



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, February 05, 2017

Volume 8, Issue 06

This-N-That

This past week has been busy phone conferences, and several fax blasts to the entire membership of Congress to garner their attention, support and hopefully positive action on their part to help our country's Veterans.

Further down in a section titled Support Blue Water Vietnam Veterans please click on the link and send your message to congress asking for their support to help your fellow Veteran who served on the waters.

In addition we did another congressional fax blast asking Congress to please take immediate and swift action to help our homeless Veterans.

Veterans are 70% more likely to become homeless than their civilian counter part and the only explanation is because the VA cannot or will not process claims expeditiously, or is too quick to pull the denial trigger which seems to be their Standard Operation Plan.

The VA has thousands of acres of vacant land nationwide and instead of spending billions of dollars funding programs that don't work, money

vanishes, and no one is being held accountable for, this money could very easily be used to develop the land available with plumbing, sewage, electrical, gas and phone lines and 12 to 20 mini homes put up per acre.

Then our Veterans would not only have a place to call home, even if called transitional homes would also put them very close to the VA Hospital so should medical attention be needed it's close by, and they'd also be close by for mental health programs.

I don't yet have a grasp on costs, but I know after having worked on this for a very long time the cost savings would be immense!

And the cost of saving lives could also be realized as well. As you know we've been hearing 22 suicides per day, but this number is only those that are being reported to the VA. So how many are not being reported, not accounted for? Makes me think that this number is doubled.

And even one life, is one life too many no matter the excuse!

So again, I sincerely hope to encourage you to please go to your phones and call your reps in DC and DEMAND that they take action to help ALL our Veterans and to stop making false promises and doing nothing

It's about dignity and respect for all Veterans for their service!

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

The Enlisted Association Supports Blue Water Navy Bill

Earlier this month Congressman David G. Valadao (R-CA) introduced

bipartisan legislation in the House of Representatives to expand benefits for Blue Water Navy veterans who were exposed to Agent Orange during the Vietnam War. H.R. 299, called the Blue Water Navy Vietnam Veterans Act, aims to grant presumptive Agent Orange exposure status to U.S. military personnel who served in the territorial seas of Vietnam during the Vietnam War.

H.R. 299, the Blue Water Navy Vietnam Veterans Act grants presumptive Agent Orange exposure status to U.S. service members who served in the territorial seas of Vietnam during the Vietnam War. This would enable eligible veterans to receive expedited consideration for Veterans Affairs (VA) benefits if they suffer from any of the diseases the U.S. Government has linked to Agent Orange.

In case you were not aware:

During the Vietnam War, more than 20 million gallons of the herbicide “Agent Orange” were sprayed to remove jungle foliage. A toxic chemical in the herbicide has since been linked to devastating health effects, including non-Hodgkin’s Lymphoma (NHL), various cancers, Type II Diabetes, and Parkinson’s disease.

The Agent Orange Act of 1991 (AOA) empowered the Secretary of Veterans Affairs to declare certain illnesses “presumptive” to exposure to Agent Orange and enabled veterans to receive disability compensation for these related conditions.

However, in 2002, the VA stopped giving benefits to blue water veterans and limited the scope of the AOA to only those veterans who could provide proof of “boots on the ground” in Vietnam. As a result, veterans who served in the waters off of the Vietnamese coast or in bays and harbors were required to file individual claims to restore their benefits, which have then been decided on a case-by-case basis.

Key Provisions:

This bill restores the presumptive coverage for those who served in the territorial seas of Vietnam that existed prior to 2002 and lifts the burden from the individual veteran to prove direct exposure to Agent Orange.

The presumption currently exists for veterans who served on land and inland waterways, and therefore the bill places Navy personnel on the same playing field as those who served in country. The legislation would also reduce backlogged VA claims for veterans who are suffering from diseases the U.S. government has linked to Agent Orange, therefore reducing the overall VA claims backlog.

Source: TREA

**Legislation on Concurrent Receipt Introduced
- Please Contact your Representative Today**

On January 19, 2017, Rep. Gus Bilirakis (FL) introduced H.R. 303, the Retired Pay Restoration Act. This bill would end the unfair policy of forcing many military longevity retirees to forfeit some of their retired pay in order to receive equal amounts of disability compensation from the Department of Veterans Affairs (VA). The effect of this policy means military retirees are paying for their own disability with their military retired pay. This unfair policy has adversely impacted disabled veterans and their families for more than a century, but was partially repealed by Congress in 2004. Under current law disabled veterans with 20-plus years of active military service who are also in receipt of a VA disability determination of 50 percent or higher may retain both military retirement pay and their VA compensation.

