



# **Veterans-For-Change Newsletter**

*A Voice of the Veterans*

Week Ending Sunday, January 14, 2018

Volume 9, Issue 02



## **This-N-That**

A bit of good news has finally traveled down the pike for Veterans! The Department of Veterans Affairs (VA) announced that it has, through a Federal Register notice, revised its regulations concerning payment or reimbursement for emergency treatment for non-service connected conditions at non-VA facilities.

VA will begin processing claims for reimbursement of reasonable costs that were only partially paid by the Veteran's other health insurance (OHI). Those

costs may include hospital charges, professional fees and emergency transportation, such as ambulances.

VA will apply the updated regulations to claims pending with VA on or after April 8, 2016, and to new claims. By law, VA still may not reimburse Veterans for the costs of copayments, cost shares and deductibles required by their OHI.

Now the trick is how long a process will this be, and will it be timely and accurate, but only time will tell the true story. Hopefully this might just be the first program to run smoothly and as directed.

President Trump signed an Executive Order titled, “Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life.” This Executive Order directs the Departments of Defense, Veterans Affairs and Homeland Security to develop a plan to ensure that all new Veterans receive mental health care for at least one year following their separation from service.

The three departments will work together and develop a Joint Action Plan to ensure that the 60 percent of new Veterans who currently do not qualify for enrollment in healthcare — primarily due

to lack of verified service connection related to the medical issue at hand — will receive treatment and access to services for mental health care for one year following their separation from service.

As much as I would prefer that they get off the fence, use an outside software contractor to modify an existing claims program to fit the need of the VA and allow the software to make decisions base on information entered in and remove human intervention with the exception of intense claims, this new program hopefully will at least address immediate need and stop stalling claims for what ever reasons the DRO's have been using to avoid paying benefits and insuring Veterans receive proper medical care.

And we're hoping at the same time with this new executive order, we can begin to see a decline in the numbers of Veterans committing suicide.

As I've said for a number of years even ONE is ONE too many! And each and every one of you deserves the best our country can provide!

But the key to getting what changes, repairs and fixes in the VA that we all demand to see, we need to continually **CHALLENGE** them, demand

**CHANGE**, keep **SHAKING UP** Congress to get their attention and **DISRUPT** the flow of "business" in their offices to get their attention and keep it until we see results.

Once in a while we'd like to remind people about security on E-Mails and Social Media.

Each website is a little different in regard to types passwords they will accept. But you should change your passwords on all account whether it's E-Mails, Banks, Stocks and Bonds Trading sites, etc. at least every three months.

Suggested by many is to use a combination of letters (Upper and Lower Case), numbers and symbols and at least eight (8) characters in length. An example would be **Dr-210Tm\$** and to make passwords easy to remember is only change one character each time. So if **Dr-210Tm\$** was your last password then your next one would be **Dr-211Tm\$** this way it's harder for someone using a password cracking program to decipher what your password is, and when you change it, makes it a lot easier for you to remember.

It would also appear that **Face Book** has hired a lot of people to infiltrate pages all across **Face Book**

and enforcing **Mark Zuckerberg's** idea of "community policy" when posting things and even the most innocuous items posted can get you suspended, or as members on **Face Book** call it **Face Book Prison**.

This is what has happened to VFC and we were suspended for 30 days, and don't count on getting any reply as to what specifically was determined to be "offensive" or "broke the rules", they simply will not respond to you, most likely because you're not an advertiser and shelling out thousands of dollars to force members to sift through countless ad's.

Needless to say they've cut us off to nearly 9,700 Veterans who would normally see posts of Veteran news, information, and our newsletter as well.

So be mindful of changing passwords on your accounts often, and be careful of what you post. The one thought to keep in mind, no matter what you post or send in E-Mails is out there and remains out there on the internet forever.

On behalf of our Volunteers nationwide and myself, we wish you and your family good health!

Respectfully,

Jim Davis

Founder

[Jim.Davis@Veterans-For-Change.org](mailto:Jim.Davis@Veterans-For-Change.org)

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## **The Vietnam Blue Water Navy Status Dec 2017**

**(Response from Commander John B. Wells USN  
(Ret.))**

I have read Ray Melenkalitis' note in last week's newsletter about the discharge petition for Blue Water Navy benefits. I am the person he was talking about and so I reserve the right of response. Yes we have considered a discharge petition and yes we have rejected it. It is more than just "pissing off the leadership" as Ray says - but that is part of it.

Speaker Ryan has decreed that matters will move forward in "regular order." That means a two step process in the Committee. Legislative hearing and mark-up hearing. We have had the Legislative hearing. The Chairman brought it forward for a mark-up but Cong Tim Walz, the ranking member, opposed the offset required by the Pay As You Go Act of 2010 (PAYGO). Basically the offset was

called "round downs." COLA increases are rounded down to the nearest dollar. It would have met the PAYGO requirement., We have not been able to identify any other mandatory spending offsets within the VA. Before everyone starts talking bonuses, administrative costs etc those are all discretionary spending. Under PAYGO the offset must come from benefits. Sorry but that is the law. Is it right? I don't think so but it is what we have to deal with. By the way, Walz voted for PAYGO. Chairman Roe did not. But it is the law. You can shout politics all you want, but it is still the law. We have asked the Speaker for a PAYGO waiver and they are looking into the matter. Congressman Walz refused to sign the waiver letter. Looks like partisanship at its worst. I am especially upset because Tim Walz promised me in January of 2015 that he would support round downs if necessary to pass the Blue Water Navy bill.

So bottom line, if the bill does not pass the committee it cannot come to the floor under regular order. It can come under suspension of the rules or a discharge petition.

Suspension of the rules was what we were going to try in 2016. We went to the Senate where rules are a bit different, and fashioned an offset by

generating a \$100 surcharge on student visas. Our intention was to pass the bill in the Senate then bring it up under a rules suspension in the House. The Leadership in the House was agreeable to doing that since it would be a Senate bill and would not necessarily have to go through a hearing process. But Senator Leahy torpedoed us at the last minute and put a hold on the bill. They can do that in the Senate but not in the House.

By the way in the case of the original Agent Orange bill that Ray refers to, they did a rules suspension but hearing had been held on the matter in the previous Congress.

OK what about the discharge petition? Discharge petitions are rare and successes even more rare. Wikipedia lists four successful discharge petitions since 1985. None of them had a PAYGO issue. Without the offset, we will not have the support for a discharge petition. Besides, our supporters have said no and so it is a dead issue at this time. Even our sponsor and Chris Gibson before him advised against trying it. We would not have the support. The minority would be expected to make it a partisan issue. A threat to use it would piss off the Speaker but that is not the only reason. It simply

would not pass. However the Speaker is somewhat sympathetic now and I would like to keep it that way.

