



# Veterans-For-Change Newsletter

*A Voice of the Veterans*

Week Ending Sunday, April 23, 2017

Volume 8, Issue 17

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## **This-N-That**

Over the past few weeks we've posted many legislative alerts, and to all those who have sent off the Pre-Written E-Mails we sincerely thank you and ask that you please keep it up, every single week.

To all those who have not, I'd really like to hear from you and why you haven't, or if you have had a change of heart and will, that's great and I'd still like to hear from you.

I also had a brief exchange of messages to a question I had posed to Veterans. The question was why would most if not all Veterans volunteer to serve our Country again, but won't fight for their own benefits and care?

It seems the consensus was "Pride" and "Self Worth!"

I can understand the pride part after years, even decades of being told to "Suck it Up!" I can also understand the mindset of once a warrior, always a warrior. But, when does number 1 get to be taken care of? When does his/her family get to be taken care of?

As for self worth, please believe me, and trust me when I say, YOU ARE WORTH it! You were worth it when you were on the battle grounds, and YOU ARE WORTH it today!

I know for the most part the Military and the VA treats or has treated you like used up, worthless equipment to be cast aside and never thought of again and easily replaced.

To me personally, millions of other civilians and YOUR FAMILY you are very much worth it to all of us, your a valued, loved and much needed part of all our lives and you and enriched our lives with your service and your continued internal fight to stay with all of us!

So if you've not ever filed a claim for what ever ails you, PLEASE, PLEASE, PLEASE, find a Veteran Service Officer, or a County Veteran Service Officer, make your appointment and get in to get your claim(s) filed so you can get your benefits and care.

WE ALL want to have you around for a very long time as I'm sure your families do too!

Even if you lose your claim first go round, NEVER QUIT! And if I can be of assistance or able to refer you to someone who can and will help, please E-Mail me and lets get'er done!

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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## **Help Blue Water Vietnam Vets Exposed to Agent Orange**

The “Blue Water Navy Vietnam Veterans Act” has been introduced in both the House and Senate (H.R. 299 & S. 422 respectively). These proposals 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 legislators to support this important legislation.

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## **Senator Flake Introduces Veterans Treatment Court Improvement Act**

Senator Jeff Flake (R-AZ) introduced the Veterans Treatment Court Improvement Act on April 11. The bill seeks to require the Department of Veterans Affairs (VA) to hire additional Veterans Justice Outreach (VJO) specialists in order to ensure veterans have greater access to effective and tailored treatment. Flake made the announcement during a visit to the Mesa Municipal Court with Arizona Attorney General Mark Brnovich to observe the court's veterans docket. During the visit, Flake and Brnovich met with several dedicated VJO specialists who are responsible for connecting veterans to available veterans' treatment court services under the VJO program.

The VJO program was created by the VA to provide veterans with timely access to VA services and engage justice-involved veterans in specialty treatment courts. The veterans' treatment court model removes veterans from the regular criminal justice process and helps to address symptoms that are unique to veterans, such as post-traumatic stress disorder or substance abuse. In a veterans' treatment court, the presiding judge works alongside the veteran and the VJO specialist to establish a structured rehabilitation program tailored to the specific needs of that veteran.

TREA: The Enlisted Association has been a longtime supporter of the veterans' court model and wholeheartedly endorses this effort to make sure that veterans not only get justice, but treatment for problems that are in many cases caused or exacerbated by their service.

Source: TREA



## S. 319, Helping Veterans Exposed to Burn Pits Act

Senator Amy Klobuchar introduced S. 319, the Helping Veterans Exposed to Burn Pits Act. The bill would establish a Center of Excellence in preventing, diagnosing, mitigating, treating and rehabilitating conditions related to veterans' exposure to burn pits during Operations Enduring and Iraqi Freedom. DAV Resolution No. 237 supports improvement of care and benefits for veterans exposed to toxins and environmental hazards, including a rigorous research agenda to identify any associations between such exposures and adverse health outcomes.

VA's website states that exposure to toxins found in the burn pits may be associated with skin, eye, respiratory, cardiovascular, gastrointestinal, or internal organ problems. Exposure to burn pits is generally associated with short-term effects, such as eye irritation, acute respiratory symptoms, and skin itching or rashes. However, according to a 2011 Institute of Medicine report, fine dust particles and pollution in Iraq and Afghanistan may actually be more responsible for respiratory illness claimed by veterans who served there.

VA has established a registry for veterans who were exposed to burn pits. The Center would be charged with using data from the registry to study whether exposure is associated with long-term health effects in veterans who served in Iraq and Afghanistan in addition to improving diagnosis and treatments for those exposed. Veterans interested in registering should click here:

<https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>

Please write your elected officials to urge their co-sponsorship and support for passage of S. 319. Thank you for your continued efforts and participation in the Commander's Action Network.

