessness and love. You should begin preparing yourself physically, emotionally and intellectually, right now.

### ***Taking care of yourself: Physically***

Adrenalin is a wonderful thing, for a while, but eventually it tapers off and what you are going to be left with is a mentally and physically exhausted body. The advice that you're going to read in this paragraph will seem impossible, but if you are the primary caregiver for someone who has been severely injured, you're going to need every bit of energy you can muster, and you can't help anyone else if you're sick or run-down. The best suggestion is to start by following the advice Mom gave you:

- Get enough sleep. Yes, you can, if you don't spend 24 hours at the hospital! If you find it impossible to get restorative sleep, then talk to a doctor, he or she may be able to prescribe something to help you.
- Eat nourishing meals *every day*. Stealing the Jell-O off a food tray does not count as a meal. Your body will eventually fight back if you don't eat properly, and if you get sick you can't help your loved one.
- Get some exercise. Most likely you are walking back and forth from your lodging to the hospital each day: good exercise, but not quite enough. You might consider a fast-paced walk or a run around the grounds before heading to your room, or using the stairs rather than the elevator.
- Learn how to relax. This is as important as the first three. It can't be overstated how important it is for you to take regular breaks from the world of the hospital. Be kind to yourself. Do something you enjoy: read or listen to a book on tape, knit, meditate, pray or go to a mu-

seum, and laugh. You may wonder; “What do I have to laugh about?” but humor is great medicine and it can reduce stress.

### *Taking care of yourself: Emotionally*

The watching, waiting and wondering—and the caregiver’s traumatic experience itself—produce an emotional shock and may cause many different emotional and physical reactions. Each individual handles or reacts to emotions differently and it’s impossible to address every possible scenario. You might experience obvious emotions (shock, denial, panic, anger, guilt, grief, helplessness, loneliness, fear or depression) and these emotions can manifest themselves as physical reactions; headaches, stomach aches, rapid heartbeat or muscle tension. Some emotions are a lot less obvious and unfamiliar; not being able to recall the previous day’s events, feeling like you’re in a *fog* or dream state, uncontrollable crying or not being able to cry at all. You need to know that your feelings are normal and the reactions are real, and although you may think you’re alone, you’re not.

Military Treatment Facilities and the veterans hospitals recognize the need for family support and offer a range of counseling services, yet you may feel the services offered are not adequate or that you don’t need *professional* help. No matter what your situation, it’s a good idea to express how you are feeling; otherwise the wave of feelings can create an uncontrollable tsunami of emotions.

Find a pressure-release valve. Find someone you can talk with unconditionally or do something that will allow you to vent the frustration. Sharing your feelings with clergy (a military chaplain or a civilian clergy member), a favorite relative, a good friend or someone who will just listen and not feel the need to *tell you what to do*, can make all the difference in the world. Some things to reduce the frustration may include keeping a journal or taking a run.

It’s also important for you to recognize when you can’t handle things by yourself. The American Psychiatric Association lists the following warning signs and suggests that a person with one or more of the following be evaluated by a professional.

- Marked personality change.
- Inability to cope with problems and daily activities.
- Strange or grandiose ideas.
- Excessive anxieties.
- Prolonged depression and apathy.
- Marked changes in eating or sleeping patterns.

- Extreme highs and lows.
- Abuse of alcohol or drugs.
- Excessive anger, hostility, or violent behavior.
- Thoughts of hurting yourself or others or of suicide.

### *Build a Support Network*

Supporting someone through the grueling and lengthy process of recovery and rehabilitation is, for many or most caregivers, a more-than-full-time job. Most individuals are unable to devote all of their time to being a caregiver while continuing to maintain their sanity and uphold their responsibilities to children, household and employers and shouldn't even try (see "The Family and Medical Leave Act" under "Paying the Bills: Emergency Funds and Disability Insurance," later in this chapter). Recognize *right now* that you can't do it alone and that you *must* recruit others to help you.

Needs come in two basic forms: material *things* that are needed to sustain you or your family and the assistance of *people* that may take a considerable amount of their time.

### *How to Get Help*

- Identify and record your needs. Yes, write them down: you will in fact forget what you need until you need it again.
- Make your needs known. There are people out there willing and anxious to help you. Some will even feel honored that you've turned to them in a time of great need. Give people the opportunity to help and accept their assistance without embarrassment. Someday, you may be able to return the favor or help someone else in need.
- Broadcast your needs widely. People live busy lives and are not always available when you need them. So ask for help from many people. Periodically send an email message to family, friends and the servicemember's unit, or let someone in your circle of friends organize a network of support.
- Be prepared with specific requests. When people ask, "What can I do to help?," pull out your list and tell them what you need. This goes for the multitude of organizations that come to visit wounded servicemembers.
- Let others do tasks that might be emotionally too difficult for you. Identify a trusted person to turn to for things you just can't handle. Personal effects like clothes, letters or photographs, may be very difficult to deal with and yet casting them aside, even temporarily, can cause important belongings

or paperwork to be lost. Ask the trusted person to maintain items and paperwork for safekeeping. This keeps the items available for us at a later date.