Ray is a nice guy and is trying to help but all he can do is research without understanding the nuances of what we are trying to do. I have offered to take him with me to Washington but unfortunately his health will not allow that. I respect that. But he is dead wrong on this issue. We would only alienate the people who are trying to help us.

Chairman Roe is trying. I honestly believe that. So legislatively, we have to give him a chance. Meanwhile we have shifted our attack to the administrative and the judicial. If we can force the restoration of benefits through either of those two avenues we can circumvent the PAYGO problem. So rather than calling for a discharge petition, ask your Member of Congress and Senators to write Director Mulvaney at the Office of Management and Budget and ask him to budget money next year to pay for the restoration of benefits and to sign off on Secretary Shulkin's desire to restore those benefits. Then write President Trump asking him to intervene. Be polite, civil and respectful. That goes a long way.

Let's be constructive and not destructive.

Commander J. B. Wells U. S. Navy (Retired)

Attorney at Law

Executive Director

Military-Veterans Advocacy, Inc.



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## **Congress is Back - With a Lot to Do**

The Senate and the House are both back in session for 2018. They face a looming deadline of January 19 to either pass a government funding bill for the remainder of fiscal year 2018 or a shutdown of the government. That's because they haven't been able to come up with a funding bill for the entire 2018 fiscal year, even though they were

supposed to have done that by last October 1.

What they have done twice now, is pass "Cr's" - continuing resolutions, that fund the government for a limited period of time, at 2017 funding levels. That's why they now face the January 19 deadline.

Prior to the end of 2017 they did manage to pass the fy2018 National Defense Authorization Act (NDAA). It contained the following provisions that affect military people:

### **A 2.4-percent active duty pay raise**

Unchanged Basic Allowance for Housing (BAH) calculation. This is in spite of the effort in the Senate change the calculation for BAH in a way that would have negatively impacted servicemembers, particularly dual military families.

### **TRICARE Increases**

There will be progressive year-over-year increases in pharmacy copayments. TRICARE users will see steady increases in their co-payments across all medication tiers.

This is another example of forcing military people to

pay more for their health care in order to pay for other items in the defense budget. According to DoD, the TRICARE increases will "save" DoD more than \$2.1 billion by 2022 and fund improvements in military readiness and the Special Survivor Indemnity Allowance (SSIA). Most of the increases will be through the retail pharmacy sector, but beneficiaries still can obtain medications at military pharmacies for free. The new fees will include mail-order generic prescriptions as well. (please see below for more detail.)

Additionally, outside of the NDAA provision, the Defense Health Agency has introduced a new TRICARE fee structure that will be applied to the new TRICARE Select option. Increased fees also will apply to the existing TRICARE Prime option. You can view these changes at <https://tricare.mil/About/Changes/Costs>.

### **Lessens the "Widows Tax"**

This provides a permanent extension to the Special Survivor Indemnity Allowance (SSIA). Without congressional action, 67,000 military survivors would have lost \$2,100 in 2018 when the allowance was set to expire in May. After that they would have lost over \$3,700 a year.

TREA is very disappointed that Congress has once again chosen to penalize military people by raising TRICARE fees and we are concerned that there may be another effort this year to raise fees once again.

Retirees over the age of 65 escaped any increase in fees but that doesn't mean there won't be an attempt this year to also make them pay more.

TREA will be fighting hard to stop any more increases in TRICARE fees of any kind and we will keep you posted on this as the year progresses.

Source: TREA

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**Remembering MSgt Catherine G.  
Murray, USMC Ret.**



MSgt Catherine G. Murray, USMC Ret., will be laid to rest on January 23, 2018 at 1:PM Arlington National Cemetery We are asking for any Marines who are in the area to please try to attend the services for this Marine who had so many firsts in her career. This Marine deserves a well attended service. Catherine who was almost 101 had no family. Her caretaker Mark, along with a few of the Marines from Miami area will make the trip for her final commitment.

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**TRICARE Available in the Philippines**

Beginning Jan. 1, 2018, a preferred-provider network (PPN) will be available in the Philippines. Any provider currently approved in the Philippine Demonstration will be available as part of the PPN. Beginning Jan. 1, 2018, your copayments, cost-shares deductibles and catastrophic caps will be the same as those enrolled in the [TRICARE Select health plan](#). If you live or travel in the Philippines, you will be required to see a certified provider for care. However, you are encouraged to see a preferred provider. Learn more about how to get care in the Philippines on the [TOP website](#). For the latest costs, visit the [TRICARE Cost Changes web page](#).

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## ***Veterans-For-Change Web Site***

The Veterans-For-Change website has been under construction since day one back in 2009 and every day since then. The looks pretty much stay the same, but in the background constant improvement and change is being done to make our website the most user friendly “One-Stop-Shop” website to find almost everything you might have tried to find searching the internet.

Almost a hundred people have been involved; collecting web links to documents now houses on the VFC website, collecting thousands of web links for various issues, illnesses and benefits. Creating forums for all eras of service and two forums one just for men and one just for woman where you can go question, comment, share medical and personal concerns, what ever you'd like it to be.

We also have a forum with a licensed Mental Health Worker, again where you can seek help or just ask questions.

We average 2,200 hits per day, and downloads average 1,200 per day with a total 3,815,065 visitors as of Friday.

If you subscribe you will have full access to the entire website and best of all it's FREE of charge! You just need a valid E-mail address so the system can send you a confirmation E-Mail. Once received, click on the link to be authorized automatically.

**[www.veterans-for-change.org](http://www.veterans-for-change.org)**

- Documents Library with over 16,163 documents on-line (Updated: 12/30/17)
- FAQ's with more than 1,600 FAQ's and answers

- Multiple Forums
  - o Afghanistan Veterans
  - o FMP - Foreign Medial Program
  - o Gulf War & Desert Storm Veterans
  - o Iraq Veterans
  - o Korean Veterans
  - o Men Veterans Forum
  - o Mental Health for Veterans
  - o Political Issues
  - o Suggestion Box
  - o The Mess Hall
  - o VA Hospitals and Medical Centers
  - o Veteran Affairs
  - o Vietnam Veterans
  - o Welcome Mat
  - o Women Veterans Forum
  - o WW II Veterans
- Job Postings
- Memorial Pages (Updated: 11/02/17)
- News (Articles On-Line: 7,050)
- Polls
- Web Links, more than 3,618, Added 1 New Links (Updated: 01/03/18)

If you have a submission for the memorial pages,  
E-Mail: [Jim.Davis@veterans-for-change.org](mailto:Jim.Davis@veterans-for-change.org)

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## **HR 4635, Increased Use of Women Peer Specialists in VA Health Care**

Congressman Mike Coffman (CO) introduced legislation, HR 4635, to increase the number of women hired as peer counselors for the Department of Veterans Affairs (VA) suicide prevention program to specifically address the special needs of women veterans.