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

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## TRICARE Changes Dental Contractor

Beginning on May 1, 2017, administration of the TRICARE Dental Program will shift from MetLife to United Concordia. Beneficiaries do not need to take any actions to continue their coverage. Several improvements to the TDP include: (1) the annual maximum TDP will pay will increase from \$1,300 to \$1,500; (2) the TDP will consider sealants a free and preventive treatment; (3) the auto-enrollment age for family members will lower from age four to one; and (4) for most beneficiaries, the monthly premium rate will decrease. Those currently enrolled may need to find a new dental provider. To find participating dentists, visit the United Concordia TRICARE [website](#). For more information on the TDP, visit the TRICARE [website](#) or the United Concordia TRICARE [website](#).

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## DEPARTMENT OF VETERANS AFFAIRS

Regional Office and Insurance Center

Wissahickon Avenue and Manheim Street

P. O. Box 7208

Philadelphia, PA 19101

You are receiving this email as part of an outreach effort to familiarize Veterans with VA Life Insurance benefits. As a service-connected, disabled Veteran, you may find it difficult to obtain coverage through a private commercial life insurance company due to your health, or you may have to pay a high premium if you are able to get coverage. **You have a limited time to apply for these benefits, so you should apply now before your eligibility expires.**

### **Service-Disabled Veterans' Insurance (S-DVI)**

S-DVI is a \$10,000 life insurance policy for Veterans who have received a rating for a new VA service-connected disability within the last two years. If you meet the eligibility criteria, you can be approved for this coverage regardless of your service-connected conditions. If you are unable to work due to your service-connected conditions, you may be eligible to obtain this insurance coverage without having to pay premiums, and you may also be eligible to apply for up to an additional \$30,000 of coverage. To obtain more information and to apply for S-DVI go to: <http://www.benefits.va.gov/insurance/s-dvi.asp>. Our records show that you received your new rating over 18 months ago, so your eligibility to apply for this coverage will expire soon.

### **Other VA Benefits**

In addition to VA Insurance, you may also be eligible for other VA benefits due to your service-connected disabilities. You can view a summary of your VA benefits at

<http://www.benefits.va.gov/BENEFITS/benefits-summary/SummaryofVABenefitsFlyer.pdf>.

For more information on these benefits go to [www.va.gov](http://www.va.gov).

### **For More Information On VA Life Insurance Benefits**

For more information on VA Life Insurance benefits, go to <http://www.benefits.va.gov/insurance>.

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## **Support SBP/DIC Offset Repeal Legislation**

Senator Nelson (FL) has introduced legislation (S. 339) and Congressman Joe Wilson (SC) has introduced identical legislation in the house (HR 846) that repeals the SBP/DIC offset for survivors, sometimes referred to as the "Military Widows Tax.". Please use this action center contact your legislators to ask them to support this important legislation.

[Take Action!](#)

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## **Is the Water From Wurtsmith AFB Making People Sick?**

TREA: The Enlisted Association was contacted last week by representatives from the Veteran & Civilian Clean Water Alliance, which was started by individuals who believe that they have become sick due to toxins that have seeped into the water supply surrounding Wurtsmith Air Force Base, which was closed by the Base Realignment and Closing (BRAC) Commission in 1993.

Most of the base and some adjacent ground is known to be polluted with jet fuel, cancer-causing chlorinated solvents and toxic fire retardants. In February of 2016 Michigan officials warned about consuming well water near Wurtsmith. This is only the latest in a long line of events that have poisoned the water around Wurtsmith, starting with the state of Michigan suing the Air Force when TCE was found in the base's drinking water in the late 1970s. TCE is the toxic chemical that was found in the drinking water at Camp Lejeune, North Carolina



and is responsible for sickening thousands of Marines and their families from 1957-1987.

The Department of Veterans' Affairs was forced by an act of Congress to start presumptively treating anybody who lived at Camp Lejeune as if their illness, from a list of pre-approved illnesses, was due to their time there.

People who lived and worked at Wurtsmith want the same presumption.

Toxic fluorocarbons, specifically perfluorinated chemicals (PFCs), also called polyfluoroalkyl substances (PFASs), are a large class of compounds being studied as "emerging contaminants," which have been widely used to make consumer products more resistant to stains, fire and water. They were discovered in the water surrounding Wurtsmith in 2010 and are now showing up in concentrations above federal guidelines. Investigators say plumes may have been leaching through the groundwater for years. Only two of 19 different types of PCEs have been positively identified as being toxic to humans, however. The other 17 have not been studied enough to know their effects on the human body.