### *Where to Get Help*

- Agencies and organizations: This is when all those saved business cards come in handy. Over the past years there have been scores of nonprofit organizations formed to assist wounded servicemembers, veterans and their families, and there is no shame in asking them for help. Many organizations can offer financial assistance, veterans advocates, legal advice and personal support, but not all organizations do everything. If the particular organization you have called cannot provide you with what you need, then ask it to refer you to someone who can. Most organizations know which other organizations are doing what.
- Think outside the box: Your family members may be supportive and willing and able to help, but meeting others, who have dealt with similar injuries, is a great way to learn from the folks who've been there. They can give you valuable advice about practical matters and resource options and can help you sort through the tsunami of emotions you're struggling to control. Asking your social worker to put you in touch with another family can result in building a relationship with someone who truly understands what you're going through.
- Hometown help: Being a caregiver to a wounded veteran is often a logistical nightmare, as you are miles away from your home. Taking care of yourself is difficult enough and it's impossible to think of tending to household maintenance or the lawn back home. Consider having a friend contact your hometown church, recruiter's office or high school ROTC program. Most often they are understanding, and they may have the "manpower" to do chores that otherwise would go unattended.
- Military command help: Don't forget to include contacting your servicemember's military unit or command. No matter if he or she is active-duty or retired, still assigned to his or her original command or attached to a medical holding unit, the servicemember is always considered *family* to the command he or she was attached to when the injury or illness occurred.
- Keep asking for help as long as you need it. It's easy to feel somewhat embarrassed by constantly appealing for help, but helping a loved one recover from injuries may be a very long process and it's totally understandable that you may need the assistance of others for a long time too. Undoub-

tedly, there may be times when you think you're abusing the kindness of others, but always remember they have the right to say NO.

### **Empower Yourself**

You are not going to learn everything you can about an injury, the Department of Defense (DoD) or the Department of Veterans Affairs (the VA) in a *one size fits all* booklet, yet you must get educated and empower yourself with knowledge.

If you are like most other family members, you know very little about the servicemember's injuries. You may in fact know of someone who suffered a similar injury, but you don't really know about the lasting effects, the treatments or what the recovery process is, particularly for someone who is serving in the armed forces. Read and research everything you can that pertains to the type of injury and become very familiar with the predictors, treatments and recovery expectations. Also make yourself familiar with the DoD and VA health care options. *Read more about health care insurance and options in this chapter.*

Much of what you already know about the Department of Defense (DoD) and the Department of Veterans Affairs (the VA) you learned on a *need-to-know basis* and it will probably continue to be that way. The important thing to understand is that both departments are governed by the Code of Federal Regulations (CFR), which is established and approved by the federal government. Each branch of service has its own standards and regulations, but overall they still fall within the confines of the CFR. The Code of Federal Regulations is available to the public and can be found online at [National Archives and Records Administration](#). "National Defense" is title 32 and "Pensions, Bonuses, and Veterans' Relief" are title 38. Unfortunately, doing research in the CFR is the only way some will get truthful answers to questions.

The more information you obtain about the reality of the injuries sustained and the complexity of the military and the VA systems, the more empowered you become to be an advocate. If doing it *all* seems overwhelming, you may feel more comfortable being an emotional supporter and allow another family member or trusted person to be the advocate. It's your choice on how involved you want to be, but keep in mind that no one knows your loved one as you do, and the *systems* do not always work as they should.

## ***How to Advocate Effectively***

Government is filled with bureaucracy and consequently the regulations that cover servicemembers, particularly when they are wounded, can be applied bureaucratically. Situations may arise that need you to advocate for your loved one, but do not confuse this task with becoming a lobbyist for change. You may in fact feel strongly enough about issues to invoke change, but this is not the time to get sucked into that battle. The task at hand is ensuring proper treatment and fair determinations for your loved one. The more you know about being an advocate, the more effective you will be. Whether you are advocating by telephone, letter, e-mail or in person, the following may help you advocate effectively:

- Know your basic facts. Whether you're advocating in regard to health care, medical board proceedings or veterans benefits, the subject at hand is the single most important aspect.
- Know the regulations, agency and person that you are approaching. Be sure you are dealing with the person or place that can actually invoke the changes you are seeking. Moving up the chain of command to senior officers or supervisors may be necessary; don't be afraid to ask *who is in charge*.
- Be organized. Organization is an important part of being an effective advocate. You must be able to present necessary information in a short amount of time, so listen carefully, take good notes and keep your information organized.
- Be brief. The person you are addressing may not have much time to talk to you, so present him or her with only the necessary points for which you are advocating. List for them (as you speak to him or her or by handing him or her a list) why your issues are so important and what the possible adverse effects are if the status quo is not changed.
- Be clear and accurate. Be sure that you speak and write clearly about your points, and of course, be sure that you are accurate and factual on the information that you are presenting. If you are not sure about facts, *do not* pretend to know the answers.
- Be timely and follow up appropriately. This is usually the most difficult when you have a million things pending. If you are asked to submit additional information, do it as soon as possible. Once you're out of sight, you're out of mind.

- Be persistent and persuasive. It is important that you get your point across, so have confidence in yourself and refuse to give up. There is no need to be argumentative or demanding; this type of approach will *not* likely encourage anyone to support you. Of course, never make empty promises or empty threats. Be grateful. Thank people who have helped correct issues that you have advocated for; you never know when you may need their assistance again.
- Know when you're in over your head and may need the assistance of others. There are many veterans organizations that offer advice and advocates; don't hesitate about asking for help.

Two areas in which your servicemember may need your assistance and advocating skills are in receiving continued and appropriate rehabilitation for severe injuries and during the disability evaluation process.