Women veterans face unique challenges reintegrating in their homes and communities after deployment. They are more likely to be divorced, single parents, and lack a social network. They are also more likely to be unemployed and struggle financially, despite higher educational attainment than male peers. Exposure to military sexual trauma and substance abuse disorders make women veterans more prone to homelessness and at a higher risk for suicide.

Because women comprise a small, but growing portion of the veterans population using VA

services, VA providers are not always knowledgeable or understanding of women veterans' needs. Peer specialists have been shown to be especially successful in engaging veterans who need VA mental health services. Ensuring that culturally competent women peer specialists are available will ensure increased understanding of the barriers to care women veterans face, such as lack of child care, legal assistance and assistance with job placement or training.

DAV Resolution Nos. 225 and 245 support the enhancement of services for women veterans, including mental health services, and increased use of peer specialists, which allows DAV's strong support for this bill.

Please use the prepared letter to urge your representative to cosponsor H.R. 4635 and move it forward for final passage.

Thank you for your support of the Commander's Action Network.

Click [HERE](#) and send your message!

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**[Trying to Locate a Vietnam Veteran](#)**



Would everyone please pass this picture around and keep it going. The picture was taken the middle of 1970. The only info I have is that we were stationed together in Viet Nam and I used to call him little John because of his size. Please keep it going in hope I can locate another Vet I lost contact with.

Thanks

SSgt Ralph Roberts!

**NOTE:** If you know this Vietnam Veteran and how to contact him, please send Jim Davis a message with the details!

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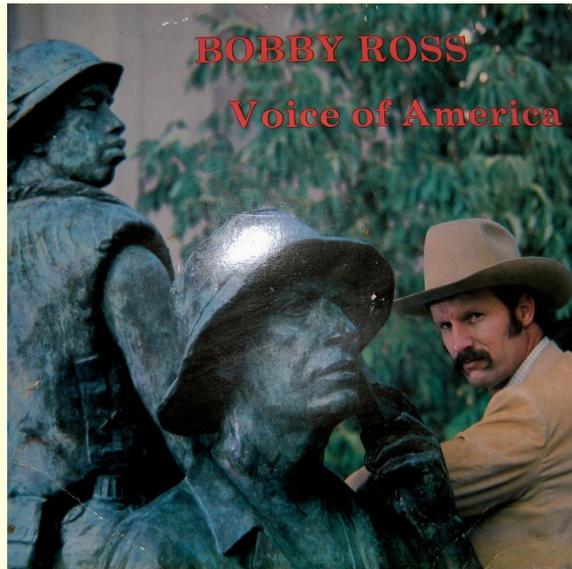
## **VA Announces New TBI and PTSD Treatments**

The Department of Veterans Affairs (VA) has announced that it will use two innovative treatments to help veterans living with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). Veterans with a history of mild to moderate TBI now have access to light emitting diode (LED) therapy, which may improve brain function including attention and memory, emotions, and sleep. Also, the stellate ganglion block (SGB) used to treat Veterans with PTSD symptoms involves an injection of medication into the neck. For more information about other emerging therapies, visit [VA's Center for Compassionate Innovation](#). Also, read the [VA Vantage Point Blog](#).

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## LT Bobby Ross and Billy D

I'm a Vietnam  
Veteran. A combat  
Veteran. I'm also  
100% disabled from  
the various war  
wounds I received



when I was in battle. I am somewhat fortunate, however, because I have Scotch blood running through my veins. That makes me stubborn. Too resolute to quit. When I met Billy D on the street, he was broken. He did not dream the dreams I did. He was proud to be a Vietnam Veteran, but he was lost. He did not have the ability to move forward like me. He could only move in small circles. And he couldn't bust out of those circles. As I talked with him and shared memories of the war, I knew he was not with me. He was there. Back in the war a half world away. He really did not make it home. His body did. But his soul was still there.

The Home of Billy D

<http://www.rassio.com/?page=10>

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## Official 2018 Pay Charts

The DoD has released the official military pay charts for 2018. To see the charts, visit the [Military.com Pay section](#).

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## Sometimes Legislation Isn't Enough

This past weekend an article appeared on [TheHill.com](#) concerning the Trump Administration and the Department of Veterans Affairs. (The Hill is a newspaper written for and distributed to members of Congress and their staffs. It is not a government paper.)

It concerned a video that President Trump tweeted out last week about the accomplishments so far of his administration with regard to the VA and was written by Rory E. Riley-Topping, a lawyer who worked for Republicans on the Committee on Veterans Affairs in the House of Representatives. She also has served in a legal capacity for the Veterans Legal Services Program, the U.S. Court of Appeals for Veterans Claims, and the Department of Veterans Affairs.

In her article, Riley-Topping stated, "In Trump's video, he specifically mentions eight veterans-related accomplishments; four signed pieces of legislation, two proclamations, one executive order, and one initiative. Although these measures are certainly accomplishments for an administration that has had difficulty executing many of its other major campaign promises ([repealing and replacing ObamaCare](#) being the most glaring example), it is important to acknowledge that legislation alone does not produce a significant shift in culture or fix a broken bureaucracy."

She explained that her purpose in writing her article was not to criticize the President but to point out something very crucial when it comes to making

changes at the VA.

"In other words, legislation is a starting point, but not an ending one; while legislation is often a catalyst toward reform, true reform does not take place until those that the law impacts truly accept and embrace it - in other words, when cultural change has happened.

"We are already starting to see signs of culture shifting within the VA, although not at a pace that most on the ground would like to see, which is unfortunately typical when dealing with government agencies. When the Phoenix VA wait-list scandal broke in 2014, veterans and whistleblowers received an opportunity to be heard by the public and partake in deliberations and conversations on the future of what the VA-system should look like.

"Unfortunately, the initial results of these conversations often entailed [whistle-blower retaliation](#), including some reports that the Office of Accountability and Whistleblower Protection actually accentuated, rather than alleviated, retaliation problems by allowing VA to keep an internal database of those who spoke out against the agency."

She then added this: "In other words, legislation is a starting point, but not an ending one; while legislation is often a catalyst toward reform, true reform does not take place until those that the law impacts truly accept and embrace it - in other words, when cultural change has happened."

We're writing about this because it's important to understand about how large government agencies function. TREA works hard to represent you and make both the VA and DoD more responsive to you and your needs and make sure that the promises made to you by our government are kept.

But as Ms Riley-Topping says, it frequently takes more than legislation alone.

We will keep fighting for you to get legislation passed whenever it is needed, and to defeat any legislation that harms you. But sometimes, even when we win passage of needed legislation, things take time to actually change.