In Oscoda, the plumes came from a PFC-laden fire suppression tool called Aqueous Film Forming Foam (AFFF), which the military and airports around the world have used since the 1970s to put out jet fuel fires.

The Veteran & Civilian Clean Water Alliance Facebook group is for all people, veterans and military, who believe that they have been exposed to toxic chemicals coming from current or former military installations.

For more information, go to:

<https://www.facebook.com/groups/296949220676070/>

<http://www.freep.com/story/news/local/michigan/2016/04/16/wurtsmith-air-base-pollution-health/83040138/>

[http://www.mlive.com/news/index.ssf/2016/06/wurtsmith\\_veterans\\_health.html](http://www.mlive.com/news/index.ssf/2016/06/wurtsmith_veterans_health.html)

Source: TREA

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## **Is the New Retirement Lump-Sum Feature Fair?**

Those who opt into the new [Blended Retirement System](#) (BRS) will face a decision on retired pay so unusual that the DoD Board of Actuaries has called it inappropriate. While lump-sum buyouts of pension obligations are common in the corporate world, the formula Congress has prescribed for setting military lump sums is not. The amounts offered will be too large to ignore for many retirees seeking to get out of debt, buy a home or start a business. But the lump sum choice also will have members lowering the lifetime value of their own retirement packages significantly. Read the whole story in the [Military Advantage blog](#) and watch this Air Force video explaining the new [Blended Retirement System](#).

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## **COLA Bill Introduced in House**

On March 2, 2017, the Chairman of the House Veterans' Affairs Disability and Memorial Affairs Subcommittee, Congressman Mike Bost (IL) and Ranking Member Elizabeth Esty (CT) introduced H.R. 1329, the Veterans' Compensation Cost-of-Living Adjustment Act of 2017.

This bill, if enacted, would provide an increase, effective December 1, 2017, in the rates of compensation for Veterans with service-connected disabilities and the rates of dependency and indemnity compensation (DIC) for the survivors of certain disabled Veterans.

Disabled Veterans' disability compensation has not kept pace with the rest of the economy; even in years when there were COLA payments, disability benefits lagged. Many disabled Veterans and their survivors are on fixed incomes and rely on COLAs to keep pace with their current living expenses. In accordance with DAV Resolution No. 013, DAV strongly supports H.R. 1329.

Please use the prepared electronic letter or draft your own to urge your member in the House to cosponsor H.R. 1329.

As always, we appreciate your support for DAV and your grassroots participation in the Commander's Action Network. Your advocacy helps make DAV a highly influential and persuasive organization in Washington.

Thank you for all you do for America's Veterans and their families.

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

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## **Legislation TREA is Working to Help Pass**

TREA is working to help get numerous pieces of legislation passed and become law. We show the number and name of the bill, who introduced it; how many co-sponsors there are and where it is in the legislative stream. If you are particularly interested in a topic please call the Washington office and we can work together to move it forward. More will come every week in the Update.

## **Retiree Issues:**

End Military Retired Pay/VA Service Connected Disability Pay offset ("concurrent receipt"):

H.R. 303 the Retired Pay Restoration Act Introduced by Rep. Gus Bilirakis (R-FL), 59 co-sponsors;

H.R. 333 Disabled Veterans Tax Termination Act Introduced by Rep. Sanford Bishop (D-GA), 33 co-sponsors;

S. 66 Introduced by Senator Dean Heller (R-NV), 6 co-sponsors.

## **Veterans Issues:**

### **COLA for Dept. of Veterans Affairs**

S.784 will apply COLA that applies to all other federal government programs to VA. Introduced by SVAC Chairman Johnny Isakson (R-GA), 14 co-sponsors;

### **Blue Water Vietnam Veterans-**

S. 422, Blue Water Navy Vietnam Veterans Act of 2017, would grant Blue Water Navy veterans the same presumptions as boots on the ground re: Agent Orange. Introduced by Senator Kirsten Gillibrand (D-NY), 40 co-sponsors;

H.R. 299 Blue Water Navy Vietnam Veterans Act of 2017 Introduced by Rep. David Valadao (R-CA), 261 co-sponsors;

### **Expand Caregivers Program to Veterans of all Eras**

The present program helps caregivers of veterans' disabled after 9/11/2001. These bills would also help Caretakers for veterans wounded, injured or ill before 9/11. H.R.1472 was introduced by Rep. James Langevin (D-RI), has 34 co-sponsors;

S. 591 was introduced by Senator Patty Murray (D-WA), has 19 co-sponsors.

## **Survivors Issues:**

Ends the Survivor Benefit Program (SBP)/Dependency Indemnification Compensation (DIC) offset:

H.R. 846 Military Surviving Spouses Equity Act Introduced by Rep. Joe Wilson (R-SC), has 76 co-sponsors;

S.339, Military Widow's Tax Elimination Act of 2017, introduced by Senator Bill Nelson (D-FL), has 21 co-sponsors.