- Military Treatment Facilities, VHA Poly Traumas and/or civilian health care: A wounded servicemember may be transferred to another Military Treatment Facility, VA hospital, or the Center for the Intrepid, usually in an effort either to get the servicemember closer to home or to connect the servicemember to a specific type of care. In 1992 the Department of Defense (DoD) entered into a memorandum of agreement (MOA) with the Veterans Health Administration (VHA) to send wounded active duty members to the Veterans Administration for treatment. Originally this was done through the Defense and Veterans Brain Injury Center (DVBIC) for continued rehabilitation of brain injuries, yet in recent years this agreement was expanded to include multiple injuries and multidisciplinary treatments. VA facilities dealing with these are also known as Poly Traumas.

There is in fact another option that is often *not* posed to the family of *active-duty* servicemembers. This option includes civilian health care hospitals and rehabilitation facilities by utilizing the *active duty* servicemember's TRICARE Prime benefits (CHAMPUS). Keep in mind that an active-duty servicemember is attached to a military unit or company and transfer outside of the military's health care system must also be approved at a command level.

Being retained on active duty status or retired: When a military member has a medical condition which renders him or her unfit to perform his or her required duties, he or she may be retired or discharged from the military for medical reasons. The process to determine medical fitness for continued duty

involves two boards. One is the Medical Evaluation Board (MEB), and the other is the Physical Evaluation Board (PEB). For complete information about the MEB/PEB process, see Chapter 19, “Disability Separation and Retirement.”

Be advised of all your veterans rights, benefits and entitlements *before* signing MEB/PEB evaluations. First and foremost is that the servicemember is entitled to *optimal care* (sometimes called being entitled to be “rehabilitated to the fullest extent”) before proceeding with being retired or discharged.

(Note: Per the National Defense Authorization Act for FY 2008 (NDAA) Sec. 1618, signed into law January 28, 2008, includes the requirement that servicemembers with Traumatic Brain Injury and/or PTSD be provided the highest quality, evidence-based care in facilities that most appropriately meet the specific needs of the individual and be rehabilitated to the fullest extent possible using up-to-date, evidence-based medical technology and physical and medical rehabilitation practices and expertise. They must be informed of all options available, including a second opinion and authorized treatment facilities..)

### ***Non-Medical Attendant Orders***

During recent weeks, it may have become apparent that you’re going to be assisting your loved one for quite a while longer than the original forecasts had predicted. Because the original travel and transportation orders likely are due to expire, you may be issued a new set of orders identifying you as a non-medical attendant. Also known as non-medical attendant orders, these will be issued if the servicemember is now being seen on an out-patient basis *or* being sent to another facility for rehabilitation *and* the physician deems your assistance necessary *and/or* in the best interest of the servicemember. Non-medical attendant orders entitle you to benefits similar to those under travel and transportation orders and may remain in effect until the time the active-duty servicemember becomes retired or is discharged. These orders may help support you financially by paying you authorized per diem (a daily amount), but will not be enough to pay for the other debts you may be incurring.

## ***Paying the Bills: Emergency Funds and Disability Insurance***

If you are unable to meet your personal financial obligations, contact your social worker or case manager or review the section in this chapter under “Build a Support Network.”

### ***Traumatic Injury Protection under Traumatic Servicemembers’ Group Life Insurance (TSGLI)***

Effective December 1, 2005, every servicemember who has SGLI also has TSGLI. This coverage applies to active-duty members, reservists, National Guard members, funeral honors duty and one-day muster duty. TSGLI coverage pays a benefit of between \$25,000 and \$100,000, depending on the qualifying loss incurred. *Note:* The servicemember is the beneficiary of TSGLI. The member cannot name someone other than himself or herself as the beneficiary. If the member is incompetent, the benefit will be paid to his or her guardian or attorney-in-fact. Additional information may be found at [www.insurance.va.gov/sglisite/](http://www.insurance.va.gov/sglisite/) and [www.military.com/benefits/veteran-benefits/traumatic-injury-protection](http://www.military.com/benefits/veteran-benefits/traumatic-injury-protection)

### ***Social Security Disability (SSD)***

Servicemembers are entitled to receive Social Security Disability (SSD) benefits when they are no longer able to perform *substantial gainful activity* as the result of a physical or mental impairment that is expected to last at least 12 months, or possibly result in death. How does military pay or VA compensation affect eligibility for disability benefits? You cannot engage in substantial work activity for pay or profit, also known as *substantial gainful activity*. **Active-duty status and receipt of military pay does not, in itself, necessarily prevent payment of disability benefits.** Receipt of military payments should never stop you from applying for disability benefits from Social Security, and you should apply as soon as possible. If the servicemember is receiving treatment at a military medical facility and working in a designated therapy program or on limited duty, the Social Security Administration will evaluate the servicemember’s work activity to determine his or her eligibility for benefits.

This is actually the best time to apply, as medical documentation is readily available and can be provided rather quickly to the Social Security Administration. The *actual work activity* is the controlling factor and not the amount of pay the servicemember receives or his or her military duty status. The sooner an individual gets approved for SSD benefits, the sooner he or she may become

entitled to one or more types of Medicare insurance. For more about Medicare coverage, see “TRICARE for Life” later in this chapter. Minor children of disabled servicemembers and veterans may also be entitled to benefits. For more information, visit [www.socialsecurity.gov/woundedwarriors/](http://www.socialsecurity.gov/woundedwarriors/)

Also visit [www.socialsecurity.gov/woundedwarriors/](http://www.socialsecurity.gov/woundedwarriors/) regarding measures in place to expedite claims.