In line with DAV resolution 110, adopted at our most recent National Convention assembled in Atlanta, Georgia, July 31-August 3, 2016, we support the Retired Pay Restoration Act. H.R. 303 would end the longstanding and unfair practice of the government's withholding of military longevity retired pay in exchange for VA disability compensation, regardless of disability rating. DAV believes what is unfair for a veteran rated 50 percent disabled or higher by the VA is equally unfair for a disabled veteran rated 40 percent disabled or lower. Disabled military longevity retirees should not be unfairly penalized by the government for any reason.

This legislation was referred to the House Committee on Armed Services in addition to the Committee on Veterans' Affairs. Please use the prepared email, or draft your own message, to request that your Representative support this important bill and ask that it be brought to the floor for a vote and passed as soon as possible.

Thank you for all that you do for veterans and their families. We need your grassroots action to gain Congressional enactment of this important legislation.

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

Beware of Veteran Pension Scams

Veterans' benefits, including their pensions, are being targeted in a new scam. As part of the scam, criminals pose as attorneys or financial advisers and extend an offer to assist the veteran with their pension. The scam involves convincing veterans to transfer their assets into a special trust account, then charging them exorbitant fees to help complete lengthy, complicated paperwork associated with the transfer. The veteran is told the asset reallocation will allow the person to qualify for aid and attendance benefits. But, this is not true. If you are approached by scammers, contact your local police or sheriff's department.

TRICARE and Fertility Treatments



There is plenty of confusion about TRICARE and fertility treatments. What's covered, what isn't covered – how do you know? For the full lowdown, see this Paycheck Chronicles [post](#).



Help Us Account for our Missing

According to the Defense POW/MIA Accounting Agency (DPAA), more than 82,600 Americans are still listed as missing from World War II, the Korean War, the Vietnam War, the Gulf War and other conflicts. Many are simply not recoverable. Massive explosions, faulty data and remains lost at sea are realities of war. But, it is crucial that veterans of all wars share with DPAA any intelligence they may have regarding the whereabouts of missing comrades. Whether it is a wartime diary entry or a solid firsthand account, such information can be extremely useful to investigators. Family members should also submit DNA to help make identification easier. Visit the Defense POW/MIA Accounting Agency (DPAA), [website](#) to learn more about what you can do to help.

VA Changes Gulf War Veterans Need to Know

by Cassandra Crosby, Claims Advocate

There have been some changes to the eligibility and claims period for Gulf War Veterans concerning [presumptive illnesses](#). Because of the mystery of the illnesses Gulf War Veterans have experienced, the rules seem to be ever changing, and we expect that to possibly continue into the future. Studies on the illnesses many Gulf War Veterans experienced continue to be conducted to find causes, treatment, and But for now, here are the changes that Veterans should know about when it comes to filing for a Gulf War related presumptive illness.

Change in Eligibility:

Eligibility rules have changed recently as to who qualifies as a Gulf War Veteran. The definition of [Southwest Asia theater of Military Operations](#) no longer includes Afghanistan. The areas included in the definition are:

- Iraq;
- Kuwait;

- Saudi Arabia;
- The neutral zone between Iraq and Saudi Arabia;
- Bahrain;
- Qatar;
- The United Arab Emirates (U.A.E.);
- Oman;
- Gulf of Aden;
- Gulf of Oman;
- Waters of the Persian gulf, the Arabian Sea, and the Red Sea; and
- The airspace above these locations.

While Veterans of service in Afghanistan are still eligible for certain infectious diseases associated with the SW Asia theater, a recent Court of Appeals for Veterans Claims decision has affirmed that Afghanistan is not considered part of the SW Asia theater when considering presumptive illnesses (see [CAVC decision](#)). It is noted on the VA website that service in Afghanistan on or after September 19, 2001, is considered qualifying service for disability benefits associated with “certain” presumptive diseases;

- Brucellosis;
- Campylobacter jejuni;
- Coxiella Burnetii (Q Fever);
- Malaria;
- Mycobacterium tuberculosis;
- Nontyphoid Salmonella;
- Shigella;
- Visceral leishmaniasis; and
- West Nile virus.