Source: TREA

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## **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**

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## **Annual Women in the Services Report**

The Defense Advisory Committee on Women in the Services (DACOWITS) released its annual report on matters relating to women serving in the Armed Forces of the United States for Fiscal Year (FY) 2016. The committee selected several study topics to examine. For 2016, DACOWITS studied 14 topics. The annual report is available on the DACOWITS website.

[http://dacowits.defense.gov/Portals/48/Documents/Reports/2016/Annual Report/2016 DACOWITS Report\\_Final.pdf](http://dacowits.defense.gov/Portals/48/Documents/Reports/2016/Annual Report/2016 DACOWITS Report_Final.pdf)

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## **S. 681, the Deborah Sampson Act to Improve VA Services for Women Veterans**

On March 21, the Ranking Member of the Senate Committee on Veterans Affairs, Senator Jon Tester, introduced S. 681, the Deborah Sampson Act. This comprehensive measure addresses gender disparities and would improve and expand programs and services for women veterans provided by the Department of Veterans Affairs (VA).

The bill would establish a pilot program for peer-to-peer counseling and authorizes group retreat counseling for women veterans recently separated from military service. It would expand the capabilities within the VA Women Veterans Call Center and extend the number of days, from seven to 14, VA can cover the cost of care for newborns of women veterans and authorize medically-necessary transportation for newborns.

The legislation aims to eliminate barriers to care by ensuring every VA medical facility has at least one full-time or part-time women's health provider, as well as a Women Veterans Program Manager and a Women Veteran Program Ombudsman. Additional resources are authorized for mini-residency training in women's health for clinicians, and retrofitting VA facilities to enhance privacy, safety and improve the overall environment of care for women veterans.

S. 681 would provide support services for women veterans seeking legal assistance and authorizes additional grants for organizations supporting women veterans and their families. Finally, The Deborah Sampson Act would require data collection and reporting on all VA programs serving veterans, by gender and minority status, including a

report on the availability of prosthetics for women veterans and would better coordinate outreach by centralizing all information for women veterans in one easily accessible place on VA's website.

DAV's 2014 report, *Women Veterans: The Long Journey Home* identified many of these gaps in VA programs for women and has long advocated for a more comprehensive provision of VA women's health services that appropriately recognizes and honors their service and sacrifice.

Please contact your elected representatives to urge co-sponsorship and passage of S. 681. A letter has been prepared for this purpose or you may write your own to express your personal views. Click the link below to log in and send your message:

As always, thank you for your support.

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

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## **VA Extends 'Choice' Program**

The U.S. Senate and the U.S. House of Representatives passed legislation that extends the Veterans Choice Program (VCP) until the funding dedicated to the program is exhausted. The VCP program increases access to care for millions of Veterans. Without this legislation, the ability to use VCP funding would have ended abruptly on Aug. 7 of this year. For more information visit the Veterans Choice Program [website](#).

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## **TRICARE Young Adult and TRICARE for Life (TFL)**



TRICARE Young Adult (TYA) is an enrollment premium based insurance plan for Young Adults through a TRICARE eligible uniformed services sponsor. The TYA beneficiary must be under 26; have aged out of TRICARE at 21 or 23 years of age while a full-time college student; are not married; are not a member of the U.S. uniformed services; are not eligible for other TRICARE coverage; and DO NOT QUALIFY FOR AN EMPLOYER SPONSORED Health plan.

This year the monthly premiums are \$219 for TYA Prime and \$216 for TYA Standard.

But everyone should know that if the sponsor is on TRICARE for Life he or she cannot sponsor a young adult for TRICARE Young Adult. If anybody has had a problem with this please e-mail TREA at [info@treadc.org](mailto:info@treadc.org).

Source: TREA



**Increase Coast Guard Budget Like The  
Armed Services Budget**

It has been reported that the Trump Administration will substantially increase the Armed Services (Navy, Marine Corps, Army, and Air Force) spending ( nine percent)in their soon-to-be-released budget request for FY 2018. Apparently the U.S. Coast Guard will not get a corresponding increase in their budget request.

Members are urged to use the Action Center to ask the Trump Administration to provide U.S. Coast Guard funding parity with the Department of Defense (DoD).

