

POLK COUNTY VETERANS NEWSLETTER-WINTER 2016



Hello, my name is **Kurtis Ellefson**, the new Veterans Service Officer for Polk County. I have written a short biography in order for you all to get to know me a little better. But I hope to meet many if not all of the Veterans of Polk County in person.

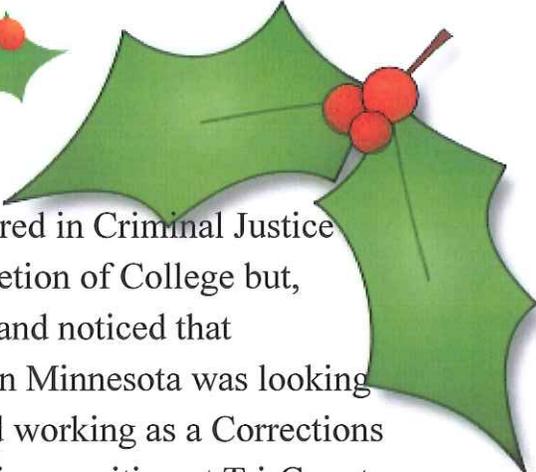
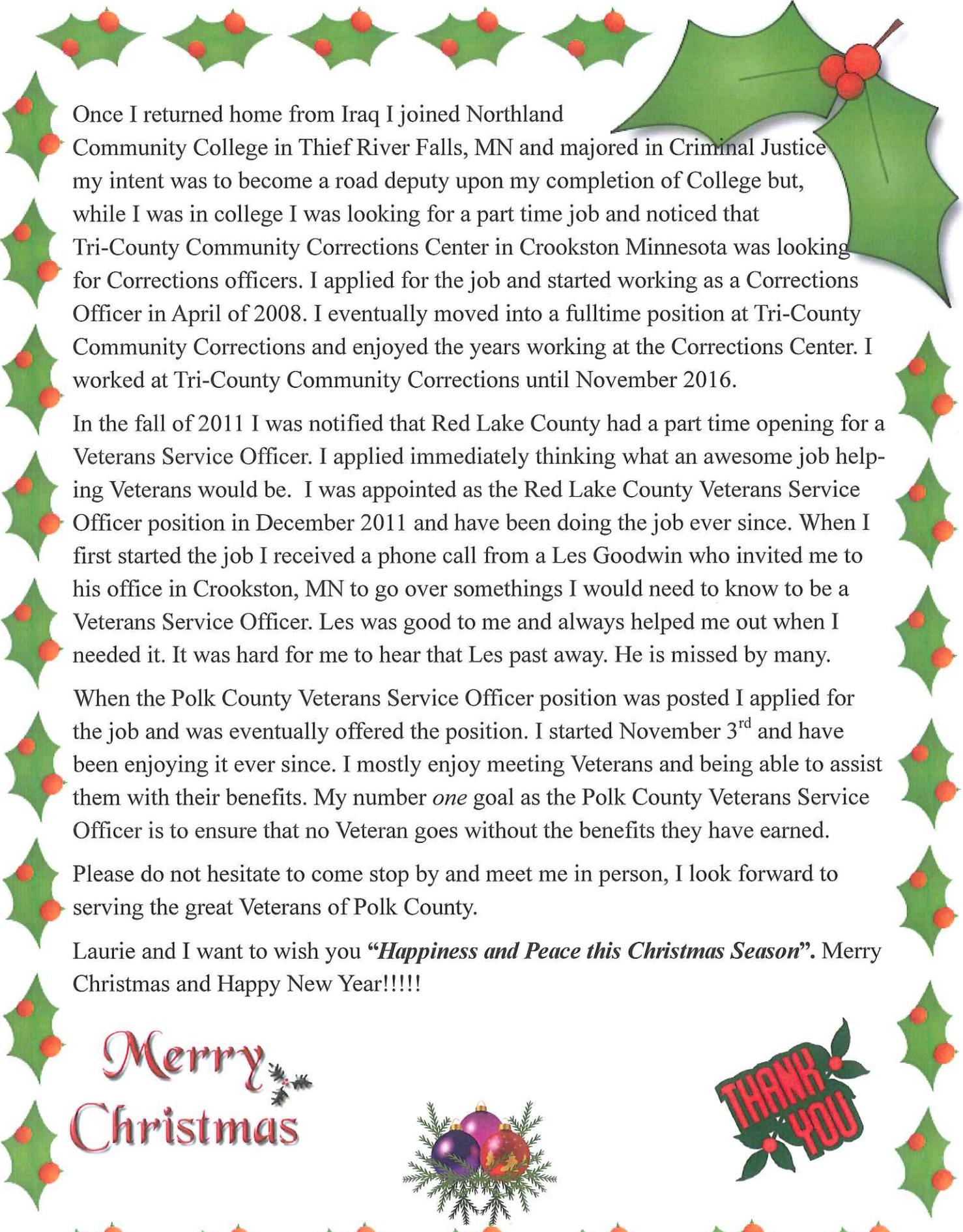
My parents are Ryan and Chris Ellefson and I was born in Red Lake Falls, MN. I lived a majority of my childhood around the Dorothy and Huot areas. As a young kid I was always playing (Army) with my friends and I always knew that someday I was going to join the military. I attended elementary and high school in Red Lake Falls and graduated in 2004.