### *Private disability insurance*

Are you entitled to disability income? You, as an immediate family member, may also be entitled to privately held short-term disability insurance if carried by your employer. Much will depend on the policy, the employer, and the type of work you do and can only be enacted if a physician has deemed you incapable of working due to your temporary emotional state, but it is worth looking into.

### *The Family and Medical Leave Act*

Not surprisingly, many employers try to ignore the Family and Medical Leave Act or may be ignorant of the 2008 changes. If this happens to you, you have the right to sue your employer. Although this may not be the time to sue, consulting a private attorney or a JAG officer may offer you the assistance you need to correct the problem. Also, employers who lack common human decency have been known to retaliate against folks who take this leave when they return to their jobs. If this sounds like your boss, be prepared for this to happen and know your rights; an attorney could advise you about this. Helping your loved one through the recovery and rehabilitation may be the most critical and rewarding job of your life, despite the lack of financial compensation.

Under the original Family and Medical Leave Act of 1993, you may have taken up to 12 weeks leave from work every year, yet, on January 28, 2008, President Bush signed into law H.R. 4986, the National Defense Authorization Act for FY 2008 (NDAA). Section 585 of the NDAA amended the Family and Medical Leave Act of 1993 (FMLA) to permit a “spouse, son, daughter, parent, or next of kin” to take up to 26 work weeks of leave to care for a “member of the Armed Forces, including a member of the National Guard or reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness. Unfortunately, your employer is not obligated to pay your wages when you miss work, which prevents many caregivers from benefiting from this legislation. Your employer, however, must continue to

provide the same level of benefits, including your health insurance, when you miss work to care for an injured family member. You are covered by The Family and Medical Leave Act if:

- your employer has 50 or more employees within 75 miles of your job site,
- you have at least one year's job tenure with your employer,
- you have exhausted all your sick and vacation days,
- you have worked for your employer for at least 1,250 hours in the prior year, and
- you intend to return to work at the end of the leave.

You must request leave at least thirty days in advance, but the law permits notice to be given *as soon as practicable* when unforeseen events, such as a combat injury, arise. Some states have their own laws which provide rights in excess of those required by the federal law.

For a complete explanation of benefits, visit the Department of Labor Web site, [www.dol.gov/esa/whd/fmla/fmla/amended/htm](http://www.dol.gov/esa/whd/fmla/fmla/amended/htm) and view Title I of the Family and Medical Leave Act, as amended by the National Defense Authorization Act for FY 2008.

### *Department of Defense and Veterans Health Insurance*

Servicemembers' health care benefits are very complex. This section offers basic information and should not be used to make a decision as to what insurance an individual should carry. For a full explanation of health care insurance, entitlements, coverage, and benefits, consult your local TRICARE and VA offices or visit [www.TRICARE.mil](http://www.TRICARE.mil) and the [www.va.gov](http://www.va.gov).

***TRICARE Prime while on Active Duty:*** The insurance coverage a person has while on active duty falls under Title 32 of the CFR, section 199, the Uniform Code of Federal Regulations (UCFR), [www.access.gpo.gov/nara/cfr/waisidx\\_06/32cfr199\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/32cfr199_06.html), also known as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). This insurance coverage entitles an active-duty servicemember to get medical treatment at any Military Treatment Facility, and additionally allows coverage to get treatment with civilian medical providers. *For additional info, see "Military Treatment Facilities, VHA Poly Traumas and/or civilian health care."* in this chapter.

**TRICARE Prime** that is offered when a servicemember retires or is retired due to his or her injuries<sup>1</sup> should not be compared to TRICARE Prime under CHAMPUS. Once retired<sup>2</sup>, a veteran must select TRICARE Prime or default to TRICARE Standard. TRICARE Prime is a dividend-based plan; in other words, you pay for it. Cost is currently \$230 per year for a single individual and \$460 for a family. It is an HMO and has minimal co-pays when going to the doctor and no deductibles. Specialty services must be *authorized* through your Primary Care Physician, but you can only go to TRICARE Network providers. TRICARE Prime may be a good option IF:

- you are generally healthy.
- the doctors you want to see are *Network* providers.
- it's necessary to keep your annual costs at a minimum.
- you don't have to travel long distances for specialty care, as Prime does cover some travel expenses where standard does not.

**TRICARE Standard** is free to those who are in the Defense Enrollment Eligibility Reporting System (DEERS). You are in the DEERS system if you carry a military ID (active duty, retired, dependent, etc.) TRICARE Standard offers much more flexibility of seeing the physicians you want, as you can go to any doctor who is a TRICARE *Authorized* Provider vs. *Network* Provider. TRICARE Authorized Providers are any who have been qualified to treat Medicare patients as well, which means pretty much every public facility is an Authorized Provider. Although Standard is free, it comes with co-pays and deductibles. There is an annual catastrophic cap, currently \$3000, so it should not cost the veteran more than that annually. Standard may be a better choice IF:

- you need specialty services.
- you live in a small town or somewhere where TRICARE Network providers are not readily available.
- you have the financial means to pay the co-pays and deductibles.

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<sup>1</sup> Legislative suggestions from the recent *President's Commission on Care for America's Returning Wounded Warriors* suggests that TRICARE benefits should be extended for those seriously injured in combat or combat-related activities. This is currently under consideration by Congress and would extend the CHAMPUS TRICARE benefits for those seriously wounded in combat.