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

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## **VA Caregiver Support Line**

With the Department of Veterans Affairs (VA) Caregiver Support Line, assistance is just a quick phone call away. Whether you are in need of immediate assistance or have questions about what services you may be eligible for, the caring licensed professionals who answer the support line can: (1) tell you about the assistance available from VA; (2) help you access services; (3) connect you with the Caregiver Support Coordinator at a VA Medical Center near you; or (4) just listen, if that is what you need right now. If you are just getting started with VA, calling the Caregiver Support Line is a great first step to take to learn more about the support that's available to you. For more information, call the Caregiver Support Line at 1-855-260-3274 and visit the VA [website](#).

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## **Congress Critical of VA Crisis Hotline Performance**

On April 4 the House Committee on Veterans' Affairs, chaired by Rep. Phil Roe, M.D. (R-Tenn.), [held a hearing](#) to assess ongoing concerns regarding the Department of Veterans Affairs Crisis Line (VCL). Below is an edited version of Dr. Roe's opening remarks:

Sadly, suicide is an epidemic affecting not just servicemembers and veterans but our nation as a whole.

However, last year the Department of Veterans Affairs (VA) released the most comprehensive analysis of veteran suicide data to-date and found that the risk of suicide was 21 percent higher for veterans than it was for non-veterans.

Probably the most important mission for us in this room to have is to ensure that VA meets the needs of veterans actively contemplating taking their own life.

The Veterans Crisis Line (VCL) - VA's 24/7 suicide prevention and crisis intervention hotline for veterans, servicemembers, and their loved ones - is a critical tool to the accomplishment of that mission. The VCL is meant to be VA's first line of defense for those in the midst of life's

worst moments.

We cannot quantify the number of lives that have been saved since VCL was established a decade ago. But, we know that more than 2.6 million calls have been answered and emergency responders have been dispatched to those in need almost 70 thousand times.

Demand for VCL's services - which now include a call option, an online chat option, and a text messaging option - are growing. However, over the last year, VCL has been the subject of three major investigations by the VA Inspector General (IG) and by the Government Accountability Office (GAO) that have found serious management, organizational, and quality deficiencies in virtually every facet of VCL's operations.

In February 2016, the IG found that some calls placed to the VCL were sent to voicemail and that VCL staff failed to properly monitor the quality of services provided and, in some cases, did not receive proper orientation or ongoing training. Four months later - in June 2016 - GAO found that VCL failed to meet its call wait time goals and neglected to monitor the quality of the text message service.

Five months later - in November 2016 - Congress passed Congressman Young's legislation, the No Veterans Crisis Line Call Should Go Unanswered Act, in recognition of the findings made by the IG and GAO and the need for VCL to institute a robust quality management plan.

Yet, just last month, the IG published another report which found that VCL had failed to adequately respond to a veteran caller with urgent needs, that VA had instituted a VCL governance structure riddled with deficiencies that failed to include clinical perspectives and input, and that VCL was not appropriately training and overseeing certain staff.

Perhaps most troublingly, the IG also found that VA had failed to implement a single action plan to address the recommendations made in the IG's initial report, even though VA had agreed with all of the recommendations and committed to implementing corrective actions by no later than last September.

I understand that the recommendations that GAO made in their report last summer are also all still open. As a physician, I am particularly upset to hear that clinical input is not being appropriately incorporated into the operations and management of the VCL.

A crisis line, by its very definition, is not like any other call line. For an entity like VCL, every missed opportunity can result in tragedy or the loss of life or limb.

According to VA's own data, 20 veterans a day die by suicide. The stakes - those 20 lives per day - are simply too high for VCL not to perform at the highest level.

VA is fortunate to have an abundance of mental health and suicide prevention experts working here in DC and across the country and their knowledge and expertise should be incorporated into VCL processes and procedures at every level.

Our mission won't be over until not a single servicemember or veteran ever feels helpless or hopeless enough to consider suicide.

Then on April 13, Senator John Tester (D-Mont.), Ranking Member of the Senate Veterans Affairs Committee, co-signed a letter along with three of his Senate colleagues to VA Secretary Shulkin demanding that the VA immediately improve the performance of its Veterans' Crisis Hotline.

In a letter to VA Secretary David Shulkin, Tester called on top officials to identify why the VA has been slow to improve responsiveness from the Veterans' Crisis Hotline. A recent report from the VA's Inspector General found that the Veterans' Crisis Hotline couldn't handle the volume of incoming calls, leaving many veterans in crisis to speak with untrained staff or even answering machines.

"It's unacceptable that even one veteran in crisis be left without someone to talk to in their time of need," said Tester, Ranking Member of the Senate Veterans' Affairs Committee. "It's critical that the VA deliver on its promises to improve the performance of the Crisis Hotline."