Check with your local VA representative to review your specific issues and ensure that you qualify before you file your claim to ensure you do not experience undue delays in the claim process.

Other [eligibility requirements](#) to file for Gulf War associated presumptive illnesses are:

- Are an [eligible Veteran](#);

- Served in the SW Asia theater of operations between August 2, 1990, to present;
- There is no other cause of your disability or illness other than service in the SW Asia theater;
- Your disability has existed for 6 months or more;
- Your disability appeared either during service in SW Asia or before December 31, 2021, to a degree that is at least 10% disabling; and
- The illness is classified as either an undiagnosed illness; diagnosable functional gastrointestinal disorder; diagnosable chronic fatigue syndrome; or diagnosable fibromyalgia.
- You may also need either medical evidence or nonmedical indications such as verification of lost time from work; changes in appearance and/or behaviors; changes in physical abilities; and/or changes in mental or emotional attitudes or capacities. A C&P Exam may be required to verify medical conditions.

And the GOOD NEWS is: The Time Period to File Claims has been Extended

In December 2016; it was announced that the time to file for presumptive illness claims was extended by 5 years until December 31, 2021; extending the original time period from December 31, 2016. This extension was based on studies conducted that showed that many presumptive illnesses may take much longer to manifest than original thought. Another factor is that the Gulf War has not officially ended, so extending the date was imperative for those who are still serving in the theater of operations. Several past extensions have already been passed; possibly more will be passed in the future if our military personnel continue to serve in theater.

What Does this Mean for Veterans?

If a Veteran has any conditions that fall under the category of a qualifying chronic illness, including those undiagnosed illnesses such as fatigue, unexplained rashes, headaches, cognitive issues, muscle and/or joint pain or other multi-symptom illnesses; and certain infectious diseases, your time to file a claim has been extended by another 5 years. This extension means many Veterans who may not have realized they are eligible for benefits can now apply before the new deadline is reached or those who

have not started to experience symptoms but may after the original deadline, will now be eligible to apply for benefits.

To Contact your Members of Congress

To Call your Representative: 202-225-2305

To call your Senator: 202-224-3841 or 202-224-3553

To call different members of Congress: 202-224-3121

Toll FREE Number: 866-272-6622

Stop Paying Out of Pocket & Rx Costs with a TRICARE Supplement

Doctor and hospital bills are expensive even when you're covered by TRICARE. Help minimize or even eliminate out-of-pocket expenses with the TRICARE Insurance [Supplement Plan](#).

Support Blue Water Vietnam Veterans

Rep. David Valadao (Calif.) has introduced the “Blue Water Navy Vietnam Veterans Act” (H.R. 299) that would clarify that service members serving off the coast of the Republic of Vietnam during the Vietnam conflict have a presumption for filing disability claims with the Department of Veterans Affairs (VA) for ailments associated with exposure to the Agent Orange herbicide. FRA believes Congress should recognize that so-called “Blue water” veterans were exposed to Agent Orange herbicide and authorize presumptive status for VA disability claims associated with this exposure.

Please use the [Action Center](#) to ask your Representative to support this important legislation.

Operation Mail Call

Operation Mail Call needs your help! We need cards and letters to send to our troops currently serving on foreign soil.

Our men and women in uniform often go months without hugging their children, walking through the park with a significant other or enjoying Mom’s home-cooked Sunday dinners.



Ask them where they’d go if they had a free plane ticket anywhere in the world, and the overwhelming majority would say, “home.”

Of course, we can’t replace the hugs, the love or the secret family chili recipe – but with your help, we can provide them a connection to their fellow Americans who are grateful for their service.

Now, we’re hoping you’ll take your support to the next level by sending more cards and letters. Hand made cards by your children, or class mates

are a terrific means of putting smiles on their faces even if only for a moment.

Cards and Letters of encouragement to help boost moral and let them know we sincerely appreciate the job they are doing and look forward to they day they are all brought home. Your card or letter will show your appreciation and help thousands more American heroes feel connected to the people they love and the country they serve.

Please help us to make a powerful expression of how much their fellow Americans care about them.

Thank you so much for all you're doing to show our service men and women they are appreciated missed and loved.

If you're a school teacher, please contact me at my E-Mail address at the top, our troops love to hear from kids too!

