

VFW SERVICE OFFICER NOTES FOR THE-HUT AUGUST 2018

Winona County Vets Van

In case you missed the article in the Winona Post, the nonprofit Disabled American Veterans (DAV) will take over the shuttling service, at no cost to the local veterans or Winona County. Veterans can be picked up at their residence, however it would be appreciated if service could be limited to veterans with severe disabilities; otherwise veterans can meet at an agreed upon location and “pool” together for their appointment(s).

Through the DAV, this service is staffed by volunteer drivers at no cost to Winona County. The DAV has worked out an agreement with the VA on vehicle payment, fuel, maintenance, and insurance. This DAV program has allowed Winona County to sell or repurpose two vans! Furthermore, there is no cost to the veteran – even though some have offered to pay the drivers. The drivers are instructed to politely decline any monitorial offering. I will post this article at the entryway to the Post. It’s a good read!!!

Another Veteran’s Travel Related Issue: Can I Get Travel Costs for VA Health Care?

[The Beneficiary Travel program](#) helps eligible Veterans receive mileage reimbursement. In some cases, it can pay for the costs of an ambulance or a wheel chair van. When a privately-owned vehicle is not reasonably accessible or travel by a common carrier such as a plane, train, bus, taxi, or light rail is medically necessary, Veterans may be reimbursed. The transportation is to help Veterans get to and from their VA health care facility, or to VA-authorized non-VA health care for which the Veteran is eligible. Veterans may apply for travel reimbursement by completing [VA Form 10-3542](#) (Veteran/Beneficiary Claim for Reimbursement of Travel Expenses). Veterans usually receive payments from electronic fund transfers to a bank account or a debit card.

Take Advantage of Your VA Benefits – You’ve Earned Them!

VA recognizes the commitment and patriotism of those who have served our nation.

VA honors all Veterans and their family members by ensuring they have access to their benefits. Take a few minutes to use the [Benefits Navigator](#) quiz to find out which benefits you may be eligible to receive.

VA can help Veterans earn a degree, start a career, maintain health, buy, build, or repair a home and more.

Visit [Explore.VA.gov](#) or click the button below to learn more about benefits you may be eligible for.

Veteran’s Discounts – Go For It!!!!!!

When you shop do you ever inquire if the store or restaurant offers a “Veteran’s Discount?” If you’re not doing this you’re missing out on some savings. Here’s a great website that lists many companies that honor a Veteran’s Discount <https://www.veteransadvantage.com/>

VA MEMORIAL BENEFITS

How to Apply

To find out in advance if a Veteran or family member is eligible for burial in a VA national cemetery, click “Apply for Pre-Need Burial Eligibility” to fill out and submit the application.

If pre-need eligibility has not been determined, upon the death of the Veteran or his or her spouse or dependent (also called the time of need), family members should locate the Veteran’s [DD-214](#) or other discharge papers if readily available and click “Schedule a Burial” to begin the process. Then make arrangements with a funeral home, National Cemetery Scheduling Office, or directly with a VA national cemetery.

Veterans’ Spouses, Dependents, and Survivors Burial Benefits Eligibility Overview

VA honors many spouses, dependents, and survivors of eligible Veterans with a final resting place in one of 135 VA national cemeteries maintained by VA throughout the United States. Benefits may include burial with the Veteran, the inscription of name and date of birth and death on the headstone and perpetual care of the gravesite. Eligible spouses and dependents may be buried in a VA national cemetery even if their Veteran loved one is not buried or memorialized in a VA national cemetery, or if their death occurs before the Veteran’s.

Consult with the VA [National Cemetery Administration](#) for more information about burial eligibility for Veterans’ spouses, dependents, and survivors.

[Learn more](#) about other VA benefits for Veterans’ spouses, dependents, and survivors.

Smartphone feature provides immediate access to Veterans Crisis Line

“Call the Veterans Crisis Line.”

VA is excited to announce that service members and Veterans can connect to the [Veterans Crisis Line](#) using these simple words. The Siri function on Apple’s iPhone and the Google Assistant function on Android phones now automatically dial the National Suicide Prevention Lifeline which also serves the Veterans Crisis Line, even if the number (1-800-273-8255) is not saved in the phone’s contact list. **Callers will need to Press 1 in order to reach the Veterans Crisis Line.**

VA Has the Ability to remind Veterans of their appointments by text

The goal is to offer a quick and easy way to confirm or cancel appointments and then schedule another Veteran into that time slot if possible. Just since the program began in March, the national no-show rate has declined from 13.68 percent to 12.22 percent. Beginning October 1, Veterans throughout the nation will be [receiving interactive VEText appointment reminders](#) on their mobile devices. Most are receiving the reminders now.

