



Special Topics in Disability Service

Returning Service Personnel

Whatever one's political views about the war in Iraq, one thing is certain:

"No one goes to war and returns the same person they were. This isn't to say they will automatically have disabilities when they return, but they certainly will not be the same people they were before they left."

(G. Peters, DSS provider)

Survival rates are higher in this current war, thanks to advances in body armor and medical technology. But that means that many more veterans survive with often serious war wounds. According to **Hire Heroes U.S.A.**, an estimate, ed one in four soldiers returning from Iraq or Afghanistan has a service connected disability. Common types of injuries include traumatic brain injuries, amputations, and blindness.

Recent figures indicate only about 10% of veterans from the fighting in Iraq and Afghanistan have gone on to higher

education after completing their service. This is particularly true for severely injured veterans and their families. Although the needs of each veteran are unique, those who are severely injured need services that are targeted to their particular circumstances. Transitioning to civilian life is difficult enough on its own. A life-changing injury requires even greater navigation around many obstacles.

Current statistics on combat injuries show that the number of soldiers wounded today is by no means small. In Vietnam, there were 2.6 injuries for every fatality; in Iraq, there are 16 injuries for every fatality.

This issue of "Special Topics in Disability Services" takes a look at the needs of veterans. Special thanks is extended to Brenda Lennon, Veteran's Benefits Specialist, for her insights and resources.

★ This information is intended for information and general guidance only, NOT as a substitute for professional diagnosis, intervention or treatment

Points of Interest

- ⇒ Army researchers have found that more troops from Iraq met the military's, "risk criteria for a mental health concern" than from other deployments such as Afghanistan and Bosnia. They found 19.1% of returning US military personnel from Iraq compared to 11.3% from Afghanistan and 8.5% from other deployments suffered mental health difficulties of varying seriousness.
- ⇒ Soldiers returning from Iraq reported mental health concerns and higher use of mental health services than troops from Afghanistan or other locations.

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New GI Bill Signed into Law in 2008

The **Post-9/11 Veterans Educational Assistance Act of 2008** is Title V of the Supplemental Appropriations Act of 2008, (HR 2642), which became law on June 30, 2008. The Act expands the educational benefits for military veterans who have

served since September 11, 2001.

The new educational benefits have been referred to by a variety of names including, "the Post-9/11 GI Bill," "the 21st Century G.I. Bill of Rights", or the Webb G.I. Bill, after

the bill's original sponsor, Sen. Jim Webb (D-VA), who introduced the original form of the bill in January 2007. Webb's intent was that the benefits would help current veterans as much as the original G.I. Bill helped WWII veterans.



Student Veterans of America

Student Veterans of America (SVA) is a coalition of student veterans groups from college campuses across the U.S.

SVA has two major components: the executive staff and student veterans groups.

- ⇒ Student veterans groups are campus based student groups on college and university campuses providing peer-to-peer networks for veterans who are attending those schools. These groups coordinate campus activities, provide pre-professional networking, and provide a

touchstone for student veterans in higher education. These local groups play an important role in ensuring that every veteran is successful after their service.

- ⇒ The executive staff facilitates communication among groups, connects them with resources off campus, and works with groups to

Founded in January of 2008, SVA is a 501(c)(3) tax-exempt organization.

advocate at the state and national level for the common needs of student veterans.

SVA's primary missions are:

- ⇒ Develop student veteran groups on college and university campuses and coordinate by region between existing groups.
- ⇒ Connect student groups with resources.
- ⇒ Advocate on behalf of student veterans at the state and national level.

Technology Changes Modern Warfare

Just as technology has changed the workplace, education, commerce and social interaction, technology has changed warfare.

A singular legacy of the war in Iraq is that many of today's wounded soldiers often have multiple, devastating injuries that would have been fatal in earlier wars, but they were saved by helmets, body armor and advances in battlefield medicine as well as swift evacuation to hospitals. Thus, the survival rate among Americans hurt in Iraq is higher than in any previous war - approximately seven to eight survivors for each death, compared with just two per death in WWII.

That triumph is also an enduring cruel legacy of the war. Survivors come home with wounding patterns (*often caused by roadside bombs*) that are multiple, complex woundings. Such grave woundings transform their lives— combinations of damaged brains and spinal cords, vision and hearing loss, disfigured faces, burns, amputations, mangled limbs, and

psychological ills like depression and post-traumatic stress. Head injuries resulting in brain damage, may well be the 'signature' type of wound of the conflict. So many who survive explosions sustain head injuries that doctors say anyone exposed to a blast should be checked for neurological problems.