<sup>2</sup> The term *retired* is used for those who were found to have a 30% or greater physical disability rating and *retired* with military benefits. The term *discharged* is commonly used if a person left the service with no military benefits or entitlements. *More information, especially on the Disability Evaluation System (DES), is provided in Chapter 19, "Disability Separation and Retirement."*

**TRICARE for Life:** this program works in conjunction with Medicare. Once a person is 65 or disabled and Medicare Part B-eligible, TRICARE for Life becomes the secondary payer to Medicare. Veterans who are found to be *disabled* and entitled to SSD become eligible for Medicare two years after their SSD eligibility date. Eligibility date is 90 days after the date of injury disability. Anyone who is Medicare Part A- and B-eligible MUST elect Part B of the Medicare plan to be entitled to TRICARE for Life. This is something you pay for (approximately \$80-\$90 per month) and is deducted from your SSD or SS monthly benefits. TRICARE for Life is free, but as you probably already figured, you're paying for the Medicare Part B, so in fact it is costing you more. Yet, once you have Medicare and TRICARE for Life, the co-pays and deductibles are pretty much non-existent, so the annual costs are less. Medicare also has a pharmacy program, Part D. Service-connected disabled veterans should not need this program, as all pharmacy needs can be filled through the MTF, the VA clinics and local drug stores using TRICARE benefits.

All TRICARE plans come with restrictions for extended services—therapies (of all types), specialized doctors, hospital stays, etc.—which can be supplemented by programs offered by the VHA.

And what if the veteran has a family? You can in fact choose to have TRICARE Prime for the family, and the veteran can be on Standard. This way the spouse and children have the benefit of a regular family doctor and coverage under a HMO.

### **Veterans Health Administration (VHA)**

Veterans have entitlements to health care at the VA, but it is based on a priority rating. With a veteran who was injured *in the line of duty* and has been rated by the VA as having the highest priority, the higher the percentage of service-connected disability, the higher the priority. A person with service-connected injuries should always be entitled to free health care. (“Should” was used as no one ever knows what the future holds for a veterans benefits).

Within the VHA health care system there are many services and programs, and for the most part, these can be provided for a lifetime, where the TRICARE and Medicare insurances may have limitations on how much of those services they will provide and/or may provide them for a limited time. Some of these services include: cognitive speech therapy, physical therapy, oc-

cupational therapy, prosthetic devices, recreational therapy, and in-home care (sometimes referred to as “aid and attendance”). Although these services can be provided by the VA, many VA clinics don’t have all the services a person needs, and utilizing fee-basis may be an option.

VHA fee basis or fee-based services can be utilized:

- For treatments and services they do not provide,
- If the veteran lives too far away from a VA facility,
- If the services can’t be provided by the VA hospital or clinic in a timely manner,
- For treatments outside the *normal* scope of rehab that are deemed necessary for recovery.

**Record-keeping:** No matter what type of medical treatments the veteran may seek or what medical benefits you use, it’s important that you keep a list of all physicians treating the veteran and the facilities where they were seen. Get copies of all medical records, including both physical and psychological. This information may be very helpful when filing disability compensation claims. The VA will in fact request records to support a claim but too often people forget *all* the medical facilities where they were treated or are unable to get all the records relating to the case. Keep in mind that even when an injury is not directly service-connected, injuries or illnesses may in fact be a result of the time in service or aggravated because of service-connected injuries. For information on filing a claim, see Chapter 5, “Explaining the VA Claims and Appeals Process.”

**Note:** Under previous eligibility rules, combat veterans who served in a theater of combat operations after November 11, 1998 were eligible to be enrolled in Priority Group 6 and receive cost-free health care for two years after discharge for conditions potentially related to combat service. The law has changed to extend eligibility for VA health care for eligible combat veterans! On January 28, 2008, the National Defense Authorization Act (NDAA) became law. This new law extends health care eligibility for combat veterans as follows: Currently enrolled veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post-discharge. Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011. So even though someone was not *retired* from the service or previously rated by the VA, he or she can seek medical attention at a VA facility. It is *strongly* recommended that *every*

newly separated veteran get registered at his or her closest VA health care facility for his or her health care benefits. Even if the veteran is getting medical care elsewhere, having a doctor at the VA can be very beneficial and you are currently entitled. Here are just a few of the reasons: prescriptions, prosthetic devices, annual physicals, daily medical needs (catheters, food supplements, etc.), disability evaluations, referral for fee-basis, etc.

To learn more about health benefits for combat veterans, see the Combat Veteran Eligibility fact sheet at

[www.va.gov/healtheligibility/Library/pubs/CombatVet/](http://www.va.gov/healtheligibility/Library/pubs/CombatVet/)

### *Airline Travel: TSA Assistance for the Severely Wounded Servicemember or Veteran*

The Transportation Security Administration (TSA) offers a program in conjunction with the Department of Defense (DoD) to develop a process to increase TSA awareness when injured servicemembers and veterans are traveling through airports. TSA has placed staff in the [Military Severely Injured Joint Services Operations Center Program](#) on a 24-hour, seven-day-a-week basis.

Here is how the process works:

- Once flight arrangements are made with the airline, the injured servicemember or veteran and/or his or her family can call the Operations Center's 24/7 toll-free number, (888) 774-1361, with details of the itinerary. The number is also available to representatives acting on behalf of the injured servicemember.
- The caller will be connected to or receive a call back from a TSA liaison team member via the center's care managers.
- The TSA liaison person will then notify the appropriate Federal Security Directors at the involved airports to ensure that any security screening required at those airports will be conducted by TSA screening experts with empathy and respect in order to make the overall experience for the servicemember or veteran as expeditious and pleasant as possible.