Source: TREA

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**CONTACT YOUR  
MEMBERS OF CONGRESS!**

**To Call your Representative:**

**202-225-2305**

**To Call your Senators:**

**202-224-3841 or 202-224-3553**

**To call Different Members of Congress:**

**202-224-3121**

**TOLL FREE: 866-272-6622**

**PLEASE... STOP Making Excuses!**

**[www.veterans-for-change.org](http://www.veterans-for-change.org)**

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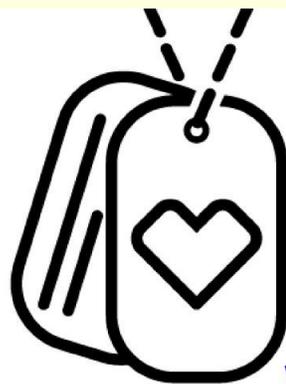
**Help for PTSD**

An estimated 11-20% of veterans who served in Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) have PTSD in a given year. The Department of Veterans Affairs (VA) National Center for PTSD offers [online resources](#) for identifying the condition and how to get help. And, the Department of Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury have put together [some low-tech suggestions and high-tech apps](#) at that can help you or a loved one better manage new year stress. For more information, read the [VA VAntage Point Blog](#).

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## **[Change for 2018 Election Voting](#)**

Beginning January 1, 2018, the Federal Voting Assistance Program (FVAP) will provide an email-to-fax conversion service for voters who have difficulty sending election materials to States that do not accept e-mailed documents. Voters whose States accept materials by email or regular mail will be instructed to send those materials directly to their election officials. FVAP will provide the '[fax@fvap.gov](mailto:fax@fvap.gov)' service for voters whose jurisdictions only permit faxing for electronic return of their election materials. Voters faxing materials will be encouraged to send the fax directly to their election office whenever possible. If you have questions regarding these changes, or would like additional information on which methods of material return are accepted in your state, visit the FVAP website at [fvap.gov](http://fvap.gov) or contact FVAP at [vote@fvap.gov](mailto:vote@fvap.gov).



**Our values  
match yours.**



[www.veterans-for-change.org](http://www.veterans-for-change.org)

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## Falls Prevention

We're honored to partner with the [National Council on Aging](#) on a series of resources for family caregivers of older adults. Many caregivers may not realize that 1 in 4 adults over the age of 65 falls every year, injuring themselves and often exacerbating other conditions of aging. Falls are the leading cause of fatal and non-fatal injuries for older Americans; they are costly—in dollars and in quality of life.

Family caregivers and those at-risk for a fall can be partners and participants in falls prevention. The good news is that falling is not a normal part of aging.

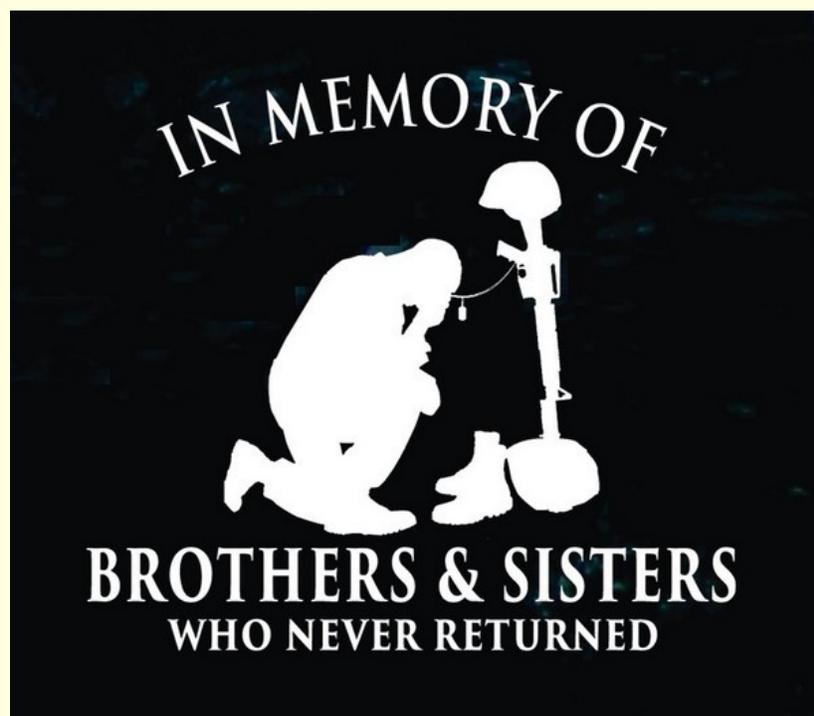
Use the resources below to learn more about how caregivers can be partners in avoiding falls. For more information, visit the National Council on Aging's [National Falls Prevention Resource Center](#).

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**Volunteer at VA**

There are several ways to be a volunteer at the Department of Veterans Affairs (VA). If you are a student, join VA's [Student Volunteer Program](#) and receive valuable experience for college and job applications. If you are already in the workforce, you can participate in VA's [Company-Sponsored Volunteer Program](#). You can also volunteer with the VA Homeless Veterans Program or the VA National Cemetery Administration. Volunteers also provide transportation to VHA and participate in VA Welcome Home Celebrations and other special events. Learn more about specific volunteer opportunities at [your local VA Medical Center](#).

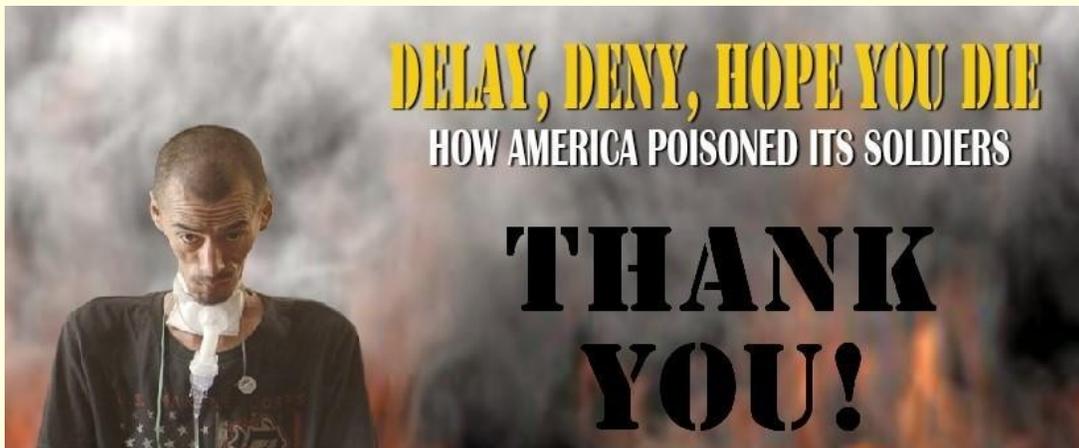
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## Gold Star Memorial Dedicated

The Gold Star Families Memorial Monument at Lone Tree Cemetery in Hayward, Calif., was recently dedicated. This memorial was designed by and the vision of Medal of Honor recipient Hershel Woodrow 'Woody' Williams, a life member of The American Legion. Williams' goal is to have at least one of these memorials built in all 50 states. The Gold Star Families Memorial Monument in Hayward is the 29th, and the first in California and on the West Coast. See photographs from the event on the [American Legion website](#).