The consequences of brain injury are enormous. A significant number of those wounded in Iraq are known to have brain injuries severe enough that they may *permanently* impair thinking, memory, learning, mood, behavior and the ability to work.

Penetrating & Closed Head Injuries

Penetrating injuries can knock out specific functions *e.g.*, vision and speech. Penetrating injuries may eventually cause epilepsy and increase the risk of dementia.

Closed-head injuries, from blows to the head or blasts, are more likely to have effects throughout the brain, particularly on the frontal lobes which control the ability to pay

attention, make plans, manage time and solve problems.

Because of problems with memory, emotion and thinking, brain-injured patients run a high risk of falling through the cracks in the health care system, particularly when they leave structured environments like the military.

Seeking employment and/or pursuing higher education will each pose challenges for not only the veteran but also prospective employers, postsecondary educators and disability support providers.

It is unfortunate it takes war to compel change. Still, because of veterans, many services benefiting those with disabilities today were established to help veterans of earlier wars (*e.g. Recording for the Blind & Dyslexic*). Conceivably the needs of today's vets will spark new research and developments that will benefit others with disabilities.

An Overview of Key Benefits of the "New G.I. Bill"

- The new G.I. Bill applies to individuals who served on active duty on or after Sept. 11, 2001.*
- ⇒ Offers education benefits that are double the value of those in the previous program.
 - ⇒ Four academic years of educational benefits for an approved program up to the cost of the most expensive in-state undergraduate public tuition in the veteran's state of residence. This benefit is paid directly to the institution.
 - ⇒ One for one matching of additional tuition at more expensive private schools and up to 50% of additional cost.
 - ⇒ A monthly living stipend based on housing costs of a service member of pay grade E-5 with dependents in the area of the learning institution.
 - ⇒ *Veterans attending schools online or through correspondence will not receive this benefit.*
 - ⇒ A benefit eligibility period of 15 years after leaving active duty (compared to 10 years in the current Montgomery G.I. Bill).
 - ⇒ Elimination of the \$1,200 program enrollment fee paid by the veteran at the beginning of military service currently required by the Montgomery G.I. Bill.
 - ⇒ A \$1,000 dollar annual book and supplies stipend.
 - ⇒ Up to \$2,000 towards one licensing or certification test, not charged against the 36 month entitlement.
- The eligibility requirements include:
Requiring individuals to complete the requirements of a high school diploma (or equivalent) before applying for such assistance.
- Continued page 4.*

War Veterans Concussions and Mild TBI Often Overlooked

This excerpt is from an August 2008 article by Lizette Alvarez of the New York Times about combat-related traumatic brain injury.

As many as 20 % of combat veterans who regularly worked outside the wire, away from bases, have suffered at least one concussion, according to recent Pentagon estimates. About half the soldiers get better within hours, days or several months and require little if any medical assistance. However, tens of thousands of others have longer-term problems that can include, to varying degrees, persistent memory loss, headaches, mood swings, dizziness, hearing problems and light sensitivity. . . .

Little is known medically about what happens to a brain as a result of a powerful bomb blast, as opposed to car crashes on a highway, blows to the head on a football field or a bullet wound. These are the first wars in which soldiers, protected by strong armor and rapid medical care, routinely survive explosions at close range and then

return to combat.

The bomb blasts, which throw off energy waves — atmospheric overpressures and underpressures — that are absorbed by the body, add a little-studied dimension to the trauma. Scientists are only now beginning to study the extent of the damage.

That soldiers are sometimes exposed to multiple blasts or can suffer from a vast combination of wounds, including shrapnel, burns, blows to the head, blast waves, lost limbs or internal injuries, can exacerbate brain trauma in ways unseen among civilians. According to Dr. Alisa D. Gean, a neuroradiologist and traumatic brain injury expert who spent time treating soldiers at Landstuhl Regional Medical Center in Germany, *"We're at the tip of the iceberg of understanding it. It is one of the most complicated injuries to one of the most complicated parts of the body."*

These mild concussions, which don't necessarily lead to loss of consciousness, are easy to dismiss, simple to misdiagnose and difficult to detect. The injured

soldiers can walk and talk. Their heads usually show no obvious signs of trauma. CT scans cannot see the injuries. Symptoms often mirror those found in post-traumatic stress disorder, making it hard to distinguish between them. In fact, the two ailments often go hand in hand. It was not until 2006, three years into the Iraq war, that the Departments of Defense and Veterans Affairs began to pay close attention to mild traumatic brain injuries. In 2007, the Pentagon opened the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, a clearinghouse for treatment, training, prevention, research and education. In 2008, it is spending \$300 million on research for traumatic brain injury and post-traumatic stress disorder.