## ***Planning for the Future***

The first thing about preparing for the future needs of you and the veteran is to have a clear and realistic understanding of the prognosis. Make sure that you thoroughly understand both the diagnosis (what medically has occurred and is occurring) and the prognosis (the impact this will have on the veteran, the outcome). There are no certainties or absolutes in predicting the future, but being prepared, based on what you *do* know, can alleviate many difficulties when you return home. Consider if you will need assistive devices, home alterations or additional in-home health care.

- Assistive Devices: numerous types of assistive and prosthetic devices are available. A few you may need to consider are: safety accommodations, mobility tools or transportation. The MTF, VA and TRICARE may provide you with needed tools before leaving the hospital but additional devices may be obtained through special programs.
  - *Computer/Electronic Accommodations Program (CAP)* ([www.TRICARE.mil/cap/Initiatives/WSM.cfm](http://www.TRICARE.mil/cap/Initiatives/WSM.cfm)) may provide accommodations for wounded servicemembers with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities, to access the computer and telecommunication environment.
  - RollxVans ([www.rollxvans.com](http://www.rollxvans.com)) became aware of the lag in time from when an injured veteran returns home and when he or she receive his or her benefits and developed a means for *temporary* transportation through their Wounded Warrior program. For more information contact Monica Delie at (800) 956-6668.
- Home Alterations: VA grants for home modification or alterations are available for veterans under the Home Improvements and Structural Alterations (HISA) program. *More information can be found in Chapter 8, "VA Housing Programs,"* or by reading the VA HISA document [www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1580](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1580). The building regulations for this grant program are very specific, and it is suggested that you speak to a housing benefits counselor for full explanation of entitlements. Additional services may also be provided by non-profit organizations like Homes for Our Troops at [www.homesforourtroops.org](http://www.homesforourtroops.org), Homes for Heroes at [www.buildinghomesforheroes.com/](http://www.buildinghomesforheroes.com/) or Wounded Heroes Foundation at [www.woundedheroesfund.net/](http://www.woundedheroesfund.net/), to mention just a

few. For more on housing adapted for disabled veterans, see Chapter 8, “VA Housing Programs.”

- Home-Based Care: In-home health care can provide medical care to chronically ill or injured veterans in their own homes under the coordinated care of the VHA or TRICARE benefits. Read more below under “Caregiver Assistance.”

## Caregiver Assistance

As you’ve probably already discovered, no one benefit is going to supply everything or meet all of your veteran’s needs. Recovery coordinators are now being introduced to help with this, but family caregivers are in fact constantly managing the multitude of case managers, and the health care programs listed below may give you a little relief.

Aid and Attendance and Special Monthly Compensation (VHA and VBA): While meeting the needs of your loved one, you should have a full understanding of the VA benefits, and/or compensation they may be entitled to, particularly aid and attendance. Two types of aid and attendance may provide additional assistance to the veteran, which in turn may relieve you, the caregiver. Health care *services* are provided through the Veterans Health Administration (VHA) and *compensation* is provided directly to the veteran through the Veterans Benefits Administration (VBA).

**VHA Aid and Attendance:** this is available for a veteran who needs the help of a health care professional and is a benefit that is paid to that professional. This type of service may also be provided via *fee-basis*. Example: if someone needs respiratory therapy or injections of pharmaceuticals that must be performed by a registered health care professional, the VHA hires someone to come into the home and provide these services. This is a *health care* benefit and is normally contracted through the VA physician, hospital or clinic. The regulations covering this benefit are outlined in the Code of Federal Regulations. We suggest reading 3.353 carefully and understanding the provisions stated under numbers 3 and 4, as it covers what it means to have these services performed by a *health care professional* or *under the supervision of a health care professional*. Family caregivers, in some cases, may become *qualified* to perform these services and may be entitled to compensation through the VHA for services rendered.

***Special Monthly Compensation (SMC)***, which is administered through the Veterans Benefits Administration (VBA), is a Rating for Special Purposes. This is compensation, paid directly to the veteran, in addition to (for example, SMC [K]) or in place of 0% to 100% combined degree compensation. To qualify, a veteran must be disabled beyond a combined degree percentage or due to special circumstances (for instance, need for aid and attendance, loss of use of one hand, etc.). These codes can be very confusing, but even more confusing is how the funds can be used. This additional compensation is intended to be used by the veteran to pay for the services he or she can no longer do for himself or herself, due to an injury or illness.

This is not commonly a problem if the veteran is spending the funds, but if someone has been found incompetent for pay purposes by the VA and has a *fiduciary*, it can get very sticky. Understanding the regulations yourself or consulting a veterans advocate can be very helpful, as some VA representatives (fiduciary watchdogs) are confused or misinformed and may *improperly* regulate how funds can be spent. A few regulations pertaining to this can be found in CFR Title 38, read under 3.350 and 3.352. Also read 3.353, 3.353 c, particularly as it covers attendance by a relative

***Respite Care:*** Respite care may temporarily relieve the spouse or family caregiver from the everyday caring for a disabled veteran at home. In the past, respite care admission was limited to an institutional setting, typically a VA nursing home. Recently the Veterans Millennium Health Care and Benefits Act expanded respite care to home and other community settings, and home respite care is provided at some VA medical centers. VHA Respite Care is usually limited to 30 days per year and can be broken into two 15-day sessions. Signed into law January 28, 2008, additional respite care is provided under Section 1633 of H.R. 4986, the National Defense Authorization Act for FY 2008. Although currently these benefits are not clearly defined, it is expected that TRICARE respite care and aid and personal attendant benefits would be provided to servicemembers seriously wounded in combat under the Extended Care Health Option (ECHO).