During my senior year of high school at the age of 18 I enlisted into the Minnesota National Guard as an infantry man (11B). I joined Bravo Company 2/136 out of Crookston MN, and on August of 2004 I was shipped off to basic training at Fort Benning Georgia. I can honestly say that I actually enjoyed basic training. Don't get me wrong now, the Drill Sergeants were tough on us, but I understood that their job as a Drill Sergeant was to tear us down and build us back up. I knew that if I shut my mouth and did as I was told I would be fine. I graduated from Basic and AIT in December of 2004 and returned home to Red Lake Falls, MN.

At my first guard drill after I returned home from Fort Benning Georgia the unit was notified that we would be deploying to Iraq in earlier 2006. This was actually what I thought was good news since I had joined to serve my country in a combat zone. At this time though I also had a fiancée LeAnn Casavan and a young daughter named Rylee. I knew that this deployment would be tough on my family. Especially my daughter who was 2 years old when I left and would be 4 years old when I returned.

On October 1st, 2005 the unit was activated and sent to Camp Shelby, Mississippi for a 6 month train up before we were shipped to Iraq. At this time I did not know too many other soldiers in my unit, but it did not take long to make new friends who I can now call my brothers. In March of 2006 my unit was deployed to Iraq with my company being attached to a Marine unit at Camp Fallujah. At the time I was told that we would be in Iraq for 12 months. My unit spent approximately 18 months in Iraq completing many combat missions while we were over there. The best way to describe my deployment to Iraq is that it was the best time of my life and the worst time of my life.

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Once I returned home from Iraq I joined Northland Community College in Thief River Falls, MN and majored in Criminal Justice my intent was to become a road deputy upon my completion of College but, while I was in college I was looking for a part time job and noticed that Tri-County Community Corrections Center in Crookston Minnesota was looking for Corrections officers. I applied for the job and started working as a Corrections Officer in April of 2008. I eventually moved into a fulltime position at Tri-County Community Corrections and enjoyed the years working at the Corrections Center. I worked at Tri-County Community Corrections until November 2016.

In the fall of 2011 I was notified that Red Lake County had a part time opening for a Veterans Service Officer. I applied immediately thinking what an awesome job helping Veterans would be. I was appointed as the Red Lake County Veterans Service Officer position in December 2011 and have been doing the job ever since. When I first started the job I received a phone call from a Les Goodwin who invited me to his office in Crookston, MN to go over somethings I would need to know to be a Veterans Service Officer. Les was good to me and always helped me out when I needed it. It was hard for me to hear that Les past away. He is missed by many.