VA 'anywhere-to-anywhere' telehealth goes live

June 11 marked a major milestone for clinicians delivering telehealth services at the Department of Veterans Affairs. It was the go-live date for a policy shift dubbed "anywhere-to-anywhere,"

which allows qualified practitioners to log in to VA's telehealth system and see patients without regard to state rules and regulations.

VA has been leading the medical profession in telehealth services for more than a decade, but lately the agency has been looking to regulatory updates rather than technological breakthroughs to advance the delivery of services to its 20 million-strong patient population.

"The most important part of this is that it lets us increasingly -- when it's the right thing to do clinically -- move health care closer to their patients, deliver care in the veteran's home, or in veteran's preferred location," Dr. Neil Evans, who heads the Office of Connected Care at VA, told FCW in an interview at VA headquarters in downtown Washington.

Evans, who sees patients two days a week at the VA's DC medical center, has been with the agency for 17 years and is the point person on telehealth policy and delivery. He helped former VA chief David Shulkin [demonstrate telehealth to President Donald Trump](#) at a White House event last year.

The VA delivers telehealth in clinical settings and in the home. In VA clinics, patients and local caregivers and technicians can connect with remote physicians and specialists. This "point-to-point" telehealth allows VA clinics to give patients access to providers across the VA system.

Additionally, the VA Video Connect application that launched last June allows in-home users to connect with doctors, mental health specialists, nurses and even family members and health care proxies to conduct medical visits, follow-up care and psychotherapy. Since launching, VA Video Connect, available to Android and desktop users via the [VA's website](#) and to iOS users via Apple app stores, has logged 48,000 "ad hoc" patient visits involving 22,700 veterans and 4,500 unique VA providers, Evans told FCW.

VA has implemented "point-to-point" telehealth at 900 sites of care in more than 50 specialties. Evans said that so far, clinical video telehealth has generated a 92 percent satisfaction rate with patients.

The proliferation of telehealth services means that for VA, a video visit with a patient is part of the everyday work of clinicians.

"By 2020 it will be a routine experience that for all of our clinicians -- [that] telehealth is part of the job," the acting head of the Veterans Health Administration Carolyn Clancy told a panel of senators in May. "This is not a unique, boutique activity."

VA's budget for telehealth backs that up. In 2018, the agency has a \$1.3 billion telehealth budget, and VA officials are expecting to spend \$1.2 billion in 2019 and \$955 million on building out and supporting telehealth services and technology.

For Evans, the video chat is just the latest tool clinicians need to do their jobs. Every physician delivering outpatient care uses the telephone to communicate with patients, and telehealth is just the next technology.

"This is going to become health care," Evans said. "It's going to become what we do in health care. We've been targeting, essentially, helping build out the technology infrastructure necessary, so that every primary care provider and every mental health provider can offer a video visit, can integrate that into how they deliver care."

The emphasis on telehealth also allows VA to reduce the stress on its nationwide system, which has more than 30,000 clinical vacancies. Patients in rural settings often bear the brunt of vacancies, and this is true for patients seeking VA care and those looking for care outside the VA system under the new Choice program.

The VA has established 11 tele-hubs for mental health care and nine for primary care around the country, where practitioners can be directed to deliver care to underserved locations for the duration of a clinical vacancy.

"We can start to leverage telehealth, which lets us overcome distances and geography, to connect, to allow the system to run more efficiently where we can match where we have a demand for services but we don't have the supply of providers to meet that," Evans said. "We can now match that demand for services with a supply of providers located elsewhere."

VA's Video Connect app for home use is a simple, streamlined interface, with an intuitive set of commands and buttons that doesn't look much different from video conferencing software such as Skype and Face Time. The Video Connect app can be used for mental health sessions, but also for quick follow-up visits to check on whether a new medication is effective, or to see how a patient is recovering from a procedure. Providers initiate visits and invite patients and other providers, generating a unique and temporary URL for each visit to ensure that only invitees can attend.