***Daily Assistance and Alternatives:*** The Department of Veterans Affairs (VA) offers a spectrum of daily and extended care services to veterans enrolled in its health care system. Veterans can receive home-based primary care, contract home health care, adult day health care, homemaker and home health aide services and home respite care, to mention a few. These programs are an effort to support veterans living at home versus being placed in Skilled Nursing Facilities (SNF), and are available on a temporary basis if needed. Most are offered

through the VHA but some are also offered through the Veterans Vocational Rehab (VBA) entitlements. *Contracted Home Health Care / Home Health Aide*: Professional home care services, mostly nursing services, are purchased from the private sector and obtained through *fee-basis* home care. Current efforts are underway for changes in these regulations to include family caregiver training and compensation. *Adult Day Health Care (ADHC)*: Adult Day Health Care programs provide health maintenance and rehabilitative services to veterans in a group setting during daytime hours. Although not ideally suitable for young veterans, this is an alternative daily care that can be provided.

***Long-Term Care:*** Long-term care may be the only alternative. The following programs are offered through VHA.

- ***Community Residential Care:***

The community residential care program provides room, board, limited personal care and supervision to veterans who do not require hospital or nursing home care but are not able to live independently because of medical or psychiatric conditions, and who have no family to provide care. The veteran pays for the cost of this living arrangement. VA's contribution is limited to the cost of administration and clinical services, which include inspection of the home and periodic visits to the veteran by VA health care professionals. Medical care is provided to the veteran primarily on an outpatient basis at VA facilities. Primarily focused on psychiatric patients in the past, this program has increasingly focused on older veterans with multiple chronic illnesses.

- ***Domiciliary Care***

*Domiciliary Care* is a residential rehabilitation program that provides short-term rehabilitation and long-term health maintenance to veterans who require minimal medical care as they recover from medical, psychiatric or psychosocial problems. Most domiciliary patients return to the community after a period of rehabilitation. Domiciliary care is provided by VA and state homes. The VA also provides a number of psychiatric residential rehabilitation programs, including ones for veterans coping with Post-Traumatic Stress Disorder (PTSD) and substance abuse, and compensated work therapy or transitional residences for homeless chronically mentally ill veterans and veterans recovering from substance abuse.

- ***Compensated Work Therapy Program:***

Recently the work therapy program has been redirected to developing programs that will provide care and supervision in supportive living environments to veterans with brain injuries. Additional information about this program can be provided through Vocational Rehab Counselors who specialize in independent living programs.

- ***Skilled Nursing Facilities (SNF)***

*Skilled Nursing Facilities (SNF)* home care units are located at VA hospitals where they are supported by an array of clinical specialties. The community nursing home program has the advantage of being offered in many local communities where veterans can receive care near their homes and families. VA contracts for the care of veterans in community nursing homes approved by VA. The state home program is based on a joint cost-sharing agreement between VA, the veteran and the state.

***Who is Eligible for Nursing Home Care?***

- Any veteran who has a service-connected disability rating of 70 percent or more;
- A veteran who is rated 60 percent service-connected and is unemployed or has an official rating of “permanent and total disabled”;
- A veteran with a combined disability ratings of 70 percent or more.
- A veteran whose service-connected disability is clinically determined to require nursing home care;
- Non-service-connected veterans and those officially referred to as *zero percent, noncompensable, service-connected* veterans who require nursing home care for any non-service-connected disability and who meet income and asset criteria; or
- If space and resources are available, other veterans on a case-by-case basis with priority given to service-connected veterans and those who need care for post-acute rehabilitation, respite care, hospice, geriatric evaluation and management, or spinal cord injury.

***Adjusting to the Family Impact***

Living with the results of a severe injury over the next months and years will become your *New Normal* as you settle into a routine. Over time, we hope you get the supports in place to accommodate both you and your loved one, but a

couple of things that are inherently difficult are being over-stressed to the point of burn-out and finding time for a social life.

- **Caregiver Stress—Personal Burnout:** Overtime stress can become a problem and repeated stress drains and wears down your body and mind. Burnout occurs when repeated stress is not balanced by healthy time-outs for genuine relaxation. Stress need not be a problem if you manage it by smoothly and calmly entering or leaving life's fast lane occasionally, but that is seemingly impossible when you're constantly anticipating the next medical crisis, bureaucratic issue or unexpected bill to come in the mail. Stress management involves responding to major life events and everyday hassles by relaxing as well as tensing up. Relaxation actually is a part of the normal stress response. When faced with life's challenges, people not only tense up to react rapidly and forcefully, but they also become calm in order to think clearly and act with control. If you are unable to find that time to relax, burnout can *and will* occur eventually.
- **Social life and Reintegration:** Sadly, many families find themselves separated from the life and friends they once knew. Lives take on a new direction and purpose and the isolation can become rather mundane, if you allow it to. It is imperative for you and your veteran to find new ways to be involved socially. Whether this means joining local chapters of veterans or civic organizations, joining church groups, taking an extension class or traveling to be involved with adaptive sports programs, finding something outside of your home will give both of you an opportunity to move forward and explore new hobbies and gain meaningful relationships.

This chapter has tried to provide you with some helpful information and solutions to the issues you may have encountered over the past months, but be reminded that *you are not alone* and support may be only a phone call, e-mail or Web site away. Below are listed a few resources where you may find further information or assistance.