When the Polk County Veterans Service Officer position was posted I applied for the job and was eventually offered the position. I started November 3rd and have been enjoying it ever since. I mostly enjoy meeting Veterans and being able to assist them with their benefits. My number *one* goal as the Polk County Veterans Service Officer is to ensure that no Veteran goes without the benefits they have earned.

Please do not hesitate to come stop by and meet me in person, I look forward to serving the great Veterans of Polk County.

Laurie and I want to wish you "*Happiness and Peace this Christmas Season*". Merry Christmas and Happy New Year!!!!

Merry
Christmas



THANK
YOU

From the Desk of the Commissioner - December



The holiday season is upon us!

It is that time of year when we balance the many demands - whether it be family or work gatherings, or just plain maneuvering the traffic at the shopping malls. It is also that time of year we make a special effort to connect with family near and far to share the feelings of the season.

For the Veterans community, it also causes us to pause and reflect on the importance and the sacrifices Veterans have made for our country. As an example, when I look out my window at the Veteran service building in St. Paul I see the USS Ward Gun. This was the gun that fired the first shot of World War II for the United States military. It has now been 75 years since that day that 'lives in infamy.' The day reminds us of the sacrifices made by so many during WWII as well as those preceding and unfortunately following since then.

The holiday season seemingly always shows pictures of family gatherings and the sharing of love and gifts to those dearest to us. Yet I cannot forget the number of requests I get in the mail for donations to help feed the homeless and less fortunate. So this Christmas I again ask you to embrace those nearest to you and express to them the love that you have for them, but also to take a moment to reach out and help those who may be in need. Please take time to pause and consider the impact on our Veterans who remain homeless.

2016 has been a productive year for the Minnesota Department of Veterans Affairs as we have achieved many of the goals we set forth to accomplish. But we also acknowledge that there is much more to do. Our mission remains the same and that is caring for our Veterans.

Enjoy the holiday season, be safe, and I look forward to 2017!

World War One: The original code talkers



When US military codes kept being broken by the Germans in WW1 a Native American tribe came to the rescue. They just spoke their own language—which baffled the enemy—and paved the way for other Native American “code talkers” in WW2

The men rarely talked about their role when they returned from the war

It's an irony that probably didn't go unnoticed by Choctaw soldiers fighting in WW1. While the tribe's children were being whipped for speaking in their native tongue at schools back home in Oklahoma, on the battlefields of France the Native American language was the much-needed answer to a very big problem.

In the autumn of 1918, US troops were involved in the Meuse-Argonne Offensive on the Western Front. It was one of the largest frontline commitments of American soldiers in WW1, but communications in the field were compromised. The Germans had successfully tapped telephone lines, were deciphering codes and repeatedly capturing runners sent out to deliver messages directly.

“It was a huge problem and they couldn't figure out a way around it,” says Matt Reed, curator of American Indian Collections at the Oklahoma History Center, the headquarters of the Oklahoma Historical Society.

The solution was stumbled upon by chance, an overheard conversation between two Choctaw soldiers in the 142nd Infantry Regiment. The pair were chatting in camp when a Captain Lawrence walked by and asked what language they were speaking. Realizing the potential for communication, he then asked if there were other speakers among the troops. The men knew of Choctaw soldiers at company headquarters. Using a field telephone the Captain got the men to deliver a message in their native tongue which their colleagues quickly translated back into English. The Choctaw Telephone Squad was born and so was code talking. The message was worded and PFC Mitchell Bobb used the field phone to deliver the first Choctaw code message to Choctaw Ben Carterby, who then transposed it back into English for the Battalion Commander.

Within a matter of hours, the eight men able to speak Choctaw had been shifted until there was at least one in each field company headquarters. Now not only were they handling field telephone calls, they were translating radio messages into the Choctaw and writing field orders to be carried by “runners” between the various companies.