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Veterans, family members, advocates, journalists, legislators, and the public are cordially invited to watch a FREE screening of "Delay, Deny, Hope You Die," a superb documentary about the adverse health impact on Veterans due to the horrible toxic pollution caused by Burn Pits in war zones, especially in Iraq and Afghanistan. The movie screening is in Washington, DC, at 7PM on March 8, 2018. For details, go to EventBrite:

<https://lnkd.in/g7kcNyz>

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## **Reminder: Changes Coming to TRICARE**

On Feb 1, 2018, copayments for prescription drugs at TRICARE Pharmacy Home Delivery and retail pharmacies will increase. These changes are required by law and affect TRICARE beneficiaries who are not active duty service members.

While retail pharmacy and home delivery copayments will increase, prescriptions filled at military pharmacies remain available at no cost. However, you should remember that the drug formularies at MTFs are much more limited than the mail order or civilian drug store formularies. If they have the drugs you need you can save the most

money by filling your prescriptions at military pharmacies.

"Military pharmacies and TRICARE Pharmacy Home Delivery will remain the lowest cost pharmacy option for TRICARE beneficiaries," said U.S. Air Force Lt. Col. Ann McManis, Pharmacy Operations Division at the Defense Health Agency.

Using home delivery, the copayments for a 90-day supply of generic formulary drugs will increase from \$0 to \$7. For brand-name formulary drugs, copayments will increase from \$20 to \$24, and copayments for non-formulary drugs without a medical necessity will increase from \$49 to \$53.

At a retail network pharmacy, copayments for a 30-day supply of generic formulary drugs will increase from \$10 to \$11 and from \$24 to \$28 for brand-name formulary drugs.

In some cases, survivors of active duty service members may be eligible for lower cost-sharing amounts.

TRICARE groups pharmacy drugs into three categories: generic formulary, brand name formulary and non-formulary. You pay the least for

generic formulary drugs and the most for non-formulary drugs, regardless of whether you get them from home delivery or a retail pharmacy.

To see the new TRICARE pharmacy copayments visit [www.tricare.mil/pharmacycosts](http://www.tricare.mil/pharmacycosts). To learn more about the TRICARE Pharmacy Program, or move your prescriptions to home delivery, visit [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).

Source: TREA



**TRICARE Enrollment Restored**

The ability of TRICARE beneficiaries to enroll or change enrollment has been restored following a planned system maintenance. If you filed enrollment applications or primary care manager (PCM) changes during the freeze by mail or phone, regional contractors are now processing those applications. If you made no enrollment or PCM changes, you were not affected. TRICARE beneficiaries can once again enroll or change your enrollment by mail or phone. Online enrollment via the Beneficiary Web Enrollment (BWE) website will be brought back online in the first week of January 2018. The system maintenance was in preparation for [changes coming on Jan. 1, 2018](#).

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## **Elizabeth Perez Named CalVet Deputy Secretary for Minority Veterans**

Elizabeth Perez of Vista, Calif. joins CalVet as deputy secretary of minority veterans. Governor Edmund G. Brown Jr. announced the appointment Jan. 8.

She will lead CalVet's Minority and Underrepresented Veterans Division, which advocates on behalf of minority and LGBT veteran

communities, seeks to identify and address gaps in service, and supports activities that address the unique needs of these veterans.

“Liz brings a wealth of experience and a passion for serving veterans that will help to improve our outreach to minority and underrepresented veteran communities to ensure that every veteran receives the benefits they have earned,” said CalVet Secretary Vito Imbasciani MD. “We are proud to welcome her aboard.”

“As somebody who served in the military from an underrepresented community and coming from generations of family who served in uniform from an underrepresented community, it is an absolute honor to be able to represent this population of veterans,” said Perez. “My commitment is to ensure that underrepresented veterans receive the benefits that they have earned and that the needs of this community are heard and addressed.”

A Navy veteran, Perez, 39, served as an aviation logistics specialist from 1997 to 2005. Since 2010, she has been president and founder at GC Green Inc. She was a director in business development at Xnergy from 2007 to 2011 and a branch manager at Ferguson Contractors from 2005 to 2007. She

was a member of the American Israel Public Affairs Committee Delegation in Israel in 2016 and a 2013 White House Veteran Champion of Change.

Perez is a Truman National Security Project fellow and a member of the California Sustainable Energy Entrepreneur Development Initiative Board, Disabled Veterans Business Alliance of California San Diego Chapter Board, American Indian Chamber of Commerce of California San Diego Chapter, American Legion Post 365 and the California Nations Indian Gaming Association.



**Army Early Retirement App Deadline  
Set for Jan 15**

The U.S. Army is terminating the use of temporary early retirement authority (TERA) for Soldiers with less than 20, but at least 15 years of service. Soldiers eligible for TERA must submit a request through their chain of command no later than Jan. 15. Commanders are required to expedite the applications, as the authority to approve TERA requests will expire on Feb. 28. The only exception is for Soldiers whose results from the fiscal 2017 promotion selection board will not be released until after Jan 15. They must submit a TERA request no later than 30 calendar days from the release of the board results. Soldiers approved for TERA must retire no later than Sept. 1.

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## **Veteran Crisis Resources**

**Veterans Crisis Line 1-800-273-8255 and Press 1**

**Military Crisis Line 1-800-273-TALK (8255)**

**National Call Center for Homeless Veterans**

**1-877-4AID-VET (424.3838)**

**VA Caregiver Support Line 1-855-260-3274**

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## **Broken Websites, Long Call Times Plague Tricare Following Changes**

Long call wait times, dropped calls and error-riddled web pages have plagued [Tricare's](#) first few days under its new regional contractors, officials and users say. [Starting Jan. 1](#), Tricare shifted from three regions to two — Tricare East and West — and ushered in new managing contractors for all users except those in the area previously called Tricare South. At the same time, officials combined Tricare Standard and Extra into a new plan known as [Tricare Select](#) and launched a new payment structure for many users. For more details, see this [article](#).

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## **Resources to Help You Understand Your Benefit**

Do you have questions about your TRICARE medical and dental benefit? The TRICARE publications webpage can help you find the answers. You can view, print or download TRICARE handbooks, newsletters and other educational materials.

Read the full article [here](#).