For more information, visit: <http://veterans-for-change.org/5439-operation-mail-call-2>

VA Medication Copayment Changes

Effective February 27, the Department of Veterans Affairs (VA) will change the federal regulations concerning copayments charged to veterans for medications required on an outpatient basis to treat non-service connected conditions. The new tiered copayment structure will decrease the costs of outpatient medications for most veterans. Under the new regulation, copayment amounts would be fixed and would only vary depending upon the class of outpatient medication in the tier. Veterans who currently do not have a copayment or are exempt by law will not be affected by the change. For more information, read the Medication [Copayment Brochure](#) and the VA Vantage Point [Blog](#).



Government Accountability Reports

International Taxation: Information on the Potential Impact on IRS and U.S. Multinationals of Revised International Guidance on Transfer Pricing.

<http://www.gao.gov/products/GAO-17-103>

Gold Star Family Claim They Were Spat On & Assaulted At Inaugural Ball

Last week during one of the inaugural balls demonstrators spat on, assaulted and screamed obscenities at a Gold Star widow and her sister outside an inaugural ball.

Amy Looney, who lost her husband Navy SEAL Lt. Brendan Looney in 2010, and Ryan Manion, whose brother Marine First Lt. Travis Manion died in 2007, said they were attacked outside of the Renaissance Hotel in downtown Washington, D.C. as they tried to enter the American Legion's tribute to Medal of Honor recipients at the Veterans Inaugural Ball.

"Unfortunately, as we got there we found ourselves separated from the rest of the group walking to the galas that night and were caught in between the entrance to the event and about 75 protesters that got very angry with us and really converged on us," Manion said.

"We were pushed by a man in a mask hiding his face," Manion wrote in The Philadelphia Inquirer. "Our clothes were drawn on with permanent marker by other 'protesters.' And we were called the most vile names I have ever heard as we entered and exited the venue."

TREA: The Enlisted Association can confirm that they were not the only people to encounter protestors outside of the event that night. While respecting the right of all American citizens to voice their opinion, TREA: The Enlisted Association also condemns attempts to physically harass and/or assault innocent people while trying to make a political statement. There is no room in our democracy for the sort of activities that took place that night.

The alleged events Friday night followed rioting and destruction earlier in the day by so-called protesters upset by Trump's election. Trash cans were set ablaze, merchants' windows were smashed and a limousine was even torched during the mayhem.

Source: TREA



Airborne Hazards and Open Burn Pit Registry

by Brenda Duplantis, Accredited Claims Agent

The VA is urging Veterans that serviced in the Southwest Asia Theater of operations to complete an online survey and report any concerns or symptoms that they may be experiencing as a result of airborne hazards during active duty in that region.

According to the [report](#), as of December 9, 2016, 95,593 Veterans and service members have registered. However, there are an estimated 3 million Veterans and service members eligible to join the registry.

As discussed in my [August 2016 blog](#), Senator Tillis and Senator Amy Klobuchar (D-MN) introduced The Helping Veterans Exposed to Burn Pits Act, which would create a center of excellence within the VA in the prevention, diagnosis, mitigation, treatment, and rehabilitation of health conditions relating to exposure to burn pits.

In the most recent report on data from the Airborne Hazards and Open Burn Pit (AH&OBP) Registry, the most commonly reported provider-diagnosed health conditions included allergies, asthma, and high blood pressure. A majority of the registry participants also reported concerns about insomnia and neurological problems. Other conditions, such as constrictive

bronchiolitis, idiopathic pulmonary fibrosis, coronary artery disease, and cancer, were less common.

Interestingly, the most common health conditions associated with those exposed to burn pits and dust storms were asthma, high blood pressure, chronic multi-symptom illness and insomnia.

Any Veteran or service member that served after August 1990 in the Southwest Asia Theater of operations is still encouraged to register. This region includes the following locations: Iraq, Kuwait, Saudi Arabia, Bahrain, Gulf of Aden, Gulf of Oman, Oman, Qatar, United Arab Emirates, Waters of the Persian Gulf, Arabian Sea, and the Red Sea, and the airspace above these regions.