The VA's Inspector General has been reporting for over a year that poor performance of the Veterans' Crisis Hotline has resulted in several instances where calls went to backup call centers or voicemail. While the VA has opened a second call center, neither center has permanent leadership. Despite agreeing with all of the Inspector General's recommendations from last year to remedy these problems, the VA has not successfully implemented any of those recommendations or even written any policies for the hotline's operation.

"After a veteran utilizes the Crisis Hotline, the VA should follow up with veterans with additional health care and support services," Tester added. "Until they implement these much-needed reforms, the VA is missing an opportunity to go above and beyond for veterans in crisis." Tester's letter to Shulkin was also signed by Chairman of the Senate Veterans' Affairs Committee Johnny Isakson (R-Ga.), as well as Senators Richard Blumenthal (D-Conn.) and Amy Klobuchar (D-Minn.). Veterans and their loved ones can call 1-800-273-8255 and Press 1, send a text to 838255, or visit <https://www.veteranscrisisline.net> to receive confidential support at any time.

Source: TREA



**Ensure All Veterans are Provided Timely  
Access to Care**

The House Veterans Affairs Committee (HVAC) has approved the “Eliminating the Sunset Date of the Choice Act” (H.R. 369), legislation that eliminates the sunset (expiration date) on the VA Choice law. The bill now goes to the House floor for further consideration.

FRA supports this act because the Department of Veterans Affairs (VA) first priority must be to ensure that all Veterans currently waiting for treatment are provided timely access. This law gives Veterans who have waited more than 30 days for an appointment—or who live more than 40 miles from a VA medical facility—the choice to seek VA-funded care outside of the VA system.

Please use the [Action Center](#) to ask your U.S. Representative to support continuing the VA Choice program.

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## **Know Your Burial Benefit Eligibility in Advance**

The Department of Veterans Affairs' (VA's) new pre-need eligibility determination program allows you to find out in advance if you are eligible for burial in a VA national cemetery. This allows families to plan ahead, and streamlines access to the burial benefits that Veterans have earned through military service for themselves and their eligible family members. For more information, visit [ExploreVA](#) to learn how to apply in advance for burial in a VA national cemetery.





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## **U.S. Government Accountability Office Reports**

- 1) Amphibious Combat Vehicle Acquisition: Cost Estimate Meets Best Practices, but Concurrency between Testing and Production Increases Risk.
- 2) Littoral Combat Ship and Frigate: Delaying Planned Frigate Acquisition Would Enable Better-Informed Decisions.
- 3) Amphibious Combat Vehicle Acquisition: Cost Estimate Meets Best Practices, but Concurrency between Testing and Production Increases Risk.
- 4) Medicaid Program Integrity: CMS Should Build on Current Oversight Efforts by Further Enhancing Collaboration with States.
- 5) Health Care: Telehealth and Remote Patient Monitoring Use in Medicare and Selected Federal Programs.

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## **Navy Surgeons Use New Lasik Procedure**

Four patients at Naval Medical Center San Diego's (NMCS D) Navy Refractive Surgery Center San Diego recently underwent a new type of refractive surgery called SMILE, the first ever performed at a Navy medical facility. SMILE stands for Small Incision Lenticular Extraction, and is the newest option for treating myopia, which is also known as nearsightedness. SMILE is a procedure employing the same laser used in Lasik, but instead of cutting a flap the surgeon cuts a much smaller tunnel incision. Some of the benefits are less dry eye and a short healing time. The Army, Navy and Air Force are evaluating the new surgical technique together.

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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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## **New Navy Aftercare Program**

Naval Medical Center San Diego (NMCS D) has announced a new aftercare program for Sailors at the command that have completed the Substance Abuse Rehabilitation Program (SARP). Sober Life in the Military (SLiM) is a peer-led support, discussion, and network group and an integral part of the NMCS D Drug and Alcohol Program Advisor (DAPA) aftercare program. SLiM is an on-base alternative to Alcoholics Anonymous (AA) and Narcotics Anonymous groups. All ranks from E-1 to O-10 are welcomed and are encouraged to come, but uniforms and rank are prohibited at meetings. Meetings are open to all branches, active and prior military. For more information contact the DAPA office at 619-532-6513.

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## **Cemeteries Commemorate Centennial**

Cemeteries of the Department of Veterans Affairs (VA) [National Cemetery Administration](#) (NCA) hosted wreath-laying ceremonies the week of April 6 to commemorate the 353,082 [World War I](#) Veterans interred in VA sites across the country. NCA arranged wreath-laying ceremonies with assistance from local cemetery support committees and other veterans service organizations. More than 2 million Americans served in World War I. For more information about the Centennial, visit the [U.S. World War I Centennial Commission website](#).