Evans said VA is working on integrating patient data into Video Connect. One enhancement in the works would allow Bluetooth-connected devices to transmit vital signs and data to VA providers in real time. The VA is looking to provide a digital stethoscope to patients, "so that we can actually auscultate heart and lung sounds, run through VA Video Connect," he said.

The recently passed VA Mission Act extends the new regulatory protections to VA telehealth providers. The law now blocks states from imposing sanctions on providers that are recognized by VA as eligible to deliver telemedicine care even if they are out of compliance with state licensing provisions.

The VA also is looking to make technology and connectivity available to veterans where infrastructure is lacking. For patients without home broadband, VA can make available tablets that operate over cellular connections -- including customized models that can support plug-in peripherals that collect and send data from blood pressure monitors as well as Apple iPads that support Video Connect visits.

The department also is looking to shore up delivery of telehealth services via partnership with the Veterans Services Organizations, with a pilot program looking to put telehealth tablets in, for instance, a Veterans of Foreign Wars outpost, so a patient could set up a telehealth visit closer to home rather than travel to a clinic for a point-to-point appointment. VA's also exploring partnership with other agencies including the Post Office as possible telehealth sites.

"There are other potential partners that we can think of where we could essentially create endpoints for veterans to receive care if they couldn't receive it at the home because of a technology barrier," Evans said.

View Your X-rays Online with My HealtheVet

Files can be shared with doctors anywhere

X-rays, Mammograms, CT scans and MRIs can be viewed in My HealtheVet's newest feature, VA Medical Images and Reports. As part of the Blue Button choices available to Veterans with a [Premium](#) account, Veteran patients can view, download, and print many of their medical images and reports online. They can be downloaded and then shared with their doctors inside and out of the VA health care system.

The VA Medical Images and Reports feature is a new way to access your information online, instead of traveling to a VA facility to pick up copies of images and reports in-person.

How Can You See Your VA Medical Images and Reports?

1. Login to your My HealtheVet Premium account
2. Select **Health Records** on the My HealtheVet home page screen
3. Select **VA Medical Images and Reports**
4. Select **Check Updates**
5. Select **View Report** to view, print or download a PDF copy of the Radiology Report for the desired study
6. Select the **Request Images** link for the study you want
 - o When you request a study, you can also update your profile to receive an email notification when your request is ready.
7. Not all study images are available. If the study images are not available, you can still access the Report by selecting the View Report link

Viewing, Downloading, and Sharing Your Medical Images and Report

- **View your Images and Report:** You can view thumbnail images online and view, print, and download a copy of your Radiology Report
- **Download your DICOM Images:** You can also download a zip file that includes a copy of your diagnostic quality images (DICOM Images) along with the Radiology Report by selecting the **Download** link. If you wish to view the DICOM images you can also opt to select and install a free DICOM Image Viewer. Some suggested viewers are listed in the VA Medical Images and Reports User Guide

- **Share:** You can share these DICOM images with a provider by downloading them to a CD, DVD, USB flash drive, personal subscription service (such as iCloud or DropBox), or any portable drive

What are Veterans Saying?

The VA Medical Images and Reports feature was first introduced at several VA Medical Centers since August 2017 to collect feedback from Veterans. Quite a few Veterans had good things to say about it:

"This is awesome if I ever need to share the images and reports with other providers in the future. Thank you so much for providing this for us!"

Another Veteran told us "I downloaded a free version of viewing software and had crystal clear images. I am so glad this feature is available so I could show my X-rays to my husband."

If You Have Questions

- Visit www.myhealth.va.gov and select 'Contact' in the upper right corner,
- Call the My HealtheVet Help Desk at 1-877-327-0022 or 800-877-8339 (TTY), Monday - Friday, 7:00 a.m. - 7:00 p.m. (Central Time), or

Contact the My HealtheVet Coordinator at your local VA Medical Center.

Supporting Veterans' Success After Service

Veterans make an incredible sacrifice in order to protect America and its freedom. When they return home, they deserve a hero's welcome and a clear path to a secure future. However, many face struggles as they transition back to civilian life—from physical and mental disabilities to employment difficulties. VA is committed to supporting Veterans through their adjustment period and beyond, helping them attain fulfilling careers, greater confidence and happier lives.