Brain damage, sometimes caused by skull-penetrating fragments, sometimes by shock waves or blows to the head, is a recurring theme.

Overview of Key Benefits of the "New G.I. Bill" Cont.

- ⇒ Full benefit eligibility after 36 months of active duty service beginning on or after September 11, 2001.
- ⇒ Proportional benefit eligibility for service between 3 and 35 months active duty on or after September 11, 2001.

The transferability provisions include:

- ⇒ The ability to begin transferring benefits to a spouse after six years of active duty service with a commitment to serve an additional four years of active duty service.
- ⇒ The ability to transfer benefits to a

child after ten years of service.

Caveats: Although Defense Department officials (DOD) anticipate the new bill to be quite successful, Bob Clark, the Pentagon's assistant director of accessions policy, suggests recruits think carefully before declining to sign up for the Montgomery G.I. Bill which gives benefits for vocational training, apprenticeships and on-the-job training as well as higher education. The Post-9/11 G.I. Bill focuses solely on higher education and can only be used at institutions that offer at least an associate's degree. Service members

also are "highly encouraged" to use the DOD tuition assistance program while on active duty, because the Post-9/11 G.I. Bill's full entitlements, e.g., living stipend and book allowance, will not be available. According to Clark: *"If you use the Post-9/11 G.I. Bill while on active duty, it will merely cover tuition or the difference of what tuition assistance will pay. Another downside is each month you use the new bill, you lose a month of your 36 months of eligibility."*

<http://www.congressweb.com/aascu/docfiles/>

Traumatic Brain Injury in Combat Troops

Traumatic brain injuries (TBI) and spinal cord injuries account for nearly 25% of combat casualties.

Mild traumatic brain injury and concussion is the most common combat-related injury. Better body armor and the use of Kevlar helmets do protect troops and they have saved the lives of many men

and women in areas of conflict like Afghanistan and Iraq, as has improved medical care, but helmets and body armor cannot protect the frontal area of the head, the face and the exposed area of the spinal cord. The result is that more and more soldiers are surviving but some are left suffering the long-term effects of severe brain damage.

Traumatic brain injuries that occur in com-

bat are often complex. Sudden air pressure changes following a blast cause internal and external injury; the explosion can injure the brain, producing concussions or contusions. Injuries may then be worsened by flying fragments. More damage can also occur when a soldier's body is physically propelled, possibly hitting the head against another hard surface-something unlikely to happen outside of war zones.

Suicide Rate Increases for Returning Veterans

In conjunction with its observance of the 2008 National Suicide Prevention Week, in September, and the National Guard and Army Reserve's month-long observation, Sept. 6 - Oct. 5, the Army chose as its theme, **"Shoulder-to-Shoulder: No Soldier Stands Alone,"** to emphasize the strength of the Army Family when it works together to tackle tough problems. The theme is also a solemn reminder that sometimes the toughest moments for soldiers occur away from the battlefield. The Army considers one suicide one too many.

In 2007, there were 115 suicides in the active Army. This is an increase from 102 suicides in 2006. At the end of September 2008, there were 93 confirmed suicides. According to the Department of Veterans Affairs (DVA) website, a problem is that soldiers are taught to be tough, strong and unemotional. Thus, when soldiers return home from war, they may not feel comfortable seeking help.

Without proper support from family or community, they may just give up trying.

Experts say the main factors leading to suicide are stress, insufficient support, and post traumatic stress disorder. Soldiers experiencing PTSD have usually witnessed or been involved in a traumatic, life-threatening situation, reports the Army. They are unable to stop thinking about what happened to them and often have feelings of anxiety, anger, and depression, according to the DAV.

<http://www.behavioralhealth.army.mil/sprevention/index.html>

What is Post-Traumatic Stress Disorder?

Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after a traumatic event. Individuals with PTSD have lived through a traumatic event that caused them to fear for their lives, see horrible things, and feel helpless. Strong emotions caused by the event create changes in the brain that may result in PTSD. Anyone who has gone through a life-threatening event can develop PTSD. These events can include:

- * Combat or military exposure
- * Child sexual or physical abuse
- * Terrorist attacks
- * Sexual or physical assault
- * Serious accidents, *e.g.*, a car wreck.
- * Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake.

After the event, the individual may feel scared, confused, or angry. If these feelings don't go away or they get worse, the individual may have PTSD. These symptoms may disrupt life, making it hard to continue with daily activities.

How does PTSD develop?

Most people who go through a traumatic event have some symptoms at the beginning. Yet only some will develop PTSD. It isn't clear why some people develop PTSD and others don't. The likelihood of developing PTSD depends on such things as:

- * How intense the trauma was or how long it lasted
- * If you lost someone you were close to or were hurt
- * How close you were to the event
- * How strong your reaction was
- * How much you felt in control of events
- * How much help and support you got after the event

Many people who develop PTSD get better at some time, but 1 out of 3 people with PTSD may continue to have some symptoms. Treatment can help individuals

cope. The symptoms don't have to interfere with your everyday activities, work, and relationships.

What are the symptoms of PTSD?

Symptoms of posttraumatic stress disorder (PTSD) can be terrifying. They may disrupt your life and make it hard to continue with your daily activities. It may be hard just to get through the day.

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years. If the symptoms last longer than 4 weeks, causing great distress, or interfere with your work or home life, the individual may have PTSD.

There are four types of symptoms::

(1) Reliving the event or experiencing symptoms:

Flashbacks of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. You may have nightmares. You even may feel like you're going through the event again. Sometimes there is a trigger: a sound or sight that causes you to relive the event.

(2) Avoiding situations that remind you of the event:

You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.

(3) Feeling numb:

You may find it hard to express your feelings. This is another way to avoid memories.

(4) Feeling keyed up, jittery, or always alert and on the lookout for danger. (*This is known as hyperarousal.*) It can cause you to:

- * Suddenly become angry or irritable
- * Have a hard time sleeping
- * Have trouble concentrating

* Fear for your safety and always feel on guard

* Be very startled when someone surprises you

Other common problems

- * Drinking or drug problems
- * Feelings of hopelessness, shame, or despair
- * Employment problems
- * Relationship problems including divorce and violence
- * Physical symptoms

What treatments are available?

When you have PTSD, dealing with the past can be hard. Treatment can help. There are good treatments available for PTSD. Cognitive-behavioral therapy (CBT) is one type of counseling although there are different forms of CBT. It appears to be the most effective type of counseling for PTSD. A similar kind of therapy called EMDR, or eye movement desensitization and reprocessing, is also used for PTSD. Medications can be effective too. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD.

**FOR MORE
INFORMATION on Post
Traumatic Stress
Disorder
ncptsd@va.gov
or
(802) 296-6300**

Accommodating Post-Traumatic Stress Disorder

Accommodating a student with PTSD depends greatly on how the PTSD affects the student in the classroom or testing situation. The diagnosis in and of itself doesn't tell providers what, if any, accommodations are needed.

The "individual inquiry" is especially important in psychiatric conditions. There are no cookie cutter approaches here! DSS personal should be willing to spend a lot of time in a clinical interview with the student. While knowing all the "gory details" of the event are not necessary, it is important to have a sense of the underlying trauma and what happened. The stressors involved can change and manifest

quickly, and even on a daily basis.

The student will be the best source of information about their condition and how it impacts them. In addition to the formal diagnosis, information that is helpful includes:

- *Is the person currently receiving therapy?
- *Does the person take medication? *What are their symptoms of PTSD? *How do they think the PTSD will affect them in college?

Accommodations that can help include;

- *Safe rooms for the student to go to and decompensate.

- *Flexible attendance and tardy policies.
- *Ability to leave classes and tests unexpectedly.
- *Accommodations for hydration and frequent bathroom trips if drug maintenance is involved.
- *Copies of notes and extra time on tests.
- *Flexibility in drop and add policies.
- *Priority registration might be appropriate—the personality and teaching style of instructors can make a difference.
- *Priority is also helpful for those on a drug maintenance program.
- *Online courses are also an option in some instances.