Even if the Germans were listening, they couldn't understand. It was also the quickest way of coding and decoding information faster than any machine, giving US troops a crucial edge over the enemy.

“The language flabbergasted the Germans,” Choctaw didn't cover many military terms so coded words were devised. Machine gun was “little gun shoot fast” and battalions were indicated by a number of grains of corn. It created a “code within a code” and made the language even more impenetrable.

In total, 19 Choctaw soldiers were recruited to the telephone squad. They came from the 141st, 142nd and 143rd Infantry Regiments. Many knew each other from Oklahoma. Later, other American Indian tribes were used in the same way, the Comanche among them.

The Meuse-Argonne Offensive turned out to be part of the final Allied campaign on the Western Front, but the work of the Choctaw shaped military communications in future conflicts. The Navajo and Comanche code talkers of WW2 are the most famous.

Two types of code talking were used in both wars, says Meadows, author of *The Comanche Code Talkers of World War II*. The first used special military terms devised in the native language, the second didn't and just used the native vocabulary already spoken. It is believed none of the languages or codes used have ever been broken by an enemy, he adds.

Continued on page 5

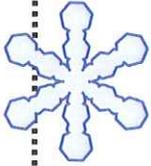
Native Americans did not receive nationwide citizenship until 1924, yet the Choctaws were both patriotic and valiant, with a desire to serve in the war effort. Many Choctaw men volunteered in WWI to fight for our country. Members— Choctaw Code Talkers of WWI instrumental in ending the war also served with distinction using Native languages in WW II, Korea and Vietnam. Among these brave warriors were the famed Wind Talkers of the Navajo Tribe in WW II, who were deserving of the Gold Medal they received from Congress in the year 2000. Legislation was passed in both the U.S. House of Representatives and the U.S. Senate to award the Choctaw, Comanche's and other Indian soldiers who were Code Talkers a Gold Medal. Support and co-sponsorship was requested of all of the Congress. The law was signed in 2008 by the President. Stories passed down through families and newspapers share odds and ends of the private lives of some of the Choctaw Code -Talkers. Victor Brown received a citation from President Wilson after being wounded and gassed with mustard gas. He was proud of “fooling the Germans” with the Choctaw language and was pleased to have served in France. According to his daughter, Napanee Brown Coffman, Victor Brown was one-fourth French and three-quarters Choctaw. After the First World War, Brown became an auditor in the IRS and during WWII was Deputy State Examiner and Inspector for the State of Oklahoma.

James Edwards was a member of the Choctaw language “relay team” for messages and also helped work out the code words to use in the transmissions. “twice big group” in Choctaw was used for battalion, “eight group” was a squad, “scalps” were casualties, “fast shooting gun” meant machine gun and “big gun” was field artillery. **Otis Leader** is one of the most notable heroes of WWI. He was 34 when he joined the Army. He and his Swiss employer from his job on a ranch near Allen, Oklahoma, went on a cattle-buying trip to Fort Worth. The Swiss accent of Leader’s employer, combined with the tall, dark looks of the 34-year-old resulted in the mistaken pegging of them as a German spy and his Spaniard companion. This mistaken identity infuriated Leader so much he immediately went to the nearest recruiting office and signed up. **Solomon Louis** was actually underage when he entered the armed services. This young Bryan County Choctaw attended Armstrong Academy and when his older friends enlisted, Louis pretended to be 18 so that he, too, could join. **Walter Veach** was given the charge to put together an all-Indian company in the 36th division during World War I. Prior to the war, Veach served in the National Guard on the border between the United States and Mexico. His company had a major hand in stopping the Pancho Villa invasion of Texas. **Tobias Frazier** was among the Choctaw men who helped break the Hindenberg line in 1918. Other WWI Choctaw Code Talkers were: **Robert Taylor, Jeff Nelson, Calvin Wilson, Mitchell Bobb, Pete Maytubby, Ben Carterby, Albert Billy, Ben Hampton, Joseph Oklahombi, Joe Davenport, George Davenport, Ben Colbert and Noel Johnson.** One of the WWII Choctaw Code Talkers, Schlicht Billy, was in the 180th and participated in the landing of Anzio, liberation of Rome and invasion of Southern France. Schlicht Billy participated in an event held November 3, 1989, at the Oklahoma State Capitol when the government of France presented the Choctaw Nation the “Chevalier de l’Order National du Merite” (Knight of the Order of National Merit) in recognition of the important role of the Code Talkers. Other Choctaw Code Talkers in WWII were Andrew Perry, Davis Pickens and Forreston T. Baker.