We proudly provide Veterans a [wealth of resources](#) to translate their skills and kick start a career that helps them continue a life of service. With statutory hiring preference, tailored benefits, educational support, vocational counseling and more, a career at VA empowers Veterans to keep doing what they do best, maximize their unique experience and expand their capacity for success. Are you interested in joining our team and supporting your fellow Veterans along the path to health and wellness? Start today—[explore our open positions and apply](#).

Omaha group sponsoring D.C. trip for women vets

Patriotic Productions out of Omaha is organizing the Nebraska Female Veterans Flight on Sept. 24 to Washington, D.C.

Female veterans of World War II, Korea, Vietnam, the Gulf War, Iraq and Afghanistan are all invited on the flight. This could include female pilots, support staff, flight attendants, media and others who served.

Organizers expect 135 female veterans to be on the flight and say this could be the largest group of female vets from one state to visit the memorials in D.C.

Applicants for the flight must have served in a war zone. Applications are available at www.patrioticproductions.org.

Physical Disability Board of Review (PDBR) Disability Claims Continues!

The PDBR was created to reassess the accuracy and fairness of combined disability ratings of 20% or less for service members who were medically separated from service, rather than medically retired because of medical conditions. In order to be eligible for a PDBR review, service members must have been medically separated between 11 Sep 01 – 31 Dec 09, with a combined disability rating of 20% or less and found ineligible for retirement. According to Military.com, only 19,000 of the more than 71,000 eligible have requested a review of their claim. The PDBR claims that more than half of reviewed claims have been upgraded to a disability rating of 30% or more! The review panel is authorized to recommend an increase in a disability rating, uphold the previous rating, or issue a disability rating when the previous board did not assign one. The board, however, is **NOT** able to recommend a lower rating. Eligible veterans can request a board review by submitting Department of Defense Form 294, Application for Review of Physical Disability Separation from the Armed Forces of the United States. Click on this link to view the form <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0294.pdf>. Veterans requesting a review must mail their completed and signed DD Form 294 to: SAF/MRBR, 550 C St. W., Suite 41, Randolph Air Force Base, TX 78150-4743. Applicants may submit statements, briefs, medical records or affidavits supporting their application. More information about PDBR is available at <https://health.mil> then search for: Physical Disability Board of Review.

Changes coming to Survivors' and Dependents' Educational Assistance program

Effective August 1, 2018, the entitlement available under the Survivors' and Dependents' Educational Assistance (DEA) program will be reduced from 45 months to 36 months, but in October, the monthly allowance for eligible recipients will increase.

These changes, part of the [Harry W. Colmery Veterans Educational Assistance Act of 2017](#), aka "Forever GI Bill," were passed by Congress last summer.

The DEA program offers education and training opportunities to eligible dependents of Veterans who are **permanently and totally disabled due to a service-related condition**, or of Veterans who died while on active duty or from a service-related condition.

DEA benefits may be used for degree and certificate programs, apprenticeships and on-the-job training. Surviving spouses can use benefits for correspondence courses and remedial, deficiency and some approved refresher courses.

What you need to know now:

- If you're already taking classes, or will start taking classes by July 31, 2018, you remain eligible for up to 45 months of education entitlement benefits
- Beginning Oct.1, 2018, all students will see a significant increase in the monthly benefit

Eligible DEA recipients will be entitled to a monthly allowance of:

- \$1,224 for full-time coursework, compared to \$1,041 currently as of Oct. 1, 2017
- \$967 for three-quarter time coursework, compared to \$780 currently as of Oct. 1, 2017
- \$710 for half-time coursework, compared to \$519 currently as of Oct. 1, 2017

These increases go into effect Oct. 1, 2018.

To find out more about DEA benefits, please visit the [DEA page](#) on our website.

Attention Military Retirees!!!

The existing TRICARE Retiree Dental Program (TRDP) will end 31 Dec 18! Beginning 1 Jan 19, individuals eligible for TRDP may participate in the Federal Employees Dental and Vision Insurance Program (FEDVIP). FEDVIP offers a choice between 10 dental and 4 vision carriers, and both high and standard options. Enrollment in FEDVIP is NOT automatic. You must take action between 12 Nov 18 – 10 Dec 18 to have dental coverage in 2019. Visit www.TRICARE.benefits.com for more information and to sign up for notifications about this change. In case you're wondering the difference between high and standard options. The high option (higher premium) has no deductible covers all types of fillings, fitting of braces and other "mechanical" work that is dental related, all x-rays. The standard option (lower premium) has a deductible, and does not offer coverage for extensive dental work.