Below is a summary of the health-related symptoms and percentage of those registered through 2015:

Respiratory Conditions

Burn Pit Exposure

- 30% of the participants reported having ever been diagnosed by a health care provider with a respiratory condition other than allergies to pollen, dust, or animals. 16% reported that they were diagnosed with chronic obstructive pulmonary disease (COPD), chronic bronchitis, or emphysema and 15% reported that they were diagnosed with asthma.
- Participants who worked at burn pits were more likely to report COPD, chronic bronchitis, or emphysema than those who did not. Specifically, 17% of those whose duties included a burn pit reported COPD, chronic bronchitis, or emphysema compared to 13% of those with exposure but no duties and 11% of those with no exposure.

Dust Storm Exposure

- Of the respiratory conditions examined, asthma and a history of COPD, chronic bronchitis, or emphysema were associated with exposure to dust storms. The prevalence of asthma was 14% in the low and moderate exposure groups and 18% in the high-exposure group. 12% of those in the low-exposure group reported COPD, chronic bronchitis, or emphysema compared to 15% in the moderate- and 21% in the high-exposure group.

Cardiovascular Conditions

Burn Pit Exposure

- 40% of the participants reported having ever been diagnosed by a health care provider with a cardiovascular condition. The most common cardiovascular condition was high blood pressure (36%).
- Dust Storm Exposure
- Similarly, reported exposure to dust storms was related to high blood pressure. 32% percent of the low-exposure group reported a diagnosis of high blood pressure, compared to 36 percent of the moderate-exposure group and 40% of the high-exposure group.

Other Health Conditions and Concerns

Burn Pit Exposure

- A liver condition was more prevalent among those exposed to burn pits. Specifically, 8% of those whose duties involved burn pits reported a liver condition compared to 6% of those exposed but without duties and 4% of those with no exposure.
- 21% of participants whose duties involved burn pits, 14 percent of those with exposure but no duties and 14% of those with no exposure reported having a chronic multi-symptom illness.
- Insomnia was more prevalent among those exposed to burn pits. Specifically, 86% of those with burn pit duties reported insomnia compared to 73% of those with exposure but no duties and 66% of those with no exposure.
- Neurological problems were reported by 79% of those with burn pit duties, 64% of those with exposure but no duties, and 60% of those with no exposure.
- Finally, immune system problems were reported by 25% of those with duties, 17% of those who were exposed without duties, and 14% of those who were not exposed.
- Dust Storm Exposure
- A reported diagnosis of chronic multi-symptom illness in the past 12 months was more common in the high-exposure group (26%) than in the low-exposure group (14%).
- The high-exposure group was more likely than the low-exposure group to

report insomnia (88% versus 74%), neurological problems (81% versus 67%), and immune system problems (30% versus 16%) in the past 12 months.

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

Marine Corps Debuts Water System

The Marine Corps is debuting a next generation water purification system that will allow individual Marines to get safe, drinkable water straight from the source. The Individual Water Purification System Block II (IWPS II) is an upgrade to the current version issued to all Marines. With IWPS II, Marines are able to quickly purify fresh bodies of water on the go. The current system filters bacteria and cysts, but Marines still have to use purification tablets to remove viruses. IWPS II uses an internal cartridge that effectively filters micro pathogens, providing better protection from bacterial and viral waterborne diseases and removing the need for tablets. IWPS II can also connect to Marines' man-packable hydration packs. IWPS II is expected to be fielded to Marines in fiscal year 2018.

Marine Corps Has New Policy for Women in Combat Unit

It was announced last week that “Female infantry Marines will be sleeping in makeshift shelters next to their male counterparts when out in the field and no special accommodation will be offered to them... ,” now that the Marine Corps has established its first gender-integrated combat battalion. This establishment of the battalion comes in an effort to comply with the Pentagon's directive in December 2015 to open all military jobs to women.

The unit will have three women in it who will serve as a rifleman, machine gunner and mortar Marine.

While females deployed to combat zones in the past have shared tents with male Marines, this is the first time it will happen during training.

Whether the Trump Administration will continue the policy is not certain, although no mention of changing it has come forth at this point.