“It is not Choctaw belief to talk about your own achievements, it’s up to others to praise you, says Nuchi Nashoba, president of the Choctaw Code Talkers Association. Her great-grandfather Ben Carterby was one of the men used in the original test to send a message on the Western Front. “The code talkers would not have told many stories about themselves, they regarded what they had done as just doing their duty. When my great grandfather was interviewed for a local publication after he returned from the war, he simply said, “I went to France, I saw country and I came back alive.” Just that.

The original code talkers never got to see that day and many of their relatives who had campaigned so hard to get recognition for them had also died. But it was also an incredible moment, I can’t put into words the joy and pride we felt. “Those men deserved to be honored.”





VA Lauded by National Colorectal Cancer Roundtable for Screening Rates

Approximately 4,000 Veterans are diagnosed with Colorectal Cancer each year

WASHINGTON – The Department of Veterans Affairs (VA) has received Hall of Fame recognition by the National Colorectal Cancer Roundtable (NCCR) for achieving an 82 percent colorectal cancer screening rate, which exceeds the NCCR goal of 80 percent and the national average, which is in the 60 percent range. NCCR was established in 1997 by the [American Cancer Society](#) and the Centers for Disease Control and Prevention as a national coalition of public, private and voluntary organizations along with invited individuals.

“We know that colon cancer is both common and lethal,” said David J. Shulkin, VA Under Secretary for Health. “Colon cancer is the second most common cause of cancer death in the United States; we know that it can be prevented through screening. Recognition by this prestigious organization shows that our prevention measures are saving our Veterans’ lives.”

VA has been an early leader in fully embracing the value of colorectal cancer screening and in employing a comprehensive approach to its screening program by developing policies and guidance about screening. VA also monitors and reports system-wide screening rates, increased access to screening, developed systems of care to facilitate screening using clinical reminders, clinician toolkits, patient and staff education.

Information about VA’s efforts to prevent and treat colorectal cancer may be found at [http://www.va.gov/QUALITYOFCARE/initiatives/compare/Prevention Colorectal Cancer Screening.asp](http://www.va.gov/QUALITYOFCARE/initiatives/compare/Prevention_Colorectal_Cancer_Screening.asp). Information about VA’s cancer research and achievements may be found at <http://www.research.va.gov/topics/cancer.cfm>

Military Pension Tax Deduction

Beginning in tax year 2016, taxpayers who receive certain types of military retirement pay (including pensions) may subtract that retirement pay from their taxable income. The tax exemption on military retirement pay is effective after December 31, 2015.

You qualify for this subtraction if your military retirement pay is:

- Taxable on the federal return, and
- Computed under U.S. Code, Title 10, sections 1401 to 1414, 1447 to 1455, and 12733.

Taxpayers who claim this subtraction may not claim the nonrefundable credit for past military service.

For tax years 2015 and earlier, military retirement pay (including pensions) *is* taxable.

For more information regarding this new law, visit the [Minnesota Department of Revenue's Military Pension page](#). You can find information on military tax benefits on their [Members of the Military page](#).