MORE ATTN: Military Retirees! Defense Health Agency Transition

If you happen to be traveling away from home and you have a medical issue (and close to a military installation that has a Military Treatment Facility (MTF)), this information might be beneficial to you. Beginning on Oct. 1, 2018, the Defense Health Agency will assume responsibility for the administration and management of health care at all military treatment facilities operating under DOD. This consolidation aims to provide a more integrated, efficient, and effective system of readiness to better support and eliminate many of the redundancies that have historically plagued the military health system (MHS). The transition hopes to significantly increase our nation's ability to provide world class medical support to active duty, their dependents, and our military retirees. Find out more about [the implementation of MHS transition](#).

LISTEN UP MILITARY RETIREES: VFW ACTION ALERT!!!

Do Not Let Congress Balance the Budget on the Backs of Retirees

Background: TRICARE enrollment fees and other cost shares were recently changed. As a result, military retirees who entered the military after January 1, 2018, will generally be required to pay more for TRICARE benefits than current military retirees. Military retirees were exempt from most increases in recognition that they have kept their end of the bargain. Now, Congress would like to change the terms of its deal with military retirees by removing that exemption and significantly increasing TRICARE costs for current retirees. The VFW needs your help in defeating this harmful proposal which would require military retirees to pay more for their earned health care.

Take Action: Contact your Senators and Representative to demand that they reject any proposal that would result in TRICARE fee increases for current beneficiaries, and tell them that they must not balance the budget on the backs of military retirees.

[CLICK HERE TO TAKE ACTION](#)

The Joint Retirees Appreciation Day, Sept. 22

The planning for JRAD 2018 began on December 5th, 2017 with the JRABoard unanimously voting to move the JRAD event to Treasure Island Resort and Casino near Welch/Red Wing Minnesota.

The following reasons identify why this change in venue is being made:

- 1. There is major construction underway at Mystic Lake - specifically the Main Ballroom, where previous JRADs were held, will no longer be there in September 2018. And the Little Crow Room will become part of new wider corridor leading to the new Convention Center.**
- 2. Yes, we were given the opportunity to move the JRAD event to the new Convention Center. However, the cost difference to make that move is significantly higher.**
- 3. Treasure Island offers the same type of hotel and casino facilities that many of you have become accustomed too.**
- 4. The two adjoining rooms where we will be holding JRAD 2018 is better suited for our event than what we had at Mystic Lake. Everyone associated with JRAD 2018 (attendees, registration, food tables and informational vendors) will all be collocated in these two rooms with overhead speakers throughout.**
- 5. We are excited about this change in venue and hope you are too. And we are open for business - please see the registration page on this website for registration details.**

We will be conducting the JRAD event at Treasure Island with the Classic Continental Breakfast. Like last year the lunch hour will be extended for attendees to have lunch on their own at one of several places within Treasure Island. This allows YOU TO SATISFY YOUR OWN APPETITE, lowers overall costs and planning guess work.

The plan has always been to break even and to cover the expenses incurred by each JRAD. The Joint Retiree Activities Board (JRAB) does NOT have an income source other than JRAD Registration Fees. At the January 4th, 2018 board meeting, JRAB decided the registration fee should be \$19 per person.

The primary notification source will again be via email. Therefore, your help is requested to pass the word to all your fellow military retirees.

Warm sweaters are appropriate in the fall and for your comfort at this event.

In the past some have noted that the event room tends to be a bit cool.

Treasure Island Hotel also provides a discounted rate for a Friday night (September 21th only stay) - determined when the contract was signed. To make hotel reservations: (1) please call 1(800) 222-7077; (2) ask for Hotel Reservations; and (3) ask for the "Joint Retiree Appreciation Day" discount.

Please email all your "fellow military retirees".

Inform them about JRAD on 22-SEP-2018.

Spread the word!!!

Thank you for your help and JRAD support.

Understanding the link between PTSD and substance use disorders in Veterans

PTSD can occur in any individual who has experienced a traumatic event, whether it is through combat, physical or sexual assault, natural disaster or childhood abuse. A Veteran may be diagnosed with PTSD when they've been exposed to a traumatic event such as witnessing actual or near death situations, the loss of someone close to them, significant threats to their own or another's life, and other events that could induce intense fear, helplessness and horror.