TBI Damage Can Seem Bizarre

The brain is a complex organ and the damage caused by TBI can seem bizarre. Areas of previous functioning may be intact, like driving a car, but someone may not be able to dress properly or carry out the job they did previously. Another person may be able to do their job, but personal relationships are profoundly changed. (One of the strangest types of damage from traumatic brain injury is so called 'blind sight'. This is where a person believes they are blind, yet they can 'see' to follow an object around a room, walk down the street, and never bump into any object. The brain is receiving information from the eye yet the connections from the part of the brain that 'sees' is severed or so severely damaged that the person does not perceive the sensation of sight.)

Most symptoms will be obvious immediately after an injury, but sometimes symptoms may appear only after days or weeks following the injury. People may not admit or recognize difficulties following a brain trauma and the brain can also play tricks. Sometimes when people have deficits in

memory, they 'fill in' the gaps, a process known as confabulation. They do not realize they are doing it, and unless you know someone well and know what they have been doing, their accounts of their lives can appear completely normal.

For many with post-concussion or mild TBI, recovery will be within a few weeks or months. A small percentage will have persistent symptoms. Veterans with moderate to severe TBI may never fully recover

their pre-injury function. Their lives and the lives of their loved ones will have been permanently changed. Many troops who go to war and have severe TBI will require a life time of health support services and treatment.

A traumatic brain injury is defined as an insult to the brain caused by an external force.

For More Information. . . .

Wood, Ken. "Traumatic Brain Injury National Data Center (TBINDC)." 11 August 2006. United States Department of Veteran Affairs. 18 Oct 2006 <http://www.virec.research.va.gov/Non-VADataSources/TBINDC.htm>.

"National Center for Injury Prevention & Control." **What is Traumatic Brain Injury?** 07 September 2006. Centers for Disease Control and Prevention. 18 Oct 2006. <http://www.cdc.gov/ncipc/tbi/TBI.htm>.

Margolis, Jason. "US Veteran Brain Injury News." **Traumatic Brain Injuries in Soldiers Often Go Undetected.** Brain Injury Resource Foundation. 18 Oct 2006 <http://www.birf.info/home/library/vet/vet-undetected.html>.

Signs, Symptoms & Accommodations for Students with TBI

The following information for college students with traumatic brain injury is excerpted from the disability services website at Canisius College, a private college in Western New York

Traumatic brain injuries (TBI) are considered disabilities under the ADA if a major life activity is substantially limited. The term TBI is used for head injuries that can cause changes in one or more areas, including:

- ⇒ Thinking and reasoning
- ⇒ Understanding words
- ⇒ Remembering things
- ⇒ Paying attention
- ⇒ Solving problems
- ⇒ Thinking abstractly
- ⇒ Talking
- ⇒ Walking and other physical activities
- ⇒ Behaving
- ⇒ Seeing and/or hearing
- ⇒ Learning

Common Intellectual Difficulties that Occur with TBI

- ⇒ Memory problems
- ⇒ Difficulty concentrating
- ⇒ Easily Distracted
- ⇒ Misplacing or difficulty tracking things
- ⇒ Difficulty making decisions
- ⇒ Difficulty solving problems
- ⇒ Difficulty understanding spoken instructions
- ⇒ Difficulty understanding written instructions
- ⇒ Difficulty finding words
- ⇒ Difficulty communicating thoughts / feelings
- ⇒ Unintentionally repeating the same remarks and/or activities
- ⇒ Stuttering or stammering

- ⇒ Difficulties doing simple math
- ⇒ Impaired abstraction or literalness
- ⇒ Mental rigidity
- ⇒ Deficits in processing information and/or sequencing information
- ⇒ Difficulty executing or doing things, and/or starting or initiating things
- ⇒ Difficulty handling work and/or school requirements
- ⇒ Having to check and re-check what you do
- ⇒ Disoriented by slight changes in daily routine
- ⇒ Unsure about things that you know well
- ⇒ Difficulty learning new things
- ⇒ Doing things slowly to insure correctness
- ⇒ Decreased capacity for reality testing
- ⇒ Impaired ability to appreciate details and/or to benefit from experience
- ⇒ Inappropriate responses to people & things

Typical Accommodations

Accommodations are on a **case-by-case basis and are not automatic**. Each student must qualify for each accommodation. Examples include:

- ⇒ Note takers
- ⇒ Tape recorders
- ⇒ Priority seating
- ⇒ Accessible classroom location
- ⇒ Adjustable tables for classes
- ⇒ Scribes
- ⇒ Books in alternative format
- ⇒ Alternative testing
- ⇒ Separate testing location