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## **Featured Deal: Microsoft Office for \$9.95**

As a service member, you are eligible to purchase your own copy of the latest Office Professional Plus 2016 and Office Home and Business 2016 for Mac to use at home for only \$9.95. [Purchase one or both of the Office 2016 versions today!](#)

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## Links to Other Stories

- 1) [Advocates for military women plan #MeToo demonstration outside Pentagon](#)
- 2) [CALVET to Update Residency Requirements for California Veterans Homes](#)

- 3) Individual Unemployability: Understanding the basics
- 4) It's 2018 And SFC Alwyn Cashe Still Hasn't Been Awarded The Medal Of Honor. Why?
- 5) Minneapolis VA Opens "Healing Center"
- 6) POW/MIA UPDATE: January 7, 2018
- 7) President Donald J. Trump signs Executive Order to Improve Mental Health Resources for Veterans Transitioning from Active Duty to Civilian Life
- 8) The US's First Combat Loss Of 2018 May Be A Sign Of More To Come
- 9) Trump Seeks Mental Health Coverage Boost for Retiring Military
- 10) VA Revises Regulations on Reimbursement for Emergency Treatment of Veterans
- 11) VA Seeks Public Comment on Program of Comprehensive Assistance for Family Caregivers
- 12) VA to Take Immediate Actions on Timely Payments to Community Providers
- 13) Wanted: DNA From Veterans Who Served In South Korea

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type of information you want most.

Check us out today: [www.veterans-for-change.org](http://www.veterans-for-change.org)

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## **TRICARE Pharmacy Copayments Increasing**

On Feb. 1, 2018, copayments for prescription drugs at [TRICARE Pharmacy Home Delivery](#) and [retail pharmacies](#) will increase. These changes affect TRICARE beneficiaries who are not active duty servicemembers. Using home delivery, the copayments for a 90-day supply of generic formulary drugs will increase from \$0 to \$7. For brand-name formulary drugs, copayments will increase from \$20 to \$24, and copayments for non-formulary drugs without a medical necessity will increase from \$49 to \$53. At a retail network pharmacy, copayments for a 30-day supply of generic formulary drugs will increase from \$10 to \$11 and from \$24 to \$28 for brand-name formulary drugs. For more information, visit the [TRICARE website](#).

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## **Tax Cuts - How Do They Affect You?**

This article ran at the end of last year, but with the signing of the 2017 Tax bill by President Trump it seemed like a good idea to make sure everyone had an idea about what was in it.

To find out how much you'll be paying in federal taxes, go [here](#).

TREA: The Enlisted Association's Deputy Legislative Director Mike Saunders met with members of Congress and the Senate, as well as officials at the White House for the last several months to try to get the perspectives of TREA, and enlisted personnel in general, in front of decision-makers.

Here is what was in the final bill:

- The corporate rate would be reduced to 21%, from 35%. That is an additional point added from the 20% originally proposed in the House and Senate

versions. It would take effect in 2018.

- The top individual tax rate would be set at 37%, down from the 39.6% proposed in the House and 38.5% in the Senate.
- The State and Local Tax deduction will be expanded, beyond just property taxes, to include income tax. It would be capped at \$10,000.
- The corporate alternative minimum tax, included at the last minute in the Senate version, would be fully repealed.
- The individual alternative minimum tax would remain, but the threshold would be tweaked to exclude any individual under \$500,000 or family below \$1 million.
- The mortgage interest deduction threshold -- dropped to \$500,000 in the House and left untouched in the Senate -- would be set at \$750,000.
- The rate for pass-through income -- business entities like s-corporations and partnerships that pay taxes through the individual side -- would be set at 20%, 3% lower than the Senate version.
- The estate tax exemption would be doubled, but the tax would not be repealed entirely, as it was in the House proposal.
- The Obamacare individual mandate to have health insurance would be repealed.

- A House provision that proposed taxing graduate school tuition is not included in the final deal.
- Federal student loans that are forgiven due to death or due to a determination of total disability (by the Secretary of Veterans' Affairs) will no longer be considered taxable income. This is a long-time goal of TREA and is a major win. However, the provision, just like all of the tax cuts involving individual income taxes, will expire at the end of 2025.

These deductions will remain untouched (they were all repealed in the House bill, but were left alone in the Senate bill and the Senate side won). Of note, repeal of these deductions were some of the most controversial elements of the House plan. None will be repealed in the final version:

- Medical expense deduction (the deduction will kick in for expenses totaling 7.5 percent of income instead of 10 percent, but only for the next two years. This provision is aimed at people who have unusually large medical bills, - 8.8 million Americans use it, half with annual incomes under \$50,000)
- Tax-free graduate school tuition waivers
- Private activity bonds
- Student loan interest deduction

- Teacher spending deduction
- The Work Opportunity Tax Credit (VOW To Hire A Hero Act): this is something that TREA believes leads to increased veteran employment; it was repealed under the House version but the Senate version won out, meaning that the provision will live until at least the end of 2019 (a big win for unemployed veterans and for TREA).
- Tax exclusion from gain of sale of a principal residence: the House version required 5 years of residency, up from two; the Senate also required 5 years, but in the end nothing changed - it is still 2 years.

Source: TREA

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## **Remembering Sergeant First Class Daniel A. Brozovich**



Honoring Army Sergeant First Class Daniel A. Brozovich, 42, from Greenville, Pennsylvania; who began military service as a Marine and joined the Army National Guard in 1986 following his service in the USMC. He was assigned to 1st Battalion, 213th Air Defense Artillery, Spring City, Pennsylvania and had deployed three times since 2002 on active duty missions. He was killed on October 18, 2006 during his third deployment by an improvised explosive device that detonated near his Armored Security Vehicle while on combat patrol in Ashraf, Iraq.

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## **Navy to Align Service Obligation with Tour Length**

The U.S. Navy has announced a policy and process change directing commands to immediately take action to align Sailors' End of Active Obligated Service (EAOS) with their duty station tour length. The new policy changes and processes are: Commanding officer's (CO) extension authority, Obligated service (OBLISERV) policy, Career Waypoints (C-WAY) policy, and Enlistment extension policy. Effective immediately, Permanent Change of Station (PCS) orders will now require obligated service (OBLISERV) to complete their full prescribed tour. Sailors will now meet the OBLISERV requirements through enlistment extension, reenlistment, or, in some cases, by filing an Administrative Remarks prior to executing orders.

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## **Save \$\$\$ Now on Co-Pays & Rx Costs with a TRICARE Supplement**

Get a Tricare supplement that pays your cost shares and can pay 100% of covered excess charges. Get [valuable coverage](#) now.

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## **New Army Secretary Pledges to Make Soldiers His Top Priority**

Mark Esper — a former paratrooper, infantry officer and combat veteran — is now the 23rd secretary of the Army. He called soldiers "the Army's greatest asset" and promised to make their welfare and readiness his top priority. He also pledged to make modernization and acquisition reform top priorities during his tenure. For more details, see this [article](#).