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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 1,700 hits per day, and downloads average 1,000 per day with a total 3,252,288 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 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: 6,421)
- Polls
- Web Links, more than 3,545, Added 1 New Links (Updated: 04/06/17)

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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**AF Seeks Captains for PhD Program**

The application window is open for active-duty Air Force captains interested in applying for the Chief of Staff of the Air Force Captains Prestigious Ph.D. Program. The program offers the opportunity for captains to obtain their doctoral degrees in strategic studies at an elite civilian institution beginning in 2018. Interested officers should submit their packages and career field release approval through their chains of command. Packages are due to the AFPC Assignment and Workforce Development Support Branch by July 14, 2017. For more information, visit [myPers](#). Select 'Active Duty Officer' from the dropdown menu and search 'Prestigious.'

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<https://twitter.com/Veterans4Change>

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## **AAFES Restaurants Open to All**

While Army & Air Force Exchange Service shopping privileges are only open to Soldiers, Airmen and their families, anyone can dine in Exchange restaurants or pick up grab-and-go fare from Express locations. [Army Regulation 215-8/Air Force Instruction 34-211 \(I\)](#) lets anyone, including visitors, contractors and Department of Defense civilians, dine at the Exchange's more than 1,600 restaurants worldwide. Anyone can buy grab-and-go food and beverages from one of the Exchange's 300-plus Express locations as long as the items are consumed on the installation. For more information, contact your local Exchange manager.

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## Links to Other Stories

- 1) Some vets can go to CVS 'MinuteClinics' for minor illnesses
- 2) VA Makes Wait Times for Patients Transparent for Veterans
- 3) Mismanagement at DC VA Hospital is 'Unconscionable' Says VA Union
- 4) VA Helps Vietnam Veteran Get His Life Back
- 5) VA Announces Internal Review of Caregiver Program
- 6) VA inspector general warns: DC Medical Center patients "at unnecessary risk"
- 7) Report: VA hospital put patients at 'unnecessary risk' due to poor inventory management
- 8) Wounded Vet crosses finish line in Boston Marathon
- 9) Air Force Vet bikes across country to raise awareness for homeless Veterans and their pets
- 10) President Signs Veterans Choice Act
- 11) USS Arizona survivor laid to rest inside sunken battleship
- 12) Topeka-based VA official fired after investigation into inappropriate conduct
- 13) 'When I am here, I am one of the family,' says longtime Manchester VA patient
- 14) VA's new online tool helps Veterans make informed health care decisions

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

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## **Support Caregiver Expansion**



We applaud Senators Patty Murray, Susan Collins, and Representative Jim Langevin for introducing the "Military and Veteran Caregiver Services Improvement Act" on March 9, 2017.

DAV has worked diligently for several years as a part of a larger coalition of veterans organizations that promoted the advent of family caregiver support services for severely injured and ill veterans. Congress finally responded by enacting Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010. However, that law limited services and supports to family caregivers of veterans who were injured or became severely ill in military service only on or after September 11, 2001. That omission left thousands of veterans' families without the level of caregiver support and services they have needed because those veterans' health challenges, many from war injuries, occurred before that effective date.

If enacted, the Military and Veteran Caregiver Services Improvement Act would responsibly and finally address these families' needs on the same basis as those of veterans injured after September 11, 2001. Ultimately, when fully implemented, the bill would improve the lives of tens of thousands of veteran families, and will save the federal government a significant amount of resources that otherwise would need to be spent to provide institutional solutions to these veterans' health challenges and health maintenance. This bill is both beneficial to these families and a taxpayer-friendly measure.

Please write your elected representatives to urge co-sponsorship and support of passage of S. 591 and H.R. 1472. A letter has been prepared for this purpose or you may write your own to express your views. As always, thank you for your support.

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

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SILENCE  
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ANYTHING BUT YES

 **National Domestic Violence Hotline**  
**(800) 799-7233**   U.S. Department  
of Veterans Affairs

## **Tester Calls on VA to Change Post 9/11 GI Bill Overpayment Policy**

U.S. Senator Jon Tester is using his powerful position on the Senate Committee on Veterans' Affairs to save taxpayers money and cut debt for veterans.

In a letter to VA Secretary David Shulkin, Tester is calling on the VA to reform its administration of the Post-9/11 GI Bill after reports surfaced that student veterans were being overcharged for their education benefits because of miscommunication between their schools and the VA.

"I am very concerned by the rate of improper payments being made to veterans receiving education benefits," Tester wrote. "Overpayments are a serious matter. They cost taxpayers hundreds of millions of dollars each year and the way they are clawed back from veterans creates nothing but confusion and financial hardship. Veterans should not be left holding the bill for programmatic mistakes for a benefit they have earned, and it's past time for further action from the VA to reform this process."