### *Support Organizations for Veterans and Families*

America Supports You [www.americasupportsyou.mil](http://www.americasupportsyou.mil)  
Brain Injury Peer Support AVBI [www.avbi.org](http://www.avbi.org)  
Brain Injury Association of America [www.biausa.org](http://www.biausa.org)  
Coming Home Project [www.cominghomeproject.net/ComingHome](http://www.cominghomeproject.net/ComingHome)  
Coma Recovery [www.waiting.com](http://www.waiting.com)  
Fallen Patriot Fund [www.fallenpatriotfund.org](http://www.fallenpatriotfund.org)  
Family Caregivers [www.familycaregiving101.org/index.cfm](http://www.familycaregiving101.org/index.cfm)  
Homes for Heroes [www.hohf.org](http://www.hohf.org)  
Military Officers American Association [www.moaa.org](http://www.moaa.org)  
Semper Fi Fund [www.semperfifund.org](http://www.semperfifund.org)  
Wounded Heroes Fund [www.woundedheroesfund.net](http://www.woundedheroesfund.net)  
Wounded Warrior Project [www.woundedwarriorproject.org](http://www.woundedwarriorproject.org)

### *Sports Programs*

Achilles Track Club [www.achillestrackclub.org](http://www.achillestrackclub.org)  
Adaptive Adventures [www.adaptiveadventures.org](http://www.adaptiveadventures.org)  
Disabled Sports USA [www.dsusa.org](http://www.dsusa.org)  
National Veterans winter sports clinic [www.wintersportsclinic.va.gov](http://www.wintersportsclinic.va.gov)  
World Team Sports [www.worldteamsports.org](http://www.worldteamsports.org)

### *Legal Assistance*

Enduring LAMP  
[www.abanet.org/legalservices/helpreservists/lamphrdirectory.html](http://www.abanet.org/legalservices/helpreservists/lamphrdirectory.html)  
Veterans Legal Assistance [www.nvlsp.org](http://www.nvlsp.org)

### *Medications and Treatments*

Med Line [www.medlineplus.gov](http://www.medlineplus.gov)  
National Treatment Studies [www.clinicaltrials.gov](http://www.clinicaltrials.gov)  
Rx List [www.rxlist.com/script/main/hp.asp](http://www.rxlist.com/script/main/hp.asp)

### *VA Fact Sheet for Health Care Eligibility*

[www.va.gov/healtheligibility/Library/pubs/CombatVet/CombatVet.pdf](http://www.va.gov/healtheligibility/Library/pubs/CombatVet/CombatVet.pdf)

### *MTF and VA Housing*

Fisher House [www.fisherhouse.org/](http://www.fisherhouse.org/)

### *State Veterans Benefits*

[www.military.com/benefits/veteran-benefits/state-veterans-benefits-directory](http://www.military.com/benefits/veteran-benefits/state-veterans-benefits-directory)

### ***Personal Note from the Author, Cheryl R. M. Lynch***

Given the amount of time I've spent in Military Treatment Facilities and Veterans Hospitals and with Neurological Specialists over the past years, I should have some type of medical diploma decorating my wall, but I don't. I am not a doctor, nor a medical professional, of any kind. It was not my intent to offer you medical advice, but to make you a more educated consumer of medical services available to you and the veteran. I'm not a professional on matters concerning the Department of Defense or Department of Veterans Affairs either, but my life as a daughter, wife, sister and mother of career Military personnel has given me a vast knowledge of the matters concerning our active duty personnel and veterans.

I have walked *and continue to walk* in the shoes of a family caregiver and became very aware of the difficulties and bureaucracy surrounding injured servicemembers and their families when in July 2000, my own son suffered a Traumatic Brain Injury (TBI) while serving in the Army. As I look back over the years since my son's injury, all too often I ask, *Why didn't I think of that?* Or, *Why didn't someone tell me that?* My reason for writing this chapter was so I could hopefully answer, for you, some of the things I wish I had thought of or been told earlier on.

Cheryl R. M. Lynch

**Cheryl R. M. Lynch** is a peer support advocate and founder of *American Veterans with Brain Injuries* ([www.avbi.org](http://www.avbi.org)).

**Editor's Note:**

For the sake of efficiency, you may want to try (among other services) a Department of Defense 24/7 service called Military OneSource. You can call (800) 342-9647 or visit [www.militaryonesource.com](http://www.militaryonesource.com). Other hotlines and Web sites may be better in certain areas, but Military OneSource will try to help with *almost anything* that active-duty servicemembers, National Guard members, reserve troops, and especially their families, need to know, particularly regarding issues for families with servicemembers deployed abroad. (The service is NOT really for veterans, but if a veteran or family member calls regarding a veteran, Military OneSource will try to direct him or her to services that ARE for veterans.) This service receives 1000 phone calls and its Web site receives 6000 hits PER DAY. Issues on which it provides advice (and sometimes referrals) include medical (including psychological) care for family members (especially those suffering from loneliness or who may otherwise be distressed because their loved one is not at home), crisis intervention (including suicide prevention), problems of caregivers, child care, elder care, marital problems, educational issues, educational loans, personal financial management, legal issues, spouse employment training, career management, tax preparation, and self-help groups focusing on drug and alcohol abuse, gambling addiction, and eating disorders.

To find out more about Military OneSource, go to the site and also read the *USA Today* article on the service: To find the article, click here: [www.usatoday.com/news/nation/2008-02-24-hotline-help\\_N.htm](http://www.usatoday.com/news/nation/2008-02-24-hotline-help_N.htm).