U.S. Government Accountability  
Office Reports

- 1) [Defense Budget: Obligations of Overseas Contingency Operations Funding for Operation and Maintenance Base Requirements](#)
- 2) [Drug Industry: Profits, Research and Development Spending, and Merger and Acquisition Deals](#)
- 3) [Health Insurance Exchanges: Changes in Benchmark Plans and Premiums and Effects of Automatic Re-enrollment on Consumers' Costs](#)
- 4) [Homeland Security: DHS's Chemical, Biological, Radiological, and Nuclear Program Consolidation Efforts](#)
- 5) [Medicaid: Further Action Needed to Expedite Use of National Data for Program Oversight](#)
- 6) [Medicare and Medicaid: CMS Needs to Fully Align Its Antifraud Efforts with the Fraud Risk](#)

## Framework

7) National Security: Ongoing Review of the Military Selective Service Process Could Benefit from Additional Information

8) Transportation Security Administration: Surface Transportation Inspector Activities Should Align More Closely With Identified Risks

9) Veterans Affairs Information Technology: Historical Perspective on Health System Modernization Contracts and Update on Efforts to Address Key FITARA-Related Areas

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**Share Your Suggestions as VA  
Improves the PCAFC**

As part of ongoing improvement efforts, the Department of Veterans Affairs (VA) is seeking your input about the best ways to improve the Program of Comprehensive Assistance for Family Caregivers (PCAFC). We want to hear from caregivers, Veterans, Veteran Service Organizations, Military Service Organizations, community partners, and others who are committed to supporting the nation-wide network of caregivers. Share your ideas and thoughts about the PCAFC by commenting on the notice published in the Federal Register. Please visit [HERE](#) and provide your comments on the specific questions posted in the notice. Your input will be used to help inform program improvements, increase consistency across the program, and ensure support for the caregivers of eligible Veterans who are most in need.

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**“We Proudly Support our  
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## **President Donald J. Trump signs Executive Order to Improve Mental Health Resources for Veterans Transitioning from Active Duty to Civilian Life**

Today, President Donald J. Trump signed an Executive Order titled, "Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life." This Executive Order directs the Departments of Defense, Veterans Affairs and Homeland Security to develop a plan to ensure that all new Veterans receive mental health care for at least one year following their separation from service.

The three departments will work together and develop a Joint Action Plan to ensure that the 60 percent of new Veterans who currently do not qualify for enrollment in healthcare - primarily due to lack of verified service connection related to the medical issue at hand - will receive treatment and access to services for mental health care for one year following their separation from service.

"As service members transition to Veteran status, they face higher risk of suicide and mental health difficulties," said Secretary of Veterans Affairs Dr.

David J. Shulkin. "During this critical phase, many transitioning service members may not qualify for enrollment in health care. The focus of this Executive Order is to coordinate Federal assets to close that gap."

The Department of Defense, Veterans Affairs and Homeland Security will work to expand mental health programs and other resources to new Veterans to the year following departure from uniformed service, including eliminating prior time limits and:

- Expanding peer community outreach and group sessions in the VA Whole Health initiative from 18 Whole Health Flagship facilities to all facilities. Whole Health includes wellness and establishing individual health goals.
- Extending the Department of Defense's "Be There Peer Support Call and Outreach Center" services to provide peer support for Veterans in the year following separation from the uniformed service.
- Expanding the Department of Defense's Military One Source (MOS), which offers resources to active duty members, to include services to separating service members to one year beyond service separation.

"We look forward to continuing our partnership with

the VA to ensure Veterans who have served our country continue to receive the important mental health care and services they need and deserve," said Secretary of Defense James N. Mattis.

"The Department of Homeland Security is where many Veterans find a second opportunity to serve their country - nearly 28 percent of our workforce has served in the armed forces, in addition to the 49,000 active-duty members of the United States Coast Guard," said Secretary of Homeland Security Kirstjen Nielsen.

"This critically important Executive Order will provide our service members with the support they need as they transition to civilian life. These dedicated men and women have put their lives on the line to protect our nation and our American way of life, and we owe them a debt we can never repay. We look forward to working with the VA and DOD to implement the president's EO," said Secretary Nielsen.

"In signing this Executive Order, President Trump has provided clear guidance to further ensure our Veterans and their families know that we are focusing on ways to improve their ability to move forward and achieve their goals in life after service,"

said Secretary Shulkin.

Source: TREA



## **Tricare Kills Urgent Care Referral Requirement for Some Users**

Beginning Jan. 1, Tricare Prime users can make unlimited visits to in-network urgent care facilities without a referral, officials recently announced. For more details, see this [article](#).

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## **What's New In Military and Veterans Benefits for 2018**

Want a succinct overview of changes to major military benefits for this year? This [Military Advantage post](#) provides the rundown of what changes you can expect to your military and veteran benefits in 2018.

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## **Governor's 2018-19 Budget Proposal Supports California Veterans**

Sacramento – Governor Edmund G. Brown, Jr. today released his budget proposal for the 2018-19 budget year, including a budget allocation of \$467.7 million to develop and refine programs and services provided for veterans through the California Department of Veterans Affairs (CalVet).

"The budget Governor Brown proposed for CalVet this morning, including a \$6 million net increase, reaffirms his ongoing commitment to California's veteran community," said Dr. Vito Imbasciani, Secretary of the California Department of Veterans Affairs, in remarks to veteran stakeholder representatives via teleconference. "The welfare of our veterans and their families continues to be a priority for the Governor as he enters this final year of his administration."

The number of veterans in California is decreasing, reflecting a nationwide shift. It's now at 1.7 million. However, the level of services veterans need is increasing. Our largest contingent of veterans – those who served during the Vietnam War – are aging and beginning to need greater medical care, while our younger veterans returning from the wars in the Middle East are facing greater medical, mental health and other challenges as they adjust to civilian life.

The budget the Governor proposed today includes commitments to support, expand or realign CalVet's programs to meet the changing needs of our veterans.

- Convert the independent living facility at the Veterans Home of California - Yountville from dual-occupancy to single-occupancy, except for couples.
- Fund preliminary planning to construct a new, state-of-the-art skilled nursing facility on the Yountville Veterans Home campus to address the high need for skilled nursing care.
- Fund planning for Phase II construction at the California Central Coast Veterans Cemetery in Seaside to allow for in-ground burials.

- Expand outreach to incarcerated veterans by providing trained veteran service representatives at California State Prisons to help veterans apply for benefits they or their families have earned.
- Provide support for CalVet's information security, applications, websites, databases, and information technology projects and procurements.
- Make improvements needed to operate Rector Dam and Reservoir, located on the Veterans Home of California-Yountville campus.
- Correctly align funding associated with General Fund sourced programs to reduce Farm and Home administrative costs and make those funds available for loans to veterans.