Source: TREA

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 1,700 hits per day, and downloads average 1,000 per day with a total 3,158,239 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

- Documents Library with over 15,905 documents on-line (Updated: 12/12/16)
- 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: 10/10/16)
- News (Articles On-Line: 6,327)
- Polls
- Web Links, more than 3,541, Added 46 New Links (Updated: 12/28/16)

If you have a submission for the memorial pages, E-Mail:

Jim.Davis@veterans-for-change.org



<https://twitter.com/Veterans4Change>

Links to Other Stories

- 1) [John McCain Orders Arrest Of 9 Iraq War Veterans](#)
- 2) [Learn About the New State Income Tax Cut for Veterans](#)
- 3) [Tester raises Veterans' Choice Program concerns at confirmation hearing](#)
- 4) [Trump VA Sec Pick Promises 'Major Reform' for Veterans Health Care](#)
- 5) [Veterans Affairs Nominee Vows Not to Privatize Health Care](#)
- 6) [Veterans without a place to call home: VA's 60-day plan to combat homelessness](#)

You can help VFC by reading articles posted and commenting at the bottom and rate the articles. If you don't have an account, sign up today, it's FREE. Your comments and rankings tell us what type of information you want most.

Check us out today: www.veterans-for-change.org

Establishing Service Connection for Hearing Loss and Tinnitus

by Amanda Dejesus

For most veterans, having to deal with hearing loss and tinnitus is quite common. As of the year 2014, the VA noted that 933,000 veterans were being compensated for hearing loss and almost 1.3 million veterans were compensated for tinnitus. That statistic is alarmingly high. A veteran with either of these two conditions may be wondering what is needed to establish [service connection](#) for hearing loss and/or tinnitus.

Tinnitus is a noise that you hear in your ears, such as a buzzing or ringing that happens again and again, or consistently. The only rating available for tinnitus is 10%. A 10% rating will be assigned whether you have ringing in one ear or in both ears, you cannot receive a 20% rating due to tinnitus in both ears. However, there can be a higher percentage available for those whose condition is so severe that it is debilitating or prevents you from working. You may be able to seek an extra schedular rating for your tinnitus in excess of the 10 percent limit in the Schedule of Impairment Ratings.

Hearing loss is defined as any degree of impairment of the ability to comprehend sound. If you are diagnosed with both hearing loss and tinnitus, you may be entitled to one separate rating for hearing loss and another separate rating for tinnitus.

The following is needed to establish service connection:

1. A current diagnosis of a hearing condition,
2. Evidence of an event that caused the condition, and
3. A medical opinion linking the current hearing condition to the event in service or [nexus](#).

Along with the list above, two types of tests are needed to prove a claim for hearing loss. These tests will include a controlled speech discrimination test (Maryland CNC) and a pure tone audiometry test. The Maryland CNC test is a particular word list that is used to test your ability to hear spoken words. A pure tone audiometry test is different tones that must be detected at varying frequencies (low frequencies to high frequencies). Even if you only claim hearing loss in one ear, both ears should be tested. Examinations will be conducted without the use of hearing aids. This will

prevent any biased results. These tests should be performed by a state licensed audiologist.

The VA will take the auditory test results and, use a numerical formula, to determine the actual rating that will be assigned. This formula can be found in [Section 4.85 of the Code of Federal Regulations](#). Typical ratings for hearing loss are 0% or 10%, but severe or profound hearing loss can qualify for a higher rating.

Tinnitus is one of the most claimed disabilities when it comes to applying for compensation. Hearing loss comes in at a close second. This statistic comes from the 2015 Annual Benefits Report. The report shows that 9.6 percent of veterans claimed tinnitus and about 5.2 percent of veterans claimed hearing loss. Yet, these two disabilities will be denied time and time again.

The bottom line is that it is very important to have the three components mentioned earlier to establish service connection for hearing loss and/or tinnitus: a current diagnosis, evidence of an event that caused the condition, and a medical opinion linking the current hearing condition to the event in service or nexus. Any veteran struggling with tinnitus and/or hearing loss, should not give up or become discouraged if they are denied the first time or even the second time around. This is a real issue for many veterans. Hopefully, this information will help in the initial process when trying to establish service connection for tinnitus and/or hearing loss.



Are you seeking employment? Been looking and not found the right job?

Well Veterans-For-Change is working hard to bring you more information on Job Fairs and Job postings available across the country.

<http://veterans-for-change.org/documents-library/category/167-job-fairs-job-postings>

If you're an employer and have a job to post, send an E-Mail to:

Jim.Davis@veterans-for-change.org

Military Residency Choice Act

Congressmen Rob Wittman (VA-01) and Darrell Issa (CA-49) introduced legislation aimed at easing the tax burden on military families by allowing them to establish one consistent state of residency. If passed, the Military Residency Choice Act will allow military spouses, if they so choose, to establish the same state of residency as the service member, so that for any future moves, they will retain the same state for tax and voting purposes. Read the full article on the Military Advantage [blog](#).