Some Veterans attempt to cope with their PTSD through self medication with drugs and alcohol. Prolonged usage of ingesting chemical inebriants can wind up creating more harm in the long run, and a Veteran could develop what is known as a substance abuse disorder. When this occurs, it becomes completely necessary to find treatment that adequately addresses diagnoses, not just one or the other.

The truth about PTSD/substance abuse disorder frequency for Veterans

Stats from VA's [National Center for PTSD](#):

- Roughly 20 percent of Veterans seeking treatment for PTSD also have a substance abuse disorder.
- Almost 1 out of every 3 Veterans seeking treatment for substance abuse disorder also has PTSD.
- The number of Veterans who smoke is almost double for those with PTSD.
- In the Iraqi and Afghanistan wars, roughly 10 percent of returning veterans had a problem with alcohol or other drugs.
- Women with PTSD were 2.48 times more likely to meet criteria for alcohol abuse or dependence and 4.46 times more likely to meet criteria for drug use and dependence than women without PTSD.
- Men with PTSD were 2.06 times more likely to meet criteria for alcohol abuse or dependence and 2.97 times more likely to meet criteria for drug use and dependence than women without PTSD.

- The National Vietnam Veterans Readjustment Study found that 74 percent of Vietnam Veterans had comorbid substance abuse disorder and PTSD diagnoses.
- From 2003 to 2013 the number of Veterans with comorbid substance abuse disorder and PTSD in VA care increased more than three-fold.

There is a significant and vital need to advance our understanding and accessibility for treatment of co-occurring PTSD and substance abuse disorder. Approximately [50 percent](#) of individuals seeking treatment for substance abuse disorder nationwide meet the criteria for PTSD, and individuals diagnosed with both disorders have overall poorer treatment results than those without one or the other. Individuals with both disorders also have additional psychiatric and functional problems related to medical, legal, financial and social situations.

Treatment options for Veterans with PTSD/substance abuse disorder

Examining empirical studies has revealed a number of treatment options showing promising results. There is no single approach or program for the treatment of co-occurring PTSD/substance abuse disorder diagnoses, so Veterans should be encouraged to seek help through a number of programs, including primary care and behavioral health as well as any setting such as outpatient, intensive outpatient or residential. The important component of recovery in this instance is that shared decision making occurs between treatment providers and Veterans to determine the best suited path to recovery.

The most promising methods involve some form of clinical assistance and though not always necessary, pharmacotherapy has demonstrated positive results in this field.

Psychotherapy

Multiple studies have demonstrated that structured psychotherapy can create positive outcomes for veterans seeking co-morbid treatment for PTSD and substance abuse disorder. Individuals with PTSD and substance abuse disorder can safely engage in and reap benefits from trauma-centered, cognitive behavioral therapies such as prolonged exposure therapy and cognitive processing therapy. Research also shows that patients with substance abuse disorder and PTSD who received cognitive behavioral therapy for both disorders were more likely to reduce their symptoms than patients who only received therapy to address one of those disorders.

Medication assisted treatment

Several studies have found positive results for comorbid treatment involving the use of SSRIs (selective serotonin reuptake inhibitor) in addition to psychotherapy. Using a combination of prolonged exposure therapy and naltrexone was more effective in reducing drinking after residential treatment than either method separately. An important study on the use of benzodiazepines for Veterans with alcohol problems found no evidence of positive outcomes and could potentially create harmful effects.

Next steps for Veterans seeking treatment

There are many different treatment options available if you are seeking treatment for co-occurring PTSD and substance abuse disorder. The first step is to talk with a VA health care

professional or get in contact with a VA PTSD or VA substance abuse disorder program. Fortunately, the VA Uniform Mental Health Services Handbook requires that all VA medical centers provide access to either prolonged exposure or cognitive processing therapy for Veterans with PTSD. It also states that Veterans cannot be denied access to mental health residential treatment programs based on length of abstinence and that opioid replacement therapies such as methadone and buprenorphine also be made available.

Here are resources you can access to begin finding treatment.

- Find a [VA PTSD Program](#)
- Find a [VA SUD Program](#)
- Find a [VA Medical Center](#)

There also drug and alcohol rehab centers around the country that offer advanced cognitive behavioral therapies to treat substance abuse disorders. Call your nearest treatment center to find out what kinds of therapies they offer, and what options are available for you.