Permalink: <http://mn.gov/mdva/blog/index.jsp?id=1066-256105>



VA Study Confirms High Cure Rates With New Hepatitis C Drugs

Virus undetectable in high percentage of patients after treatment.

WASHINGTON – A Department of Veterans Affairs (VA) database study shows that new drug regimens for hepatitis C have resulted in “remarkably high” cure rates among patients in VA's national health care system. Of the more than 17,000 Veterans in the study, all chronically infected with the hepatitis C virus at baseline, 75 percent to 93 percent had no detectable levels of the disease in their blood for 12 or more weeks after the end of treatment. The therapy regimens lasted 8 to 24 weeks, depending on patient characteristics.

“This promising news comes as VA is dedicating significant funds to help greater numbers of patients with hepatitis C,” said David Shulkin VA Under Secretary for Health. “In March, we announced our ability to fund care for all Veterans with hepatitis C for fiscal year 2016 regardless of the stage of the patient's liver disease. VA has long led the country in screening for and treating hepatitis C. As of mid-September 2016 alone, the Department treated more than 100,000 Veterans infected with the virus. More than 68,000 of these patients had been treated with these new highly effective antivirals.”

The VA researchers analyzed data from four subgroups of patients infected with hepatitis C—genotypes 1, 2, 3, and 4—and found that genotype 1 patients showed the highest cure rates and genotype 3 the lowest. Genotype 1 was by far the most common type of infection among the four subgroups.

The study group of more than 17,000 Veterans included more than 11,000 patients with confirmed or likely cirrhosis, a liver disease that can result from hepatitis C, among other causes. The study team found “surprisingly high” response rates of around 87 percent in this group.

The overall results were consistent with those from earlier clinical trials that led to FDA approval of the three new drug regimens in the study: sofosbuvir (SOF), ledipasvir/sofosbuvir (LDV/SOF) and paritaprevir/ritonavir/ombitasvir and dasabuvir (PrOD).

The drugs, introduced in 2013 and 2014, have been credited with revolutionizing hepatitis C treatment, which means a cure is now in reach for the vast majority of patients infected with the virus. Previously, using earlier drug regimens, most patients could expect, at best, only a 50 percent chance of a cure.

“Our results demonstrate that LDV/SOF, PrOD and SOF regimens can achieve remarkably high SVR [sustained virologic response] rates in real-world clinical practice,” VA researchers wrote.

The new drug regimens examined in the study do not contain interferon, which has troublesome side effects such as fever, fatigue, and low blood counts. The newer drugs are considered far more tolerable than the older interferon-based antiviral regimens, although they are far more expensive.

The researchers extracted anonymous data on all patients in VA care who received HCV antiviral treatments between January 2014 and June 2015 using the VA Corporate Data Warehouse, a national, continually updated repository of data from VA's computerized patient records.

The study's optimistic finding is a source of optimism for Veterans and others infected with the hepatitis C virus, according to coauthors Dr. Lauren Beste and Dr. George Ioannou, specialists in internal medicine and hepatology, respectively, with the VA Puget Sound Health Care System in Seattle.

According to the researchers, modern, direct-acting antiviral drugs for hepatitis C far outperform our older options in terms of efficacy and tolerability. With older drugs, most patients could not undergo antiviral treatment because they had contraindications or medication side effects. With newer options, almost anyone can safely undergo treatment for hepatitis C.

[VA research](#) continues to expand knowledge of the disease through scientific studies focused on effective care, screening, and health care delivery. Some studies look at particular groups of hepatitis C patients—for example, female Veterans, or those with complicated medical conditions in addition to hepatitis C.

For more information on VA care for hepatitis C, visit www.hepatitis.va.gov and www.hepatitis.va.gov/patient/hcv/index.asp. Information about the database study may be found in the September 2016 issue of the journal [Gastroenterology](#).