Resolving Trauma and Stress Disorders

Servicemembers and veterans are finding relief from their PTSD symptoms through an approach called Somatic Experiencing®. SE is a body-oriented approach to the healing of trauma and other stress disorders. It is the life's work of Dr. Peter A. Levine, resulting from his multidisciplinary study of stress physiology, psychology, ethology, biology, neuroscience, indigenous healing practices, and medical biophysics, together with over 45 years of successful clinical application. The SE approach releases traumatic shock, which is key to transforming PTSD and the wounds of emotional and early developmental attachment trauma. To learn more about SE visit the Foundation for Human Enrichment, D.B.A. Somatic Experiencing® Trauma Institute [website](#).



VA to Provide Fertility Counseling

The Department of Veterans Affairs (VA) has announced that it is amending its regulation regarding fertility counseling and treatment available to eligible veterans and spouses. This interim final rule authorizes in vitro fertilization (IVF) for a veteran with a service-connected disability that results in the inability of the veteran to procreate without the use of fertility treatment. It also states that VA may provide fertility counseling and treatment using assisted reproductive technologies (ART), including IVF, to a spouse of a veteran with a service-connected disability that results in the inability of the veteran to procreate without the use of fertility treatment. The interim final rule was published in the [Federal Register](#) on January 19, 2017. Although the interim rule references September 30, 2017 as the date the funding expires, the funds are authorized through September 30, 2018.

“We Proudly Support our Military Personnel & Families”

DVDs4VETS

DVDs4Vets officially started on Veteran’s Day, 2006. With increasing reports of severely wounded soldiers returning home from Iraq, many of them, due to physical hardships were unable to easily obtain some of the basic entertainment most civilians take for granted.

When it became known many returning Vets had suffered Traumatic Brain Injuries (TBI) and other serious wounds, Dr. Richard Landis of Westport, CT wanted to help any way he could. Having returned from a two week visit to Afghanistan with a group of surgeons, Dr. Landis helped organize a remote hospital and rehabilitation center for wounded civilians.

During a social event over the Christmas Holiday, he met with James F. Nicholson of Greenwich, CT who upon hearing of the visit to Afghanistan, suggested putting together another project that would allow our returning Vets to receive donated DVDs while in rehabilitation.

Once having Dr. Landis interested, James then turned to friends and those he served with during the Korean conflict and in a matter of days, brought together a group of dedicated people interested in participating. One of those contacted was Laurance Baschkin. Having known Larry during fundraising for Greenwich Hospital, James learned of his recent assistance in sending DVDs to active duty personnel serving in Iraq. Larry not only offered to help, but provided office space as well. As a result, Larry agreed to become Executive Director of DVDs4Vets and his tremendous efforts have been graciously appreciated.

Other long time friends contacted included Robert Bruder, who donated the use of a warehouse located in Stamford, CT. Before long, more than 20 individuals would pledge time and financial help to launch DVDs4Vets

During a social event over the Christmas Holiday, he met James F. Nicholson of Greenwich, CT who upon hearing of the visit to Afghanistan, suggested putting together another project that would allow our returning Vets to receive donated DVDs while in rehabilitation.

Once having Dr. Landis interested, James then turned to friends and those he served with during the Korean conflict and in a matter of days, brought together a group of dedicated people interested in participating. One of those contacted was Laurance Baschkin of Rye, NY. Having known Larry during fundraising for Greenwich Hospital, James learned of his recent assistance in sending DVDs to active duty personnel serving in Iraq. Larry not only offered to help, but provided office space at his family's business as well. As a result, Larry agreed to become Executive Director of DVDs4Vets and his tremendous efforts have been graciously appreciated.

Other long time friends contacted included Robert Bruder, who donated the use of one of his warehouses located in Stamford, CT as a collection point. Before long, more than 20 individuals began pledging time and financial help to launch DVDs4Vets.

As the project has grown substantially, we have added two volunteer positions, including Scott Bowers of Mamaroneck, NY who provides Media Relations and Emily Meyer who coordinates donation deliveries.

For more information click [HERE](#).

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