“What we are seeing as a theme in all of the issues addressed in this budget, both veteran-specific and the budget as a whole, is the importance of making thoughtful improvements to our services in a strategic way that is sustainable in good times and bad,” Dr. Imbasciani said. “I believe CalVet is very well-positioned to continue ensuring that California veterans and their families receive the full measure of support they have earned.”

Read Dr. Imbasciani's [full remarks](#) or go to [www.ebudget.ca.gov](http://www.ebudget.ca.gov) for a summary of the Governor's entire budget proposal.



## **Continuing the Journey to Advance Health Equity for Veterans in 2018**

As we kick-off the new calendar year, the [VA Office of Health Equity](#) (OHE) is delighted to share our efforts during the last fiscal year in championing health equity for Veterans. We continue to make great strides in furthering Veteran health equity through partnerships and direct action on behalf of our nation's heroes. Thank you for continuing to engage and make Veteran health equity your business in 2018.

- OHE published the [National Veterans Health Equity Report](#), which is now available for downloading onto your mobile device via an ePUB

version via the OHE website and the following online bookstores: Apple, Barnes and Nobles, and Google.

- OHE released [Virtual Training Modules](#) to assist clinicians, non-clinicians, Veterans, and stakeholders in understanding the importance of assessing, and increasing competency, of health equity issues for Veterans of all races and ethnicities.
- OHE translated research into action with [Journeys with High Blood Pressure Videos](#) and worked with medical facilities to show the videos in public waiting areas.
- OHE-QUERI Partnered Evaluation Center published [Racial and Ethnic Disparities Persist at Veterans Health Administration Patient-Centered Medical Homes](#).
- The main paper from the [Transgender Veterans Protocol](#) was one of the most downloaded and cited article from the journal publisher since publication.
- [Focus on Health Equity and Action Cyberseminars](#) reached over 2,300 registrants and over 700 attendees to the seminars. These data do not include archive accesses, which all registrants receive when archive is available.

- [OHE website](#) had over 15,000 total page views and over 12,000 unique page views.
- Twenty bulletins were sent out via the [OHE listserv](#) reaching over 380,000 total recipients.
- OHE Chief Officer, Uchenna S. Uchendu, MD, received the [Congressional Black Caucus](#) (CBC) Veterans Braintrust Award for her service to Veterans.

OHE Program Analyst, Kenneth T. Jones, PhD was selected for the inaugural [Leaders for Health Equity Fellowship Program](#) sponsored by the George Washington University Health Workforce Institute.

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## **'Chained CPI' Shaves Tax Breaks. Will Your Retired Pay be Next?**

A new law deploys a new method of tracking inflation called the "chained" Consumer Price Index, a tool that will dampen future adjustments to federal tax brackets and standard deductions, reducing over time the value of touted tax breaks for individuals and companies. For more details, see this [article](#).

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# PLEASE REMEMBER THESE WOMEN WHO DIED DURING JANUARY WHILE SERVING OUR COUNTRY IN OR DURING WAR TIMES

Dates or locations of death are currently unavailable for the following women although I do know they died during the SPANISH AMERICAN WAR 24 Feb 1895-4 Jul 1902:

Army Contract Nurse Lurecia Bailey, Typhoid Fever

Army Contract Nurse T.R. Bradford, Typhoid Fever

Army Contract Nurse Emma Cameron, Typhoid Fever

Army Contract Nurse Dorothy Cochrane, Typhoid Fever

Army Contract Nurse Clara Maass, Yellow Fever

Army Contract Nurse Alice Roberts, Typhoid Fever

Army Contract Nurse Minerva Turnbull, Typhoid Fever

Army Contract Nurse Ruebena Walworth (DAR member), Typhoid Fever

Army Contract Nurse Dorthea Phinney, volunteered for experimental treatment program, Malaria

Navy Nurse Julia Antic, died from unknown causes  
1863: Emily, 19, disguised as a man, killed by mini-ball in her side, CIVIL WAR

1982: USN LTCDR Barbara Allen Rainey, 34, plane accident in FL

1 Jan 2011: USAR Tamara Henderson, 25, murdered by husband in CA

2 Jan 2004: USA CPT Kimberly N. Hampton, 27, IRAQ

2 Jan 2006: USA SPC Bobbie J Gonzales, 23, drowned in Texas attempting to save her brother while home on leave from IRAQ

7 Jan 1991: USA SSG Tatiana Khaghani Dees, DESERT STORM

7 Jan 2006: AKARNG 1LT Jaime Lynn (Krausse) Campbell, 25, IRAQ

7 Jan 2007: USAF Sr Airman Elizabeth A Loncki, 23, IRAQ

9 Jan 2002: USMC SGT Jeannette L. Winters, 25, AFGHANISTAN

10 Jan 2006: USN ENS Elizabeth Bonn, 23, plane crash in Georgia

10 Jan 2012: USA SPC Brandy Fonteneaux, 28, murdered at Fort Carson, CO

14 Jan 2004: USA SGT Keicia M. (Coleman) Hines, 27, IRAQ

14 Jan 2013: USAF SSG Emily E Clayburn, 29, industrial accident, MacDill AFB, FL

16 Jan 2007: USN MA1 Jennifer A (Young) Valdivia, 27, non-combat incident, Bahrain

18 Jan 2006: USA SPC Katherine Singleton, 25, suicide, Ft Bragg, NC

18 Jan 2011: USN OS2 Dominique Cruz, 26, overboard from USS Halsey, Gulf of Oman

19 Jan 1987: USA Brenda C Pott, 21, suicide, Ft Carson

20 Jan 2007: IAARNG CSM Marilyn L (Van Cannon) Gabbard, 46, IRAQ

21 Jan 2007: USA PFC Valerie R Gamboa, 29, murdered in Germany

21 Jan 1944: USA WAC PFC Regina Barszcz, disease, Fort Dix, NJ

23 Jan 2015: USMC CPT Elizabeth Kealey, 32, helicopter crash in CA

25 Jan 1945: USA ANC LT Thelma LaFave, MIA onboard C-46 plane between Pelellu Island and Leyte Island

25 Jan 2005: USA PFC Megan E Adelman-Tenney, 19, parachute accident, Ft Benning, GA

25 Jan 2008: USA SGT Tracy R Birkman, 41, IRAQ

26 Jan 2007: USN LT (jg) Laura J Mankey, West Hills, CA, helicopter crash in Pacific

27 Jan 2015: USMC/USAR Kisha Holmes, 35, suicide in Austell, GA

28 Jan 2007: USAR SPC Carla J Stewart, 37, IRAQ

31 Jan 2004: USA PFC Holly Jeanne McGeogh, 19, IRAQ

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