New Regulation Decreases Cost of Outpatient Medication

Copay for Most Veterans

Washington – The Department of Veterans Affairs (VA) is amending its regulation on copayments for Veterans' outpatient medications for non-service connected conditions. VA currently charges non-exempt Veterans either \$8 or \$9 for each 30-day or less supply of outpatient medication, and under current regulations, a calculation based on the medication of the Medical Consumer Price Index (CPI-P) would be used to determine the copayment amount in future years.

"Switching to a tiered system continues to keep outpatient medication costs low for Veterans," said VA Under Secretary for Health Dr. David J. Shulkin. "Reducing their out-of-pocket costs encourages greater adherence to prescribed outpatient medications and reduces the risk of fragmented care that results when multiple pharmacies are used; another way that VA is providing better service to Veterans."

This new regulation eliminates the formula used to calculate future rate increases and establishes three classes of outpatient medications identified as Tier 1, Preferred Generics; Tier 2, Non-Preferred Generics including over-the-counter medications; and Tier 3, Brand Name. Copayment amounts for each tier would be fixed and vary depending upon the class of outpatient medication in the tier.

These copayment amounts will be effective February 27, 2017:

\$5 for a 30-day or less supply - Tier 1 outpatient medication

\$8 for a 30-day or less supply - Tier 2 outpatient medication

\$11 for a 30-day or less supply - Tier 3 outpatient medication

These changes apply to Veterans without a service-connected condition, or Veterans with a disability rated less than 50 percent who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law. Medication copayments do not apply to former Prisoners of War, catastrophically disabled Veterans, or those covered by other exceptions as set by law.

Copayments stop each calendar year for Veterans in [Priority Groups 2-8](#) once a \$700 cap is reached.

More information on the new tiered medication copayment can be found at: <https://www.gpo.gov/fdsys/pkg/FR-2016-12-12/pdf/2016-29515.pdf>

True or False: Military Edition

- 1) In World War II, a German U-boat was sunk because of a malfunctioning toilet.
- 2) American combat dolphins, deployed in the Persian Gulf, surrounded and captured an Iranian battleship.
- 3) The pen used by the military meets 16 pages of military specs.
- 4) At the real-life Top gun program—the one the film was based on— there is a \$5 fine for any staffer who references or quotes the movie.
- 5) The Franco-Prussian War ended in a stalemate and had to be settled by a winner-take-all game of backgammon played by the two countries' prime ministers.

Answers: 1-T; 2-F; 3-T; 4-T; 5-F



Bossier City woman sentenced to 12 months in prison for stealing more

SHREVEPORT, La. – United States Attorney Stephanie A. Finley announced today that a Bossier City woman was sentenced to 12 months in prison for fraudulently taking more than \$90,000 in federal benefits that were payable to her deceased mother.

Gloria Lynn Perry, 67, of Bossier City, La., was sentenced by U.S. District Judge S. Maurice Hicks Jr. on one count of theft of government property. She was also sentenced to three years of supervised release and ordered to pay \$ 88,915.15 restitution. According to the July 24, 2015 guilty plea, Perry stole \$90,000 of her mother's Veteran's Affairs Dependency and Indemnity Compensation benefits from April 1, 2008 until July 1, 2014. Her mother died in 2008 and was no longer entitled to the benefits. In addition, Perry filed for Chapter 13 bankruptcy in 2014, but she did not report the existence of the bank account where her mother's benefits were deposited nor the income she received as a result.

The Veterans Affairs, Office of Inspector General, conducted the investigation. Assistant U.S. Attorney Cytheria D. Jernigan prosecuted the case.



[One Phone Number Connects Vets to Many Services](#)

As part of an effort under MyVA vision to provide Veterans with a seamless, unified Veteran Experience across the entire Department and throughout the entire country, VA is launching a new, national toll-free number 1-844-MyVA311 (698-2311) for Veterans and their families to use when they don't know what number to call.

Veterans who know the direct number to the VA facility they want to call should continue to use that number.