Last October, the Government Accountability Office reported that the

VA made \$416 million worth of inaccurate Post-9/11 GI Bill payments in 2014. This waste of taxpayer money has left approximately one out of every four student veterans who use the program holding the bill for mistakes that could have been easily avoided.

According to the Government Accountability Office, schools were reporting veterans' enrollment status to the VA before enrollment deadlines, so many student veterans changed their course load after their enrollment status was already reported to the VA. This resulted in schools charging the VA for classes veterans did not take. When the VA realized this mistake, it fell upon student veterans to pay back the difference.

The VA has previously agreed with the Government Accountability Office's recommendations to reform this process, but has yet to take any action to implement them. Tester is pushing Shulkin to inform student veterans and schools about the cause and ramifications of overpayments, improve reporting methods, and alleviate the financial burden on veterans.

Under the Post-9/11 GI Bill, the VA has issued \$66 billion in education benefits to over 1.6 million veterans and beneficiaries.

The report was released by the Government Accountability Office, a non-partisan congressional watchdog service that studies how the government is using taxpayer money.

Source: TREA



## **Bills to Increase Payment for Adult Day Health Care in State Homes**

Senator Orrin Hatch (UT) and Representative Lee Zeldin [NY-1] introduced legislation (S. 324 and H.R. 1005) designed to increase the availability of adult day health care services for severely disabled veterans. If enacted, the legislation would increase the current reimbursement to state veterans homes for the provision of adult day health care services to severely disabled veterans who are eligible for, but do not receive, full-time skilled nursing home care paid for by the Department of Veterans Affairs (VA), with no cost to the veteran.

Under current law, veterans who require nursing home care due to a service-connected disability or who have a VA disability rating of 70% or more can receive full-time nursing home care inside a state veterans home at no cost; however, the law does not allow those same severely disabled veterans to benefit from adult day health care, which is a less costly non-institutional alternative many prefer. S. 324 and H.R. 1005 would amend existing law to authorize VA to pay state veterans homes a per diem rate that is 65% of the per diem otherwise payable for full-time skilled nursing home care for these same severely disabled veterans.

Adult day health care, which is currently offered by only three state homes, provides comprehensive medical, nursing and personal care services combined with social activities for physically or cognitively impaired adults. Under this program, veterans are brought to the state home for 6-8 hours where they can receive any necessary medical care -- including physical, occupational or speech therapy -- as well as nutritional and social services. Adult day health care allows severely disabled veterans who might otherwise need skilled nursing services to receive these services several times a week while continuing to live at home.

If enacted, these bills would enable more state veterans homes across the country to offer adult day health care programs for these deserving veterans. The legislation would also provide important relief and support for their family caregivers. DAV Resolution 127 calls for legislation to

provide state homes with greater flexibility in providing eligible veterans medically necessary long-term supports and services.

Please contact your elected officials and urge them to support passage of the State Veterans Home Adult Day Health Care Improvement Act of 2017 (S. 324 and H.R. 1005) during the 115th Congress.

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

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## **VA's New Online Tool Helps Veterans Make Informed Health Care Decisions**

Information from the Department of Veterans Affairs:

For many Veterans, deciding when, where and how to receive medical care is often one of the most complex and challenging decisions of the entire health care process. Health care performance, access or quality of care data, is very complicated - leaving many Veterans at a loss for the best course of action. To help, VA is launching a new [website](#) with an access and quality tool to help Veterans make more informed choices.

The new online tool allows Veterans, caregivers and the public to access the most transparent and easy-to-understand wait time and quality of care measures across the health care industry. That means Veterans can quickly and easily compare access and quality measures from their VA facility to other VA facilities, and make informed choices about where, when and how they receive their health care. Further, Veterans at some of VA's largest medical centers will now be able to compare the quality of VA care to local private-sector hospitals with more hospital comparisons being added soon.

This tool is designed with transparency in mind - taking highly complex data and making it easily available to Veterans and the public. It's just one way VA is working to restore Veterans' trust and confidence.

The online tool provides easy-to-use data related to:

- How long patients are waiting to be seen in their VA facility
- How Veterans describe their experiences scheduling primary and specialty care
- Timeliness of appointments for care needed right away
- Information about the quality of healthcare delivered at every medical center compared to local private sector hospitals

The new access and quality web tool is a work in progress and will continue to evolve as Veterans, VA employees, Veterans service organizations and others provide feedback to improve its tools and capabilities. VA's goal is to make this tool a Veteran-driven, Veteran-designed point of access for the services our Veterans deserve.

Source: TREA



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**Riverside County, CA**

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