DSS Provider Tips for Students

- Learn as much as you can about your present needs and injury
- Discuss getting assignments early from instructors
- Break down directions one step at a time into smaller chunks.
- Create opportunities to practice new skills.
- Have consistent routines. Use an assignment book, planner or PDA for a daily schedule.
- Schedule short naps or rest periods if you tire easily; give yourself permission to take breaks when needed.
- Reduce distractions.
- Be flexible about expectations. Be patient. Maximize your chances for success.
- Be okay with asking for assistance. Know your strengths, limitations and when to ask for assistance in a way of taking control.
- Prioritize and write down the activities you need to accomplish in order of importance.
- Examine your course combinations. If your classes are all extremely demanding, choose a class or two each semester which is less demanding.
- Plan for needed accommodations well in advance. Contact DSS as soon as possible if you think your accommodations may change.
- Don't expect others to know your needs. *You may need to educate others about how your disability affects you.*
- Communicate often with instructors.
- Try books in alternative format..
- Don't compare yourself to others,
- Take advantage of career planning services.
- Get plenty of rest.
- Get regular exercise.
- Eat right.
- Find ways to deal with stress.

Southeast Community College



<http://www.southeast.edu/discover/diversity.aspx>

Special Topics in Disability Services is a publication of the SCC AA/Equity/Diversity Office

Note: ★ This information is intended for information and general guidance only, NOT as a substitute for professional diagnosis, intervention or treatment.

- ⇒ Hire Heroes U.S.A., <http://www.hireheroesusa.org/?gclid=COFry9-d05ECFQpxHgodVD9WZw> (visited 11/04/08).
- ⇒ Operation Iraqi Freedom Military Deaths. (3/19/03 through 9/6/08). <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-deaths-total.pdf>. (Visited 11/04/08).
- ⇒ New GI Bill provides increased educational benefits. <http://www.army.mil/-news/2008/07/29/11318-new-gi-bill-provides-increased-educational-benefits/> (Visited 11/04/08).
- ⇒ A New G.I. Bill: Rewarding Our Troops, Rebuilding Our Military. <http://www.gibill2008.org/benefits.html> (Visited 11/04/08).
- ⇒ Student Veterans of America. <http://www.studentveterans.org/about/>. (Visited 11/04/08).
- ⇒ Veteran's Benefits. <http://www.uvsc.edu/veterans/benefits/> (Visited 11/04/08).
- ⇒ A Tale of Two GI Bills. <http://www.insidehighered.com/news/2008/10/03/gi> (Visited 11/4/08).
- ⇒ 1 in 10 Iraq Veterans Show Signs of PTSD. http://menshealth.about.com/od/mentalhealth/a/Troops_Health.htm (Visited 11/4/08).
- ⇒ National Resource Directory: an on-line resource directory for Wounded, Ill & Injured Servicemembers. www.nationalresourcedirectory.org (Visited 11/16/08)

America's Heroes At Work & JAN—Resources for Employers, Educators & Vets

In August 2008, the U.S. Department of Labor (DOL) announced a new Website called America's Heroes at Work. The website equips employers and those in the workforce development system with the tools they need to help returning service members affected by Traumatic Brain Injury (TBI) and/or Post Traumatic Stress Disorder (PTSD) succeed in the workplace - particularly service members returning from Iraq and Afghanistan. America's Heroes at Work is managed jointly by DOL's Office of Disability Employment Policy (ODEP) and Veterans' Employment and Training Service (VETS) in

collaboration with other federal agencies engaged in TBI and PTSD programs, including the Departments of Defense, Veterans Affairs, Health and Human Services and Education, the Small Business Administration, the Social Security Administration, and others.

At America's Heroes at Work, users will find a variety of resources related to TBI and PTSD. These include resources to help employers hire qualified veterans; fact sheets and reference guides on TBI and PTSD; information on disability related workplace accommodations; access to presentation and training tools concerning employment and

TBI/PTSD; and, information concerning individual success stories and employer promising practices. This Website is continuously updated as new resources, success stories, and employer practices become available.

Another project of ODEP is the Job Accommodation Network (JAN). Its mission is to facilitate the employment and retention of workers with disabilities by providing interested parties with information on accommodations entrepreneurship, and related subjects.

For information see: (<http://www.jan.vwu.edu/links/about.htm>)