VA is also making improvements to the overall Veteran's experience contacting VA by:

- Increasing capacity to prevent blocked calls and reduce wait times;
- Connecting Veterans in crisis directly to the Veteran's Crisis Line;
- Connecting Veterans who may be homeless or at risk of homelessness to the Veterans Homeless Line; and
- Offering Veterans easy to follow options such as looking up a facility near them or connecting to a live agent; and

Implementing standard capabilities at all VA medical centers to offer callers access to Scheduling, Nurse Triage, Pharmacy, and a Medical Center Operator.





VA Grants Full Practice Authority to Advance Practice Registered Nurses

Decision Follows Federal Register Notice That Netted More Than 200,000 Comments

WASHINGTON - The Department of Veterans Affairs (VA) today announced that it is amending provider regulations to permit full practice authority to three roles of VA advanced practice registered nurses (APRN) to practice to the full extent of their education, training, and certification, regardless of State restrictions that limit such full practice authority, except for applicable State restrictions on the authority to prescribe and administer controlled substances, when such APRNs are acting within the scope of their VA employment.

“Advanced practice registered nurses are valuable members of VA’s health care system,” said VA Under Secretary for Health Dr. David J. Shulkin. “Amending this regulation increases our capacity to provide timely, efficient, effective and safe primary care, aids VA in making the most efficient use of APRN staff capabilities, and provides a degree of much needed experience to alleviate the current access challenges that are affecting VA.”

In May 2016, VA announced its intentions, through a [proposed rule](#), to grant full practice authority to four APRN roles. Though VA does have some localized issues, we do not have immediate and broad access challenges in the area of anesthesia care across the full VA health care system that require full practice authority for all Certified Registered Nurse Anesthetists (CRNAs). Therefore, VA will not finalize the provision including CRNAs in the final rule as one of the APRN roles that may be granted full practice authority at this time. VA will request comment on the question of whether there are current anesthesia care access issues for particular states or VA facilities and whether permitting CRNAs to practice to the full extent of their advanced authority would resolve these issues.

APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services; they complete masters, post-masters or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, and Certified Nurse Midwife.

“CRNAs provide an invaluable service to our Veterans,” Under Secretary for Health Shulkin continued. “Though CRNAs will not be included in VA’s full practice authority under this final rule, we are requesting comments on whether there are access issues or other unconsidered circumstances that might warrant their inclusion in a future rulemaking. In the meantime, we owe it to Veterans to increase access to care in areas where we know we have immediate and broad access challenges.”

All VA APRNs are required to obtain and maintain current national certification.

The final rulemaking establishes professional qualifications an individual must possess to be appointed as an APRN within VA, establishes the criteria under which VA may grant full practice authority to an APRN and defines the scope of full practice authority for each of the three roles of APRN. Certified Registered Nurse Anesthetists will **not** be included in VA’s full practice authority under this [final rule](#).

VA is the nation’s largest employer of nurses; as of July 2016 its workforce of approximately 93,500 nurses (RNs, LPNs, NAs) includes approximately 5,769 APRNs

For more information about openings for nurses or other health care positions at VA, visit Vaca-reers@va.gov.

OFFICE HOURS

Crookston Office

Monday - Friday

8:00 AM– 4:30 PM

Starting January 1, 2017

Every Wednesday

Fosston 9:00 AM-12:00 PM at the Civic Center/215 1st St E

McIntosh 1:00 PM - 3:30 PM at the County Agents Office/240 Cleveland Ave SW

2nd & 4th Thursday

East Grand Forks Human Service Center– 9:00 AM - 1:00 PM/1424 Central Ave NE

Please look on Polk County Website for any Office Hour Announcements

<http://www.co.polk.mn.us>

What goes "Oh oh oh"? Santa walking back-

LET ME ASSURE YOU that my
holiday weight gain is in no way an
indication of increased jolliness